MICHIGAN STATE UNIVERSITY
COLLEGE OF NURSING

NUR 308
Practicum in Nursing Care of Children and Their Families

COURSE SYLLABUS

COURSE PACKET REQUIRED
SECTIONS 1-4

COURSE CHAIRPERSON:
LINDA SPENCE, Ph.D., RN

SPRING, 2003
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OVERVIEW

COURSE DESCRIPTION:

NUR 308 provides clinical application of the theoretical concepts presented in NUR 307. Ambulatory and inpatient pediatric settings will be utilized for clinical practice. The student will be expected to demonstrate application of the nursing process while providing care to children ages 0-18 years and their families.

COURSE OBJECTIVES:

Upon the completion of this course, the student will be able to:

1. Utilize the nursing process in facilitating optimal health of children and families congruent with their developmental stages.
2. Assess the impact of the children's illness on family structure and functioning.
3. Apply the concepts from the natural and behavioral sciences, pathophysiology, and humanities in providing holistic nursing care for children and their families.
4. Demonstrate competency in performance of nursing interventions when providing direct nursing care to pediatric clients and families.
5. Demonstrate ability to communicate with peers and colleagues verbally and in writing to promote the health and welfare of children and their families.
6. Demonstrate ability to provide holistic nursing care consistent with professional nursing standards.
7. Discuss ethical, social, cultural, and health issues as they relate to the client population.
8. Demonstrate accountability for own nursing practice with children and their families.

INSTRUCTIONAL MODEL:

Three credit hours are equivalent to nine clock hours per week or 126 hours per semester. Over a 7/8 week rotation students will spend 18 hours per week in clinicals divided between inpatient and ambulatory settings.

REQUIRED TEXT


RECOMMENDED TEXT

Recommended Web Sites:
odp.od.nih.gov/
aecf.org
mayohealth.org
nursingsociety.org
aap.org
irsc.org/
futureofchildren.org
med.ihu.edu/peds/neonatology/poi.html
med.thu.edu/peds/neonatology/poi.html
childrenwithdisabilities.ncjrs.org
treatobacco.net
childdevelopmentinfo.com

Religious Observance: If you wish to be absent from clinical to observe a religious holiday, make arrangements in advance with your instructor and preceptor, if appropriate.

Participation in a Required Activity: If you must miss clinical to participate in an officially-sanctioned athletic event or in a required activity for another course, provide your instructor with adequate advance notice, such as a written authorization from Student Athlete Support Services or from the faculty member of the other course.

ATTENDANCE:

IF YOU WILL BE LATE OR ABSENT FROM CLINICAL FOR ANY REASON, YOU MUST NOTIFY YOUR CLINICAL INSTRUCTOR AND/OR PRECEPTOR PRIOR TO THE CLINICAL TIME.** FAILURE TO NOTIFY YOUR INSTRUCTOR AND/OR CLINICAL PRECEPTOR IN ADVANCE WILL BE REFLECTED IN YOUR PROFESSIONAL DEVELOPMENT EVALUATION. A HEALTH CARE PROVIDER’S STATEMENT MAY BE REQUIRED FOR CLINICAL ABSENCES RELATED TO ILLNESS.

MAKE-UP TIME IS REQUIRED FOR ABSENCES IN EXCESS OF 10% OF THE TOTAL CLINICAL TIME PER ROTATION. MAKE-UP CLINICAL TIME MAY BE REQUIRED FOR ANY CLINICAL ABSENCE AT THE DISCRETION OF YOUR CLINICAL FACULTY. MULTIPLE CLINICAL ABSENCES WILL RESULT IN A REPORT BEING SUBMITTED TO THE COLLEGE OF NURSING STUDENT AFFAIRS OFFICE. A STUDENT MAY BE WITHDRAWN FROM THE COURSE AND A GRADE OF 0.0 ISSUED AS A RESULT OF UNEXCUSED CLINICAL ABSENCES AND/OR FAILURE TO COMPLY WITH THIS ATTENDANCE POLICY.

**IN THE CASE OF AMBULATORY SITES, STUDENTS ARE ALSO REQUIRED TO NOTIFY THE CLINICAL PRECEPTOR.
GRADING AND EVALUATION:

Instructors and preceptors may differ in their grading and evaluating philosophies and practices. Often experiences and grades are dictated by health care system policy or client population. However, individual instructors and preceptors will clearly articulate their expectations and grading policy, at the beginning of the rotation and answer questions throughout.

Since it is difficult to accommodate faculty and student (work and school) schedules, most likely faculty will not post weekly office hours. Instead students are encouraged to communicate with faculty via e-mail or phone, or schedule a mutually convenient time to meet one-on-one.

Final student-faculty conferences, as well as additional conference times as deemed necessary by the faculty member, will be used to appraise students of progress in meeting clinical objectives. The student will have a final conference with both his/her ambulatory instructor and inpatient instructor. Students may schedule a meeting with their instructor to discuss their progress at any time throughout the course. The ambulatory and inpatient experiences each account for 50% of the final grade in NUR 308. The percentage received in each area will be added together and that total divided by two. The final numerical grade will be determined using the following scale:

<table>
<thead>
<tr>
<th>%</th>
<th>Grade Point</th>
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<tbody>
<tr>
<td>94 - 100</td>
<td>4.0</td>
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<tr>
<td>89 - 93</td>
<td>3.5</td>
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<tr>
<td>84 - 88</td>
<td>3.0</td>
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<tr>
<td>79 - 83</td>
<td>2.5</td>
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<tr>
<td>75 - 78</td>
<td>2.0</td>
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<tr>
<td>70 - 74</td>
<td>1.5</td>
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<tr>
<td>65 - 69</td>
<td>1.0</td>
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<tr>
<td>64 ↓</td>
<td>0.0</td>
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</tbody>
</table>

Evaluation criteria related to safety and honesty must be successfully completed in order to receive credit for NUR 308. Validation that either of these criteria has not been successfully completed will result in immediate withdrawal from the course and a 0.0 will be awarded. In addition, each student must successfully complete all pass-fail experiences including media check-offs to receive credit for NUR 308.

WRITTEN AND ORAL ASSIGNMENTS

A variety of written and oral assignments will be required by each clinical instructor to assist in the validation of achievement of clinical objectives. It is expected that these will be completed by the assigned due date. Any alteration in turning in assignments by the assigned time must be discussed with the clinical instructor PRIOR TO the time that the assignment was due. Failure to comply with this requirement will be reflected in the professional self development area of the clinical evaluation.

Plagiarism (from the Latin plagiarus, an abductor, and plagiar, to steal): Plagiarism is defined as presenting another person’s work or ideas as one’s own. You are expected to do your work on all assignments and use citations appropriately. Students who plagiarize will receive a 0.0 in the course.

FORMAT: All assignments should adhere to APA format.
CPR CERTIFICATION

All students in the undergraduate program must achieve certification in basic life support (CPR) which includes one-rescuer, two-rescuer and infant CPR. Evidence of current certification must be available to the clinical instructor prior to beginning clinical experiences. **Continuous certification in CPR is expected through graduation from the College of Nursing.**

STUDENT-FACULTY COMMUNICATION

Student and faculty will use Life Sciences mailboxes, electronic communication, person to person contacts as a means to exchange information. Students should check mailboxes and e-mails regularly.

Situations requiring immediate contact by clinical preceptors/students to campus faculty.

1. Accident/injury involving patient
2. Accident/injury involving student
3. Unprofessional conduct
4. Student absence (unexcused)
CLINICAL SKILLS
ASSIGNMENTS
AND
MEDIA
REQUIRED/RECOMMENDED MEDIA

**Required Media** *(Prior to Pediatric Clinical [NUR 308])*

A Visual Guide to physical examination - Pediatric Examination:
Art and Process:

- Infants (45 minutes)
- Toddlers (33 minutes)
- Preschool (45 minutes)

Nursing Assessment Library: (Developmental Issues)

- Pediatric Assessment: (Infants and Toddlers [25 minutes])
- Pediatric Assessment: (Preschool and School-Age Children [20 min])
- Pediatric Assessment: (The Adolescent [22 minutes])

Whaley & Wongs: Pediatric Nursing Video Series

5. Communicating with Children and Families 32 minutes
6. Family Centered Recommended Media 24 minutes
7. Pain Assessment and Management 27 minutes

**Recommended Media**

- Assessment Heart Sounds (30 minutes)
- Assessing Lung Sounds (30 minutes)
- Normal and Abnormal Breath Sounds (39 minutes)

All of the above are videotapes.
SKILLS FOR NUR 308

In coordination with the junior-level curriculum, students will need to sign up for the following skills lab sessions.

1. Urinary Catheterization

2. Isolation Technique (Self Study)

3. IV Therapy

4. Postural Drainage, Chest Percussion, Vibration (Self Study)

To fulfill requirements for pediatric clinical sites, students will need to identify site-specific nursing skills, review the skills in pediatric textbooks/lab settings, and ask for assistance when needed.
STUDY GUIDE: ISOLATION TECHNIQUE

This study unit is designed to assist the student to provide safe nursing care for the client requiring isolation.

Upon completion of the unit, the student will be able to:

1. Define isolation technique.
2. List two major purposes for isolation.
3. Discuss the various types of isolation and the rationale for the use of each type (protective, strict, respiratory, wound and enteric).
*4. Demonstrate hand washing technique.
5. List four times when entering and leaving isolation, hand washing is necessary for the safety of clients or health care providers.
*6. Demonstrate putting on and removing protective apparel (gown, mask, gloves).
7. Describe the special precautions used with a specimen obtained from a client in isolation.
*8. Demonstrate double bagging procedure for removing equipment, line and waste from isolation.

REQUIRED READING AND/OR MEDIA

Demonstration in Lab

*Items which are starred are those which must be demonstrated in the lab.
Putting on Isolation Apparel

1. Remove watch & rings
2. Put on mask
   - Tie both ties
   - Cover nose & mouth
3. Put on gown
   - Hold in front-open end facing nurse
   - Slid arms & hands down sleeves
   - Fasten ties at neck
   - Overlap back
   - Secure waist ties, if present
4. Put on gloves
   - Clean technique
   - Cuffs over gown cuffs

Removing Isolation Apparel

1. Remove gloves
   - Touch cuffs only
2. Untie waist ties, if present
3. Remove mask
   - Untie ties
   - Handle by ties
4. Remove gown touching only the inside
5. Roll with inside out
6. Deposit in bag
7. Wash hands

Bagging Isolation Waste Person Inside Room

1. Place waste (linen) in bag
2. Secure bag by tying
3. Place in outside bag touching only the inside of bag
4. Replace inside bag

Person outside room

1. Open bag with hands under cuff
2. Secure bag & tag appropriately
   - Fold top over
   - Tie or fasten
   - Place identification sticker on bag if needed

Points possible 27
Points earned % earned

Must have 80% to pass, with no more than 50% "with assists"
Initiating IV Therapy

Expectation | Yes | With Assist | No
---|---|---|---
*1. Correctly checks orders:  
Clients name
Solution to be infused
Additives
Amount to be given over stated time (rate)
*2. Selects appropriate IV solution and tubing
3. Washes hands
4. Primes tubing correctly, maintaining sterility
5. Gathers equipment necessary for venipuncture
*6. Identifies client and explains procedure
*7. Verbalizes appropriate venipuncture sites.
8. Verbalizes various gauges and indications for size selection
9. Properly applies tourniquet above selected site
10. Verbalize methods to promote venous dilation
*11. Apply non-sterile gloves
12. Cleanse site with iodophor or alcohol swab, applying moderate amount of friction in an outward circular motion
13. Anchor vein below insertion site with nondominant hand
14. Hold catheter with bevel up, pointing in direction of blood flow, without touching the hub
15. Insert catheter and needle through the skin and into the vein observing for flashback of blood
16. Advance catheter and needle slightly to ensure catheter tip is in the vein
17. Gently advance catheter of the needle (without advancing needle) until hub rests against skin
18. Releases tourniquet
<table>
<thead>
<tr>
<th>Expectation</th>
<th>Yes</th>
<th>With Assist</th>
<th>No</th>
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<tbody>
<tr>
<td>19. Places 2 x 2 gauze or alcohol pad under hub of catheter</td>
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<tr>
<td>20. Withdraws needle from catheter observing back flow of blood</td>
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<td>21. Connects prepared IV tubing</td>
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<td>22. Opens clamp to KVO and observes flow and site</td>
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<td>23. Removes gauze/alcohol and stabilizes IV catheter appropriately</td>
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<td>24. Applies band-aid and/or biocclusive over insertion site</td>
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<tr>
<td>25. Tapes IV tubing in place without kinking</td>
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<tr>
<td>26. Adjusts flow rate according to order</td>
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<tr>
<td>27. Labels insertion site with date, time and initials</td>
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<td>28. Assures client comfort</td>
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<td>29. Documents:</td>
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<tr>
<td>Date and time of insertion</td>
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<td>Size of catheter</td>
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<tr>
<td>Site</td>
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<td></td>
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<tr>
<td>Client tolerance</td>
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<td></td>
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<tr>
<td>Solution and rate infused</td>
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<tr>
<td>Any complications</td>
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<tr>
<td>Points Possible</td>
<td></td>
<td>37</td>
<td></td>
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<td>Total</td>
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<td>Percentage Earned</td>
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**Must have 90% to pass, with no more than 25% With Assist**

*Critical behaviors that must be demonstrated.*
### PERFORMANCE EVALUATION -------- I.V. ADMINISTRATION

<table>
<thead>
<tr>
<th>MONITORING AND CHANGING IV BOTTLE AND TUBING</th>
<th>YES</th>
<th>WITH ASSIST</th>
<th>NO</th>
</tr>
</thead>
</table>

1. Correctly checks orders.
   - Client’s name
   - Solution
   - Additives
   - Amount to be given over stated time (rate)

2. Identify client allergies.

3. Selects correct IV bag by checking with order.

4. Checks bag for moisture, tears, clarity of solution and expiration date.

5. Selects appropriate tubing.

6. Correctly calculates flow rate according to drip factor of tubing selected:
   - Notes milliliters per hour to be infused.
   - Notes drops per minute to be infused.

7. Correctly marks and applies timing label (with hours of administration) on solution container.

8. Labels the IV tubing noting date, time of attachment and expiration date.

9. Washes hands.

10. Correctly attaches infusion set to bottle or bag:
    - Moves clamp up on tubing and closes clamp.
    - Pulls off rubber tab.
    - Inserts tubing spike full depth.

11. Hangs bag on IV pole and fills drip chamber with solution.

12. Removes air from tubing and replaces it with fluid.

13. Maintains sterility of equipment.

14. Identifies the client and explains the procedure.

15. Checks condition of infusion site; notes erythema, edema or pain or blood backing up into tubing.

16. States appropriate actions to be taken when deviations from normal are present, e.g., edema:
    - Check site for patency 3 ways.
    - If in vein, elevate site and continue observing.
    - If no return, discontinue.

17. Gently removes tubing tapes. (Does not remove the tape securing IV catheter or needle).

18. Dons protective gloves.

19. Places gauze or alcohol pad under hub to absorb leakage during tubing change.
### MONITORING AND CHANGING IV BOTTLE AND TUBING (CONT.)

20. Clamps old tubing off.

*21. Stabilizes hub of catheter while gently pulling out old IV tubing.

*22. Maintains sterility of hub.

23. Inserts new tubing into hub, opens clamp to start solution flowing and tapes tubing in place.

24. Adjusts the intravenous drip rate according to physician’s orders.

25. Assures the client’s comfort.

26. Records IV fluid on proper form (per Institution).

### HANGING A PIGGYBACK

*27. Correctly checks orders:
   - Client’s name.
   - Medication and dosage.
   - Checks allergies.

*28. Ensures main solution and piggyback are compatible.

29. Wash hands.

*30. Obtains piggyback and checks label against MAR.

31. Selects appropriate secondary tubing.

32. Labels secondary tubing noting date, and time of attachment and expiration date.

33. Correctly attaches to bag or bottle:
   - Pulls off rubber tab.
   - Inserts spike full depth.

34. Hangs piggyback on IV pole and fills drip chamber with solution.

35. Removes air from tubing and replaces it with fluid.

36. Identifies client and explains procedure.

37. Swabs top of upper injection port on primary tubing with alcohol and inserts cannula of secondary tubing.

38. States appropriate flow rate and adjusts rate on tubing.

39. Charts piggyback on medication record.

### IV PUSH MEDICATIONS

*40. Correctly checks orders:
   - Clients name
   - Medication and dosage
   - Proper rate of injection

*41. Checks allergies
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<tbody>
<tr>
<td><strong>42.</strong> Ensures medication is compatible with main solution.</td>
<td></td>
</tr>
<tr>
<td><strong>43.</strong> Wash hands.</td>
<td></td>
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<tr>
<td><strong>44.</strong> Correctly draws up ordered medication.</td>
<td></td>
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<tr>
<td><strong>45.</strong> Swabs port most proximal to IV site with alcohol wipe.</td>
<td></td>
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<tr>
<td><strong>46.</strong> Inserts syringe and kinks tubing above port.</td>
<td></td>
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<tr>
<td><strong>47.</strong> Pushes medication over recommended rate (per nursing drug handbook or PDR)</td>
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<tr>
<td><strong>48.</strong> Unclamps tubing and ensures proper rate of primary solution.</td>
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**INFUSING VIA HEPARIN LOCK/WELL**

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<tbody>
<tr>
<td><strong>49.</strong> Correctly checks orders:</td>
<td></td>
</tr>
<tr>
<td>Clients name.</td>
<td></td>
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<tr>
<td>Fluid/Medication, dosage and rate.</td>
<td></td>
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<tr>
<td>Checks allergies.</td>
<td></td>
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<tr>
<td><strong>50.</strong> Washes hands.</td>
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<tr>
<td><strong>51.</strong> Identifies client and explains procedure.</td>
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<tr>
<td><strong>52.</strong> Checks condition of site.</td>
<td></td>
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<tr>
<td><strong>53.</strong> Prepares infusion.</td>
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<tr>
<td>Spikes bag.</td>
<td></td>
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<tr>
<td>Primes tubing.</td>
<td></td>
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<tr>
<td><strong>54.</strong> Ensures potency of Heparin Lock/Well by:</td>
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<tr>
<td>Swab cap of intermittent injection cap with alcohol wipe.</td>
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<tr>
<td>Insert syringe with 0.9 NS, 1cc</td>
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<tr>
<td>Gently aspirate to obtain small flashback of blood.</td>
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<tr>
<td>Inject saline.</td>
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<tr>
<td>Remove syringe from intermittent injection cap.</td>
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<tr>
<td><strong>55.</strong> Swabs intermittent injection cap with alcohol.</td>
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<tr>
<td><strong>56.</strong> Attaches cannula to primary tubing.</td>
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<tr>
<td><strong>57.</strong> Inserts cannula into intermittent injection cap.</td>
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<tr>
<td><strong>58.</strong> Adjusts flow to desired rate (states what appropriate range would be).</td>
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<tr>
<td><strong>59.</strong> Secures tubing with tape during infusion.</td>
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**DISCONTINUING INTERMITTENT INFUSION**

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<tbody>
<tr>
<td><strong>60.</strong> Clamps tubing.</td>
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<tr>
<td>Removes cannula from intermittent injection cap and recaps.</td>
<td></td>
</tr>
<tr>
<td>Swabs cap of intermittent injection cap with alcohol.</td>
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<tr>
<td>Flushes intermittent injection cap with heparin flush (1cc) or NS (2cc), according to institutional policy or order.</td>
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<tr>
<td><strong>61.</strong> Charts infusion on medication record.</td>
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</table>
**DISCONTINUING IV INFUSION**

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<tbody>
<tr>
<td>62. Checks orders and/or condition of IV site.</td>
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<tr>
<td>63. Stops flow rate.</td>
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<tr>
<td>64. Gently loosens all tapes and dressing on IV site.</td>
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<tr>
<td>*65. Dons protective gloves.</td>
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<tr>
<td>66. Places 2” x 2” gauze or alcohol pad just above IV site and removes catheter or needle by pulling straight back away from puncture.</td>
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<tr>
<td>67. Applies pressure for approximately two to three minutes or until bleeding stops.</td>
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<tr>
<td>68. Applies band aid.</td>
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</table>

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>108</th>
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<tbody>
<tr>
<td>Total</td>
<td></td>
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<tr>
<td>Percent Earned</td>
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</table>

Must have 90% to pass, with no more than 25% assist.  
*Critical behaviors that must be demonstrated.

revised MK Smith 3/98
STUDY GUIDE: POSTURAL DRAINAGE, CHEST PERCUSSION, VIBRATION

Upon completion of the unit, the student will be able to:

1. Define chest percussion, postural drainage, and vibration.

2. List two (2) major purposes of chest therapy procedures.

3. Demonstrate proper positioning for effective postural drainage.

4. Demonstrate proper chest percussion techniques.

5. Demonstrate proper vibration technique.
Postural Drainage

Postural drainage is an important method used to assist the normal cleaning mechanism of the tracheobronchial tree. In the normal lung, thin watery mucus is produced constantly by mucus secreting cells in the lining membranes of the bronchial tubes. This mucus normally forms a very thin (1/2 the thickness of a fine line) layer coating the entire surface of the tracheobronchial tree. Inhaled dust, bacteria, etc. falls on the mucus layer. Just as this mucus layer is being constantly secreted it is being constantly removed from the lung. Several normal mechanisms exist that keep this mucus layer flowing constantly at the rate of approximately 1/2 inch per minute from the smallest respiratory tubes into the larger and larger tubes until it spills over into the throat and is swallowed. The entire tracheobronchial tree is lined with cells, the surfaces of which are covered with minute hair-like processes called cilia. These cilia stiffen up and sweep toward the mouth in the mucus layer. They then relax and are slowly drawn back to start another sweep. The cilia move in this way one after another starting with those in the smallest tubes and progressing to those of the larger and larger tubes thus creating a wave-like motion that keeps the mucus layer in constant motion toward the throat. The cilia are so extremely small that 10,000 exist on an area the size of the head of a common pin, but they beat a very rapid rate (1700 times/minute). Their activity forms the chief mechanism for the removal of secretions from the lung. Their effectiveness is decreased by an increase in the depth of the mucus layer, increase in thickness (viscosity) of the mucus, drying irritation of the membrane and infection.

Another mechanism that tends to move secretions from the lung is the change in the diameter or size of the bronchial tubes that occurs during breathing. When we breathe in, our bronchial tubes enlarge in caliber allowing the free passage of air into the minute air sacs of the lung without driving the mucus coating outward into the smaller tubes. When we breathe out, the bronchi narrow. This compresses the mucus lining into a thicker layer and also results in the air moving out of the lung tending to push the secretions out. This tendency is markedly increased when air is forced rapidly from the lung as it is during a cough.

Failure of the normal cleaning mechanism of the lung results in an accumulation of secretions and of the bacteria they contain. This results in narrowing or obstruction of the airways and eventually in infection. Narrowing of the tubes makes it more difficult to breathe and results in over-expansion of the lung due to difficulty in breathing out. If this accumulation continues, the tube may become completely filled with secretions making the lung tissue beyond the plug unavailable for breathing. Infection which develops in these stagnant secretions causes swelling of the membranes lining the tubes further narrowing their lumen. Eventually the infection invades the lung tissues causing bronchitis, pneumonia and lung abscesses. If this process is not stopped, the infection destroys the lung tissue which is then replaced by leathery scar tissue (fibrosis).
In many diseases of the lung, artificial means for assisting the normal cleaning mechanisms of the lung must be employed to prevent the accumulation of secretions in the lung. Postural drainage is one such therapeutic measure. The principles involved are very simple. Fluids tend to run downhill so the patient is placed in a position in which the tube to be drained is aimed downhill.

Unfortunately the secretions are usually too thick to flow freely just as catsup rarely flows from a inverted catsup bottle. To cause the secretions to flow, the chest is vibrated as the patient breathes out and his chest is clapped with the cupped hand. This produces the same type of flow produced by vibrating or pounding on the end of an inverted catsup bottle. The outward flow of air during expiration tends to further increase the flow. Once the secretions are moved into the larger tubes, coughing is encouraged to blast them clear.

To be effective, postural drainage should be carried out with the patient in a comfortable relaxed position. Efficient drainage of affected lobes or segments necessitates careful positioning of the patient. The area being drained must be uppermost to permit gravitational forces to draw the secretions into the larger bronchi from which they can be more readily expectorated. In all drainage positions, the knees and hips should be flexed to assist relaxation and to lessen strain on the abdominal muscles when coughing. Each position is assumed for at least two minutes during which the therapist claps rapidly with cupped hands on the area that is uppermost. The child is simultaneously encouraged to expire slowly and maximally and to cough up as much sputum as possible. This is followed by two minutes of chest vibrations over the same area. The vibration is produced through the therapist's hands by tensing the upper arm and shoulder muscles until the entire arm vibrates. Vibration is applied with slight pressure over the area to be drained only during expiration which should be slow and complete if the child is old enough to cooperate. Again the child is encouraged to cough and expectorate. This therapy is a daily procedure whether the cough is productive or not. Most workers feel that this assists in keeping the lungs cleaned out even when the amount of mucus present is not clinically detectable.

**Important Points to Remember**

Clapping (percussion) and vibration are manual techniques designed to promote drainage of mucus and secretions from the lungs while the patient is in the position of postural drainage.

1. **PERCUSSION**: Movement done by striking the chest wall in a rhythmical fashion with cupped hands over the chest segment to be drained. The wrists are alternately flexed and extended so that the chest is cupped or clapped in a painless manner.
   a. The more air trapped between the hand and the patient, the greater the vibration.
b. Each percussion should have a hollow sound and should not cause a sting or pain.
c. Red skin at the percussion site indicates slapping or inadequate air being trapped in the hand, thus rendering the therapy virtually useless.
d. Position the child properly in the prescribed postural drainage position. The spine should be straight to promote rib cage expansion (use pillows).
e. Percuss in each position for three (3) minutes
f. Instruct the child to use diaphragmatic breathing.
g. Avoid clapping over the spine, liver, kidneys, or spleen. (DO NOT go below the rib cage.)
h. The knees and hips should be flexed to assist relaxation and to lessen strain on the abdominal muscles when coughing.
i. The area being drained must be uppermost to permit gravitational forces to draw the secretions into the larger bronchi from which they can be more readily expectorated.

2. **VIBRATION**: Technique of applying manual compression and tremor to the chest wall during the *exhalation* phase of respiration.

a. Place one hand on top of the other over the area to be vibrated.
b. Tense the upper arm and shoulder muscles until the entire arm vibrates.
c. Vibration is applied with slight pressure over the area being vibrated.
d. Have the child exhale making a hissing sound while you are vibrating.
e. Vibrate three (3) times in each position.

**ENCOURAGE THE CHILD TO COUGH WELL (DEEPLY) FOLLOWING THE COMPLETION OF POSTURAL DRAINAGE, CLAPPING AND VIBRATION IN EACH DIFFERENT POSITION.**

**LISTEN WITH A STETHOSCOPE BEFORE AND AFTER THE THERAPY TO DETERMINE CHANGES IN LUNG SOUNDS.**
DRUG WORKSHEET
# DRUG WORKSHEET

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Proprietary Names</th>
<th>Classification</th>
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</table>

**MECHANISM of action**

**Positive EFFECTS of action**

**Conditions in which INDICATED**

**Reasons for use with your patient**

**Conditions in which CONTRAINDICATED**

**Absorbed**
from
**Metabolized**
by
**Excreted**
via

**How long after administration do effects begin?**

**Reach a peak?**

**End?**

**DOSAGE:**

**Your patient (Dose, route, frequency)**

**Textbook dose per weight**

**Mathematical calculations**

**Safe dose (circle) YES NO**

**Nursing implications**

**Adverse Reactions**
NUR 308 Ambulatory Care in the School Setting

The purpose of the ambulatory clinical experiences for the undergraduate pediatric nursing student is to provide an introduction to child health - health promotion and acute illness and chronic disease management - in a community-based school setting while each site will vary, the focus of the experience is on participating with the school nurse and school personnel to deliver comprehensive health care to children. In some cases students will work with children and their families and teachers.

Objectives - With the School Nurse, the student will:

1. Rapidly assess and provide basic nursing care for acute injuries and insults-recognizing differences in psycho-somatic and physical complaints.
2. Provide routine nursing care for children with chronic diseases and special needs.
3. Join a multi-disciplinary team to provide a safe but challenging educational environment.
4. Describe common individual and community-related health issues and school nurse opportunities.
5. Teach children, parents, and teachers about health promotion and disease management.
6. Use age-appropriate assessment and intervention strategies.
7. Identify and utilize community-based referrals.
8. Participate in special projects - particularly health screening projects.
9. Review school records and follow-up on deficiencies.
9. Comply with national, state, local, and district standards and screening practices.
NUR 308 Student Role and Responsibilities
in the Ambulatory Setting

The student will:

1. Review the information in the syllabus and any supplemental materials.

2. Complete the required readings and media assignments as distributed, by individual faculty.

3. Arrange for increasing clinical participation with the clinical faculty and preceptor as appropriate to the student's skills and the setting.

4. Complete written and oral assignments.

5. Participate in clinical conferences.

6. Participate with the campus faculty in a final conference at the conclusion of the ambulatory experience.
NUR 308 Campus Faculty Role and Responsibility

The campus faculty will:

1. Visit preceptors at the clinical agency.
   A. Review aspects of the course and respond to any questions from the preceptors and student.

2. Validate expectations and roles of preceptors and student.

C. Become familiar with the agency, staff, and clients.

2. Facilitate clinical conferences.

3. Communicate with the preceptors throughout the clinical experience and be available by pager when students are present in a clinical setting.

4. Evaluate students' written and oral work and provide feedback.

5. Maintain a record of student progress.

6. Determine the student's grade in accordance with stated grading policy, eg based on preceptor feedback, clinical conference participation, assignment productivity.

7. Conduct a final conference with the student to discuss clinical evaluation and grade.

8. Evaluate clinical sites and make adjustments accordingly.
NUR 308 Clinical Faculty Preceptor Role and Responsibility

The clinical faculty in conjunction with nursing staff will:

1. Orient or arrange for the student to be oriented to the agency/setting and meet the staff.

2. Share with the student appropriate educational and experiential information.

3. Guide the student in selecting appropriate learning experiences.

4. Assist the student to develop appropriate technical and behavioral skills through observation, demonstration, role modeling.

5. Assist the student in problem-solving and clinical decision making to promote a sense of autonomy and professional identity.

6. Guide the student through new and challenging experiences such as presenting client situations and participating in interdisciplinary meetings.

7. Compile information from clinical staff about student performance, complete the student clinical evaluation form, discuss the evaluation with the student, and finally, submit the form to the campus faculty.

8. Periodically, discuss student-clinical faculty experience with the campus faculty.
NUR 308 Ambulatory Pediatric Clinical Settings

Developmental Assessment Clinic (DAC)
Contact Karen Marras, R.N.
EWSH Professional Building, Suite 145
1200 E. Michigan Avenue
364-5416

This is the follow-up clinic from graduates of the Neonatal Intensive Care Unit at Sparrow Hospital. It provides interdisciplinary evaluation for children from throughout Michigan who were patients in Sparrow’s NICU.

Hematology/Oncology Clinic (Pediatric)
Contact Person: Mary Robinson, RN and Helen Pederson, RN
EWSH Professional Building, Suite 145
1200 E. Michigan Avenue
364-5450

This clinic provides interdisciplinary subspecialty care for children with cancer and blood disorders and their families. Much of the chemotherapy and many of the follow-up diagnostic tests are done in the clinic with the goal of keeping the child in his usual environment as much as possible.

Ingham County Health Department, Child Health Clinic & Refugee Screening Clinic
Contact Person: Linda Goerke-Schmidt, R.N., B.S.N.
5303 S. Cedar
Lansing, MI 48911
887-4444

Ingham County Health Center, Child Health Clinic, Sparrow Campus
Contact Person: Kay Kujala, B.S.N., R.N.
Medical Arts Building, 1322 E. Michigan Ave.
487-2341

The Child Health Clinics provides health maintenance and promotion services for children and their families as well as treatment of common childhood illnesses. These clinics see a multicultural population of children and primarily serves families with Medicaid. Both of these clinics are residency training clinics.

Pediatric Gastrointestinal Clinic
Contact Person: Pat McLatcher
1200 E. Michigan Avenue, Suite 735
Lansing, MI 48909
364-5415

This busy pediatric subspecialty clinic serves infants, children, adolescents and young adults with disorders affecting the gastrointestinal tract, liver and pancreas including: peptic ulcer disease; chronic diarrhea; malabsorption syndrome; failure to thrive; gastroesophageal reflux; chronic abdominal pain.
Cristo Rey: (Lansing)
Contact person: Linda Hughes, RN, MSN, CNP
1717 North High Street
Lansing, MI 48906
371-1700

Provides health care services for primarily Hispanic families - children of all ages. Caregivers provide well child care checks, and assessments and treatments for acute illnesses.

CHM Pediatric Primary Care: (E. Lansing)
Contact: Kari Chandler, RN
Clinical Center, Campus
353-8128

Provides services for primarily under-served populations. Caregivers provide well child care as well as assessment and treatment for acute illnesses.

Pediatric After Hours Clinic: (Lansing)
Contact Person: Rosemary Kerrins, RN
1200 East Michigan, Suite 145
364-5422

Provides services for a variety of pediatric populations. Caregivers provide acute and urgent care.

Pediatric Surgery Clinic
Contact: Luellen Kinloch
1200 E. Michigan, Suite 250
364-5151

The surgeons in this clinic do a variety of pediatric surgeries at Sparrow. The clinic sees the children and their families preoperatively as well as doing the postoperative follow-up.

Center for Family Health: (Jackson)
Contact Person: Kim Hinkle
Foote Health Center
2200 Springport Road
Jackson, MI 49201
517-784-2895

Provides comprehensive health care services for high-risk, low-income families. Caregivers provide well child care checks, and assessments and treatments for acute illnesses.
North School: (Lansing)
Contact Person: Vee Jones
333 East Miller Road
Lansing, MI 48911
325-6845

Provides education and health care services for special needs (physically, cognitively, developmentally, and/or emotionally impaired) children 4-12 years of age.

Pediatric Care of Lansing: (Lansing)
Contact Person: Jill Vatter
2909 E. Grand River, Suite 109
Lansing, MI 48912
487-4480

Provides general pediatric services to a variety of families. Caregivers provide well child care checks, and assessments and treatments for acute illnesses.

Lansing Public Schools
Walnut School:
Contact: Sue Wheeler
1012 N. Walnut Street
352-6880

Harry Hill Vocational School
Contact: Heidi Ostheimer
5815 Wise Rd
325-7294

Mid Michigan Public School Academy (Charter School)
Contact Person: Linda Stasiak
730 W. Maple St
Lansing, MI 48906
485-5379 ext: 3413

The school nurses provide health care services and education for individual and groups of children in their respective schools. In addition they work with the children's families and provide consultation to the teachers.

Pediatric Diabetes and Endocrinology-Spectrum Health, Grand Rapids
Contact person: Elaine Allison, RN
1425 Michigan NE
616-391-2159
email: Elaine.Allison@spectrum-health.org

This is a sub-specialty clinic that provides interdisciplinary care for infants through adolescents with diabetes and other endocrine disorders. Students will spend the majority of the time in the diabetes section of the clinic.
Pediatric Neurobehavioral Clinic - Spectrum Health, Grand Rapids  
Contact person: Lorraine Raab  
221 N. Michigan, Suite 406 (Medical Office Building)  
616-391-8801

This is a subspecialty clinic that provides services for children with neurological disorders and their families. There are also pediatric psychology services available for assessment and intervention.

Pediatric Primary Care Clinic, Wm. Beaumont Hospital, Royal Oak  
Contacts: Jackie Cunningham, Outpatient Clinic Coordinator 248-551-2030  
Camille McGuire, Coordinator, Pediatric Clinic, 248-551-2040  
3601 W. 13 Mile Rd.  
Royal Oak, MI 48073

The Pediatric Primary Care Clinic provides health maintenance and promotion services for children and their families as well as treatment of common childhood illnesses. This clinic sees a multicultural population of children and primarily serves families with Medicaid. This is also a residency training clinic.

Chesaning Family Practice  
Contact person: Diana Hayes, RN, MSN, CFNP  
300 S. Chapman  
Chesaning, MI  
789-845-7644

This is a primary care pediatric practice that cares for infants through adolescents as well as adults. Children with a wide range of diagnoses are seen for primary care and treatment of acute illnesses, injury and follow-up of chronic illnesses.
NUR 308 Ambulatory Settings
Required Readings

All settings
Wong: (Text) pp. 1-17; 33-40; 47-49; 59-92; 101-103 (review); 127-194

Wong & Hess (Clinical Manual)
Health history: pp. 3-88
Growth measurement: pp. 108-131
Growth and development: pp. 147
Recommendations: Preventive Care: pp 163
Safety and Injury: pp: 194-208
Parent and community guidance: pp. 209-211
Preparing children for procedures: pp219-221

Well Child Settings
Wong & Hess (Clinical Manual): pp. 164-218, 381, 390, 408

Endocrine Clinic
Wong: (Text) pp. 1115-1148.

Hematology/Oncology Clinic
Wong: (Text) 983-1018

GI Clinic
Wong: (Text): pp. 879-931
Wong & Hess: (Clinical Manual): pp. 403-405, 413-421, 427, 430

Spartan Village Clinic
Wong & Hess: (Text) pp. 59-92

Neurobehavioral Clinic
Wong (text): 1061-1114
Wong and Hess (Clinical Manual): 459-461; 474-475

All students are expected to use required textbooks, journal articles, electronic resources, clinical policy and procedure books etc. to compliment their learning.
EVALUATION
FORMS
# EVALUATION OF CLINICAL PERFORMANCE
## ACUTE CARE PEDIATRIC CLINICAL

**Student _______________________________________________________________**

**Faculty _______________________________________________________________**

**Clinical Site __Sparrow Hospital  5 Foster Pediatrics ______________________**

**Absences _____________________    Action _________________________________**

**ITEMS REQUIRED FOR RECEIPT OF PASSING GRADE:**

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<tbody>
<tr>
<td>1.</td>
<td>Provides safe care to children and families, maintaining safe environment.</td>
<td>P</td>
<td>F</td>
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<td>2.</td>
<td>Uses supplies and equipment correctly and safely.</td>
<td>P</td>
<td>F</td>
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<td>3.</td>
<td>Calculates drug dosages and dosage ranges with 100% accuracy.</td>
<td>P</td>
<td>F</td>
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<td>4.</td>
<td>Calculates 24 hour fluid intake and output with 100% accuracy.</td>
<td>P</td>
<td>F</td>
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<td>5.</td>
<td>Demonstrates ethical behavior.</td>
<td>P</td>
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<td>6.</td>
<td>Satisfactory completion of skills laboratory.</td>
<td>P</td>
<td>F</td>
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**KEY:**
- 0-Unacceptable level
- 1-Well below average
- 2-Below average
- 3-Average
- 4-Above average
- 5-Well above average
- NA-Not Applicable

**COMMUNICATION SKILLS 20%**

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<td>1.</td>
<td>Communication with faculty and staff clear and appropriate.</td>
<td>0</td>
<td>1</td>
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<tr>
<td>2.</td>
<td>Communication with children at a developmentally appropriate level.</td>
<td>0</td>
<td>1</td>
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<td>3.</td>
<td>Communication with families professional, clear and appropriate.</td>
<td>0</td>
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<td>4.</td>
<td>Participates in clinical conference with appropriate and thoughtful discussion.</td>
<td>0</td>
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<td>5.</td>
<td>Uses effective listening skills with children, families, staff, peers and faculty.</td>
<td>0</td>
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<td>6.</td>
<td>Presents clinical cases/assessment in a systematic, organized manner to staff and faculty.</td>
<td>0</td>
<td>1</td>
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<tr>
<td>ITEMS EVALUATED</td>
<td>WEIGHT</td>
<td>EVALUATION</td>
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<td><strong>KNOWLEDGE AND LEARNING 15%</strong></td>
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<tr>
<td>1. Understands basic pathophysiology of pediatric conditions and clinical management.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>2. Uses laboratory data and diagnostic tests in assessing children.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>3. Understands pharmacological management in relation to pathology and condition.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>4. Understands normal health parameters in children at different ages.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>5. Understands and can articulate developmental theories, stages and norms for children at different ages.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>6. Utilizes critical thinking skills in all aspects of clinical problem solving.</td>
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<td>7. Seeks assistance and additional information appropriately.</td>
<td>0 1 2 3 4 5 NA</td>
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<td><strong>ASSESSMENT AND EVALUATION SKILLS 20%</strong></td>
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<tr>
<td>1. Completes assessment for all patients in a concise, thorough organized manner including: physical (comparing to norms, explaining abnormals) developmental family/social evaluation.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>2. Includes family structure, function, and dynamics in all assessments.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>3. Develops a prioritized problem list based on assessment and theoretical knowledge.</td>
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<td>4. Develops appropriate, evidenced-based interventions and specific, realistic, measurable outcomes for each assignment.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>5. Independently identifies and utilizes resources for assessment, planning and evaluation.</td>
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<td>6. Provides teaching as appropriate for children and families utilizing age appropriate approaches.</td>
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<td>7. Evaluates care using outcome criteria.</td>
<td>0 1 2 3 4 5 NA</td>
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<td><strong>CLINICAL SKILLS 25%</strong></td>
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<tr>
<td>1. Demonstrates skills in utilizing vital sign machines, pulse oximeters, intravenous infusion pumps, suction, and scales.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>2. Uses universal precautions.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>3. Collaborates with children’s primary caregivers in implementing plan of care.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>4. Implements current treatment plans.</td>
<td>0 1 2 3 4 5 NA</td>
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<td><strong>PROFESSIONALISM 20%</strong></td>
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<tr>
<td>1. Demonstrates preparation for clinical experience and course work.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>2. Demonstrates effective and appropriate use of clinical time.</td>
<td>0 1 2 3 4 5 NA</td>
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<td>3. Written materials are legible, organized and complete.</td>
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<td>4. Maintains a consistent professional manner in timeliness, appearance, and attitude.</td>
<td>0 1 2 3 4 5 NA</td>
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</tr>
<tr>
<td>5. Builds effective working relationships with other healthcare providers.</td>
<td>0 1 2 3 4 5 NA</td>
<td></td>
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</tr>
<tr>
<td>6. Seeks new learning experiences/maintains a positive approach to learning opportunities.</td>
<td>0 1 2 3 4 5 NA</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
I certify that I have read this evaluation on the date specified. I understand that I have the right to make written comments in response to this evaluation.

Student Signature __________________________________________ Date

Faculty Signature __________________________________________ Date
EVALUATION OF CLINICAL PERFORMANCE
AMBULATORY CARE PEDIATRIC CLINICAL

Student ____________________________________________
Faculty ______________________________________________________
Clinical Site ______________________________________________________
Absences _____________________ Action _________________________________

ITEMS REQUIRED FOR RECEIPT OF PASSING GRADE:

<table>
<thead>
<tr>
<th>Item</th>
<th>0-Unacceptable level</th>
<th>1-Well below average</th>
<th>2-Below average</th>
<th>3-Average</th>
<th>4-Above average</th>
<th>5-Well above average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides safe care to children and families, maintaining safe environment.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Uses supplies and equipment correctly and safely.</td>
<td></td>
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<tr>
<td>Calculates drug dosages and dosage ranges with 100% accuracy.</td>
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<tr>
<td>Calculates 24 hour fluid intake and output with 100% accuracy.</td>
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<tr>
<td>Demonstrates ethical behavior.</td>
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<tr>
<td>Satisfactory completion of skills laboratory.</td>
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</tr>
</tbody>
</table>

KEY: 0-Unacceptable level 1-Well below average 2-Below average 3-Average 4-Above average 5-Well above average

COMMUNICATION SKILLS 15%

<table>
<thead>
<tr>
<th>Item</th>
<th>0-Unacceptable level</th>
<th>1-Well below average</th>
<th>2-Below average</th>
<th>3-Average</th>
<th>4-Above average</th>
<th>5-Well above average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with faculty and staff clear and appropriate.</td>
<td>0 1 2 3 4 5 NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Communication with children at a developmentally appropriate level.</td>
<td>0 1 2 3 4 5 NA</td>
<td></td>
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</tr>
<tr>
<td>Communication with families professional, clear and appropriate.</td>
<td>0 1 2 3 4 5 NA</td>
<td></td>
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</tr>
<tr>
<td>Participates in clinical conference with appropriate and thoughtful discussion.</td>
<td>0 1 2 3 4 5 NA</td>
<td></td>
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</tr>
<tr>
<td>Uses effective listening skills with children, families, staff, peers and faculty.</td>
<td>0 1 2 3 4 5 NA</td>
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</tr>
<tr>
<td>Presents clinical cases/assessment in a systematic, organized manner to staff and faculty.</td>
<td>0 1 2 3 4 5 NA</td>
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</tr>
</tbody>
</table>

KNOWLEDGE AND LEARNING 25%

<table>
<thead>
<tr>
<th>Item</th>
<th>0-Unacceptable level</th>
<th>1-Well below average</th>
<th>2-Below average</th>
<th>3-Average</th>
<th>4-Above average</th>
<th>5-Well above average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands basic pathophysiology of pediatric conditions and clinical management.</td>
<td>0 1 2 3 4 5 NA</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Uses laboratory data and diagnostic tests in assessing children.</td>
<td>0 1 2 3 4 5 NA</td>
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</tr>
<tr>
<td>Understands pharmacological management in relation to pathology and condition.</td>
<td>0 1 2 3 4 5 NA</td>
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<tr>
<td>Understands normal health parameters in children at different ages.</td>
<td>0 1 2 3 4 5 NA</td>
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</tr>
<tr>
<td>Understands and can articulate developmental theories, stages and norms for children at different ages.</td>
<td>0 1 2 3 4 5 NA</td>
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<tr>
<td>Utilizes critical thinking skills in all aspects of clinical problem solving.</td>
<td>0 1 2 3 4 5 NA</td>
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<tr>
<td>14.</td>
<td>Seeks assistance and additional information appropriately.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td></td>
<td><strong>ASSESSMENT AND EVALUATION SKILLS  30%</strong></td>
<td></td>
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</tr>
<tr>
<td>8.</td>
<td>Completes assessment for all patients in a concise, thorough organized manner including:</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>physical (comparing to norms, explaining abnormals)</td>
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<tr>
<td></td>
<td>developmental</td>
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<td></td>
<td>family/social evaluation.</td>
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<tr>
<td>9.</td>
<td>Includes family structure, function, and dynamics in all assessments.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>10.</td>
<td>Develops a prioritized problem list based on assessment and theoretical knowledge.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>11.</td>
<td>Develops appropriate, evidenced-based interventions and specific, realistic, measurable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td></td>
<td>outcomes for each assignment.</td>
<td></td>
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<tr>
<td>12.</td>
<td><em>Independently identifies and utilizes resources for assessment, planning and evaluation.</em></td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>13.</td>
<td>Provides teaching as appropriate for children and families utilizing age appropriate</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>approaches.</td>
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<tr>
<td>14.</td>
<td>Evaluates care using outcome criteria.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td><strong>CLINICAL SKILLS  15%</strong></td>
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<tr>
<td>5.</td>
<td>Demonstrates skills in utilizing vital sign machines, pulse oximeters, intravenous</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td></td>
<td>infusion pumps, suction, and scales.</td>
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<tr>
<td>6.</td>
<td>Uses universal precautions.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>7.</td>
<td>Collaborates with children’s primary caregivers in implementing plan of care.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8.</td>
<td>Implements current treatment plans.</td>
<td>0</td>
<td>1</td>
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<td></td>
<td><strong>PROFESSIONALISM  15%</strong></td>
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<tr>
<td>7.</td>
<td>Demonstrates preparation for clinical experience and course work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>8.</td>
<td>Demonstrates effective and appropriate use of clinical time.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Written materials are legible, organized and complete.</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>10.</td>
<td>Maintains a consistent professional manner in timeliness, appearance, and attitude.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Builds effective working relationships with other healthcare providers.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>12.</td>
<td>Seeks new learning experiences/maintains a positive approach to learning</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>opportunities.</td>
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</tbody>
</table>
COMMENTS/SUGGESTIONS: (optional)

FACULTY:

STUDENT:

I certify that I have read this evaluation on the date specified. I understand that I have the right to make written comments in response to this evaluation.

Student Signature

Date

Faculty Signature

Date
Michigan State University College of Nursing  
NUR 308 Student Evaluation by Clinical Faculty

<table>
<thead>
<tr>
<th>NA</th>
<th>=</th>
<th>Not applicable. Opportunity not available and/or no chance to observe.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>=</td>
<td>Excellent performance. Shows consistent progress in meeting objectives and decreasing guidance.</td>
</tr>
<tr>
<td>2</td>
<td>=</td>
<td>Good performance. Shows consistent progress toward meeting the objectives with decreasing guidance.</td>
</tr>
<tr>
<td>3</td>
<td>=</td>
<td>Adequate performance with continual guidance. Inconsistent progress toward meeting the objectives.</td>
</tr>
<tr>
<td>4</td>
<td>=</td>
<td>Minimal performance with maximal guidance. Inconsistent progress toward meeting the objectives.</td>
</tr>
<tr>
<td>US</td>
<td>=</td>
<td>Unsatisfactory performance. Consistently fails to meet the objectives.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Identifies pertinent history, developmental assessment, and physical assessment for a child who if followed in the setting.</td>
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</tr>
<tr>
<td>2.</td>
<td>Arranges with the clinical faculty to increase participation in the setting as appropriate.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Prioritizes and organizes assessment to obtain data efficiently.</td>
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</tr>
<tr>
<td>4.</td>
<td>Uses information from history observations, interactions, and activities with a child to assess development.</td>
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</tr>
<tr>
<td>5.</td>
<td>Uses appropriate interviewing skills for assessment.</td>
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</tr>
<tr>
<td>6.</td>
<td>Participates with the client, significant others, and other health care providers in the planning process.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Evaluate the degree to which the goals of the plan have been met.</td>
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</tr>
<tr>
<td>8.</td>
<td>Participates with the health team members in evaluation and revision of care.</td>
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</tr>
<tr>
<td>9.</td>
<td>Demonstrate communication skills appropriate to the setting.</td>
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</tr>
<tr>
<td>10.</td>
<td>Reports appropriate information to other providers.</td>
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</tr>
<tr>
<td>11.</td>
<td>Demonstrates theoretical and psychomotor preparation for clinical:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a.</td>
<td>Researches treatments, medications and procedures prior to clinical.</td>
</tr>
<tr>
<td></td>
<td>b.</td>
<td>Demonstrates understanding of medical diagnosis and corresponding pathophysiology.</td>
</tr>
<tr>
<td></td>
<td>c.</td>
<td>Demonstrates understanding of important cognitive, motor, and psychosocial developmental milestones.</td>
</tr>
</tbody>
</table>

Continued on next page
Michigan State University College of Nursing  
NUR 308 Student Evaluation by Clinical Faculty

<table>
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<td>2</td>
<td>Good performance. Shows consistent progress toward meeting the objectives with decreasing guidance.</td>
</tr>
<tr>
<td>3</td>
<td>Adequate performance with continual guidance. Inconsistent progress toward meeting the objectives.</td>
</tr>
<tr>
<td>4</td>
<td>Minimal performance with maximal guidance. Inconsistent progress toward meeting the objectives.</td>
</tr>
<tr>
<td>US</td>
<td>Unsatisfactory performance. Consistently fails to meet the objectives.</td>
</tr>
</tbody>
</table>

**Professional Development**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is on time for clinical.</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates appropriate professional behavior.</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates appropriate professional attire.</td>
</tr>
<tr>
<td>4.</td>
<td>Seeks and uses feedback.</td>
</tr>
<tr>
<td>5.</td>
<td>Seeks new learning experiences with clinical faculty guidance.</td>
</tr>
</tbody>
</table>