McLennan
COMMUNITY
COLLEGE

WACO, TEXAS

COURSE SYLLABUS
AND
INSTRUCTOR PLAN

Pediatric Nursing

VNSG 1263.01

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NOTE: This is an 8-week course.

Course Description:
Integrates Vocational Nursing theories and the use of nursing process in responding to the needs of the pediatric patient experiencing various health problems. In addition, provides experience for the student to participate in the role of provider of care and a member of a profession.

Prerequisites and/or Corequisites:
None

Course Notes and Instructor Recommendations:
None

Instructor Information:

Instructor Name: Johnny Montemayor
MCC E-mail: jmontemajyor@mclennan.edu
Office Phone Number: 299-8357
Office Location: HPN 232
Office/Teacher Conference Hours: Posted
Other Instruction Information:

Instructor Name: Gayle Blum
MCC E-mail: gblum@mclennan.edu
Office Phone Number: 8307
Office Location: HPN 120
Office/Teacher Conference Hours: posted
Other Instruction Information:

Instructor Name: David Rosen
MCC E-mail: drosen@mclennan.edu
Office Phone Number: 299-8303
Office Location: HPN 234
Office/Teacher Conference Hours: posted
Other Instruction Information:

Instructor Name: Elizabeth Painter
MCC E-mail: epainter@mclennan.edu
Office Phone Number: 299-8298
Office Location: HPS 164
Office/Teacher Conference Hours: posted
Other Instruction Information:

Required Text & Materials:

- Leifer, Gloria, R.N.; (2011), Introduction to Maternity and Pediatric Nursing. (6th ed.). Philadelphia: Saunders.
- Skidmore-Roth, Mosby's 2012 Nursing Drug Reference
- Medical Dictionary, Mosby's Medical & Nursing Dictionary
- Doenges, Nurses Pocket Guide Diagnoses, Prioritized Interventions & Rationales (12th ed.)
- Payana, Mosby's Diagnostic & Laboratory Test Reference

MCC Bookstore Website: http://www.mclennan.edu/bookstore/

Student Support/Resources:

MCC provides a variety of services to support student success in the classroom and in your academic pursuits to include counseling, tutors, technology help desk, advising, financial aid, etc. A listing of these and the many other services available to our students is available at http://www.mclennan.edu/campus-resource-guide/

College personnel recognize that food, housing, and transportation are essential for student success. If you are having trouble securing these resources, we encourage you to contact a success coach by calling (254) 299-8226. Students can visit the Completion Center Monday-Friday from 8:00 a.m.-5:00 p.m. to meet with a success coach and receive additional resources and support to help reach academic and personal goals. Paulanne's Pantry (MCC's food pantry) is open 12:00 p.m.-1:00 p.m., Monday-Friday, without an appointment. The Completion Center and pantry are located on the Second Floor of the Student Services Center (SSC).

Minimum Technical Skills:

Students should have basic computer skills, knowledge of word processing software, and a basic understanding of how to use search engines and common web browsers.

Backup Plan for Technology:

In the event MCC's technology systems are down, you will be contacted/notified through your MCC student email address. Please note that all assignments and activities will be due on the date specified in the Instructor Plan, unless otherwise noted by the instructor.

*** Click Here for the Minimum System Requirements to Utilize MCC's D2L|Brightspace (https://www.mclennan.edu/center-for-teaching-and-learning/Faculty%20and%20Staff%20Commons/requirements.html)**

Click on the link above for information on the minimum system requirements needed to reliably access your courses in MCC's D2L|Brightspace learning management system.

Methods of Teaching and Learning:
Instruction will include assigned reading assignments, projects, lecture, care studies and videos.

Course Objectives and/or Competencies:
Upon completion of this course, the student will have had the opportunity to:

1. Discuss the physical, emotional, physiological, and psychological growth and development for specific age groups. **C5-C7, C9, C11, C14, F1**
2. Discuss nursing implications of growth and development. **C5-C7, C9, C11, F1-F2**
3. Identify etiologies, symptoms, and treatment of specific pediatric health problems. **C5-C7, F1, F8, F9**
4. Assess the physical needs of the pediatric patient. **C5-C7, F1, F2**
5. Provide care for the pediatric patient utilizing the nursing process. **C11, C14, F1, F5, F8, F9**

LEARNING OUTCOMES:
Identify safety principles related to childcare; identify common childhood illnesses; and utilize the nursing process to assist in planning care for the well or ill child.

SCAN SKILLS:
The following SCANS competencies and foundation skills uses for VNSG 1334 & 1263: **C5-C7, C9, C11, C14, F1, F2, F8, and F9**

Course Outline or Schedule:

I. Growth and development
   A. The infant
   B. The toddler
   C. The preschooler
   D. The school-aged child
   E. The adolescent
II. Child's experience with hospitalization
III. Gastrointestinal Disorders
   A. Congenital Disorders
   B. Disorders of mobility
   C. Nutritional Deficiencies

IV. Sensory Disorders
    A. The eyes
    B. The ears
V. Cardiovascular Disorders
    A. Congenital Heart Anomalies
    B. Rheumatic Fever
VI. Respiratory Disorders
    A. Croup Syndromes
    B. Respiratory Syncytial Virus
    C. Asthma
    D. Cystic Fibrosis
VII. Integumentary Disorders
    A. Congenital Lesions
    B. Infections
VIII. Genitourinary Disorders
    A. Anomalies
    B. Nephrotic Syndrome
    C. Glomerulonephritis
    D. Hydrocele
    E. Cryptorchidism
IX. Communicable Disease
    A. Common childhood diseases
    B. Immunization Schedule
X. Hematological and Behavioral disorders will be integrated into **VNSG 1509** and **VNSG 1510**.

*Foundation skills will be included with the course objectives.

Cellular Telephones & Personal Phone Calls:
All cellular telephones must be turned off at the beginning of class. In the event of an emergency the Health Professions Secretary will notify the student. No personal calls will be accepted. (Health Professions Secretary – 254-299-8347.)

Capstone Experience:
At the end of the last semester of the program, each student who is a Level 3 student, will take the
HESI-PN Test. After the exam, the scores are discussed with the student and, if needed, more review is encouraged. A student must score a minimum of 850 on the exit exam.

Liability Statement:

McLennan Community College, its staff and/or clinical facility and staff are not financially liable for illness or medical expense that may occur in the Vocational Nursing Program. It is the student's responsibility to provide adequate health care by medical insurance or other means.

"Subject to Change" Disclaimer:
The policies, regulations, procedures and fees associated with the Vocational Nursing Program are subject to change without prior notice, if necessary, to keep College and Program policies in compliance with State and Federal laws and/or with rules related to the program's accrediting agency.

The College and the Vocational Nursing Program reserve the right to change curricula, rules, fees and other requirements, of whatever kind, affecting students in any way. The provisions of this document do not constitute a contract, express or implied, between any applicant, student, faculty or staff member and McLennan Community College or the Vocational Nursing Program.

Course Grading Information:
Students will receive credit for passing clinical and no credit for the unsuccessful completion of clinical. A clinical evaluation tool will be used to evaluate the students. Students will be evaluated based on the Differentiates Essential Competencies: Member of a Profession, Provider of Patient Care, Patient Safety Advocate and member of Health Care Team.

Clinical (see VN Handbook): The student will have missed 10% of the scheduled clinical time for VNSG 1263 when he/she reached 1 ½ absences.

Examinations:
Evaluation – Clinical (see VN Handbook)

Late Work, Attendance, and Make Up Work Policies:

Make-up Exams
Only one make-up test will be given for a course. Additional absences on testing days will result in a zero for that test grade. The make-up exam will be made up at the end of the semester or at faculty discretion.

Student Behavioral Expectations or Conduct Policy:
Students are expected to maintain classroom decorum that includes respect for other students and the instructor. Prompt and regular attendance and an attitude that seeks to take full advantage of the education opportunity.

*** Click Here for the MCC Academic Integrity Statement**
(www.mclennan.edu/academic-integrity)
The link above will provide you with information about academic integrity, dishonesty, and cheating.

*** Click Here for the MCC Attendance/Absences Policy**
(https://www.mclennan.edu/highlander-guide/policies.html)
Click on the link above for the college policies on attendance and absences. Your instructor may have guidelines specific to this course.

Accommodations/ADA Statement
Any student who is a qualified individual with a disability may request reasonable accommodations to assist with providing equal access to educational opportunities. Students should contact the Accommodations Coordinator as soon as possible to provide documentation and make necessary arrangements. Once that process is completed, appropriate verification will be provided to the student and instructor. Please note that instructors are not required to provide classroom accommodations to students until appropriate verification has been provided by the Accommodations Coordinator. Instructors should not provide accommodations unless approved by the Accommodations Coordinator. For additional information, please visit mclennan.edu/disability.

Students with questions or who require assistance with disabilities involving physical, classroom, or testing accommodations should contact:

disabilities@mclennan.edu
254-299-8122
Room 319, Student Services Center

*** Click Here for more information about Title IX**
(www.mclennan.edu/titleix)
We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinator at titleix@mclennan.edu or by calling Dr. Drew Canham (Vice President for Student Success) at 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or the MCC

Student Counseling Center at MCC by calling 299-8210. The MCC Student Counseling Center is a confidential resource for students.

McLennan's Title IX webpage (http://www.mclennan.edu/titleix/) contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence or domestic violence.

* *You will need to access each link separately through your Web browser (for example: Internet Explorer, Mozilla, Chrome, or Safari) to print each link's information.*

CLINICAL FOCUS SHEETS

Student Name _____ Clinical Site_____

McLennan Community College
Vocational Nursing Program
Clinical Offsite Evaluation Tool

- Purpose: A clinical evaluation tool for nursing staff to evaluate student's performance at clinical off sites. The student will be evaluated on a satisfactory (S) and unsatisfactory (U) performance.
- If a student acts in an unprofessional manner or has an unacceptable performance please contact Kimberly Sales-McGee, Vocational Nursing Program Director, at (254)299-8370 or ksales-mcgee@mclennan.edu.

1. **Member of a Profession:**

____ Student introduces self to staff and communicates appropriately to nursing staff and clients
____ Student arrives at the clinical site on time
____ Student is engaged and demonstrates initiative in the learning environment
____ Student demonstrates professional behavior in attitude and dress

2. **Provider of Patient Centered Care**

____ Student follows directions of the nurse(s) within the students' scope of practice
____ Student participates in the care of the client(s): take and give report, V/S, physical assessment, reads clients chart/history and asks questions about the client's care
____ Student demonstrates understanding of basic theoretical concepts, identifies problems, and correlates patient results to laboratory results
____ Student will attempt IV (intravenous) start with the nurse present **(Level 2 & 3 ONLY)**

3. **Patient Safety Advocate**

____ Student provides a safe environment for the client(s)
____ Student will prepare and administer medications safely with the nurse present
____ Student complies with institutional policies and adheres to safety standards

4. **Member of the Health Care Team**

____ Student will seek additional learning opportunities
____ Student will communicate to the nurses at the end of their clinical day before leaving the unit.
____ Student maintains HIPPA policies,
____ Promotes a collaborative atmosphere with other professionals

Evaluation Criteria		
4	**Exceeds**	Indicates that the student has exceeded expectations in a particular skill and carries it out repeatedly with assurance.

	Expectations	
3	**Meets** **Expectations**	Indicates that the student has performed in an acceptable or satisfactory fashion. Some proficiency is gained **This is the expected level for most students.*
2	**Needs** **Improvement**	Indicates that this student is neither proficient nor has satisfactorily demonstrated ability in a particular skill. Improvements need to be made by the student
1	**Unacceptable**	Indicates that the student's performance is unsatisfactory, either because of lack of knowledge, incompetence demonstrated in a particular skill, or shows major violations of professionalism.
0	**Non-applicable**	

_____ _____

Nurse Evaluator Date

- To the Nurse Evaluator: Please document in the comment section regarding any area in which the student receives a **"1" or "2"**

Nurse Evaluator Comments:

Student Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

PEDIATRIC NURSING
GROWTH & DEVELOPMENT ASSESSMENT

STUDENT NAME: _____ OBSERVATION DATE: _____

AGE GROUP: _____ CHRONOLOGICAL AGE: _____

LOCATION: _____ DEVELOPMENTAL AGE: _____

DESCRIBE OVERALL APPEARANCE OF INFANT YOU OBSERVED:

_____

_____

MOTOR SKILLS (GROSS & FINE) ACCORDING TO AGE IN MONTHS:
Eye focus: _____ Reaction to noise: _____

REFLEXES:
Sucking:

Rooting:

MORO:

Startle:

Tonic neck
(fencing):
Babinski:

Dance:

Movement:

Movement:

Arm, hand, and finger action:

Turning:

Sitting:

Crawling:

Creeping:

Standing:

GIVE NUTRITIONAL VALUE OF FOOD:

PSYCHOSOCIAL CHALLENGE SENSE OF TRUST:
Crying when in need:

Separation:

Anxiety:

Were they comforted by staff:

SOCIALIZATION/VOCALIZATION:
Crying:

Cooing:

Smiling:

Single
words:

SLEEP PATTERNS:
Hours
awake:

TYPE OF PLAY:
Solitary:

Examples of Infant
play:

ELIMINATION PATTERN:
Type of diapers:

Number of changes:

TYPE OF FORMULA, BABY FOOD, TABLE FOOD (amt., frequency):

PEDIATRIC NURSING
GROWTH & DEVELOPMENT ASSESSMENT

STUDENT NAME: _____ OBSERVATION DATE: _____

AGE GROUP: _____ CHRONOLOGICAL AGE: _____

LOCATION: _____ DEVELOPMENTAL AGE: _____

DESCRIBE OVERALL APPEARANCE OF TODDLER YOU OBSERVED:

MOTOR SKILLS (GROSS & FINE) ACCORDING TO AGE IN MONTHS:

Use of Hands: _____ Walking: _____

Climbing: _____ Crawling: _____

PSYCHOSOCIAL CHARACTERISTICS:

Sense of autonomy:

Negativism:

Ritualism:

Dawdling:

Security object:

Temper tantrum:

Toilet training:

Reaction to separation from parent:

VOCALIZATION (Jargon):

Vocabulary (# of words):

Example of words:

_____
_____

Samples of sentences:

_____
_____
_____

TYPICAL PLAY:
Solitary:

Parallel:

Type of play
activities:
Gender role:
_____

Leadership:
_____

Self-image:
_____

PEDIATRIC NURSING
GROWTH & DEVELOPMENT ASSESSMENT

STUDENT NAME: _____ OBSERVATION DATE: _____

AGE GROUP: _____ CHRONOLOGICAL AGE: _____

LOCATION: _____ DEVELOPMENTAL AGE: _____

DESCRIBE OVERALL APPEARANCE OF PRESCHOOLER YOU OBSERVED:

_____

DESCRIBE VOCALIZATION:
Vocabulary (# of words):

_____

Samples of sentences:

_____

_____

_____

SOCIALLY WHO DID THE PRESCHOOLER TALK WITH THE MOST?

WERE THEY SHY OR OUTGOING?

_____

_____

DID THEY INITIATE AND MAINTAIN SPONTANEOUS CONVERSATION? GIVE EXAMPLES:

_____

_____

_____

TYPICAL PLAY:
Cooperative:

Type of play activities:

_____

_____

Role playing/imitation of adult:

Creativity:

Self-
Gender:
Leadership:

Image:

Role:

LIST ALL SNACKS OR LUNCH SERVED, GIVING NUTRIENT VALUE OF EACH FOOD. FOOD/DRINK AND AMOUNT NUTRIENT (vitamins, CHO, protein, fat, minerals)

Example: Milk/1 carton	Calcium, vitamin D, protein, fat
_____	_____
_____	_____
_____	_____

DEVELOPMENT ASSESSMENT

Infancy and Early Childhood

I. **Basic Trust vs. Mistrust (Birth to 12 months)** ***Erikson***
   A. Learning to trust others
   B. Developing a sense of trust in self
   C. Knowing someone is there to meet dependency needs
   D. Positive or negative reflection of self from others
   E. Mistrust, withdrawal and estrangement

II. **Autonomy vs. Shame and doubt (12 mos. to 3 years - Early childhood)** ***Erikson***
   A. Learning self-control
   B. Achievement of defiance
   C. Learning extent to which one can manipulate the environment
   D. Achievement of independence
   E. Compulsive self-restraint or compliance
   F. Willfulness

III. **Initiative vs. Guilt (3 to 6 yrs. - Late Childhood)** ***Erikson***
   A. Learning to what extent assertiveness will influence the environment
   B. Beginning ability to influence one's own behavior
   C. Development of love and hate for parent of opposite sex
   D. Lack of self-confidence
   E. Pessimism
   F. Fear of wrongdoing
   G. Over-control and over-restrictiveness of own activities

IV. **Having Development Tasks (Birth to 6 years)**
   A. Learning to walk
   B. Learning to take solid foods
   C. Learning to talk
   D. Learning to control the elimination of body wastes
   E. Learning sex differences and sexual modesty
   F. Achieving physiological stability

G. Forming simple concepts of social and physical ability
H. Learning to relate to oneself emotionally to parents, siblings and other people
I. Learning to distinguish right and wrong and developing a conscience

V. **Industry vs. Inferiority (6 to 12 years)** ***Erikson***
A. Learning to use energies to create, develop and manipulate
B. Development of a sense of competence
C. Eagerness to learn
D. Searches for reasons why things are as they are
E. Disappointment at own abilities
F. Loss of hope
G. Sense of being mediocre
H. Sense of inadequacy

VI. **Havinghurst Development Tasks (6 to 12 years)**
A. Learning physical skills necessary for ordinary games
B. Building wholesome attitudes toward oneself as a growing organism
C. Learning an appropriate masculine or feminine social role
D. Developing fundamental skills in reading, writing and calculating
E. Developing concepts necessary for everyday living
F. Developing conscience, morality and a scale of values
G. Achieving personal independence
H. Developing attitudes toward social groups and institutions

VII. **Adolescence Identity vs. Role Diffusion (12 to 20 years)** ***Erikson***
A. Sense of self free from parental contamination
B. Plans for actualizing one's abilities
C. Plans for future profession
D. Plans for future love - whom to love
E. Clarified values free of parental contamination
F. Emotional independence
G. Doubt about sexual identity
H. Inability to find an occupational identity
I. Personality confusion

VIII. **Havinghurst Development Tasks (12 to 18 years)**
A. Achieving new and more mature relations with age mates of both sex
B. Achieving a masculine or feminine role
C. Accepting one's physique and using the body effectively
D. Achieving emotional independence of parents and other adults
E. Achieving assurance of economic independence
F. Selecting an preparing an occupation
G. Preparing for marriage and family life

H. Developing intellectual skills and concepts necessary for civic competence
I. Desiring and achieving socially responsible behavior
J. Acquiring a set of values and an ethical system as a guide to behavior

IX. **Intimacy vs. Isolation (20 to 40 years)** ***Erikson***
A. Development of an intimate relationship with another person
B. Commitment to work
C. Avoidance of intimacy
D. Avoidance of relationship, career or lifestyle commitments

X. **Havinghurst Development Tasks (20 to 40 years)**
A. Selecting a mate
B. Commitment
C. Starting a family
D. Rearing children
E. Managing a home
F. Getting started in an occupation
G. Taking on civic responsibility
H. Finding a congenial social group

Middle Adult Hood

XI. **Generativity vs. Stagnation of Self-Absorption (40 to 60 years)** ***Erikson***
A. Establishing a family
B. Guiding the next generation
C. Productivity, creativity
D. Concern for others
E. Self-concern and self-indulgence
F. Pseudointimacy
G. Lack of interests and commitments

XII. **Havinghurst Developmental Tasks (40 to 60 years)**
A. Achieving adult civic and social responsibility
B. Establishing and maintaining an economic standard of living
C. Assisting teen-age children to become responsible and happy adults
D. Developing leisure time activities
E. Relating oneself to one's spouse as a person
F. Accepting and adjusting to physiological changes of middle age
G. Adjusting to aging parents.

XIII. **Integrity vs. Disgust or Despair (60 years to death)** *Erikson*
A. Acceptance of one's life as having been meaningful, fulfilling and worthwhile
B. Content that one did the best he could

C. Extension of interests and relationships
D. Providing a legacy for the next generation
E. Facing death
F. Fear of death
G. Reviewing one's life
H. Sense of loss
I. Lack of perceived meaning in one's life

XIV. **Havinghurst Developmental Tasks (60 years to death)**

A. Adjusting to decreasing physical strength and health
B. Adjusting to retirement and reduced income
C. Adjusting to death of spouse
D. Establishing an explicit affiliation with one's own age group
E. Meeting social and civil obligations
F. Establishing satisfactory physical living arrangements

ADULT DEVELOPMENT STAGES

ERIKSON

Early Adulthood

20-40 years

Intimacy and Isolation

Positive Resolution
Development of intimate relationship with another person. Commitment to work.

Negative Resolution
Avoidance of intimacy, relationship career or lifestyle commitments.

Middle Adulthood

40-60 years
Generativity vs. Stagnation

Positive Resolution

THE CHRONOLOGICAL VARIATIONS IN DEVELOPMENT BEHAVIOR OF A CHILD HAVE BEEN ILLUSTRATED WITH A DRAWING IN WHICH A ROSE DEPICTS "THE THORNY CHILD." THE THORNS ON THE STEM REPRESENT THE NORMAL PROBLEM (THORNY) YEARS

Too many physicians and parents hide behind the overworked excuse that "Johnny is just going through a stage." If the remark is inaccurate, a great disservice can be done to both mother and child, and ultimately, to society. The well-oriented physician would no more permit a young mother to unwittingly feel "guilty" because her 2-year-old "little stinker" behaves like a 2-year-old little stinker than he would casually reassure her when a 10-year-old behaves as though he were 2.

Actually much of the unpleasant behavior of children is quite normal. If physicians would help all young mothers to recognize this without dismissing abnormal behavior, it would do much to avert the overwhelming sense of inadequacy that so many modern young mothers feel - especially with their first baby. If they can be made comfortable with their first, the others usually come easily. Many physicians who care for children are not trained in the rudiments of development behavior. While there are many fine books on the subject of growth and developmental, most physicians are discouraged by a tedious mass of detail. To help even the least knowledgeable to better understand some of the chronological variations in developmental behavior, I have distilled the fundamental points into a simple outline.

The chronological variations in developmental behavior have been illustrated with a drawing in which a rose depicts "The Thorny Child." The thorns on the stem represent the normal problem (thorny) years. The problems tend to reach a peak every other year. Typically, these are the even years during the first 8 years - 2,
4, 6, 8 - then the odd years from 9 through 15 - 9, 11, 13, 15. It is important that we do not overemphasize the thorns or underemphasize the periods between that represent pleasant interludes of development - but, then, parents rarely complain about the latter. At 16, the buds of maturity are evident and are followed by the fully mature rose, which is hopefully expected by 18 to 21.

Parent should be taught that, when considering the typical behavior of a particular child of a particular age, not all children behave "that way" all the time, nor can they assume that the unpleasant aspects characteristic of a specific age is necessarily approved or that nothing should be done about them. Children learn by patient, repetitious guidance and discipline. Parents usually must learn to cope with unacceptable behavior before children develop acceptable deportment.

The following paragraphs briefly outline the age periods characterized by unpleasant child behavior.

1. At 3 to 12 weeks of age, infant colic can be exceedingly disrupting to a home that had anticipated a charming, happy baby. This usually, but not always, occurs in first-born male infants. It is characterized by intermittent episodes of screaming. Such episodes occur more frequently at night. Except that it is related to factors in the growth and maturation of the baby who is in a stressful environment, we really know little about colic of this kind.

2. At 18 to 30 months, the child enters a negativistic period in which he enjoys doing "the opposite." He is constantly on the move; he bangs his head, moves furniture; and he hears "No! No!" so much, he thinks his name is "No, No Johnny." At the same time, his own favorite word is "No." This period of "disequilibrium" reaches a peak at 2 ½ years - the "little stinker," the terrible 2," or the "imperial age." The child is dictatorial, domineering, and demanding. He throws a tantrum if he doesn't get what he wants. He balks at anything new. Management of the "little stinker" can be difficult, but some things help. Leave his food on the tray without comment, and compliment him if he has eaten. This is a peak period for accidents; make it physically impossible for him to get into danger. "Working around," him is better than a head-on clash. Simplify all directions and discussions. Never ask for a decision, but use invitational words, such as "let's" or "how about it"; or ask questions: "Where did it go?" or "How can we do this?" This is a period in which infant autocracy and maternal autocracy can clash in the beginning of a war that can lead to permanent problems of feeding and behavior. Parental patience and a sense of humor are essential.

3. Surprisingly, the 3-year-old learns to say "yes" as easily as "no." At 3½, because he is awkward, he constantly falls and stumbles - hence is somewhat insecure and has a fear of falling. By and large, 3 is a pleasant contrast to 2, but whining may be a characteristic that indicates a need for more attention at times.

4. The 4-year-old presents one of the most difficult ages with behavior characterized by hitting, biting, throwing rocks, breaking toys, and running away. He alternates laughter with rage and frequently shocks his mother with very bad language. He is

now cowed by maternal threats of punishment but is defiant, swaggering and boastful. He may not distinguish between facts and fiction and frequently finds the latter more interesting. Because he is out of bounds in all directions, the management of the 4-year- old is dependent on firm discipline; limits must be set; lines drawn and adhered to.

5. Five years is a good age, as parents observe with a sign, but it doesn't last.

6. The 6-year-old period is stormy. At that age a child is emotional and in constant conflict. It is a rigid, negative, demanding, unadaptable age. It is not unusual for the 6-year-old to threaten, "I'll kill you," or to declare "I hate you," and only a short time later hugs you and say, "I love you." Mother has ceased to be the center of his world. He has a constant drive for independence - he literally dares you to "try and make me." At 6 years, fighting is natural; music lessons are not. A child at that age has to be right; he has to win, and he must be praised. six years is an age when a child is most likely to cheat and steal, and at that age he often accuses others of cheating.

   Hints on management. Awareness that the 6-year-old is having a difficult time is fundamental. He may not be ready for starting school (especially if a boy). The parents should try to avoid unhappy events. The 6-year-old usually gets along better with his father than his mother.

7. The 7-year-old is much better, but he has good and bad days. He likes to be alone and always hears just what he wants to hear. He likes television and needs help to "stop." he dislikes being interrupted and protects his things from other children. A 7-year-old is very imaginative. Some think he is a pathologic liar or "nuts," so don't take him seriously.

8. The 8-year old is exuberant, expansive, cocky, talks with his mouth full of food, and overestimates his ability. He tackles things with eagerness but rarely completes them, or he may get upset over failure, but then he will go right on and start something new tomorrow.

9. The 9-year old is more interested in friends than family and tends to withdraw from the family circle. He is quite independent and resists bossing. He becomes expert in exploiting adults when he wants something. He worries about failure in school and may give neurotic excuses to stay home or get out of work and practice.

10. Ten years is one of the "nicest ages." Obeying of family rules comes easily and naturally. A child at that age actually tries to be good. To him, the parents are law, but he is flexible and doesn't take things too seriously. (Not until 16 is the child again

so comfortable and easy to manage, and never again will parents be so completely accepted.)

Comments: This is an age when children like to spend time with fathers; and busy fathers should take advantage of this instead of making the mistake of waiting until the child is "more interesting and a little older," for by then, the children will not have time for the fathers.

11. The 11-year old is a rude, argumentative bundle of energy, who blames others, holds grudges, and is generally obnoxious, disturbing and useless around the house. Parents wonder what happened to the wonderful 10-year old. Yet, away from home, this boor can behave divinely! The 11-year old tries to rebel from home, school and church. He is jealous of his brothers and sisters, and at no other age does he get along so poorly with siblings. It isn't unusual for the 11-year old to do things just to spite Mother. He alibis about chores, may swear, and always seems to be in the refrigerator. he fights for his bedtime rights by quoting the privileges of "other kids." He wants to have the radio on all the time, preferably loud and preferable rock and roll. Boys get into fights and then make up quickly. Girls just get mad and then make up. Boys cheat more; but at 11, girls may steal. The 11-year-old girl is acutely aware of her budding breasts. She has frequent personal checks before going to bed - some girls are embarrassed enough to hunch shoulders in an attempt to hide their development. Girls, at 11, for the last time think boys are pests. Girls now want clothes, and boys want money.

    Hints on management: Keep demands few, but be firm.

12. The 12-year old is enthusiastic (loves everything), likes to arrange things for his own activities, daydreams; and even the boy likes to help cook. Girls usually are interested in boys but not vice versa. The 12-year old girl is maturing rapidly - gets her first bra and may menstruate. If she does, she may ask mother not to tell dad, then will go right out and tell her friends. Boys begin to experience erections and night dreams. They seek sex information, but, surprisingly, if a boy goes to a parent at all, it is usually to his mother. Often, he gets misinformation from playmates, or does the best he can with a dictionary.

13. The 13-year old has lost his enthusiasm. He is withdrawn and moody. He goes to his room and locks the door. He is actually mulling things over. He worries about popularity, school, money, and the future. His parents worry and feel hurt because he no longer confides. The answer: let him alone. Girls will constantly criticize Mother at home, but (relax Mother) not elsewhere. The 13-year old boy is concerned about changes in his voice and perhaps, about breast enlargement.

14. The 14-year old is friendly, joyous, straightforward, and likes to talk things over, but just for fun and will make it an argument. He gets angry, but the outbursts are short. Boys like to fool around with cars and will "bug" the parents about wanting to drive. Girls spend their allowance on records, clothes, and books. The 14-year old lives on the telephone. If dad is a professional man, a 2nd line may be essential. Fourteen is loud, and groups of fourteen4ers are unbelievably noisy.

15. At 15, there is a terrible "relapse" into unpleasant actions, marked by sullen, restless, complex behavior that is exasperating. The 15-year old is a mixed-up adolescent. Although very self-critical, he puts up a defensive front of being "hard boiled" or "tough". At this age, he is farthest away from parents and may even secede from the family circle. He may enter the house and go directly to his room without a greeting or he may sit in the same room with parents without noticing them at all.

    He likes to be up late and preferably out of the house. He needs work but works better for others than for parents. Necking is uppermost in the 15-year old girl's mind, but boys tend to think more of their future and business - although they are not averse to a little "smooching" or, in modern teenage vernacular, "making-out."

16. Sixteen - "Sweet 16". At last! Sixteeners are usually happy, friendly, good tempered, self-assured, and realize that Mom and Dad have finally learned something in the past few months. Thorny problems occur but they are handled in a more mature way.

    It is important to remember that these stages of behavior may appear earlier or later than in the typical patterns presented here. Actually, most children will display a mixture of patterns, at times temporarily reverting to behavior typical of a preceding period or of a period yet to be reached. Persistently abnormal behavior requires evaluation and may signal the need for consultation with someone who is an expert in the field.

SKILLS PACKET

LEVEL II NURSING

CRITICAL REQUIREMENTS
INSULIN INJECTIONS

STUDENTS: _____ DATE: _____

Competency: Within 10 minutes, prepare and administer an insulin injection into a selected area using the appropriate technique for the site, medical asepsis principles, and techniques for patient safety and comfort.

	Accomplish	Did Not Accomplish
1. Verify orders		
2. Select appropriate insulin and syringe/wash hands		
3. Rotate insulin between hands to mix if applicable		
4. Clean top of vial		
5. Inject air into vial(s) equal to the dose of insulin without needle touching surface of insulin solution.		
6. Draw up dose. (Draw up REGULAR first if the order calls for a combination of insulins.) Verify accuracy of each dose with instructor.		
7. Identify patient, explain procedure.		
8. Select site according to site rotation.		
9. Don gloves and clean injection site with a circular motion.		
10. Bunching up skin or making skin taut, insert at appropriate angle using dart method to assure subcutaneous administration.		
11. Inject insulin slowly		
12. Apply pressure with alcohol wipe at site on withdrawal		
13. Discard equipment appropriately.		

14. Chart appropriately.		
INSTRUCTOR: **DATE:** **COMMENTS:**		

CRITICAL REQUIREMENTS
INTRAMUSCULAR INJECTION

STUDENTS: _____ DATE: _____

Competency: Within 15 minutes, prepare and administer an IM injection into a selected muscle using the appropriate technique for the site, medical asepsis principles, and techniques for patient safety and comfort.

	Accomplish	Did Not Accomplish
1. Verify orders		
2. Wash hands		
3. Select appropriate syringe and needle.		
4. Aseptically prepare medication according to order.		
5. Draw up dose		
6. Draw up air lock		
7. Apply new needle.		
8. Identify client, explain procedure, don gloves.		
9. Position client and make any pre-administration assessments required.		
10. Swab area in circular pattern and place swab for easy retrieval.		
11. Make skin taut		
12. Using dart method, insert needle to appropriate depth at 90 degree angle and aspire.		
13. Inject medication slowly		
14. Apply pressure to site with swab and withdraw needle		
15. Hold swab in place, assess for bleeding, apply band aid if necessary		
16. Discard equipment appropriately		

17. Chart appropriately		
INSTRUCTOR: **DATE:** **COMMENTS:**		

GIVING INJECTIONS

Short Answer Questions:

1. Name four types of available syringes:
   a. _____
   b. _____
   c. _____
   d. _____
2. What does U-100 mean?
3. Needles are sized according to _____and
4. Name two types of containers that are commonly used for injectable solutions.
   a. _____
   b. _____
5. Air is injected before removing the solution when which type of container is used?
   a. _____
   b. _____
6. List three advantages of subcutaneous injections:

a. _____

b. _____

c. _____

7. What needle is most commonly used for subcutaneous injections?
_____

8. Name three areas that are acceptable for subcutaneous injections.
a. _____

b. _____

c. _____

9. Absorption is most rapid in which of the three routes discussed?
_____

10. What size needle is most commonly used for intramuscular injections?
_____

11. Name four landmarks that are used to identify the dorsogluteal site:
a. _____

b. _____

c. _____

d. _____

12. Name three advantages of the ventrogluteal site of the dorsogluteal:
a. _____

b. _____

c. _____

13. What are two advantages of using the deltoid site for intramuscular injection?
a. _____

b. _____

Student name: _____ Semester/Year:_____

McLennan Community College
Vocational Nursing Clinical Evaluation
Level II

The Final Clinical Grade for Level II will be recorded as "Pass" or "Fail." ***For each clinical rotation***: Each evaluation must reflect a SATISFACTORY score of 12:

- The evaluation will serve as a written contract with the student. The student will receive written suggestions/requirements for improvement in all unsatisfactory areas. Failure to attain the minimum cumulative score in one or more areas will result in the student being unable to progress in the Vocational Nursing Program. The student will receive a "Failure" as the final grade. If a student receives a failing grade in any portion of the Vocational Nursing Program, he/she will be required to repeat the theory and clinical component of the semester. (Please see Vocational Nursing Student Handbook.)

- If the minimum score is not met in each of the following areas the student must initiate a **Plan of Success**. The student will provide a **Plan of Success** to the clinical instructor and Program Director within 5 days of receiving written notification and clinical evaluation. The student must successfully demonstrate minimal competency in each deficient area during Level I, II, III rotation. Failure to successfully complete the Plan of Success may result in failure or discharge from the VN program.

Faculty will initiate a learning contract when a VN student is deficient in any area of the Differentiated Essential Competencies (DECs) and the student will respond with a Plan of Success.

MCLENNNAN COMMUNITY COLLEGE
VOCATIONAL NURSING PROGRAM
CLINICAL EVALUATION TOOL
LEVEL II

Student: _____ Instructor: _____

Clinical Site: _____ Dates: From _____ to _____

*** = Critical Criteria which must be satisfactorily met to pass the semester. (Must be at a "2" or higher by the final evaluation. All other criteria must be at a "1" or higher by the final evaluation to pass**.

The student and instructor must rate the student's performance for the clinical rotation on each of the criterion listed according to the following scale:

3 = Meets criteria independently
2 = Meets criteria with minimal assistance
1 = Meets criteria with moderate assistance
0 = Criteria not met

Any ratings of "0" must be justified by documentation in the comments section.

Student Rating	Level II Objectives	Instructor Rating
_____	1. Apply ethical and legal standards to the practice of vocational nursing.	_____
_____	2. Contribute to the effectiveness of the interdisciplinary health care team by providing patient care.	_____
_____	3. Actively seek opportunities to enhance personal and educational growth.	_____
_____	4. Use the nursing process and problem-solving techniques to assess and formulate an appropriate individualized nursing care plan for the patient with a major health disruption.	_____

_____	5. Use appropriate communications skills for effective interaction in assessing and formulating nursing care.	_____
_____	6. Employ appropriate nursing skills to promote the health, safety, and comfort of a patient with a major health disruption.	_____
_____	7. Assist the patient to cope with a major health disruption in order to live life to the maximum potential.	_____
_____	8. Assess needs and implement care for patients throughout the life span.	_____

Absent/Tardy Hours

Dates	Times	Hours

- Learning contracts will be initiated once 7 hours of absences or tardiness in any clinical or simulation class has been accrued. Clinical and simulation absences that exceed the maximum hours can result in dismissal from the Vocational Nursing Program. (See VN handbook, clinical syllabi: VNSG 1360, 1260, 1261, 1262, 1263).

Student's Comments (Strengths & weaknesses):

Instructor Comments:

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Student name: _____Semester/Year: _____

McLennan Community College
Vocational Nursing Clinical Evaluation
Level III

The Final Clinical Grade for VNSG Level III will be recorded as "Pass" or "Fail." ***For each clinical rotation:*** Each evaluation must reflect a SATISFACTORY score of 20:

- The evaluation will serve as a written contract with the student. The student will receive written suggestions/requirements for improvement in all unsatisfactory areas. Failure to attain the minimum cumulative score in one or more areas will result in the student being unable to progress in the Vocational Nursing Program. The student will receive a "Failure" as the final grade. If a student receives a failing grade in any portion of the Vocational Nursing Program, he/she will be required to repeat the theory and clinical component of the semester. (Please see Vocational Nursing Student Handbook.)

- If the minimum score is not met in each of the following areas the student must initiate a **Plan of Success**. The student will provide a **Plan of Success** to the clinical instructor and Program Director within 5 days of receiving written notification and clinical evaluation. The student must successfully demonstrate minimal competency in each deficient area during Level I, II, III rotation. Failure to successfully complete the Plan of Success may result in failure or discharge from the VN program.

- Faculty will initiate a learning contract when a VN student is deficient in any area of the Differentiated Essential Competencies (DECs) and the student will respond with a Plan of Success.

MCLENNAN COMMUNITY COLLEGE
VOCATIONAL NURSING PROGRAM
CLINICAL EVALUATION TOOL
LEVEL III

Student: _____ Instructor: _____

Clinical Site: _____ Dates: From _____ to _____

*** = Critical Criteria which must be satisfactorily met to pass the semester. (Must be at a "2" or higher by the final evaluation. All other criteria must be at a "1" or higher by the final evaluation to pass.**

The student and instructor must rate the student's performance for the clinical rotation on each of the criterion listed according to the following scale:

3 = Meets criteria independently
2 = Meets criteria with minimal assistance
1 = Meets criteria with moderate assistance
0 = Criteria not met

Any ratings of "0" must be justified by documentation in the comments section.

Student Rating	Level III Objectives	Instructor Rating
_____	1. Recognize accountability for own actions and integrate ethical and legal standards into the practice of vocational nursing.	_____
_____	2. Promote optimal utilization of interdisciplinary services with the health care system by providing more advanced nursing care and developing team leading experiences with supervision.	_____
_____	3. Assume responsibility for personal and educational growth and use all forms of available resources for continued growth.	_____

_____	4. Use advanced nursing knowledge and skills to assess, formulate, implement and participate in evaluating a nursing care plan to appropriately meet the needs of groups of patients with major health disruptions.	_____
_____	5. Use appropriate communication techniques to evaluate the effectiveness of the nursing care plan.	_____
_____	6. Employ appropriate nursing skills to promote the health, safety and comfort for groups of patients with major health disruptions.	_____
_____	7. Participate in both the patient teaching regarding aspects of health care and the evaluation of effectiveness of patient's learning.	_____
_____	8. Assess, implement and participate in evaluating care for patients throughout the life span.	_____

Absent/Tardy Hours

Dates	Times	Hours

- Learning contracts will be initiated once 7 hours of absences or tardiness in any clinical or simulation class has been accrued. Clinical and simulation absences that exceed the maximum hours can result in dismissal from the Vocational Nursing Program. (See VN handbook, clinical syllabi: VNSG 1360, 1260, 1261, 1262, 1263).

Student's Comments (Strengths & weaknesses):

Instructor Comments:

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____