

**Moravian College
Department of Nursing**

Nursing 313: Embracing the Challenged Family*

Fall, 2013

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One Course Unit (4 credits)

Class: 3 hours / week

Class Meeting Times: M-W-F: 0855-1005

Clinical: 8 hours / week

Clinical Learning: Tuesdays or Thursdays: 0645-1515 (unless otherwise noted)

Clinical Faculty

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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).

From the Nursing Program Philosophy...

The process of learning involves accountability, diversity, mutual respect, openness, honesty and a reality base. The nursing faculty has adopted core components for the curriculum and these are Community, Holism, Inquiry & Professionalism (CHIP). These core components provide the foundation for the program and learning outcomes.

<http://home.moravian.edu/public/Nursing/Revised%20HB%20documents.2012/Section%20II/Section%20II-Nsg%20Program%20Philosophy%20FINAL%208.2012.pdf>

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

Jarvis, C. (2012). *Physical examination and health assessment* (6th edition). Elsevier, Saunders.

Karch, A.M. (2013). *Focus on nursing pharmacology* (6th ed.). Philadelphia: Wolters Kluwer/Lippincott, Williams, & Wilkins.

Potter, P., & Perry, G. (2011). *Fundamentals of nursing* (7th edition). Mosby, Elsevier.

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)

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.

Cahill, J., & Armstrong, T. (2011). Caring for an adult with a malignant primary brain tumor. *Nursing2011*, 41(6), 28-33.

Davidson, J., Harvey, M., Schuller, J., & Black, G. (2013). Post-intensive care syndrome: What is it and how to prevent it. *American Nurse Today*, 8, 32-36.

Ennen, K. (2013). Taking a second look at stroke in women. *American Nurse Today*, 8(5), 12-14.

Fournier, M. (2013). Stemming the rising tide of acute kidney injury. *American Nurse Today*, 8(1), 12-16.

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

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

- Jacoby, L., & Jaccard, J. (2010). Perceived support among families deciding about organ donation for their loved ones: Donor vs non donor next of kin. *American Journal of Critical Care*, 19(5), e52-e61.
- 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.
- 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.
- Pestka, E., & Dretsch, M. (2010). Genomics in critical care nursing. *Nursing2010Critical Care*, 5(6), 13-16.
- Reynolds, I. (2012). How to recognize and intervene for hyperosmolar hyperglycemic syndrome. *American Nurse Today*, 7, 12-15
- Smithburger, P., Campbell, S., & Kane-Gill, S. (2013). Alteplase treatment of acute pulmonary embolism in the intensive care unit. *Critical Care Nurse*, 33 (2), 17-26.
- Smithburger, P., Kane-Gill, S., Nestor, B., & Seybert. (2010). Recent advances in the treatment of hypertensive emergencies. *Critical Care Nurse*, 30(5), 24-30.
- Strickler, J. (2010). Traumatic hypovolemic shock – Halt the downward spiral. *Nursing 2010*, 40(10), 34-39.
- Tazbir, J. (2012). Early recognition and treatment of sepsis in the medical-surgical setting. *MEDSURG Nursing*, 21, 205-208.
- Walden, P., & Ogbode, P. (2011). Keeping up the pace. *Nursing Made Incredibly Easy*, 7(4), 15-17.

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. All changes will be communicated to the students in writing.
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 (4) first exam 10%, then 15% each | 55% |
| 2. Case Studies [choose 2/4 additional case studies] | 7.5%% |
| a. Infective Endocarditis case study -due 9/6 (required) | |
| b. Hypertensive case study -due 9/13 | |
| c. Rupture AAA case study -due 9/20 | |
| d. ARDS case study -due 10/4 | |
| e. HIT case study -due 11/15 | |
| 3. HESI Case Studies* | 2.5% |
| a. Head Trauma -due 10/28 (by 0800) | |
| b. Spinal Cord Injury -due 10/28 (by 0800) | |
| c. Brain Attack -due 10/28 (by 0800) | |

** All three must be completed to earn the 2.5% toward your grade*

| | |
|------------------------------------|-------------|
| 4. Final Examination (cumulative) | 15% |
| 5. Family Research Presentation | 10% |
| 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 15, 2013.**

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 the calculation section in Karch 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 is Saturday, December 7. It is mandatory that students requiring clinical makeup attend this day. Because this is a both reading day and a Christmas Vespers day, please plan your schedules accordingly. 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.

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 instructor.

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:

1. 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.
2. 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

B = 83-86

C = 73-76

D = 63-66

A- = 90-92

B- = 80-82

C- = 70-72

D - = 60-62

B+ = 87-89

C+ = 77-79

D+ = 67-69

F = <60

| TOPICAL OUTLINE | | |
|-----------------|---|--|
| DATE | TOPIC | LEARNING ACTIVITIES |
| Week 1 | | |
| 8/26 | Course Introduction; directives, expectations | Smeltzer: 814-820 |
| | Infectious dx of the heart | Article: McCarron(2012) |
| | | |
| 8/28 | Alteration in Exercise/Activity Pattern | |
| | Infectious diseases of the heart (cont.) | Smeltzer: 814-820; 798-807 |
| | Valvular Heart Disease | Article: Keenan (2011) |
| | | Review Karch: Chapter 9 (antibiotics) |
| | | ATI/MS: 445-461 |
| | | Review ATI/Pharm: 561-77 |
| | | Start CS #1 |
| | | |
| 8/27 & 8/29 | 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 Karch: Chapter 5 (calculations) |
| | | |
| 8/30 PS | Drug Calculation Quiz | |
| | | |
| Week 2 | | |
| 9/2 | NO CLASS: Labor Day Holiday | |
| | | |
| 9/4 | Management of Dysrhythmias; Hypertensive Crisis | Smeltzer: 900; 741-753 |
| | | Articles: Smithburger 2010; Walden '11 |
| | | Review Karch: 701-722 |
| | | ATI/MS: 478-488; 371-78 |
| | | ATI/Pharm: 283-94; 247-264 |
| | | |
| 9/6 | Learning Circle | Endocarditis CS#1 due 2300 |
| | | Start CS #2 |
| Week 3 | | |
| 9/9 | Cardiomyopathies; Pulmonary Hypertension | Smeltzer: 807-814; 579-581 |
| | | Articles: Matura; Pestka |
| | | Review ATI/MS: 427-444 |
| | | ATI/Pharm: 233-45 |
| | | |
| | | |
| 9/11 | Concept of Shock | Smeltzer: 313-334 |
| | | Articles: Strickler |
| | | ATI/MS: 489-505; ATI Pharm: 268-72 |
| 9/12/13 | Dr. Paul Wolpe (bioethicist) discussion with | |
| | Students in Prosser auditorium 2:30-3:30pm | |
| | (REQUIRED) | |
| | (end of material for exam 1) | |

| TOPICAL OUTLINE | | |
|-----------------|--|---|
| DATE | TOPIC | LEARNING ACTIVITIES |
| 9/13PS | Interactive: Exam review | REMEDICATION FOR DRUG COMPETENCY MUST BE COMPLETED; CS #2 due 2300 |
| Week 4 | | |
| 9/16 | SIRS, Sepsis, MODS: Kerry Cheever | Smeltzer: 328-34 Articles: McCarron('11); Tazbir ('12) 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/ |
| 9/18 | EXAM #1 | |
| | | |
| 9/20PS | Acid-Base Disorders & ABGs | Smeltzer: 293-299; ATI/MS: 586-595 |
| | | Article: Fournier 2009 |
| | | Start Ruptured AAA; CS #3 due 2300 |
| Week 5 | | |
| 9/23 | Pulmonary Embolism | Smeltzer: 582-587; 868-874 |
| | Aneurysms & Dissections | ATI/MS: 315-323; 506-514 |
| | | ATI/Pharm: 307-24 |
| | | Article: Woodrow; Smithburger 2013 |
| | | |
| 9/25 | Environmental Emergencies | Smeltzer: 2169-83; 1614-16 |
| | | ATI/MS: 8-12 |
| | | Article: Mattis |
| | | |
| 9/27PS | Learning circle: integration of concepts | CS #3 due @ 2300; Start CS#4 |
| Week 6 | | |
| 9/30/13 | Acute Respiratory Disorders: | Smeltzer: 576-79; 839-41; 636-45 |
| | ARDS, Pulmonary Edema | ATI/MS: 333-348 |
| | | ATI/Pharm: diuretics |
| | | Articles: Blume; Byrum |
| | | |
| | | |
| 10/2 | Management of acute respiratory failure | Smeltzer: 645-64 |
| | [end of material for exam 2] | ATI/MS: 226-258 |
| | | Karch: Chapter 55 |
| | | |
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| 10/4 | Learning Circle: Integration of concepts | Case Study #4 due 2300 |

| TOPICAL OUTLINE | | |
|-----------------|--|---|
| DATE | TOPIC | LEARNING ACTIVITIES |
| Week 7 | | |
| 10/7 | Exam #2 | |
| | | |
| 10/9 | Traumatic Brain Injury | Smeltzer: 1919-33 |
| | | ATI/MS: 165-176 |
| | | HESI Case Study: Head trauma |
| | | |
| 10/11 | Brain Tumors; pituitary tumors, acoustic neuromas | Smeltzer: 1976-84; 1823-27 ATI/MS: 95-103 Article: Cahill |
| Week 8 | | |
| 10/12-15 | FALL RECESS | Rest & renew! |
| | | |
| 10/16 | DI/SIADH r/t TBI and tumors | Article: John & Day |
| | | ATI/MS: 1029-1041 |
| | | |
| 10/18PS | Spinal Cord Injuries; Tumors (Online) | Smeltzer: 1933-48; 1984-86 |
| | | ATI/MS: 188-201 |
| | | HESI Case Study: Spinal Cord Injury |
| | | |
| Week 9 | | |
| 10/21 | Brain Attack; SAH | Smeltzer: 1896-1917 |
| | | ATI/MS: 177-187 |
| | | Articles: Ennen |
| | | HESI Case Study: Brain Attack |
| | | |
| 10/23 | Selected Trauma: chest | Smeltzer: 593-99; 667-670 |
| | | ATI/MS: 324-332 |
| | Sipple Lectureship: Required: 5:30pm; Foy Hall [end of material for exam 3] | |
| | | |
| 10/25PS | Learning Circle: integration of concepts | |
| Week 10 | | |
| 10/28 | Exam #3 | |
| | | |
| 10/30 | Crush injuries; abdomen, ACS, flaps | Smeltzer: 2165-2167; 1724-25; 1713-15 |
| | | Article: Lee |
| 11/1/13 | Burns – guest lecture | |
| | | Burns Case study (under peds) |
| | | |
| Week 11 | | |
| 11/4 | Acute Kidney Injury | Smeltzer: 1320-25 |
| | | Article: Fournier 2013 |
| | | |
| 11/6 | Liver CA | Smeltzer: 1158-65 |
| | | ATI/MS: 741-748 |

| TOPICAL OUTLINE | | |
|---|---|--|
| DATE | TOPIC | LEARNING ACTIVITIES |
| Week 11 | | |
| 11/8PS | Cognitive dysfunction /ICU: class discussion | Article: Davidson (2013) |
| | | Start HIT CS #5 |
| Week 12 | | |
| 11/11 | Coagulopathies: ITP/TTP/DIC/polycythemia vera | Smeltzer: 950-51; 960-64; 927-28 Article: Glass |
| | | |
| | | |
| 11/13 | DKA/HHNK | Smeltzer: 1225-30 |
| | | ATI/MS: 1109-1113 |
| | | ATI/Pharm: 390-397 |
| | | Article: Kisiel; Reynolds |
| | | |
| 11/15/PS | Learning circles: review of concepts | CS #5 due 2300 |
| | | Practice Med Surg ATI due 11/15 by 1900 |
| Week 13 | | |
| 11/18 | Exam #4 | |
| | | |
| 11/20 | ATI Med-Surg Examination | Room TBA |
| | | |
| 11/22PS | End-of-life/withdrawal of life support | Article: Kirchhoff |
| | | |
| Week 14 | | |
| 11/25-12/1 | THANKSGIVING HOLIDAY | |
| | | |
| Week 15 | | |
| 12/2 | Organ Transplantation – guest speaker | Smeltzer: 1161-65; 1351-54 |
| | | ATI/MS: 776-773 |
| | | Article: Jacoby |
| | | |
| 12/4 | ATI Med-Surg Examination (as needed) | Room TBA |
| | | |
| | | |
| 12/6 | Final Exam Review | |
| | | |
| | Reading Days: December 7 & 8 | Clinical Make-up Day December 7 |
| | | |
| | | |
| FINAL EXAM: Tuesday, December 10, 2013 at 1:30PM | | |

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