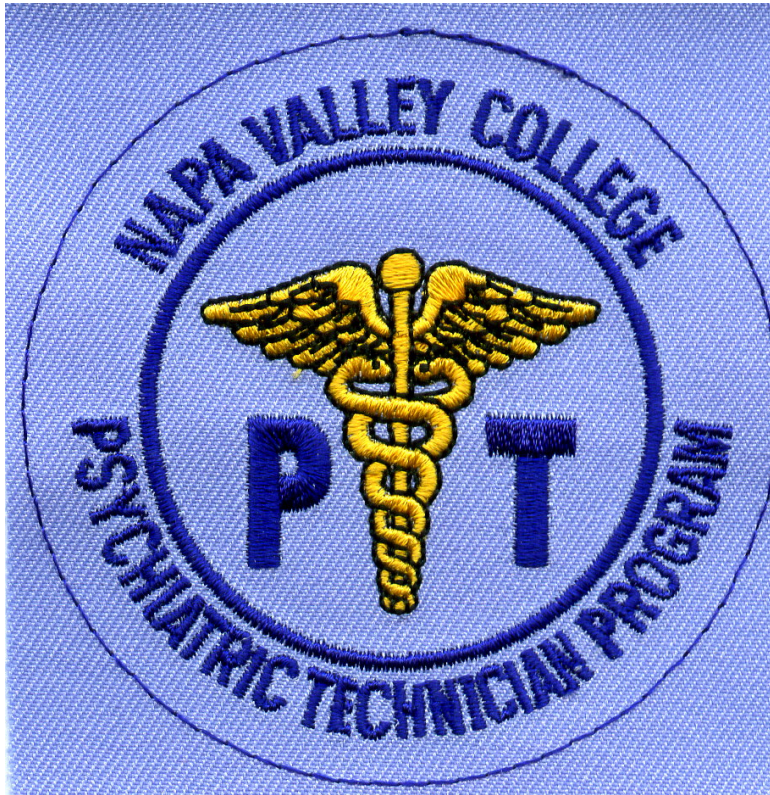


# PSYCHIATRIC TECHNICIAN PROGRAM



As a college student with a documented disability, you have the right to "reasonable accommodations based upon your educational limitations" under Title 5 of the California Education Code and Section 504 of the Rehabilitation Act of 1973. Provisions of the law state that "No otherwise qualified person with a disability in the United States shall, solely by reason of disability, be denied the benefits of, be excluded from participation in, or be subject to discrimination under any program or activity receiving federal financial assistance."

**PTEC 150 – SYLLABUS**  
**Principles & Practice for Psych Tech 150**  
**Spring 2021**  
**Monday, Tuesday, Wednesday 0630-1300 Clinical**  
**Tuesday 1400-1700, Thursday 1300-1700 Theory**  
**Thursday 0630-1130 Skills Lab**

PTEC 150 Syllabus  
Psychiatric Technician Program  
Napa Valley College  
Principles and Practice for Psych Tech 150  
13 credit units

**Instructor:** Ida Logan, PT  
**Phone:** (707) 256-7621  
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**Office Location:** Room 804-G; faculty offices 800 building  
**Office Hours:** TBA  
**Class Schedule:** Mon., Tues., Wed. 0630-1300 lab, lecture or clinical  
Tuesday 1400-1700 & Thursday 1300-1700 theory/lecture  
Thursday 0630-1130 \*see calendar for specific details\*

**Instructor:** James Jones, RN, MBA  
**Phone:** (707) 256-7622  
**E-mail:** james.jones@napavalley.edu  
**Office Location:** Room 804-H  
**Office Hours:** TBA  
**Class Schedule:** Mon., Tues., Wed. 0630-1300 lab, lecture or clinical  
Tuesday 1400-1700 & Thursday 1300-1700 theory/lecture  
Thursday 0630-1130 \*see calendar for specific details\*

**Adjunct Instructors:**

Marie Fay, PT  
Cecil Kirkpatrick, RN  
Carolyn Statts, RN, BSN, PHN  
Joel Williams, RN

**Program Director / Professor:** Robert Millay RN, MSN Ed  
**Phone:** (707) 256-7615  
**E-mail:** rmillay@napavalley.edu  
**Office Location:** Room 804-D; faculty offices 800 building  
**Office Hours:** By appointment

**Course Description:**

This is the first course in a series of three semesters designed to prepare the student for eligibility for licensure as a Psychiatric Technician in the State of California. Includes role of the Psychiatric technician, Nurse/Patient Relationship, Nursing Process and Medical Records, Medical Terminology, Nursing Fundamentals, and Medical/Surgical Nursing.

**Student Learning Objectives:**

- ✚ Accurately perform and document basic nursing skills, including medication pass without error, basic physical assessments and interventions while prioritizing patient care.
- ✚ Student will ethically advocate for all patients with developmental disabilities, the elderly and children, in all settings, assuring patient's rights, privacy, dignity and confidentiality.
- ✚ Student will develop leadership and supervision skills and identify need for crisis intervention using the least restrictive measures.
- ✚ Able to effectively participate in a therapeutic environment and communicate in a professional and respectful manner.

### TEXTBOOKS REQUIRED:

- ✚ Cooper/Gosnell: Foundations of Nursing & Adult Health Nursing 8<sup>th</sup> edition – Both Texts  
**AND**
- ✚ Cooper/Gosnell: Foundations of Nursing & Adult Health Nursing 8<sup>th</sup> edition – Study Guide
- ✚ Drug Handbook – Davis Drug Guide for Nurses 16<sup>th</sup> edition
- ✚ PTEC Student Handbook (Online)
- ✚ PTEC 150 Course and Clinical Objectives

### TEXTBOOKS RECOMMENDED:

Medical Dictionary Medical  
Nursing Allied Health Medical Dictionary (Indexed)

### Course Design:

- ✚ An introduction
- ✚ Lecture section with power point presentation
- ✚ Discussion or group work requirements that may include brief classroom presentations and group work
- ✚ Weekly exam, which may include true/false, matching, multiple choice, essay.

### Grading:

This course is graded on the following scale:

A = 91 -100%

B = 83- 90%

C = 75- 82%

D = must have a 75% average to continue in program

There will be no “rounding up” of grades.

**Students are required to achieve & maintain a grade of 75% or higher on any pharmacology exams or quizzes and 100% on an oral exam before any medications or treatments are administered.** Failure to receive a 75% on a pop drug quiz will result in the clinical /medication experience being suspended until a passing grade is achieved on a make-up exam. Students must administer medications on 80% of available

clinical opportunities. A student who fails to achieve this 80% experience will not have met the critical objective for this semester and will receive an Unsatisfactory Evaluation.

Grades will be based on the following percentages:

All exams are given a certain equal number of points.

Homework and papers are tabulated as 10% of the course grade

Total grade for the semester: your point total divided by the total number of points.

Make-up exams will be scheduled 10 days after missed exam.

It is strongly suggested that students avoid missing scheduled exams.

What you can expect when you submit papers or projects for grading:

Every effort will be made to return papers and projects within one week; grades will be posted within 72 hours. Occasionally, other professional obligations make this impossible. I will advise you of this when the work is submitted and let you know when you can anticipate return.

### **Attendance and Tardiness:**



Attendance and tardiness policies and the effect on grades. The NVC attendance policy is:

**“Regular attendance in all classes is important for satisfactory academic progress. The Napa Valley College attendance regulations make provisions for a limited number of unavoidable absences. However, a student who is absent for as many times as a class meets each week will have exhausted this provision. An instructor may request verification of those absences. Further absences may cause the instructor to drop the student from the class. Students who do not attend the first-class meeting may be dropped or lose priority on the waiting list.”**

***Per the Board of Vocational Nursing Psychiatric Technicians (BVNPT), students are not allowed to miss clinical hours. All clinical absences MUST be made up. There will be three (3) make up days allowed in the calendar for clinical absences ONLY. There will be two make up exam days for theory/lecture exam absences. Any absences beyond these available dates will cause the student to be dropped from the program. Students may not miss more than 6 classroom hours nor incur more than 3 tardy incidents.***

If the student misses more than the maximum allotted time, the following will occur in this sequence: 1) verbal warning that student is nearing maximum absent or tardy limit; 2) written counseling notice that student has reached maximum time; 3) make-up theory assignment (per faculty approval), placement on probation and being brought before faculty for any student surpassing maximum time allowed; 4) any further incidents may cause dismissal from the program.

### **Accommodations:**

-  If you have a **physical or learning disability** that may impact your ability to carry out assigned course work, I urge you to contact the staff, in the Learning Services in the Library and Learning Resource Center (LLRC), room 1766, phone (707)256-7442. A Learning Disability Specialist will review your needs and determine appropriate accommodations.
-  If you need accommodations for physical or other types of disabilities, schedule an appointment with DSPS Counselor, Tyler Downie, in the Counseling Department located in the 1700 building, phone (707)256-72345 for appointment. Please feel encouraged to make an appointment with me privately to discuss your specific learning needs in my class.

- ✚ All information and documentation are confidential. Student health services are available for free for those students with **psychiatric/emotional or medical needs** at the NVC health clinic in 2250
- ✚ **See the link below for NVC's Academic Accommodation's Policy**  
<https://www.napavalley.edu/studentaffairs/DSPS/Pages/DSPS-Policy.aspx>

### Academic Honesty:

- ✚ Successful students always make sure that their work is original. This is
- ✚ important because the instructor must be able to gauge what the student has
- ✚ learned. Therefore, copying the work of another person, whether an essay,
- ✚ term paper or answers during a test, is considered plagiarism.
- ✚ Plagiarism is a form of cheating. Any time a student uses someone else's work and does not give that person credit, it is plagiarism. Anyone who plagiarizes will receive an "F" on the assignment. If this is repeated, the student will fail the course and can be expelled from the college. If you are "suspected" of plagiarism, you will bear the burden of proof. You must be able to present rough drafts or related materials and discuss the topic intelligently.
- ✚ **See below for NVC's academic honesty policy**

**Academic Honesty.** In order to maintain the highest academic standards of honesty, NVC students are expected to ensure that their academic work be of their own making. Failure to abide by this standard of conduct is considered to be academic dishonesty.

Upon the first infraction of academic dishonesty, the instructor may do one or more of the following:

- Give a lower or failing grade on the assignment or exam
  - Refer the student to the Vice President of Student Affairs for student disciplinary action
- In the event of a second infraction, upon consultation with the Division Dean, the instructor may do one or more of the following:

- Fail the student from the course
- Refer the student to the Vice President of Student Affairs for student disciplinary action

If the student believes he/she is unjustly accused, he/she may appeal the decision to the Vice President of Academic Affairs or follow the student grievance process through the Office of Student Affairs.

Reference: NVC BP 5505 (S6330)

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### Inclusivity:

- ✚ ***I expect the classroom and clinical sites to be environments of professional behavior conducive to learning. I have a zero-tolerance policy for bullying, harassment, disrespect or unprofessional behavior.***
- ✚ **See the link below for NVC's student code of conduct:**  
<https://www.napavalley.edu/studentaffairs/SRR/Pages/StandardsOfStudentConduct.aspx>
- ✚ ***All students are treated with dignity and respect in accordance with NVC's Human Resources policies as stated in the link below:***  
<http://www.napavalley.edu/studentaffairs/SRR/Pages/StudentComplaintGrievance.aspx>

### What successful students should expect to do in this course:

- ✚ Successful students read the module before the information is presented in class.
- ✚ Successful students show up for class and clinical on time and ready to participate.
- ✚ Successful students have hands-on involvement with clients at their clinical assignments.
- ✚ Also, please turn off all beepers, cell phones, and watch alarms that make noise before coming into class; they are a serious distraction in college classes and cannot be tolerated.

- ✚ No cell phone use in the clinical areas.
- ✚ English only will be spoken in the presence of clients.
- ✚ Successful students conduct themselves in a professional manner because college is a professional environment; it is just like a job.
  
- ✚ **Be familiar with the clinical performance evaluation in this syllabus.**
  - ✚ Here lie the criteria for which you will be graded in the clinical areas.
  - ✚ Make a note of which areas may be difficult or “project” areas: specific skills for you to focus and improve on for this semester.
  
- ✚ Successful students, those that get A’s, B’s, and C’s, use their time wisely.
- ✚ The standard formula for college coursework is that everyone (1) hour of class time will result in two to three hours of homework and study, so a three-unit class will do an average of six or more hours of homework (reading, research, studying) per week. As a result, successful students plan their time wisely so that they keep up with assignments. They also meet with the instructor during office hours so that they can get much needed feedback on their work.

Questions about course content, related issues, grading, study habits, and so forth are welcome. Every reasonable effort will be made to assist in a student's success, especially when that need is clearly communicated.

This syllabus is subject to change. We will make every effort to notify you in advance about any changes.



**NAPA VALLEY COLLEGE  
PSYCHIATRIC TECHNICIAN PROGRAM  
PTEC 150 – NURSING SCIENCE**

**TABLE OF CONTENTS**

<b>PART I COURSE OBJECTIVES &amp; CLINICAL OBJECTIVES .....</b>	<b>1 – 21</b>
Student Learning Outcomes.....	1
Course Objectives .....	2
Teaching methods.....	3
Terminal Objectives .....	4
Philosophy of Course .....	5
Teaching Philosophy .....	6
Teaching Methods and How to Use Your Modules .....	6
Booklist & Other Requirements .....	7
Clinical Objectives .....	8
Clinical Guidelines.....	10
Skills Performance Checklist.....	11
Make-Up Test Procedure .....	15
Pharmacology Requirement .....	15
Summary of Clinical Written Hand-In Assignments .....	15
Classroom Counseling.....	16
Clinical Performance Evaluation.....	17
 <b>PART II WRITTEN ASSIGNMENTS &amp; ORAL PRESENTATIONS .....</b>	 <b>22 – 28</b>
Format for Patient Presentation .....	24
Physical Assessment Guide.....	25
Nursing Process Worksheet .....	27
General Procedural Guidelines for Performance Checklist .....	29
 <b>PART III THEORY &amp; CLINICAL OBJECTIVES .....</b>	 <b>29 – 92</b>
Fundamentals of Legal & Ethical Aspects of Nursing & the PT Role .....	30
Fundamentals of Vital Signs .....	32
Fundamentals of Body Mechanics Positioning and Treatment .....	34
Fundamentals of Infectious Process, Infection Control Principles,	

**NAPA VALLEY COLLEGE  
PSYCHIATRIC TECHNICIAN PROGRAM  
PTEC 150 – NURSING SCIENCE**

**TABLE OF CONTENTS**

Medical & Surgical Asepsis .....	35
Fundamentals of Hygiene and Care of Client's Environment.....	36
Fundamentals of Oral Hygiene.....	37
Fundamentals of Patient Comfort & Pain Management .....	38
Fundamentals of Assessing Health Status & Physical Assessment .....	39
Fundamentals of Communication.....	40
Documentation of Nursing.....	41
Nutrition and Nutritional Therapy.....	42
Nursing Process & Critical Thinking .....	43
Health Promotion and Care of the Older Patient in Long Term Care .....	44
Fundamentals of Medication Administration .....	45
Fundamentals of Emergency Care .....	50
Fluid and Electrolyte Balance .....	52
Specimen Collection and Diagnostic Examination.....	53
Fundamentals of Lab Values .....	54
Fundamentals of Admissions, Discharge, Transfers .....	67
Fundamentals of Patient Teaching .....	68
Nursing Interventions in Oncology and Blood Disorders .....	75
Fundamentals of Loss, Grief and Dying .....	76
Nursing Interventions for Cardiovascular Disorders.....	81
Nursing Interventions in Respiratory Disorders.....	82
Nasogastric Insertion and Tube Feedings .....	83
Nursing Intervention in Endocrine Disorders .....	84
Fundamentals of Diabetes and Insulin Administration.....	85
Nursing Interventions in Neurological and Sensory Disorders .....	86
Nursing Interventions in Integumentary Disorders .....	87
Nursing Interventions in Reproductive Disorders .....	88
Care of the with a Gastrointestinal Disorder .....	89



**NAPA VALLEY COLLEGE  
PSYCHIATRIC TECHNICIAN PROGRAM  
PTEC 150 – NURSING SCIENCE**

**TABLE OF CONTENTS**

Nursing Interventions in Musculoskeletal Disorders.....	90
Nursing Interventions in Urological Disorders .....	91
Care of the Patient with Cancer & Hospice Care.....	92

Attendance, tardiness and their effect on the program can be found in the PT Student Handbook

Grading procedures can be found in the PT Student Handbook

Any student in need of accommodations must seek authorization from Disabled Students Program and Services (DSPS) prior to accommodation being made.

# **PART I – COURSE & CLINICAL OBJECTIVES**

## **Student learning outcomes**

- 1. Accurately perform and document basic nursing skills, including medication pass without error, basic physical assessments and interventions while prioritizing patient care.**
- 2. Student will ethically advocate for all patients with developmental disabilities, the elderly and children, in all settings, assuring patient's rights, privacy, dignity and confidentiality.**
- 3. Student will develop leadership and supervision skills and identify need for crisis intervention using the least restrictive measures.**
- 4. Able to effectively participate in a therapeutic environment and communicate in a professional and respectful manner.**

## **COURSE OBJECTIVES**

The purpose of this semester is to prepare the Psychiatric Technician student to work with people who have been diagnosed as having a physical illness and/or a surgical procedure which has confined them to a sub-acute or chronic care hospital. To accomplish these competencies, the student will demonstrate measurable skills for the following objectives:

1. The student will provide total nursing care, within the Psychiatric Technician scope of practice, to assigned patients – demonstrating understanding of the physical, emotional, spiritual and cultural needs of each individual patient.
2. The student will utilize techniques in working with individuals in the health care setting or community to move each individual to their highest level of autonomous functioning.
3. The student will demonstrate theoretical knowledge of nursing assessments and interventions in fundamental and basic medical surgical nursing by attaining a minimum of 75% on written exams.
4. The student will demonstrate proficiency, as measured by clinical objectives, in administering fundamental and basic medical-surgical nursing care to assigned clients.
5. The student will be able to produce and implement nursing care plans for assigned clients based on the nursing process.
6. The student will administer prescribed medications to an assigned group of patients with 100% accuracy.
7. The student will demonstrate professional behavior in their responsibility for self and learning, in appearance and demeanor, in attendance, punctuality and preparation, in communications with clients, peers, instructors and clinical staff and in the execution of nursing care.
8. The student will function as a member of a health care team.

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Nursing Science**

**FUNDAMENTALS: ALL SUBJECTS**

TEACHING METHOD	EVALUATIVE METHOD
<p>Under any given topic, one, all or any combination of the following teaching methods may be used:</p> <ul style="list-style-type: none"> <li>Reading Assignment</li> <li>Lecture Presentation; PowerPoints</li> <li>Group Discussion/presentations</li> <li>Study Guide Modules</li> <li>Student Research and Report</li> <li>Question and Answer Period</li> <li>Independent Learning</li> <li>A-V Material: <ul style="list-style-type: none"> <li>Films</li> <li>Turnkin Audience Response System</li> <li>Whiteboard</li> <li>Chart</li> <li>Models</li> </ul> </li> </ul> <p><b><u>TEXTBOOKS REQUIRED:</u></b></p> <p>Cooper/Gosnell: <u>Foundations of Nursing, Adult Health Nursing 8<sup>th</sup> edition – Both Texts</u>  AND  Cooper/Gosnell: <u>Foundations of Nursing, Adult Health Nursing 8<sup>th</sup> edition – Study Guide</u>  Drug Handbook – <u>Davis Drug Guide for Nurses 16<sup>th</sup> edition</u></p> <p>PTEC Student Handbook (Online)</p> <p>PTEC 150 Course and Clinical Objectives</p> <p><b><u>TEXTBOOKS RECOMMENDED:</u></b></p> <p>Medical Dictionary Medical, &amp; Nursing Allied Health  <u>Medical Dictionary (Indexed)</u></p>	<p>Under any given topic, one, all, or any combination of the following evaluation tools may be used:</p> <p>Written Unit Tests, which the student must pass by answering a minimum of 75% of all questions correctly.</p> <ul style="list-style-type: none"> <li>Written Quizzes *</li> <li>Exams</li> <li>Oral Quizzes</li> <li>Class Participation</li> <li>Homework</li> </ul> <p>* May or may not be counted for credit.</p> <p>** Written quizzes and exams may have varying weight factors but must be answered with a score of 75% in order to obtain a passing grade.</p> <p>Demonstration of theory knowledge in lab and application of theory knowledge in clinical area will be included in the grade.</p>

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Nursing Science**

**COURSE OBJECTIVES**

1. The student will demonstrate competency performing activities of daily living by judging what supplies will be needed, differentiate what the client can do for themselves, explain the procedures to a client at their level of comprehension, teach the client to perform ADL's without prompting or providing assistance as needed.
2. The student will describe in nursing documentation statements that are a summarization of the care delivered with proper spelling, proper grammar, punctuation, abbreviations, describe process for late documentation entries, demonstrate how to correct an entry error, write short and concise narratives that other team members can translate if read.
3. The student must demonstrate knowledge of normal or baseline values for adult, pediatric, and infant numbers for blood pressure, temperature, pulse, oximetry and decide what nursing interventions must be performed if deviations from normal values occur.
4. The student will demonstrate comprehension and synthesis of infection control by practicing strict hand washing between client to client care, maintaining sterile technique when executing sterile procedures, use of gloves, gowns, facial barriers when client conditions dictate fluid and body precautions, and recognizing declines or increases in nosocomial infections.
5. The student will apply knowledge related to cultural and ethnic differences, so the client is empowered and given choices to perform at his or her highest level of autonomy and ability in relation to their belief and value system while rendering care.
6. The student will apply the principles of the nursing process in practice to collect subjective and objective data, specify the problem, collaborate with the team to develop a plan and nursing interventions to assist client and team resolve problem, determine if plan is consistently applied by team, and evaluate for positive or negative outcome.
7. The student will verbalize at least three nursing interventions for each body system disorder listed, describe basic anatomy and physiology for each system, list one laboratory test and diagnostic study that identifies normal or abnormal function: cardiovascular, digestive system, endocrine system, urological system, blood and lymphatic system, immune system, integumentary system, neurological system, sensory system and musculoskeletal system.
8. The student will interpret the drug name, generic name, classification, indications, contraindications, at least two major side effects, given before or after meals, list at least two contraindications, and follow the six medication rights before any giving any drug to a client.
9. The student will give detailed description of dosage forms and procedures used to prepare and administer medications via intradermal, subcutaneous, and intramuscular route.
10. The student will show the steps in preparing two medications, regular insulin and NPH, and explain two adverse reactions that could occur if the sequence is not followed precisely.

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Nursing Science**

11. The student will describe to the client components of good nutrition by listing the six classes of essential nutrients that provide energy, why fiber is important, list foods high in fiber, explain benefits of eating foods low in fat, and discuss benefits of vitamins and minerals.

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Nursing Science**

**PHILOSOPHY OF COURSE**

PTEC 150 Nursing Science incorporates and synthesizes principles from many disciplines such as medicine, psychology, communications, sociology and nursing. The underlying philosophical approach of this course is based on a combination of:

- (1) Systems Theory – in which the client is recognized as the most important member of the health care team and a valuable social resource in an open system, giving to and receiving feedback from the rest of the system.
- (2) Self-Care Nursing Model – wherein self-care is defined as the ability for a human to engage in self-care for meeting activities of daily living and in which “the product of nursing practice is a nursing system through which the capability of patients to engage in self-care is regulated and self-care is continuously produced.” (Orem, D.E., Nursing: Concepts of Practice, 2<sup>nd</sup> ed., New York, 1980, McGraw-Hill Book Co.) The goal of nursing practice is to support and educate while rendering care so that the patient is always empowered and allowed to operate at his/her highest level of autonomy and ability.
- (3) Nursing Process – in which each client is assessed, data analyzed, objectives set, and a nursing care plan formulated, implemented and evaluated. The process always reflects (a) that the patient is part of a system and (b) that the patient is entitled to perform at their highest level of autonomy.



**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Nursing Science**

**TEACHING PHILOSOPHY**

The teaching philosophy parallels the course philosophy in that each student will be seen as the most important member of the education team and a valuable resource in an open-ended system, giving to and receiving feedback from the rest of the system.

The goal of our teaching is to support and educate so that the student can move to his/her highest level of autonomy and ability. The instructors assume responsibility for teaching and each student is expected to assume responsibility for his/her learning.

The class and each student will be assessed, data about learning needs analyzed, objectives set, teaching implemented and progress evaluated both by tests and clinical evaluations for students, and by instructor evaluation at the end of the semester or as needed.

**TEACHING METHODS & HOW TO USE YOUR MODULES**

1. Class Lecture and Discussion
2. Skills Lab, Lecture, Demonstration and Practice

The lectures are divided into modules/chapters and each component is broken down into objectives to assist you in studying the most pertinent information in your texts. The objectives will appear in sets starting with “I “and continuing until all the material is covered. The objective for the set will be listed as I, II, III etc.

**You are expected to STUDY the text BEFORE coming to the lecture, as assigned on your schedule. During class we will review the material.** Extra explanatory material and discussion will take place in class. Therefore, you are required to attend class.

Each chapter will be tested with a multiple-choice test and/or written answer to evaluate your comprehension of the material. Tests will be directly on material covered in the objectives in the syllabus and in class lecture.

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Nursing Science**

**PTEC 150 BOOKLIST**

**REQUIRED:**

Cooper/Gosnell: Foundations of Nursing & Adult Health Nursing – Text 8<sup>th</sup> edition

Cooper/Gosnell: Foundations of Nursing, Adult Health Nursing – Study Guide 8<sup>th</sup> edition

Davis Drug Guide for Nurses 16<sup>th</sup> edition - or comparable title

PTEC Student Handbook (available online)

**Recommended**

Medical Dictionary Medical & Nursing Allied Health Medical Dictionary (Indexed)

Mosby Skills lab online student version

**FUTURE COURSE REQUIREMENTS:**

HEOC 172 – Nutrition  
PSYC 124 – Psychology of Adjustment  
PSYC 125 – Human Growth & Development  
PTEC 155 – Developmental Disabilities  
PTEC 156 – Mental Disabilities

**OTHER REQUIREMENTS:**

**Uniforms:** Navy blue polo shirt with logo and PTEC program patch, grey pants- scrubs or cargo type, white leather/pleather (**not canvas**) shoes, white socks, watch with sweep second hand, stethoscope (optional), picture ID to be purchased through ASNVC in the 1300 bldg.

**Physical Exam:** Must be within 3 months of starting the program, to include TB skin test or chest x-ray and current immunizations as indicated on the physical form

**Current CPR Card:** American Heart Association for Health Care Providers only  
[winecountrycpr.com](http://winecountrycpr.com)

Adequate transportation and gasoline money

Perhaps one clinical rotation on PM shifts in order to meet program objectives  
Homework as assigned

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Nursing Science**

**CLINICAL OBJECTIVES**

- I. The student will demonstrate a professional attitude in areas of punctuality, attendance and appearance by meeting the following criteria:
  - A. The student will report to assigned clinical area on time. **Three episodes of tardiness are considered excessive**
  - B. Regular attendance is essential to ensure meeting clinical objectives. **Eighteen hours is the maximum number of clinical absences in the entire semester. These hours must be made up.** Clinical site must be notified each time of impending absence or tardiness. To meet certain clinical objectives, make-up assignments will be required (if available and only by faculty approval).
  - C. Appearance: Uniforms are required. Clothing should be clean and neat. No jewelry other than small plain ear studs are allowed. Shoes should be tennis shoe type, closed heel and toes, not sandals or open toes. Student will maintain a neat appearance, paying attention to good hygiene, i.e., clean hair, nails, body (use of deodorants where necessary). Piercings and tattoos need to be covered.
  - D. Student will maintain good mental and physical health. Behavior consistent with use of alcohol or drugs will result in removal from clinical area and may result in dismissal from the program.
- II. Develop therapeutic nursing skills and technical competence as follows.
  - A. Perform the following skills with 100% accuracy by the end of the **sixth week of the semester**:
    - 1. Oral, rectal, axillary temperatures
    - 2. Blood pressures, pulses, respirations
    - 3. Bed baths, showers, tub baths
    - 4. Oral hygiene, nail care, hair care
    - 5. Making occupied and unoccupied bed
    - 6. Positioning and range of motion
    - 7. Use of Posey vests, soft ties for wrists, ankles and waist
    - 8. Use of side rails
    - 9. Application of lift sheet, trapeze
    - 10. Feeding infant, child, adult, elderly or blind client
    - 11. Intake and output
    - 12. Care of urinary drainage equipment
    - 13. Location of pressure points
    - 14. Isolation procedures
    - 15. Protective Isolation

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Nursing Science**

- B. Perform the following skills with 100% accuracy either in the clinical area or the lab by the end of the semester:
1. Catheterization
  2. Enema: soap suds, saline, tap water and Fleets (when available)
  3. Administration of oxygen mask, cannula
  4. Incentive Spirometer
  5. Nasal/pharyngeal suctioning
  6. Sterile dressings
  7. Nasogastric and Gastrostomy feeding
  8. Application of Ace bandage and anti-emboli stockings
  9. Pre/post-operative care
  10. Cast and traction care
  11. Application of heat and cold
  12. Application of pressure dressings
  13. Application of special skin care, i.e., decubitus ulcers, rashes
  14. Specimen collection for culture, sensitivity and other tests
    - a. Urine collecting, routine, clean catch and sterile
    - b. Stool collecting, occult blood
    - c. Blood Glucose
  15. Demonstrate principles of crutch-walking experience
  16. Parenteral Injections
- III. Demonstrate knowledge of pharmacology skills by 75% accuracy on math exams. Demonstrate an understanding of generic name, action, classification, and side effects of drug with 75% accuracy. Pour, administer and chart medications with 100% accuracy.
- IV. **Develop concise, neat and accurate written assignments.** Complete and record accurate physical and mental assessments on assigned clients. Document observations and interventions accurately in the client's record 80% of the available clinical time. Written work turned in as assigned.
- V. **Develop communication skills.** Communicate to clients and staff in a therapeutic manner. Participate in seminars and conferences as assigned. Report on and off to team leader daily. Demonstrate an understanding of the relationship between physical and mental health by actively participation in post conference and relating theory to client care.
- VI. Maintain respect for the integrity of the client. Maintain the confidentiality of the client. Maintain the confidentiality of the client. Maintain civil rights of the client. Maintain the privacy of the client. Maintain respect for the client as a person.
- VII. Maintain quality of work, neat and accurate in all areas.
- VIII. Maintain active motivation and initiative towards work assignments.
- IX. Maintain an attitude of cooperation with staff, clients, peers and instructors.

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Nursing Science**

**CLINICAL GUIDELINES**

Students can:

1. Perform vital signs
2. Urinary catheterization (Direct supervision)
3. Administer P.O. medications  
(direct supervision end of semester)
4. Administer Sub-Q and IM injections  
(direct supervision- end of semester)
5. Apply dressings
6. Administer topical ointments
7. Physical assessments
8. Monitor IV's and sites
9. Perform NASO/pharyngeal/suctioning (direct supervision)
10. Perform trach suctioning (direct supervision)
11. Insert N/G tubes (direct supervision)
12. **Administer insulin ONLY with an instructor present – no exceptions**

Students cannot:

1. Administer IV medications
2. Start IV's
3. Interpret EKG's
4. Take or transcribe physicians orders
5. Note physicians' orders

Staff please note: Clinical instructors will be available by cellular phone or pager:

Adjunct Instructor(s) - TBA

1. All PO or parenteral medications must be checked for accuracy by the instructor or licensed staff. **Students MUST complete an oral and practical medication check off with the clinical instructor at the beginning of each new clinical rotation.**
2. All invasive procedures must be supervised by the instructor or licensed staff.
3. If for any reason the assigned student in your opinion is not demonstrating theory or technical competency, or is in anyway demonstrating unsafe behavior, notify Program Instructor.
4. Please feel free to clarify any questions with Program Instructor who will be at facility daily.
5. Students will be assigned in pairs to one client the first week of clinical. Afterwards, each student will be assigned to care for one client. Client assignments will be at the clinical instructor's discretion.
6. Client assignments will be based on the student's ability.

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Nursing Science**  
**SKILLS PERFORMANCE CHECKLIST**

Name \_\_\_\_\_

The following is a list of nursing skills covered in this semester. You are to be evaluated FIRST in the lab and THEN in the clinical area. Each time you successfully demonstrate a skill, have the instructor sign in the space. You are to have the laboratory checkoffs done by the dates assigned in class. Clinical checkoffs will be done as available.

**DO NOT LOSE THIS SHEET.** It is the only record of your completion of required nursing skills, and its loss might mean having to repeat the procedure on your own time with an evaluator in order to complete the course. (YOU MUST COMPLETE SKILLS ON SCHEDULE IN THE LAB IN ORDER TO BE PLACED SAFELY IN APPROPRIATE CLINICAL AREAS.)

**ONLY INSTRUCTORS OR PRECEPTORS ARE TO FILL THIS OUT.**

<b><u>SKILL</u></b>	<b><u>LAB EVALS</u></b>	<b><u>CLINICAL EVALS</u></b>
<b><u>Vital Signs</u></b>		
<b>Temperature</b>		
Oral _____	_____	
Rectal	_____	_____
Axillary	_____	_____
Tympanic	_____	_____
<b>Pulse</b>		
Apical	_____	_____
Radial	_____	_____
Apical-Radial	_____	_____
Pedal	_____	_____
Pulse Points	_____	_____
Respirations	_____	_____
Blood Pressures	_____	_____
Pain Scale	_____	_____
<b><u>Client Care</u></b>		
Handwashing	_____	_____
<b>Bed making</b>		
Unoccupied	_____	_____
Occupied	_____	_____

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Nursing Science**

	<u>LAB EVALS</u>	<u>CLINICAL EVALS</u>
<b>Bed Bath</b>		
Oral hygiene	_____	_____
Peri-care (mannequins in skills lab) (perform in clinical)	_____	_____
Back rub	_____	_____
Shampoo	_____	_____
Shave	_____	_____
Nails	=====	=====
Bedpan Placement	_____	_____
Enema (film)	_____	_____
Ace Bandaging	_____	_____
Anti-emboli hose	=====	=====
Sterile gloving	_____	_____
Isolation/Gowning	_____	_____
Personal Protective equipment	_____	_____
Sterile dressing change	_____	_____
Clean dressing change	_____	_____
Nasogastric Insertion	_____	_____
Nasogastric Feeding	=====	=====
G-Tube Feeding	_____	_____
G-Tube site care	_____	_____
Catheterization	_____	_____
Catheter care	=====	=====
Gait Training	_____	_____
Crutches	_____	_____
Walker/W/C	_____	_____



**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Nursing Science**

<b><u>SKILL</u></b>	<b><u>LAB EVALS</u></b>	<b><u>CLINICAL EVALS</u></b>
<b><u>Positioning</u></b>		
<b>Client Transfer</b>		
Bed to Chair	_____	_____
Chair to Bed	_____	_____
<b>Moving Client</b>		
Up in bed	=====	=====
Side to side	_____	_____
Range of Motion	_____	_____
<b>Posey vests</b>		
Soft ties	_____	_____
Hydraulic Lift	_____	_____
<b><u>Suctioning</u></b>		
Oral	_____	_____
Tracheal	_____	_____
Trach Care, & cleaning	_____	_____
<b><u>Oxygen Administration</u></b>		
Tank	_____	_____
Nasal canula	_____	_____
Mask	_____	_____
Nebulizer	_____	_____
Incentive Spirometer	_____	_____
ABI Vest	_____	_____
<b><u>Administration of Meds</u></b>		
Oral _____		
Buccal	_____	_____
Eye _____	=====	

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Nursing Science**

<b><u>SKILL</u></b>	<b><u>LAB EVALS</u></b>	<b><u>CLINICAL EVALS</u></b>
<b><u>Administration of Meds (cont.)</u></b>		
Sublingual	_____	_____
Ear	=====	=====
Nose	_____	_____
Topical	_____	_____
Suppository	_____	_____
<b>Injections</b>	_____	_____
Intramuscular	_____	_____
Subcutaneous	_____	_____
Intradermal	_____	_____
Z-Track	_____	_____
Insulin	_____	_____
Glucometer	_____	_____
Sliding Scale	=====	=====
Insulin Mixing	_____	_____
<b><u>Complete Physical Assessment</u></b>		
Heart & Lung Sounds	_____	_____
Bowel Sounds	_____	_____
_____		
Neuro Checks	_____	_____
<b><u>Case Study Oral/Written</u></b>	_____	_____
Other	=====	=====
Other	_____	_____

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Principles & Practice for Psych Tech 1**

**MAKE-UP TEST PROCEDURE**

**With the specific approval of the instructor, only three tests may be missed during this semester. A make-up exam will be administered 10 days after a missed scheduled exam and must be taken or points will be forfeited. There will be no other arrangements made for making up testing.**

*\*The make-up test may be an alternate objective test or an essay. The same material will be covered but may be in a different format.\**

**PHARMACOLOGY REQUIREMENT**

It is the policy of the Napa Valley Psychiatric Technician Program that all students will safely administer meds. Before any student is allowed to pass meds, they must demonstrate safety by passing any pharmacology test given in PTEC 150 with a minimum of 75%. Tests will be administered periodically, e.g., before second and third clinical rotation, to evaluate the competency of a student to be assigned to meds during that rotation.

Failure to demonstrate 75% accuracy on any math or pharm test related to med administration means the student cannot pour meds until they can demonstrate competency by making 75% on a make-up test. **If a student fails more than two tests OR does not meet competency requirements in time to meet clinical pharm objectives, he/she cannot satisfactorily pass clinical evaluation.**

**SUMMARY OF CLINICAL WRITTEN HAND-IN ASSIGNMENTS**

- One format for patient presentation/Case Study for each rotation  
neatly written or typed (page 22)
- One nursing process work sheet - neatly written or typed
- 3-5 rapid assessment tools (handout)
- 3-5 nursing notes (IDNs)
- 3 nursing Care plans (ex: Piner's Nursing Home/ facility format)

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Principles & Practice for Psych Tech 1**

**CLASSROOM COUNSELING**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Hours Missed:

Theory: Clinical:

Due Date: \_\_\_\_\_

Your classroom absences have exceeded the attendance policy in the academic regulations of Napa Valley College. You are now required to do a written make-up assignment for your theory absences. Clinical absences **MUST** be made up and will be coordinated with your clinical instructor. If your attendance does not improve, you will be placed on probationary status.

You need to accomplish the following:

Student Signature: \_\_\_\_\_ Instructor: \_\_\_\_\_

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Principles & Practice for Psych Tech 1**

CLINICAL PERFORMANCE EVALUATION

Name:

Date:

Date:

Date:

PTEC 150 Clinical Performance Evaluation	Student Formative				Instructor Formative				Summative		Comments
Formative/Summative Evaluation Tool	S	NI	U	NO NA	S	NI	U	NO NA	S	U	
<b>CLINICAL PERFORMANCE OBJECTIVES</b>											
<b>PROFESSIONAL ATTITUDE</b>											
A. Punctuality	O	O	O	O	O	O	O	O	O	O	
B. Attendance-including notifying clinical area of absences	O	O	O	O	O	O	O	O	O	O	
C. Appearance and personal hygiene	O	O	O	O	O	O	O	O	O	O	
D. Ability to set priorities in patient care	O	O	O	O	O	O	O	O	O	O	
E. Ability to develop and maintain effective working relationships	O	O	O	O	O	O	O	O	O	O	
F. Initiative in utilizing learning experiences	O	O	O	O	O	O	O	O	O	O	
G. Meets all professional standards outlined in PTEC handbook	O	O	O	O	O	O	O	O	O	O	
<b>MAINTAIN RESPECT FOR INTEGRITY OF THE PATIENT</b>											
A. Confidentiality	O	O	O	O	O	O	O	O	O	O	
B. Civil Rights	O	O	O	O	O	O	O	O	O	O	
C. Privacy	O	O	O	O	O	O	O	O	O	O	
D. Respect for patient as person	O	O	O	O	O	O	O	O	O	O	
<b>SAFETY</b>											
A. Attends orientation	O	O	O	O	O	O	O	O	O	O	
B. Follows all facility standards	O	O	O	O	O	O	O	O	O	O	
C. Follows standard precautions	O	O	O	O	O	O	O	O	O	O	
D. Demonstrates medical and surgical asepsis	O	O	O	O	O	O	O	O	O	O	
E. Performs all skills in safe, accurate manner	O	O	O	O	O	O	O	O	O	O	

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Principles & Practice for Psych Tech 1**

PTEC 150 Clinical Performance Evaluation	Student Formative				Instructor Formative				Summative		Comments
Formative/Summative Evaluation Tool	S	NI	U	NO NA	S	N I	U	NO NA	S	U	
<b>COMMUNICATION</b>											
A. Communicates appropriately with staff, patients, peers and instructors	O	O	O	O	O	O	O	O	O	O	
B. Ability to develop and maintain effective working relationships with staff, patients, peers, and instructors	O	O	O	O	O	O	O	O	O	O	
C. Reports to staff at beginning of shift and gives report at end of shift	O	O	O	O	O	O	O	O	O	O	
D. Reports and charts in a timely complete manner	O	O	O	O	O	O	O	O	O	O	
E. Participation in clinical conference and seminars	O	O	O	O	O	O	O	O	O	O	
<b>WRITTEN ASSIGNMENTS</b>											
A. All work turned in on time	O	O	O	O	O	O	O	O	O	O	
B. All work prepared <b>as assigned</b>	O	O	O	O	O	O	O	O	O	O	
C. Charting is concise, clear, accurate and complete	O	O	O	O	O	O	O	O	O	O	
D. Follows charting format of facility	O	O	O	O	O	O	O	O	O	O	
E. All work completed by end of rotation	O	O	O	O	O	O	O	O	O	O	
<b>PHARMACOLOGY SKILLS</b>											
A. Maintain 75% accuracy on exams	O	O	O	O	O	O	O	O	O	O	
B. 90% accuracy on generic name, classification, action, dosage and side effects of drugs administered	O	O	O	O	O	O	O	O	O	O	
C. Demonstrate knowledge of the rules of medication administration	O	O	O	O	O	O	O	O	O	O	
D. 100% accuracy in pouring, administering, and charting	O	O	O	O	O	O	O	O	O	O	
E. 80% of the available medication experience	O	O	O	O	O	O	O	O	O	O	

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Principles & Practice for Psych Tech 1**

PTEC 150 Clinical Performance Evaluation	Student Formative				Instructor Formative				Summative		Comments
Formative/Summative Evaluation Tool	S	NI	U	NO NA	S	N I	U	NO NA	S	U	
<b>DEVELOPMENT OF THERAPEUTIC NURSING SKILLS</b>											
A. Accurate assessment of self and impact of self on others	O	O	O	O	O	O	O	O	O	O	
B. Receptivity to feed-back	O	O	O	O	O	O	O	O	O	O	
C. Accurate assessment of patient	O	O	O	O	O	O	O	O	O	O	
D. Use of problem-solving to implement plan of care	O	O	O	O	O	O	O	O	O	O	
E. Ability to develop and maintain professional therapeutic relationships	O	O	O	O	O	O	O	O	O	O	
F. Systematic observation of deviant behaviors	O	O	O	O	O	O	O	O	O	O	
G. Demonstrates appropriate therapeutic interventions	O	O	O	O	O	O	O	O	O	O	

KEY: S= Satisfactory

NI= Needs Improvement

U= Unsatisfactory

NO/NA= Not observed/Not applicable



**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Principles & Practice for Psych Tech 1**

**Student Comments- Formative:**

My Strengths:

Areas to work on:

**Instructors Comments:**

Absences/Tardies:

Summative:

Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Principles & Practice for Psych Tech 1

KEY: S = Satisfactory  
X = Less than satisfactory  
O = Not available  
Clinical Performance Evaluation

Rotation #	SITE:
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Performance	Pass / Fail	Instructor
Student	Hours Absent	

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Principles & Practice for Psych Tech 1**

**Student Learning Outcomes**

- ☐ 1. Accurately perform and document basic nursing skills, including medication pass without error, basic physical assessments and interventions while prioritizing patient care.
- ☐ 2. Student will ethically advocate for patients with developmental disabilities and children, in all settings, assuring patient's rights, privacy, dignity and confidentiality.
- ☐ 3. Student will develop leadership and supervision skills and identify need for crisis intervention using the least restrictive measures.
- ☐ 4. Able to effectively participate in a therapeutic environment and communicate in a professional and respectful manner.

**KEY: S = Satisfactory  
X = Less than satisfactory  
O = Not available**

**Professional Behaviors Rubric**

**Dangerous to Practice:** Unable to interact with staff, students or patients. Disrespectful. Appearance and hygiene are unkempt, unprofessional. Does not participate. Does not accept constructive criticism. Aggressive or abusive to others. Failure to follow policy regarding instructor supervision of insulin administration. (If one or more of these are present at any time during clinical rotation the instructor may remove the student the program or put on probation).

**Needs Improvement:** Nervous, scattered thoughts. Difficulty completing tasks. Respectful appearance and hygiene are appropriate. Attentive, participates with encouragement. Receives and accepts constructive criticism professionally. (Student may be put on probation).

**Acceptable for Experience:** Interacts clearly and professionally, may be less than calm. Self-motivated, respectful, appearance/hygiene are appropriate. Actively participates, attentive, receives and accepts constructive criticism professionally.

**Proficient/Field Ready:** Interacts calmly, clearly and professionally. Self-motivated, delegates within team, respectful, appropriate appearance and personal hygiene. Actively participates, engaged and attentive. Receives & accepts constructive criticism in a professional manner.

## PART II – Written assignments & oral presentations

### FORMAT FOR PATIENT PRESENTATION – Case Study

Prepare an oral and written report to cover the following. Do not mention the client's residence unit (confidentiality). You will present a 5-10-minute oral presentation to your entire clinical group the last week of the rotation. Length of written report? ... cover the following list and use the rapid assessment form as a guideline.

Initials of patient

Age and gender

Brief physical description including socialization

Likes and dislikes

Personal experiences you have had with this client

Support system: family, hospital staff, etc.

Medical History (brief)

Diagnoses (only the top 3 or 4)

Length of Time in Hospital

Goal of Hospitalization

Hx of Major Diagnosis for which Hospitalized

When diagnosed, length of incapacity, expected length until improvement or maintenance goal.

Current medical status

Signs & symptoms of **major** medical issues

Current treatment & medications (major issues only), effectiveness of treatment?

Special services provided: Occupational Therapy, Physical Therapy, Speech, Respiratory Therapy. Frequency of service?

Nutritional needs: diet, consistency, swallow study, abilities & needs @ mealtimes

Special equipment used: wheelchair, special positioning needs, adaptations

**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Principles & Practice for Psych Tech 1**

**Nursing Care Related to Problems Arising From Diagnosis**

Discussion of signs and symptoms, etiology, and expected outcome, using theory/lecture material

Which signs and symptoms does your patient have?

How did your patient develop the problem?

How has/is your patient responding to treatment?

**You do not need to memorize the oral report. Summarize and use your own words. Make this interesting by being personal. How has meeting this person affected you as an individual.**

**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Principles & Practice for Psych Tech 1**

**PHYSICAL ASSESSMENT GUIDE**

**AGE:** Are looks appropriate for age? Describe the client's affect.

**GENERAL OVERALL APPEARANCE:** Does client appear stated age or dramatically different? Any immediately noticeable anatomical abnormalities, emotional disturbances, gross lack of hygiene, unusual cosmetic application? Anything dramatic that stands out? Any major complaints?

**LEVEL OF CONSCIOUSNESS:** Alert? Lethargic (can be roused)? Stuporous (can only be roused with much difficulty and not very responsive)? Comatose (cannot be roused, non-responsive)? Profoundly comatose (reflexes absent, hyper-reflexive, no response to pain stimuli)?

Remember, just because a client cannot speak or is confused, does not mean they are not alert.

**ORIENTATION:** Remembers own name? Place? Date and day? Remembers your name. Confused? Forgetful? Short-term memory loss? Long-term memory loss?

**NEURO CHECKS:** PERRLA? Handgrips: strong or weak, symmetrical or uneven? Gait: Steady, unsteady?

**HAIR:** Present? Sparse? Absent? Dry? Oily? Dirty? Dandruff?

**HEAD:** Normally shaped?

**EYES:** Evenly spaced? Clear or discharge? Glasses? Difficulty seeing? Blindness? Pupils equal, round, reactive to light and accommodation (PERRLA)?

**EARS:** Shape? Clean? Wax? Discharge? Hearing Aid? Difficulty hearing? Which ear?

**NOSE:** Shape? Nostrils even? Able to breathe? Any discharge?

**MOUTH:** Both sides symmetrical? Condition of oral hygiene? Denture? Edentulous? Caries? Any breath odor (be specific)?

**NECK:** Range of motion? Supple? Any enlargements?

**CHEST:** Shape? Any change when breathing? Any complaints of chest pain (be specific)? Assess and describe lung sounds. Clear? Diminished? Crackles? Wheezes? When inspiring? Expiring? Both? Which lobe – Anterior, Posterior, upper, lower?

**BREAST:** Any absence of? Scars? Soft? Fibrotic? Nodes? Nipple inversion? Leakage from nipple? Complaints?

**ABDOMEN:** Soft? Firm? Rigid? Muscular? Scars? Are there bowel sounds in all four quadrants?

**GENITALIA:** Skin condition? Any abnormalities? Swelling? Enlargement? Discharge?

**SPINE:** Straight? Curved (be specific)?

**EXTREMITIES:** Intact and present? Assess functioning? Symmetry? Strength? Range of Motion? Condition of nails on hands and feet?

**SKIN:** Color, texture, temperature, turgor. (ANY BREAKDOWN – DESCRIBE IN DETAIL AND MEASURE.)

Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Principles & Practice for Psych Tech 1

**PHYSICAL ASSESSMENT GUIDE**

**DIAGNOSIS:**

**VITAL SIGNS:**

**AGE:**

**GENERAL OVERALL APPEARANCE:**

**LEVEL OF CONSCIOUSNESS:**

**ORIENTATION:**

**EMOTIONAL STATUS:**

**HAIR:**

**HEAD:**

**EYES**

**EARS:**

**NOSE:**

**MOUTH:**

**NECK:**

**BREAST AND AREA NODES:**

**CHEST:**

**ABDOMEN:**

**GENITALIA:**

**SPINE:**

**EXTREMITIES:**

**SKIN:**



**Napa Valley College  
Psychiatric Technician Program  
PTEC 150 – Principles & Practice for Psych Tech 1**

**NURSING PROCESS WORKSHEET**

Student \_\_\_\_\_ Patient Initials \_\_\_\_\_ Date \_\_\_\_\_

Patient Gender \_\_\_\_\_ Patient Age \_\_\_\_\_

**Diagnosis and brief explanation of disease and causes and major problems of disease**

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**List SIGNS and SYMPTOMS as  
STATED in Textbook**

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**Patient's SIGNS and SYMPTOMS**

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**DIAGNOSTIC TESTS**

**For prime diagnosis and/or other  
to significant illness**

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**Nursing intervention (Prep, after care, concerns related**

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**Napa Valley College**  
**Psychiatric Technician Program**  
**PTEC 150 – Principles & Practice for Psych Tech 1**  
**PERFORMANCE CHECKLIST**

**GENERAL PROCEDURAL GUIDELINES FOR ANY NURSING IMPLEMENTATION**

**I. ASSESSMENT**

1. Check chart for information related to client's ability to participate in the procedure being planned.
2. Check doctor's orders to confirm procedure to be done.
3. Assess client for specific symptoms.
4. Check to see what supplies are in room.

**II. PLANNING**

5. Determine assistance needed.
6. Determine what supplies and equipment are needed
7. Wash your hands.
8. Obtain needed supplies.

**III. IMPLEMENTATION**

9. Identify client.
10. Explain procedure to client.
11. Carry out procedure planned.
12. Watch client for adverse responses.
13. Care for equipment and supplies.
14. Wash your hands.

**IV. EVALUATION**

15. Evaluate in terms of the following criteria:
  - a. fatigue
  - b. feelings about comfort at completion of procedure
  - c. objective signs of completion of procedure

**V. DOCUMENTATION**

16. Recording: Record as appropriate for your facility.

## **PART III – Theory and Clinical Objectives**

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Identify role of psychiatric technician in the healthcare delivery system.
2. Identify legal implications of having a psychiatric technician license.
3. Identify the rights of patients.
4. Discuss ethics and understand the process of executing decisions in an ethical manner.
5. Demonstrate understanding and Good Samaritan Laws.
6. Define legal terms related to the rights of patients.
7. Identify his/her legal status as a student in the psychiatric technician program.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Identify and perform tasks that all within the psychiatric technician student practice.
2. Avoid incompetence or gross negligence in his/her practice in the clinical area.
3. Identify and protect the rights of patients in the clinical area.
4. Provide responsible practice and adhere to the principles of confidentiality.
5. Have an awareness of legal implications and personal responsibility while practicing in the clinical area.

### **GOOD SAMARITAN LAWS**

The Business and Professional Code of California, to encourage trained professionals and civilians trained in CPR to render emergency care, provides immunity from liability as follows:

**2861.5** - A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and course of his employment shall not be liable for any civil damages as the result of acts or omissions in rendering the emergency care. This section shall not be construed to grant immunity from civil damages to any person whose conduct in rendering emergency care is grossly negligent.

Examples of emergencies outside the place of one's employment are heart attack victim in the street, choking in a restaurant, traffic accident, fire, flood, and earthquake.

This immunity only applies:

1. If care is rendered at the scene of an Emergency (a pressing situation calling for IMMEDIATE action).
2. If care is rendered OUTSIDE of place of employment.
  - a. If you are on your way out of the hospital after signing off your shift and render care in an emergency in another area than that to which you are assigned, but still in the same hospital in which you work (e.g., in an elevator), this immunity does not apply.
3. You are not "grossly negligent." In the case of the Good Samaritan Law, there are three levels of negligence:
  - (1) A simple mistake of judgment that does not harm the person.
  - (2) Negligence is failure to apply skill and learning that would be applied by an AVERAGE nurse in the same area of nursing (in this case, a psychiatric technician within the limited scope of practice allowed).
  - (3) Gross negligence is to render such a poor degree of care that it seems the caregiver is indifferent to the welfare of the victim.

Legally, in California, you are not required to respond to emergencies. Not all states have Good Samaritan Laws.

## THEORY & CLINICAL OBJECTIVES

### THEORY OBJECTIVES:

After completion of this unit of study, the student will be able to:

1. Identify the physiological mechanisms that regulate temperature, heart rate, blood pressure, and respiration.
2. List the factors that affect body temperature.
3. Discuss normal and abnormal characteristics of pulse.
4. Describe the respiratory patterns considered to be normal and abnormal.
5. Explain the relationship of Korotkoff sounds to systolic and diastolic blood pressure.

### CLINICAL OBJECTIVES:

After completion of this unit of study, the student will be able to:

1. Measure and record the body temperature of an adult or child at oral, rectal, axillary, and tympanic sites using mercury, electronic or tympanic thermometers.
2. Measure and record an apical and radial pulse.
3. Count and record respirations.
4. Measure and record blood pressure.
5. Recognize and report deviations from normal or baseline vital signs.
6. Describe oximetry operation principles.
7. Determine normal and abnormal oximetry readings.

**Pain is now considered the 5th vital sign; however, pain assessment and nursing intervention will be covered extensively in the Patient Comfort Section.**

**Course: PSYCHIATRIC TECHNICIAN 150**  
**Title: FUNDAMENTALS OF INFECTIOUS PROCESS, PROTECTIVE MECHANISMS, INFECTION CONTROL PRINCIPLES, MEDICAL & SURGICAL ASEPSIS**

THEORY & CLINICAL OBJECTIVES Body Mechanics

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. State three principles underlying proper body mechanics.
2. Describe safe and practical ways of assisting clients out of bed.
3. Demonstrate moving a partially or totally immobile client up in bed.
4. Describe and demonstrate how to transfer an immobile client from bed to chair and back.
5. State the purpose of range of motion exercises.
6. Demonstrate the ability to perform and supervise range of motion exercises.
7. Demonstrate the ability to position a client safely for various examinations.
8. Describe the terms used for various joint movements.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Position a client properly according to patient's needs, either in bed, chair or wheelchair.
2. Assist patient in active R.O.M.
3. Assist patient in dangling.
4. Help a mobile client from bed.
5. Demonstrate the ability to transfer a patient from bed to chair and back.
6. Assist a patient in ambulation using mobility devices such as walker.
7. Will properly transfer a client who is hemiplegia or paraplegia.



**Course:** PSYCHIATRIC TECHNICIAN 150  
**Title:** FUNDAMENTALS OF INFECTIOUS PROCESS, PROTECTIVE MECHANISMS, INFECTION CONTROL PRINCIPLES, MEDICAL & SURGICAL ASEPSIS

8. Apply treatment restraints safely and humanely.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. List the types of microorganisms that can cause infection in humans.
2. Discuss the links in the infection process and give an example of each.
3. Identify methods for removal or destruction of microorganisms on animate or inanimate objects.
4. Compare and contrast medical and surgical asepsis.
5. Explain how the body's protective mechanisms work to prevent infection.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Perform sterile procedures while maintaining sterile asepsis
2. Prevent the spread of infection in the clinical area.
3. Properly utilize personal protective equipment in the clinical setting

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Describe factors that influence personal hygiene practices.
2. Discuss the purpose of bathing.
3. Describe what is involved in providing nail, hair, shaving and perineal care.
4. Describe what safety precautions are involved in providing bathing and personal care.
5. Discuss benefits and safety measures in giving backrubs.
6. Discuss risk factors for impaired skin integrity.
7. Describe special considerations needed when providing care to older adults.
8. Describe the care of various sensory aids.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Perform a complete bed bath and backrub on a patient.
2. Provide personal care for a patient, including nail, hair, shaving and perineal care.
3. Give patient baths appropriate to their physical condition.
4. Observe all safety and privacy factors concerning patient care.
5. Perform an accurate skin assessment including identification and treatment of pressure ulcers.
6. Document all abnormal findings according to facility policy and procedure.
7. Provide appropriate care of sensory aids.

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Define terms used to describe oral health or pathology.
2. Explain the purpose of oral care including care of dentures.
3. List supplies and equipment needed to provide oral care.
4. Describe how to remove and clean dentures.
5. Describe common problems of the mouth.
6. Define measures to combat tooth decay.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Appropriately provide mouth and denture care for clients in the clinical setting.
2. Perform a complete oral assessment on clients in the clinical setting.
3. Document and report abnormal oral findings both verbally and written format.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Identify the purpose for heat applications.
2. Discuss the steps and safety precautions in heat applications.
3. Identify the appropriate type of heat application for various health considerations.
4. Discuss the purpose and steps for providing a sitz bath.
5. Identify the purpose for cold applications.
6. Discuss steps and safety precautions in cold applications.
7. Discuss pain, its theories, and its management in clients.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Perform heat application safely.
2. Perform cold application safely.
3. Provide a sitz bath.
4. Assess clients for pain.
5. Identify and implement physical and psychological measures for pain control.
6. Identify and administer analgesics for the clinical setting safely.
7. Evaluate pain relief and monitor patients for medication side effects.

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Discuss the types of assessment used in various situations.
2. List information that should be gathered for a comprehensive database.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Assess the psychosocial and physical functioning of the patient by gathering information in an organized way.
2. Perform a basic physical assessment on a patient.
3. Carry out focused assessments of the cardiovascular, respiratory, gastrointestinal and neurological systems.
4. Assist with medical examination by positioning and draping the patient.
5. Perform a visual acuity on a patient.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Define the roles of patient and health care worker in relation to each other.
2. Define a nurse-patient relationship and distinguish it from other relationships.
3. To identify the function of communication and specific communication skills for working with patients.
4. Discuss various therapeutic communication techniques.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Utilize therapeutic communication techniques when interacting with clients.
2. Demonstrate active listening during interactions.
3. Establish a therapeutic nurse-patient relationship.
4. Adapt communication skills to accommodate age and sensory deficits.
5. Answer the telephone professionally.
6. Communicate effectively with other healthcare team members.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Identify 3 purposes of documentation.
2. Correlate the Nursing process weekly document.
3. List legal guidelines for recording in medical records.
4. Discuss monitoring confidentiality of medical records.
5. Compare and contrast the 5 main methods of written documents: ADL care, physical assessment forms, narrative IDN, SOAPE and focus formats.
6. Relate the approved way to correct entries in medical records that were made in error.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Correctly make entries on a daily flow sheet.
2. Use a systematic way of charting to ensure that all patient information has been included.
3. Document the characterization of signs and or symptoms in a sample-charting situation.
4. Apply the general charting guidelines in the clinical setting.

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of study the student will be able to:

1. Identify standard hospital diets and modifications from a regular diet each consists of.
2. Identify the role nutrients play in maintaining homeostasis.
3. Distinguish between anorexia, bulimia, and binge eating.

**CLINICAL OBJECTIVES**

After completion of study the student will be able to:

1. Compare a patient's height and weight with the recommended standards.
2. Complete a dietary survey for a patient receiving a general diet.
3. Assess the dietary intake of patients who have the nursing diagnosis "nutrition, imbalanced: less than body requirements" or "more than body requirements."
4. Perform an assessment of nutritional status for their assigned patient during the class week.
5. Assess the nutrient intake of a person of a different ethnic group by using the food guide pyramid and plan a nutritional diet based on that person's likes and dislikes.
6. Explain the therapeutic diets used in the clinical setting.



THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Explain use of the nursing process.
2. Discuss the steps involved in decision-making.
3. Identify ways of improving critical thinking.
4. Apply the critical thinking process to real life problems.
5. Identify basic methods for obtaining a patient assessment database.
6. Discuss the evaluation process and how it correlates with expected outcomes.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Develop a useful method of organizing work for the day.
2. Analyze assessment data to determine patient needs.
3. Plan appropriate nursing interventions to assist the patient in attaining expected goal/outcome.
4. Assist in evaluation of nursing interventions.

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: HEALTH PROMOTION AND CARE OF THE OLDER PATIENT IN LONG TERM CARE**

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Know unique features to the elderly and their service needs.
2. Describe the characteristics of a good long-term care facility.
3. Identify nursing measures to assist an older adult to meet nutritional & elimination needs.
4. Discuss two emotional and psychological therapies and how they help the older person.
5. List nursing measures to assist an older person to meet communication needs.
6. Define the term vulnerable adult.
7. Define elder abuse, warning signs, and methods of prevention.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Identify any risk of injury to their patients.
2. Promote positive treatment, taking into consideration their clients psychosocial and emotional needs.
3. Identify and report any abnormal findings.
4. Pay special attention to the nutritional preferences and nutritional needs of their patients.

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF MEDICATION ADMINISTRATION**

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Identify major classifications of medications.
2. Explain the actions, possible side effects, adverse reactions, and nursing considerations for each major classification of medications.
3. Describe client and family teaching concerning proper administration of prescribed medications.
4. Define the term digitalizing dose.
5. Describe the term over the counter as it applies to medications.
6. Demonstrate the ability to research drug references to obtain information concerning medications.
7. Describe the most common side effects of medications, narcotics, hypnotics, and sedatives.
8. Explain how medications are stored in health care facilities.
9. Discuss the importance of documentation in medication administration and the purpose of the MAR.
10. Differentiate between stat, PRN, and h.s. medication.
11. Discuss the importance of the “six rights” of medication administration.
12. Identify steps to observe in addition to the “six rights” before administering medications.
13. Differentiate between desired and undesired effects.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF MEDICATION ADMINISTRATION**

1. Pass an oral medication quiz with 100% accuracy before pouring and passing medications to clients.
2. Demonstrate knowledge of classification, usual adult dose, actions, possible side effects and nursing considerations of each medication given to their clients.
3. Administer medications according to standard guidelines with 100% accuracy and safety.  
**Note: Insulin may ONLY be administered with direct instructor supervision.**
4. Document medications according to facility protocol.
5. Assess client's response to medications and document any untoward reaction.
6. Assess client's complaints of pain or discomfort using pain scale and medicate, if ordered accordingly.
7. Use standard precautions in administering medications.
8. Store all medications properly according to facility protocol.

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF MEDICATION ADMINISTRATION**

**References: Foundations of Nursing, Ch. 21, p. 558-612 text, pp.129-138 SG  
Mathematics Review & Medication Administration**

**After completion of this unit the student will be able to:**

1. List the four things needed to prepare for medication administration.
2. Define the three names that drugs can go by.
3. What are the nursing implications regarding medication administration?
4. What is a scheduled drug?
5. Define the following routes of drug administration.
  - a. Oral routes
    - (1) Oral
    - (2) Sublingual
    - (3) Buccal
  - b. Parenteral routes
    - (1) Intradermal
    - (2) Subcutaneous
    - (3) Intramuscular
    - (4) Intravenous
  - c. Skin routes
    - (1) Topical
    - (2) Transdermal
  - d. Mucous membranes
    - (1) Vaginal
    - (2) Rectal

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF MEDICATION ADMINISTRATION**

(3) Inhalation

6. What are some factors that can affect the rate of absorption?
7. Why are the elderly at greater risk for increased drug activity and toxicity?
8. Define the phrase “drug side effects”.
9. What is meant by the term “duration of action”?
10. Differentiate between an agonist and an antagonist drug.
11. List the four types of drug action.
12. What is an adverse reaction?
13. How do you insert a rectal suppository?

<b>THEORY &amp; CLINICAL OBJECTIVES</b>
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**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Describe in order the steps for assessing a person in an Emergency.
2. Identify early, common, and progressive signs of shock.
3. Define sudden death.
4. States the CAB's of life support
5. Describe emergency actions for chest, neck, back and head injuries.
6. Explain first aid for injuries and illness caused by exposure to cold and heat extremes.
7. Discuss first aid for musculoskeletal injuries.
8. Describe removal of foreign objects.
9. Describe causes, signs, symptoms and treatment of anaphylaxis.
10. Describe emergency care for different types of hemorrhage.
11. Identify precautions to take with hazardous materials.
12. List actions to take when a person is poisoned.
13. Discuss appropriate intervention for airway obstruction, and cardiopulmonary arrest according to current CPR and First Aid guidelines

**CLINICAL OBJECTIVES:**

After completion of this unit of study the student will be able to:

1. Recognize cardiopulmonary arrest and initiate a code using the procedure identified at the healthcare facility.
2. Identify and help provide appropriate nursing intervention in clients experiencing shock or anaphylaxis.

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF EMERGENCY CARE**

3. Identify and intervene appropriately for different types of hemorrhage.
4. Provide appropriate emergency care for acute chest, neck, back and head injuries.
5. Provide nursing care for client's experience heat and cold related injury and/or illness.
6. Provide first aid and nursing care for clients with musculoskeletal injuries.
7. Patient teaching on environmental hazards including poisons in the home.
8. Provide nursing intervention in clients experiencing acute poisoning.
9. Provide assistance in CPR and ACLS during "code" procedures.
10. Evaluate CAB's (Circulation, Airway, Breathing) appropriately in the clinical setting.



<b>THEORY &amp; CLINICAL OBJECTIVES</b>
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**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Define terms associated with fluid and electrolyte balance.
2. Describe the functions of the major electrolytes.
3. List the signs and symptoms associated with fluid and electrolyte imbalance.
4. Discuss the various functions of water in the body.
5. Describe 3 ways in which body fluid are continually being distributed among fluid compartments.
6. Describe the effects of aging on fluid and electrolyte balance.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Record intake and output accurately.
2. Recognize signs and symptoms associated with fluid and electrolyte imbalance.
3. Assess clients for fluid and electrolyte status.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Describe the seven categories of tests that are commonly preformed
2. Discuss appropriate psychosocial care and teaching for patients undergoing diagnostic tests or procedures.
3. Explain factors to be considered when an older adult is to undergo diagnostic testing.
4. Discuss the procedure for performing a urine dip test, a stool for occult blood, a throat culture, a sputum sample, and a wound culture.
5. Discuss how to prepare a patient for aspiration and biopsy procedures such as lumbar puncture, thoracentesis, and liver biopsy.
6. Discuss safety factors involved with diagnostic testing and procedures.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Provide pre- and post-test care including appropriate teaching for patients undergoing diagnostic tests and procedures.
2. Attend to psychosocial concerns of patients undergoing various diagnostic tests.
3. Perform a random blood glucose test using capillary blood and a gluco meter
4. Perform patient teaching for a magnetic resonance imaging test (MRI).
5. Correctly use Standard Precautions whenever obtaining or handling specimens for diagnostic tests.
6. Correctly fill out laboratory and test requisition forms.

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate knowledge of common lab values including normal ranges, critical values.
2. Demonstrate knowledge of common intervention for critical lab values.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Knowledge of patient preparation for common laboratory tests.
2. Review and recognize critical values of patients, and provide appropriate interventions.

**After completion of this unit of study the student will be able to discuss:**

- 1) Hemoglobin
  - a) What is it?
  - b) What is normal for adult male?
  - c) What is normal for adult female?
  - d) What is normal for newborn?
  - e) What is normal for young child?
  - f) What is normal for pregnant women?
  - g) What would an abnormally high hemoglobin signify?
  - h) What would an abnormally low hemoglobin signify?
- 2) Hematocrit
  - a) What is it?
  - b) What is normal for adult male?
  - c) What is normal for adult female?
  - d) What is normal for newborn?
  - e) What is normal for young child?
  - f) What is normal for pregnant woman?
  - g) What would abnormally high hemoglobin signify?
  - h) What would an abnormally low hemoglobin signify?
- 3) What is a Coombs Test?
- 4) WBC
  - a) What is the white blood count rate used to monitor?
  - b) In what conditions do the different cells increase?
  - c) Is the rate different for pediatric patients?
  - d) Platelets – coagulation/clotting – P.T. and P.T.T., INR
  - e) Low WBC – isolation (protective) – protect from infectious organisms
  - f) Elevated WBC
- 5) ESR
  - a) Explain the use of the Erythrocyte Sedimentation Rate.
- 6) K<sup>+</sup> 3.5 – 5.5 mEq/L
  - a) Discuss potassium.
  - b) What is the normal level?
  - c) When is the potassium elevated?
  - d) Why is this dangerous?
  - e) When is the potassium decreased?
  - f) Why is this dangerous?
- 7) BUN
  - a) What is the normal BUN?
  - b) What types of patients have an elevated BUN?
- 8) FBS
  - a) Discuss the fasting blood sugar rate.
  - b) What is the significance of an abnormally high rate?
  - c) What is the significance of an abnormally low rate?
- 9) Discuss creatinine clearance and serum creatinine.
  - a) When are the rates dangerous to the renal patient?
- 10) Discuss the normal cholesterol and triglyceride rate.

- a) What are dangerous levels?
- b) What does this blood look like?
- 11) Coagulation tests – clotting platelets
  - a) Prothrombin Time
  - b) Partial Thromboplastin time
  - c) D. Dimer
  - d) INR

### **COMPLETE BLOOD COUNT WITH DIFFERENTIAL**

#### **I) Red Blood Cell count (AKA RBC count)**

- A) General Information
  - 1) Major function is to carry hemoglobin
  - 2) Regulation of RBC production is dependent on the level of tissue oxygenation
  - 3) Survive 120 days and then are broken down by the spleen
- B) Normal values
- C) Pathophysiology
  - 1) RBC count decreased in:
    - (a) Chronic Renal disease
    - (b) Addison's disease
    - (c) Hypothyroidism
    - (d) Chronic inflammatory disease
    - (e) Aplastic Anemia
    - (f) Folate and B<sub>12</sub> deficiencies
    - (g) Increased RBC destruction due to Hereditary Spherocytosis, Paroxysmal Nocturnal Hemoglobinuria, ingestion of heavy metals
  - 2) RBC count increased in:
    - (a) Blood loss due to hemolysis or hemorrhage
    - (b) Tissue hypoxia

#### **II) Hemoglobin (AKA Hgb, Hb, Hg)**

- A) General Information
  - 1) Red pigmented protein found in red blood cells
  - 2) Major function is to transport oxygen
  - 3) Iron is essential for the formation of Hgb
- B) Normal Values – (See following chart)
- C) Pathophysiology
  - 1) Hemoglobin increased in:
    - (a) Severe dehydration
  - 2) Hemoglobin decreased in:
    - (a) Conditions causing a decrease in the number of RBCs
    - (b) Iron deficiency anemia
    - (c) Acute or chronic bleed
    - (d) Transfusion reactions
    - (e) Abnormalities of Hgb synthesis
    - (f) Heavy smoking

#### **III) Hematocrit (AKA Hct, "crit", PCV)**

- A) General Information
  - 1) Hct is the proportion or percentage of whole blood that RBCs contribute

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF LAB VALUES**

- 2) Changes in the Hct are dependent on the number of RBCs present and sensitive to changes in size, shape, and density
- B) Normal values
- C) Pathophysiology – same as Hemoglobin
- D) Implications for Nursing
  - 1) Patient problems
    - (a) Acute drop in Hgb and Hct is usually accompanied by symptoms of extreme fatigue, weakness, shortness of breath, dizziness, increased heart rate complaint of cold.
- E) Risk groups
  - 1) Gastric resections
  - 2) Intestinal bypasses
  - 3) alcoholics, liver disease
  - 4) poor, elderly, mentally retarded
  - 5) chronic gastrointestinal diseases
- F) Related tests of importance
  - 1) Need to repeat Hgb and Hct to check for response to treatment
    - (a) One unit of packed cells will increase the Hgb by one gram and the Hct by 3%
  - 2) Stool for occult blood
  - 3) WBC and ptt count
  - 4) Iron
  - 5) Folate, B<sub>12</sub>
  - 6) Shillings test
  - 7) Bilirubin
  - 8) Haptoglobin
  - 9) reticulocyte count
  - 10) Sickledex
- G) Normal Values

	<b>RBC (million/mm)</b>	<b>HEMOGLOBIN (g/dl)</b>	<b>HEMATOCRIT (%)</b>
<b>NEWBORN 4.8-7.1</b>	<b>14-24</b>	<b>44-64</b>	
<b>CHILD</b>	<b>3.8-5.3</b>	<b>11-16</b>	<b>31-43</b>
<b>ADULT (Female)</b>	<b>4.0-5.3</b>	<b>12-15</b>	<b>36-45</b>
<b>( Male)</b>	<b>4.4-5.7</b>	<b>13-17</b>	<b>39-51</b>
<b>ELDERLY</b>	<b>3.0-5.0</b>	<b>10-17</b>	<b>30-54</b>
<b>CRITICAL VALUES</b>		<b>less Than 7</b>	<b>Less than 21</b>

**IV) Sedimentation Rate ( AKA ESR, sed rate, WSR)**

- A) General information
  - 1) ESR reflects the composition of plasma and the relation of red cells to plasma
  - 2) Rough measure of abnormal concentration of fibrinogen and globulins
  - 3) In the healthy individual, the rate of settling is constant
  - 4) Changes in the degree of increase of the sed rate can be a useful guide in assessing the progress and activity of the disease
- B) Normal Values
  - 1) Males 0 – 10 mm/hr

- 2) Females 0 –20 mm/hr
- C) Pathophysiology
  - 1) All inflammatory diseases such as chronic infectious diseases (i.e., tuberculosis), diseases of the connective tissue (i.e., rheumatic fever and rheumatoid arthritis) and acute localized infection
  - 2) All diseases associated with tissue degeneration or necrosis
  - 3) Multiple myeloma
  - 4) Most anemias
  - 5) Normal pregnancies
- V) **White Blood Cell Count (AKA WBC count, white count, leukocyte count)**
  - A) General information
    - 1) Function is to protect the body against bacterial, viral, and protein invasion
    - 2) Less than 1% of the body's total white cells are in the peripheral blood, the remainder are in the marrow as developing and mature cells, lining the capillary walls, and in extravascular areas such as the lungs, liver and spleen.
    - 3) The level of circulating granulocytes responds within minutes to hours to physiological or pathological stimulus
    - 4) Normal range is %,000-10,000 wbc's/mm
  - B) Neutrophils
    - 1) General information
      - (a) Function in phagocytosis, dispose of invaders. Foreign bodies
      - (b) Major phagocyte in first 12 hour of inflammatory response
      - (c) After death, they rupture and release enzymes that digest tissue to excavate the inflamed site and stimulate appearance of more phagocytes
      - (d) When an infectious process occurs, neutrophils are mobilized early in the inflammatory reaction. The appearance of additional immature or juvenile (bands) indicates that there is stimulation of neutrophil production and this increase in young neutrophils in the circulation is called SHIFT TO THE LEFT
      - (e) Normal range is 40-60% of total differential
      - (f) Fights against bacterial infections
      - (g) Pathophysiology
      - (h) Conditions causing an increase in neutrophils

**Physiologic response to stress:**

Exposure to extreme heat or cold  
Following acute hemorrhage or hemolysis  
Acute emotional stress  
Childbirth

**Infectious diseases:**

Systemic or severe local bacterial infections  
Some viruses (smallpox, chicken pox, herpes zoster, polio)  
Some rickettsial diseases (especially Rocky Mountain spotted fever)  
Some fungi especially if there is acute tissue necrosis

**Inflammatory diseases:**

Acute rheumatic fever  
Rheumatoid arthritis  
Acute gout  
Vasculitis and myositis of many types

Hypersensitivity reactions to drugs

**Tissue necrosis:**

Ischemic damage to heart, abdominal viscera, extremities

Burns

Many carcinomas and sarcomas

**Metabolic disorders:**

Uremia

Diabetic ketoacidosis

Eclampsia

Thyroid storm

**Drugs:**

Epinephrine

Lithium

Histamine

Heparin

Digitalis

Many toxins, venoms, and heavy metals

Conditions causing a decrease in neutrophils

**Infectious diseases:**

Some bacteria (typhoid, tularemia, brucellosis)

Some viruses (hepatitis, influenza, measles, mumps, rubella,

Benzene)

Idiosyncratic drug reactions (numerous)

**Hypersplenism:**

Liver disease

**Other disorders:**

Some collagen-vascular diseases, especially lupus erythematosus

Severe folic acid or vitamin B<sub>12</sub> deficiency

**VI) Lymphocytes**

1) General information

(a) The first leukocyte to enter virally infected tissue

(b) Closely involved in body's immune response and antibody production

(c) When lymphocytes are deficient in number or function, the patient suffers from immunodeficiency

(d) Normal range is 20 – 40% of total differential

2) Pathophysiology

(a) Conditions causing an increase in lymphocytes

(i) Infectious disease:

1. Bacterial (whooping cough, brucellosis, sometimes tuberculosis, secondary syphilis)

2. Viral (hepatitis, infectious mononucleosis, mumps, many exanthems, cytomegalovirus)

3. Other (infectious lymphocytosis, toxoplasmosis)

(ii) Metabolic conditions:

1. Hypoadrenalism



- 2. Hyperthyroidism (sometimes)
- (iii) Chronic inflammatory conditions:
  - 1. Ulcerative colitis
  - 2. Immune diseases (serum sickness, idiopathic thrombocytopenic purpura)
- (b) Conditions causing a decrease in lymphocytes
  - (i) Immunodeficiency syndromes:
    - 1. Congenital defects of cell-mediated immunity
    - 2. Immunosuppressive medication
  - (ii) Adrenal corticosteroid exposure
    - 1. Adrenal gland hyperactivity
    - 2. ACTH-producing pituitary gland tumors
    - 3. Therapeutic administration of steroids
  - (iii) Severe, debilitating illness of any kind:
    - 1. Congestive heart failure
    - 2. Renal failure
    - 3. Far advanced tuberculosis
  - (iv) Defects of lymphatic circulation:
    - 1. Intestinal lymphangiectasia
    - 2. Disorders of intestinal mucosal
    - 3. Thoracic duct drainage

#### **VII) Eosinophils**

- 1) General information
  - (a) Weak phagocytic action
  - (b) Believed to aid in detoxification of proteins
  - (c) Normal pace is 0 – 2% of total differential
- 2) Pathophysiology
- 3) Conditions causing an increase in eosinophils
  - Allergic diseases (asthma, hay fever, drug reactions, allergic vasculitis, serum sickness)
  - Parasitic infections (trichinosis, echinococcus, hookworm, schistosomiasis, amebiasis)
  - Skin disorders (some psoriasis, some eczema, pemphigus, dermatitis, herpetiformis)
  - “Hypereosinophilic” syndromes (systemic eosinophilia associated with pulmonary infiltration and sometimes cardiovascular disturbances)
  - Neoplastic diseases (Hodgkin’s” disease, extensive metastases or necrosis of solid tumors)
  - Miscellaneous (collagen-vascular diseases, adrenal cortical hypofunction, ulcerative colitis)

#### **VIII) Monocytes**

- 1) General information
  - (a) aid in phagocytosis, may be converted into large macrophages in tissue with increased phagocytic and digestive capacity
  - (b) Normal range is 4 – 8% of total differential
- 2) Pathophysiology
  - (a) Conditions causing an increase in monocytes

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF LAB VALUES**

- (a) Infections (tuberculosis, subacute bacterial endocarditis, hepatitis, rickettsial diseases, syphilis)
- (b) Granulomatous diseases (sarcoid, ulcerative colitis, regional enteritis)
- (c) Collagen-vascular diseases (lupus, rheumatoid arthritis, polyarteritis)
- (d) Many cancers, lymphomas, and myeloproliferative disorders

**IX) Basophil**

- 1) General information
  - (a) Cells contain histamine and heparin and therefore may be of help in chronic infections in prevention of agglutination which is part of the inflammatory response
- 2) Normal range is 0 – 1% of total differential
  - (a) Chronic hypersensitivity states in the absence of the specific allergen (exposure to the allergen triggers cell lysis and rapid drop in basophil count)
  - (b) Systemic mast cell disease
  - (c) Myeloproliferative disorders

**X) Platelets or thrombocytes**

- 1) Smallest of formed elements in blood
- 2) Necessary for clotting
- 3) Formed in Bone Marrow
  - (a) Coagulation Tests
    - (a) P.T.T. + (normal 30 – 45 sec.) Therapy 2 - 2.5 x normal  
Heparin Antidote Protamine sulfate
    - (b) P.T. (10 - 14 sec.) Therapy 2 – 2.5 x normal  
Coumadin  
Dicoumarol      Antidote      Vitamin K IM  
(> 40 sec.)
  - (c) INR

**BLOOD BANK**

- I) Coombs Test
  - A) General information
    - 1) Immune response – a person's ability to produce antibodies to foreign antigens that have been introduced into the body
    - 2) Under normal circumstances, antibodies are not produced to RBCs in the body
    - 3) in pathological instances, RBCs coated with antibody are destroyed
  - B) Instances where antibodies are produced to the patients RBCs
    - 1) Autoimmune hemolytic anemia
      - (a) Hemolytic disease of the newborn
      - (b) Transfusion reactions
  - C) Direct Coombs Test (AKA direct antiglobulin test)
    - 1) Test done on patients cells to determine the presence of an antibody on the red blood cell
  - D) Indirect Coombs test (AKA indirect antiglobulin test)
    - 1) After all the RBCs are coated with antibody and destroyed by the body, the antibodies circulate freely
    - 2) Test is done on the patients serum to detect and identify the free antibody in the patients serum

- E) Indications for use (positive reactions expected)
  - 1) Diagnosis of hemolytic disease of the newborn
  - 2) Diagnosis and detection of autoantibodies in patients with auto-immune hemolytic anemia
  - 3) Investigation of hemolytic transfusion reaction or incompatibility within first hour of transfusing blood
    - (a) identification of antibodies such as Duffy, Kidd, Kell, and Rh
    - (b) Detection of antibodies against platelets and WBC's

## **CHEMISTRY**

### **I. BLOOD UREA NITROGEN (AKA BUN)**

- A. General information
  - 1) Urea is the major waste product of protein catabolism
  - 2) Urea is concentrated by the kidneys and excreted in the urine
  - 3) Interpretations of BUN values require the knowledge of protein intake, fluid intake, muscular activity, trauma, infection, strict diet? Fasting/starvation
    - (a) Any of these can cause a false positive BUN
  - 4) Uremia – high urea levels
    - (a) Prerenal uremia – urea production is increased reflecting increased protein breakdown from any cause
    - (b) Postrenal uremia – lower urinary tract obstruction prevents excretion of urine
    - (c) Most common cause of uremia is impaired excretion resulting from renal failure
- B. Normal range
  - 1) Normal range is 8 – 25 mg/dl
  - 2) Males have a slightly higher BUN because the lean body mass is greater
- C. Common causes of uremia
  - 1) Prerenal:
    - (a) Reduced blood flow to kidney
    - (b) Shock, blood loss, dehydration
    - (c) Increased protein catabolism
    - (d) Crush injuries, burns, fever, hemorrhage into soft tissues or body cavities, hemolysis
  - 2) Renal:
    - (a) Acute renal failure
    - (b) Glomerulonephritis, malignant hypertension, nephrotoxic drugs or metals, renal cortical necrosis
    - (c) Chronic renal disease
    - (d) Glomerulonephritis, pyelonephritis, diabetes mellitus, arteriosclerosis, arteriolosclerosis, amyloidosis, renal tubular disease, collagen-vascular diseases
  - 3) Postrenal:
    - (a) Ureteral obstruction by stones, tumor, inflammation, surgical misadventure; obstruction of bladder neck or urethra by prostate, stones, tumor, inflammation
- D) Implications for nursing:
  - 1) Creatine is produced in constant amounts while BUN is affected by many variables.
  - 2) Released from the muscle of a healthy person at a constant rate.
  - 3) Excreted by kidneys in the urine.
  - 4) Most accurate as an index of the glomerular filtration rate.
- E) Implications for nursing

- 1) Increased Bun frequently causes lethargy and confusion
- 2) Prevent further increased BUN by prevention of avoidable stress such as infection, increase in muscular activity, emotional stress
- 3) Monitor protein dietary intake to prevent further increase of BUN
- 4) Watch Hgb and Hct for appearance of anemia
- 5) Observe for signs and symptoms of pericarditis if BUN is elevated over 100 mg/dl

## **II. CREATINE**

### **A. General information**

- 1) End product of muscle metabolism
- 2) Released from the muscle of a healthy person at a constant rate
- 3) Excreted by kidneys in the urine
- 4) Most accurate as an index of the glomerular filtration rate

### **B. Normal ranges**

- 1) Normal range is 0.5-1.5 mg/dl
- 2) Higher levels are produced in males than in females due to greater muscle mass

### **C. Comparison of creatinine and BUN values**

- 1) Creatinine is produced in constant amounts while BUN is effected by many variables
- 2) BUN rises more steeply than creatinine as renal function declines
- 3) With dialysis, BUN levels fall more rapidly than creatinine
- 4) With severe, permanent renal impairment, BUN levels continue to increase but creatine values will plateau

### **D. Pathophysiology**

- 1) Causes for decreased creatinine
  - (a) Any severe muscle wasting process such as muscular dystrophy or myasthenia gravis
- 2) Causes for increased creatinine
  - (a) Chronic renal insufficiency such as chronic glomerulonephritis, diabetic nephrosis, polycystic kidney, nephrosclerosis, chronic pyelonephritis, gout
  - (b) Obstructive uropathy of long standing which can occur in bilateral ureteral stricture and renal calculi
  - (c) Congestive heart failure

### **E. Creatinine clearance test**

- 1) Used most frequently as an indicator of total renal function as the values closely parallel the % of functioning nephrons
- 2) Urine is collected in a 24 hour period and the total creatinine excreted is measured along with a serum creatinine level
- 3) The calculated clearance is reported as the milliliters of creatinine excreted per minute
- 4) Normal range if 70 – 130 ml cleared/minute
  - (a) A critical value if 10 ml/minute (with a Hct of 10 – 12%)

### **F. Implications for Nursing**

- 1) Patients at risk
  - (a) Patients with prolonged bed rest with decreased self movement, patients with diabetes mellitus, lupus erythematosus or other collagen disorders, or those with a history of urinary tract infections
- 2) Patient problems
  - (a) Watch values when giving nephrotoxic drugs
  - (b) Strict intake and output recording

- (c) Observe for easy bruising or oozing from mucous membranes
- (d) Check Hgb and Hct for anemia
- (e) Prevent infection
- (f) Persons with renal insufficiency and increased creatinine require more attention paid to getting adequate rest, enough exercise to maintain muscle tone and circulation (exercise done with caution because of weakness due to anemia)

**TABLE 16 – 13. Creatinine Clearance Test\***

*Normal range:*

- 85 – 125 ml/min (men)
- 75 – 115 ml/min (women)

*Effect of age on normal function:*

- Ages 50 – 75, subtract 5 ml for each 5 – year interval.
- Over age 75, subtract 8 ml for each 5 – year interval.

*Artifacts that lower calculated figure:*

- Incomplete urine collection
- Bacterial multiplication in collecting vessel
- Ketones, barbiturates, PSP, BSP in urine at higher levels than in plasma

*Causes for reduced creatinine clearance:*

- Acute: Shock, hypovolemia, nephrotoxic chemicals, acute glomerulonephritis, malignant hypertension, eclampsia
- Chronic: Glomerulonephritis pyelonephritis, hypertensive nephrosclerosis, polycystic kidneys

***Adapted from McNeely.<sup>7</sup>, Stark,<sup>9</sup> AND Murphy and Henry.<sup>11</sup>***

**III. GLUCOSE**

**A. General information**

- 1) Principle body fuel obtained primarily from diet
- 2) Liver is important in the control of blood sugar levels
  - (a) Synthesizes glucose to glycogen and fat when intake is excessive
  - (b) Converts glycogen, amino acids, fat to glucose when intake is low
- 3) Types of glucose tests
  - (a) Fasting – best indicator of the body's ability to regulate glucose
    - (i) No food or drink (water okay) for 14 hours
  - (b) 2 hour post prandial – reflects the metabolic response to a carbohydrate challenge (pt fasts, give glucose load or meal, test in 2)
  - (c) Glucose tolerance test – evaluates impaired glucose metabolism
    - (i) 150 grams of CHO daily for 3 days prior to testing
    - (ii) Normal – blood glucose level should return to fasting levels 2 hours after glucose load
    - (iii) Persistent elevation at 2 hours is diabetes mellitus
    - (iv) A very sharp rise followed by a decline to subnormal levels occurs in hyperthyroidism and alcoholic liver disease
- 4) Insulin – hormone secreted by pancreas that regulates glucose metabolism

**B. Normal Values**

- 1) Normal value for glucose is 60 – 110 mg/dl
- 2) Critical values are those higher than 300 mg/dl or lower than 40 mg/dl

**C. Pathophysiology**

- 1) Hyperglycemia – an increased or excess amount of glucose in the body
  - (a) Stress response due to acute trauma, anoxia, hypoglycemia, severe exercise, hemorrhage, emotional excitement, exposure to extreme heat or cold
  - (b) Cushing's disease
  - (c) Diabetes Mellitus
  - (d) Acromegaly
  - (e) Hyperthyroidism
  - (f) Pheochromocytoma
  - (g) Chronic pancreatitis
  - (h) Drugs e.g. 1 is diuretics, dilantin
  - (i) Post surgical patients
  - (j) Pregnancy (transient)
- 2) Hypoglycemia – a decreased or low amount of glucose in the body
  - (a) Liver disease
  - (b) Islet cell carcinoma
  - (c) Addison's disease
  - (d) Malnutrition
  - (e) Post gastrectomy
  - (f) Excessive administration of insulin to diabetic patient
  - (g) Alcohol intake while fasting with inadequate liver function
  - (h) Newborns or stressed infants (sepsis, respiratory distress syndrome)

**D. Implications for Nursing**

- 1) Patients at risk
  - (a) Obese patients with a positive family history
  - (b) patients with unexplained vascular, neurologic, or infectious history
  - (c) Very young or very old

**E. Signs and symptoms of glucose imbalance**

- 1) Hypoglycemia
  - (a) Mild/early – hunger, tremor, perspiration, weakness, blurred vision, headaches, feelings of anxiety
  - (b) Moderate – mental confusion, neuromuscular function impairment (i.e. staggering gait, irrational, hostile behavior)
  - (c) Profound – coma, seizures, permanent brain damage or death if untreated
- 2) Hyperglycemia
  - (a) Mild – increased thirst, increased intake of fluids, increased appetite, polyuria, loss of weight, fatigue
  - (b) Precoma – drowsiness, dryness of skin, increased rate of respiration, nausea, vomiting, abdominal pain, acetone breath
  - (c) Coma – Kussmaul breathing, weak the ready pulse, decreased temperature and blood pressure, loss of consciousness

**IV. CHOLESTEROL and TRIGLYCERIDES**

**A. General information**

- 1) Triglycerides and cholesterol are the major lipids found in serum
- 2) Cholesterol functions in cell membrane structure & in the material that waterproofs skin
  - (a) Sources – diet, cholesterol is synthesized by the liver and intestine

- 3) Triglycerides function as an energy source
  - (a) Source is diet
- 4) Types of cholesterol
  - (a) LDL – result of high fat intake harmful
  - (b) HDL – this fraction is associated with lowering the risk of cardiovascular disease
- B. Pathophysiology
  - 1) High levels of LDL cholesterol and low HDL cholesterol are risk factors for atherosclerotic disease (2 or 3 times the average risk)
- C. Normal values
  - 1) Triglyceride 50 – 165 mg/dl
  - 2) Cholesterol 150 – 300 mg/dl
  - 3) HDL cholesterol:
    - (a) male 22 – 68 mg/dl
    - (b) female 30 – 80 mg/dl

## **V. POTASSIUM (AKA K<sup>+</sup>)**

- A. General information
  - 1) Controls cellular osmotic pressure, activates several enzymatic reactions, helps regulate acid-base balance, influences kidney function and structure, and maintains neuromuscular excitability (a proper if balance is imperative for cardiac muscle function)
  - 2) Ingested daily and not stored in the body in any large amounts
  - 3) Almost all of the daily intake of K is excreted by kidneys
    - (a) Kidneys waste K. Kidneys prefer to conserve Na<sup>+</sup>, this is done by excreting K<sup>+</sup>, in the urine with a balancing reabsorption of Na<sup>+</sup>
    - (b) A large intake of Na<sup>+</sup> (sodium) increases the loss of potassium and vice versa
- B. Normal values
  - 1) Normal values are 3.5 – 5.8 meq/L
  - 2) Critical values are less than 3 meq/L or greater than 6.5 meq/L
- C. Pathophysiology
  - 1) Hyperkalemia – increased serum potassium levels
    - (a) Renal failure
    - (b) Hemorrhagic shock
    - (c) Addison's disease
    - (d) Excessive K in IV Therapy
    - (e) Severe burns, crushing injury
    - (f) Myocardial infarction
  - 2) Hypokalemia – decreased levels of potassium
    - (a) Loss of body fluids due to prolonged vomiting, diarrhea, sweating, use of diuretics
    - (b) ulcerative colitis, gastric drainage or suction
    - (c) Adrenal disorders such as Cushing's syndrome, adrenal steroid therapy
    - (d) Malabsorption syndromes
    - (e) Stress response
    - (f) Congestive heart failure
    - (g) Inappropriate use of enemas
    - (h) If patient is taking digitalis, watch for signs of digitalis intoxication because a decreased potassium enhances the effect of digitalis and precipitate a toxic state
- D. Implications for nursing

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF LAB VALUES**

- 1) Signs and symptoms of hyperkalemia
  - (a) Weakness, malaise, nausea, intestinal colic, diarrhea, muscle irritability, flaccid paralysis, oliguria
  - (b) EKG changes diagnostic
- 2) Signs and symptoms of hypokalemia
  - (a) Disturbed muscle function – gastrointestinal, skeletal, cardiac
  - (b) Decreased reflexes
  - (c) Muscle irritability or weakness
  - (d) Speech changes
  - (e) Rapid, weak, irregular pulse
  - (f) Drop in blood pressure
  - (g) Abdominal distention
  - (h) EKG changes diagnostic



THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate knowledge of the principles and procedures involved in admitting and discharging a patient.
2. Demonstrate knowledge of the principles and procedures involved in the care of the pre and postoperative patient.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate pre-op patient teaching as the opportunity presents.
2. Demonstrate the ability to follow NPO orders and procedures to prevent violation of these orders.
3. Perform pre-op care as the opportunity presents.
4. Prepare a room to receive a post-op patient as the opportunity presents.
5. Anticipate and respond to post-op complications as the opportunity presents.

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate an understanding of basic learning theory.
2. Demonstrate an understanding of basic theories of teaching.
3. Modify patient teaching to reflect consideration of age-related differences.
4. Modify patient teaching to reflect consideration of sensory deficits.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Will develop a simple teaching care plan by the end of the 2nd clinical rotation.

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF PATIENT TEACHING**

**After completion of this unit of study the student will be able to:**

1. Identify four factors that are assessed.
2. Identify three basic learning domains and the behaviors associated with each.
3. Identify the three age-related categories of teaching and give at least 5 examples of specific age-related characteristics.
4. Define:
  - a. Literate
  - b. Illiterate
  - c. Functionally illiterate
5. What are some useful approaches when teaching patients that are illiterate?
6. Identify 2 nursing considerations when teaching patients with visual impairment.
  - a.
  - b.
7. Identify 2 nursing considerations teaching patients with auditory deficits.
  - a.
  - b.
8. Identify 7 techniques for maintaining the client's attention and concentration while teaching.
  - a.
  - b.
  - c.
  - d.

- e.
- f.
- g.
- 9. What questions would you ask the patient to assess his learning needs?  
Give 3 examples.
  - a.
  - b.
  - c.
- 10. Differentiate between formal and informal teaching.
- 11. Identify learning styles and teaching techniques suited to each.
- 12. Differentiate effective from non-effective techniques of teaching.
- 13. Critical thinking exercise
  - a. How would the technique for tooth brushing be taught differently to a child, a generation X young adult, a middle-aged adult, and older adult?
  - b. What teaching strategies could be useful to teach tooth brushing from the standpoint of the cognitive, affective and psychomotor domains of learning?
  - c. Give 2 examples of how you could determine whether the information you taught, such as tooth brushing was actually learned.
    - (1)
    - (2)

### **CLIENT TEACHING**

The licensed health care worker, in keeping with the goal of moving each patient to their highest level of ability, is always teaching while working with patients. We do this in many ways we may not have thought of as teaching, e.g., how to use the call bell, how to sit on the edge of the bed and then rise from the bed so as to prevent dizziness, reminding the patient to drink water if they are on forced fluids. Sometimes we teach more formally, as in teaching a patient how to administer their own insulin.

There are certain steps and guidelines to follow for effective teaching.

1. **ASSESS** the need and the readiness of the patient! First evaluate whether the person needs to learn something or if he/she can demonstrate they already know this. On the other hand, the patient may not be aware of something important they will need to know or do for themselves. Also, the patient must be in an accepting frame of mind and free from discomfort or anxiety before he/she may be ready to accept learning.
2. **SET GOALS!** Talk with the patient and agree on the goal together. If the patient is disinterested or does not understand the purpose or is not involved in planning, he/she will not learn.
3. **MAKE A PLAN!** Think the steps out before you start the teaching. Break it down into components the patient can handle. Make sure you are clear about the sequence of steps. Make sure you have all the materials you need (pamphlets, supplies).
4. **IMPLEMENT!** When you have a teaching session with the client, make sure the patient is ready and comfortable and that you have privacy and set a time when you both will be free of interruptions. Leave enough time for questions and practice.
5. **EVALUTE THE EFFECTIVENESS OF THE TEACHING!** If it a skill, be sure the patient gets a chance to demonstrate that he/she can do the skill. Check at a later time that the patient has recall. Ask questions to see if the patient fully understands.
6. **MODIFY.** If the patient is having difficulty, modify your plan to meet learning needs.
7. **DOCUMENT.** Formal teaching is documented on the chart.

**Perceptual Learning Style Inventory**

Check those strategies or techniques that you think help you learn the best.

1. \_\_\_\_\_ Motion pictures
2. \_\_\_\_\_ Lecture, information giving
3. \_\_\_\_\_ Group discussion
4. \_\_\_\_\_ Reading assignments
5. \_\_\_\_\_ Participant in role-playing activities
6. \_\_\_\_\_ Project construction
7. \_\_\_\_\_ Odor discrimination
8. \_\_\_\_\_ Television programs
9. \_\_\_\_\_ Audiotapes
10. \_\_\_\_\_ Participant in panel discussions
11. \_\_\_\_\_ Written reports
12. \_\_\_\_\_ Nonverbal/body movements
13. \_\_\_\_\_ Drawing, painting, or sculpturing
14. \_\_\_\_\_ Tasting
15. \_\_\_\_\_ Slides
16. \_\_\_\_\_ Records
17. \_\_\_\_\_ Question-and-answer session
18. \_\_\_\_\_ Independent reading

**Course:** **PSYCHIATRIC TECHNICIAN**  
**Title:** **FUNDAMENTALS OF PATIENT TEACHING**

19. \_\_\_\_\_ Physical motion activities
20. \_\_\_\_\_ Model building
21. \_\_\_\_\_ Scented materials (scratch & sniff)
22. \_\_\_\_\_ Graphs, tables, and charts
23. \_\_\_\_\_ Recitations by others
24. \_\_\_\_\_ Interviews
25. \_\_\_\_\_ Writing
26. \_\_\_\_\_ Participant in physical games
27. \_\_\_\_\_ Touching objects
28. \_\_\_\_\_ Photographs

**Interpretation:** Circle the numbers you checked. Then compare your numbers with the first column below. If a majority of numbers for a particular style are circled, you may have a learning style similar to the one listed in the second column. Identifying your learning style can help you find ways to expand your learning effectiveness.

Strategy Numbers	Learning Style
1, 8, 15, 22, 28	Visual
2, 9, 16, 23	Aural
3, 10, 17, 24	Interactive
4, 11, 18, 25	Print
5, 12, 19, 26	Kinesthetic (using body movements)
6, 13, 20, 27	Haptic (using the sense of touch)
7, 14, 21	Olfactory (using the sense of smell)

**Guide to The Seven Learning Styles: Perceptual Learning Styles Inventory**

1. Visual Learners like to observe people and situations. A visual learner often must see something, not just hear it, to learn. Slides, pictures, graphs, tables, demonstrations, and overhead transparencies are useful ways of helping these people learn. Research indicates that most people in their twenties and over fifty use this perceptual style as their primary way of learning material.
2. Interactive Learners learn best when verbalizing their thoughts and feelings. Small-group discussions, lively question-and-answer sessions, and debates are techniques that engage this type of learner. People over the age of fifty ranked this style of learning as second in terms of preference, and younger learners ranked it as third. Programs which place an emphasis on small-group learning are highly successful.
3. Haptic learners learn best through their sense of touch. They need to feel objects or to touch as many things as possible to learn something about them. By touching an object, these people often are able to form a visual image of it. “Hands on” experience is essential for them to learn. People who combine haptic and visual elements of perception learn best through demonstrations that are followed by hands-on practice.
4. Aural Learners learn best by listening. In fact, unless they combine this way of taking in information with an interactive mode, these learners often are annoyed interruptions to a lecture. In general, aural learners like to listen carefully, rarely speak out during a lecture, and easily remember what they hear. People who listen to books or speakers on tape are usually aural learners.
5. Kinesthetic Learners need to move in order to learn. You might find such people fidgeting, knitting, doodling, or wood carving during a lecture. Instead of distracting them, movement helps this type of person to concentrate. When they speak, kinesthetically oriented people often use hand motions to describe what they are saying. This kind of learner would probably volunteer to take part in a role-playing activity because it involves movement.
6. Print-oriented Learners often learn best by reading and writing. Reading books, magazines, or journal articles helps these learners to easily retain information. When print types attend a lecture, you often find them jotting down notes. Being able to see and record what they hear helps them focus and learn better.
- 7.
8. Olfactory Learners use their sense of smell or taste to learn. These are the people who associate what they learn with particular smells or tastes. They might walk into a room and smell an odor that immediately reminds them of a past learning experience. Recent research on the brain indicates that smell originates in the most primitive part of the brain and is, therefore, a powerful reminder of people or past events



THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Describe cancer and differentiate between different types of cancer.
2. Identify statistics about cancer that are relevant to assessment.
3. Identify the symptoms of cancer.
4. Demonstrate knowledge of diagnostic tests commonly used to detect cancer.
5. Demonstrate knowledge of treatment of cancer.
6. Formulate a nursing care plan for basic nursing care of a patient with cancer.
7. Demonstrate knowledge of hospice care and how to assist in referral.
8. Demonstrate knowledge about blood and lymph disorders and identify their specific treatments.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Assist client in strategies for managing oncology treatment side effects such as constipation, diarrhea and fatigue.
2. Perform patient teaching for breast and testicular self-examination.
3. Perform patient teaching on antinausea medications frequently used in conjunction with chemotherapy.
4. Perform patient teaching and provide intervention for oral hygiene.
5. Prevent breakdown of skin and mucus membranes or if already present, provide intervention leading to resolution.
6. Differentiate between various blood and lymph disorders and provide client teaching in the etiology, treatment and symptoms of each.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Describe the stages of grief and dying, as well as their associated behaviors and feelings.
2. Identify common fears a patient is likely to experience when dying
3. List the common signs of impending death.
4. Differentiate between the patient's right to refuse treatment, euthanasia, and assisted suicide.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate compassionate therapeutic communication technique with a terminally ill patient and his or her family.
2. Demonstrate nursing interventions for comfort care that can be implemented for a dying patient.
3. Prepare to perform post-mortem care for a deceased patient

**PERSPECTIVES ON DYING**  
**Personal Questionnaire**

1. My first personal involvement with dying was with:
  - a. Grandparent or grant-grandparent
  - b. Parent
  - c. Brother or sister
  - d. Other family member
  - e. Friend or acquaintance
  - f. Stranger
  - g. Public figure
  - h. Pet
2. When I was young, the subject of dying was talked about in my family:
  - a. Openly
  - b. With some sense of discomfort
  - c. Only when necessary, and then with an attempt to exclude me
  - d. As though it were a taboo subject
  - e. Never recall any discussion
3. My childhood concept of what happens after death is best described as:
  - a. Heaven-and-hell
  - b. After-life
  - c. A sleep
  - d. Cessation of all physical and mental activity
  - e. Mysterious and unknowable
  - f. Something other than the above
  - g. No concept
  - h. Can't remember
4. Today my concept of what happens after death is:
  - a. Heaven-and-hell
  - b. After-life
  - c. A sleep
  - d. Cessation of all physical and mental activity
  - e. Mysterious and unknowable
  - f. Something other than the above
  - g. No concept
5. My present attitudes toward dying have been most influenced by:
  - a. Death of someone close
  - b. Specific reading
  - c. A sleep
  - d. Introspection and meditation
  - e. Ritual (e.g., funerals)
  - f. TV, radio, or motion picture
  - g. Longevity of my family
  - h. my health or physical condition
6. The role that religion has played in the development of my attitudes about dying is:
  - a. Very import
  - b. Rather important
  - c. Somewhat, but not major
  - d. Relatively minor
  - e. Nothing at all
7. I think about dying:
  - a. Very frequently (at least once a day)
  - b. Frequently
  - c. Occasionally
  - d. Rarely (no more than once a year)
  - e. Very rarely or never

8. To me, death means:
- a. The end, the final process of life
  - b. The beginning of a life after death
  - c. A joining of the spirit with a universal cosmic consciousness
  - d. A kind of endless sleep; rest and peace
  - e. Termination of this life, but with survival of the spirit
  - f. Do not know
9. To me, the most disagreeable aspect of my death would be I would:
- a. No longer be able to have experiences
  - b. Be afraid of what might happen to my body
  - c. Be uncertain of what might happen to me if there is life after death
  - d. No longer be able to provide for my family
  - e. Cause grief to my relatives and friends
  - f. Not be able to complete all my plans and projects
  - g. die painfully
10. I feel that the cause of most deaths:
- a. Results directly from the conscious efforts of the persons who die.
  - b. Has a strong component of conscious or unconscious participation by the person who die (in their habits and use, misuse, non-use or abuse of drugs, alcohol, medicine, etc.)
  - c. Is not discernable; they are caused by events over which individuals have no control.
11. I \_\_\_\_\_ believe that psychological factors can influence or even cause a person to begin dying.
- a. Firmly
  - b. Tend to
  - c. Do and do not
  - d. Do not
12. When I think of dying or when circumstances make me aware of my own mortality, I feel:
- a. Fearful
  - b. Discouraged
  - c. Depressed
  - d. Purposeless
  - e. Resolved, in relation to life
  - f. Pleasure in being alive
13. I feel that the degree of effort that should be made to keep a fatally ill person alive is:
- a. All possible effort

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF LOSS, GRIEF, AND DYING**

- b. Efforts that are reasonable for the person's age, physical condition, mental condition, and pain
  - c. After reasonable care has been given, a person ought to be permitted to die a natural death
  - d. A person should not be kept alive by elaborate artificial means
14. If my physician knew that I had a terminal disease, I \_\_\_\_\_ want him to tell me.
- a. Would
  - b. Would not
15. If I had a terminal illness, I would \_\_\_\_\_ to talk to someone about my dying.
- a. Want
  - b. Not want
16. I would most want to talk to \_\_\_\_\_ about my dying.
- a. Spouse
  - b. Immediate family member
  - c. Relative
  - d. Clergyman
  - e. Physician
  - f. nurse
17. I probably would feel \_\_\_\_\_ about talking with someone about my dying.
- a. Embarrassed
  - b. Distressed
  - c. Willing
  - d. At ease
18. If someone close to me had a terminal illness, I \_\_\_\_\_ want that person told.
- A. Would
  - b. Would not
19. If someone close to me knew that he had a terminal illness and wanted to talk to me about his dying, I would feel:
- A. Embarrassed
  - b. Distressed
  - c. Willing
  - d. At ease
20. When I think of dying, I mostly fear:
- A. A long-term illness
  - b. A painful death
  - c. That I will be mentally disoriented
  - d. Physical disability
  - e. Having others take care of my personal needs
  - f. What lies after death
21. The sight of a dead body is:
- A. Horrifying to me
  - b. Natural
  - c. Pleasant
  - d. Unsettling
22. When I am notified of a funeral, I:
- A. Usually gracefully decline
  - b. Attend if possible,
  - c. Hate to go
  - d. Dread it, but usually go
  - e. Am happy to attend

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: FUNDAMENTALS OF LOSS, GRIEF, AND DYING**

23. When people talk about death in a social situation, I feel:
- |                          |  |
|--------------------------|--|
| A. Nervous               | c. Interested in what they have to say |
| b. Like leaving the room | d. General disinterested               |
24. The fatal illness that I am most afraid of getting is:
- |                   |                           |
|-------------------|---------------------------|
| A. Heart disease  | d. Overwhelming infection |
| b. Cancer         | e. Other (specify) _____  |
| c. Kidney failure |                           |
25. So far in my life, I feel:
- |  |   |
|--|---|
| A. That it has been satisfying                                   | e. I have been cheated out of lots of good things |
| b. I wish I could start over                                     |   |
| c. I have been very fortunate                                    | f. I have worked too hard                         |
| d. I have made some bad decisions but basically, I've been happy | g. I have wasted too much time                    |

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Explain the purpose of diagnostic tests in cardiovascular disorders.
2. Discuss nursing responsibilities in preparing and assisting patients with diagnostic tests.
3. Describe at least five common disorders of the heart and discuss related nursing care.
4. List at least five predisposing factors to coronary artery disease.
5. Describe relationship between each predisposing factor and cardiovascular disorders.
6. Describe at least four disorders of the blood vessels and discuss related nursing care.
7. Describe four stages of cerebral vascular accident and identify nursing considerations for the acute stage.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Identify signs and symptoms of congestive heart failure and provide appropriate nursing intervention for each.
2. Provide patient teaching on the prevention of various cardiovascular disorders.
3. Monitor patients with hyper/hypotension and provide appropriate nursing intervention including patient teaching, medication administration, fluid monitoring and administration of medical treatment.
4. Administer and monitor digitalizing drug effects in clients.
5. Identify and provide appropriate nursing intervention for clients experiencing cardiac arrest.
6. Identify signs and symptoms of blood vessel disorders and provide appropriate nursing care.
7. Provide appropriate nursing care for CVA clients during all phases of illness and recovery.

8. Administer and monitor the side effects of cardiovascular and blood pressure medications.



THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate knowledge of the function of the respiratory system.
2. Demonstrate knowledge of assessment of the respiratory system.
3. Differentiate between internal and external respiration.
4. Differentiate between different breath sounds.
5. Demonstrate knowledge of the common diagnostic tests for respiratory disorders.
6. Demonstrate knowledge of the common nursing procedures in respiratory care.
7. Demonstrate knowledge of the common disorders of the respiratory tract.
8. Demonstrate knowledge of the drugs commonly used in the treatment of respiratory disorders.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Follow all standard precautions in the clinical area when caring for clients.
2. Collect sputum, throat cultures when ordered.
3. Assist with postural drainage.
4. Suction clients using proper technique when ordered.
5. Administer O<sub>2</sub> via nasal cannula when ordered keeping all safety precautions in mind.
6. Assess breath sounds and record on proper facility form.
7. Teach relaxation techniques to COPD patients to use in situations of respiratory distress.
8. Administer prescribed medications when ordered with 100% accuracy and safety.

**Course:** PSYCHIATRIC TECHNICIAN  
**Title:** NURSING INTERVENTIONS IN RESPIRATORY DISORDERS

**COURSE: PSYCHIATRIC TECHNICIAN**

**TITLE: \_\_\_\_\_ NURSING INTERVENTIONS IN ENDOCRINE DISORDERS**

**THEORY & CLINICAL OBJECTIVES**

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate knowledge of the functions of the endocrine system.
2. Demonstrate knowledge of the common diagnostic tests done to evaluate endocrine function.
3. Demonstrate knowledge of common disorders of the pituitary.
4. Demonstrate knowledge of common disorders of the thyroid gland.
5. Demonstrate knowledge of disorders of the parathyroid glands
6. Demonstrate knowledge of the disorders of the adrenal glands.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Recognize signs and symptoms of over/under production of various hormones in clients, and provide appropriate nursing intervention.
2. Provide patient teaching and preparation of clients for various endocrine diagnostic tests.

<b>THEORY &amp; CLINICAL OBJECTIVES</b>
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**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. List the major classifications of diabetes mellitus
2. List the risk factors, symptoms and treatment for all the classifications of diabetes mellitus.
3. Describe the expected actions, dosage range, and side effects, and precautions needed for oral diabetic agents and insulin.
4. Discuss how diet, exercise and medications interact in the treatment of diabetes.

**CLINICAL OBJECTIVES:**

After completion of this unit of study the student will be able to:

1. Perform a random capillary blood glucose test
2. Safely administer oral diabetic agents and monitor patients for side effects.
3. Accurately draw up insulin, as well as mixing insulin in the same syringe; appropriately administer insulin and recognize situations when it should be held. **NOTE: Insulin may ONLY be administered under direct supervision of the instructor.**
4. Accurately interpret sliding scale insulin requirements and administer appropriately.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Describe the functions of the nervous system.
2. Identify the various levels of consciousness.
3. Identify the nursing responsibilities involved with lumbar puncture procedures.
4. Describe and indicate the purpose and patient teaching needs around neurological diagnostic tests.
5. Identify the major complications of the introduction of intravenous dyes and nursing interventions required to deal with them.
6. Identify various brain injury and disorders and the nursing intervention for each.
7. Define seizure and differentiate the various types of seizure activity.
8. Discuss anticonvulsant medications.
9. Discuss cerebral vascular accidents: The symptoms, treatments and rehabilitative interventions.
10. Discuss and identify causes, symptoms and treatment of various neurological disorders.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Perform gross neurological assessment.
2. Perform patient teaching on medications used in various neurological disorders.
3. Identify seizure activity, provide safety precautions, monitoring post-ictal clients.
4. Provide care for CVA clients throughout hospital and rehabilitative stages.
5. Provide nursing care and patient teaching for a variety of neurological disorders.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate knowledge of the function of the integumentary system.
2. Identify terms related to the assessment of the integumentary system.
3. Demonstrate knowledge of nursing care associated with dermatological disorders.
4. Demonstrate knowledge of common dermatological disorders.
5. Demonstrate knowledge of nursing care for major burns.
6. Demonstrate knowledge of common allergies.
7. Demonstrate knowledge of drugs commonly used to treat dermatological and allergic disorders.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Perform skin assessment in the clinical setting.
2. Provide therapeutic baths appropriately.
3. Recognize common types of skin lesions and provide appropriate skin care as ordered.
4. Administer and monitor medications prescribed for dermatological disorders, and allergic responses.
5. Recognize parasitic infections and implement nursing interventions related to them.
6. Provide basic nursing care for minor burns.
7. Recognize allergic responses manifested in skin changes.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Discuss the results of prostate surgery on the function of the genitourinary system.
2. Define impotence and its treatment.
3. Describe the implications of impotence on human sexuality.
4. Explain why not correcting cryptorchidism will result in sterility.
5. Describe diagnostic tests and common surgical procedures related to gynecologic disorders.
6. Demonstrate the ability to teach patients regarding gynecologic disorders and their prevention.
7. Name common diseases or disorders of the female reproductive system and identify treatment.
8. Describe and demonstrate nursing procedures related to female reproductive disorders.
9. Describe the most common types of cancer in the female reproductive tract and describe detection and treatment.
10. Describe nursing care related to cancers of the female reproductive tract.
11. Discuss the importance of prostate-specific antigen test.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Be aware of client's history of any sexually transmitted diseases or exposure to.
2. Instruct male clients regarding importance of regular prostate & testicular exams.
3. Inspect their elderly male client's external reproductive structures for abnormalities.
4. Perform a complete physical exam noting any problems or abnormalities in urinary and reproductive history.
5. Be aware of altered urinary elimination related to prostate enlargement.

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: NURSING INTERVENTIONS IN REPRODUCTIVE DISORDERS**

6. Instruct female clients regarding the importance of regular GYN exams.



**Course: PSYCHIATRIC TECHNICIAN**  
**Title: CARE OF THE PATIENT WITH A GALLBLADDER, LIVER, BILIARY TRACT EXOCRINE, AND GASTROINTESTINAL DISORDERS**

THEORY & CLINICAL OBJECTIVES

**THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Describe tests used in the diagnosis of gastrointestinal disorders and related nursing care.
2. List common disorders of the GI system with related nursing care.
3. Identify nursing actions in nasogastric insertion, gastrostomy tube care, colostomy and ileostomy care.
4. Explain five known types of viral hepatitis, modes of transmission and long-term consequences.

**CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Obtain stool specimens when ordered using standard precautions.
2. Obtain Guaiac stools for occult blood when ordered.
3. Follow facility protocols in preparing clients for an upper and lower GI studies.
4. Obtain and informed consent for any invasive procedure.
5. Observe for constipation in their clients.
6. Carefully observe for any skin irritation around gastrostomy, colostomy, and ileostomy stomas.
7. Give special skin care in assigned gastrostomy, colostomy, and ileostomy patients.
8. Give daily oral hygiene noting and recording any abnormalities.
9. Instruct clients on proper foods to eat with digestive disorders.
10. Recognize in assigned clients common symptoms of liver disorders.
11. Provide support and explanation concerning jaundice.
15. What are the actions of the following enemas?
  - a. Cleansing

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: CARE OF THE PATIENT WITH A GALLBLADDER, LIVER, BILIARY TRACT EXOCRINE, AND GASTROINTESTINAL DISORDERS**

- b. Retention
  - c. Fleets
  - d. Retention reduction
  - e. Medicated
  - f. Disposable
16. What is the correct position of the client when you are administering an enema?
17. What is the height, infusion rate, and volume to be given, when administering a cleansing enema?
18. What are some of the patient teaching guidelines you would instruct your patient on to promote regular bowel movement?
19. What are factors contributing to hyperactive bowel?
20. Define diarrhea and describe some of the contributing factors.
21. How long should a patient self-medicate for diarrhea before consulting a physician?
22. What is the patient experiencing diarrhea at risk for if it continues for an extended time?
23. What are the signs and symptoms of dehydration?
24. What is the treatment for diarrhea?
25. What can you instruct the patient to do after the diarrhea is clearing to promote reestablishment of normal intestinal flora?
26. List the four principles of bowel retraining.
27. Why are bowel- training programs concerned with timing?
28. List at least 5 of the 10 described interventions for bowel retraining.
29. Differentiate between an ostomy and a stoma.
30. Describe conditions that can require an ostomy as part of treatment.
31. Differentiate between an ileostomy and a colostomy.

**Course: PSYCHIATRIC TECHNICIAN**  
**Title: CARE OF THE PATIENT WITH A GALLBLADDER, LIVER, BILIARY TRACT EXOCRINE, AND GASTROINTESTINAL DISORDERS**

- 32. What is a pale stoma indicative of, and what should your intervention be?
- 33. What is important when choosing an appliance for your patient stoma?
- 34. What are the emotional aspects of caring for a stoma for you and for your patient?
- 35. Why is skin care vitally important in caring for an ostomy patient?
- 36. How often should ostomy pouches be emptied?

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate knowledge of the functions of the Musculoskeletal system.
2. Demonstrate knowledge of tests commonly done to evaluate Musculoskeletal function.
3. Demonstrate knowledge of orthopedic procedures.
4. Demonstrate knowledge of the nursing care of orthopedic patients.
5. Demonstrate knowledge of Musculoskeletal injuries.
6. Demonstrate knowledge of Musculoskeletal diseases.
7. Demonstrate knowledge of degenerative Musculoskeletal disorders.
8. Demonstrate knowledge of inflammatory Musculoskeletal disorders.
9. Demonstrate knowledge of drugs commonly used to treat Musculoskeletal disorders.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Perform patient teaching on Musculoskeletal disorders.
2. Perform cast care and neurovascular assessment on orthopedic patients.
3. Provide safe pre and post-op nursing care for patients with hip fractures.
4. Perform heat and cold application for Musculoskeletal injuries
5. Provide nursing care for amputee patients.
6. Monitor medication effectiveness and side effects in patients with Musculoskeletal disorders.
7. Provide nursing care for patients in traction.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Demonstrate knowledge of the function of the urinary system.
2. Demonstrate knowledge of the diagnostic tests used to evaluate urinary functioning.
3. Demonstrate knowledge of nursing care of the urologic patient.
4. Demonstrate knowledge of infectious disorders of the urinary tract.
5. Demonstrate knowledge of obstructions of the urinary system.
6. Demonstrate knowledge of renal failure.
7. Demonstrate knowledge of urinary system medications.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Teach patients when needed to collect a clean-catch urine.
2. Collect voided specimens, clean-catch urine specimen.
3. Assist clients in continence training.
4. Give catheter care when necessary.
5. Preserve the self-esteem of older adults who are incontinent.
6. Provide good skin care to all assigned clients.
7. Keep accurate intake and output when necessary and record proper facility form.
8. Encourage fluid intake in older clients.

## THEORY & CLINICAL OBJECTIVES

### **THEORY OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Describe cancer and differentiate between different types of cancer.
2. Identify statistics about cancer that are relevant to assessment.
3. Identify the symptoms of cancer.
4. Demonstrate knowledge of diagnostic tests commonly used to detect cancer.
5. Demonstrate knowledge of treatment of cancer.
6. Formulate a nursing care plan for basic nursing care of a patient with cancer.
7. Demonstrate knowledge of hospice care and how to assist in referral.

### **CLINICAL OBJECTIVES:**

After completion of this unit of study, the student will be able to:

1. Assist client in strategies for managing oncology treatment side effects such as constipation, diarrhea and fatigue.
2. Perform patient teaching for breast and testicular self-examination.
3. Perform patient teaching on antinausea medications frequently used in conjunction with chemotherapy.
4. Perform patient teaching and provide intervention for oral hygiene.
5. Prevent breakdown of skin and mucus membranes or if already present, provide intervention leading to resolution.