I. INTRODUCTION

A. **Course Description**: Study of concepts related to the provision of nursing care for children and their families, emphasizing judgment, and professional values within a legal/ethical framework. This course lends itself to a blocked approach. The concepts of communication, community, caring, and clinical reasoning will be included throughout the course.

B. This is a required course in the Associate Degree Nursing curriculum.

C. This course is occupationally related and serves as preparation for careers in Nursing (Associate Degree Nursing).

D. Prerequisites:
   1. BIOL 2420, Microbiology
   2. RNSG 2213, Mental Health Nursing
   3. RNSG 1331, Principles of Clinical Decision Making
   4. RNSG 1363, Clinical-Nursing II
   5. PSYC 2301, General Psychology
   6. RNSG 1251, Care of the Childbearing Family
   7. RNSG 1229, Integrated Nursing Skills II for articulating students only

E. Co-requisites:
   PSYC 2314, Lifespan Development

F. **Secretary’s Commission on Achieving Necessary Skills (SCANS) and Differentiated Essential Competencies (DEC) of Graduates of Texas Nursing Programs.**

   Alphanumeric coding used throughout the syllabus denotes the integration of SCANS occupational competencies (C) and foundation skills (F). The DEC competencies that are implemented in RNSG 2201 are also alphanumeric coded as Member of Profession (MOP), Provider of Patient-Centered Care (PPCC), Patient Safety Advocate (PSA), and Member of the Health Care Team (MHCT).
II. LEARNING OUTCOMES

Upon successful completion of this course, Care of Children and Families, the student will:

A. identify changes which may be experienced by the growing child/family; and the family's response to the changes. (C 5, 7; F 9, 12) (PPCC-A,B,C; MHCT-A)

B. identify changes which may be experienced by the ill child and the family's response. (C 5, 7; F 9, 12) (PPCC-C; MHCT-A)

C. utilize evidence-based practice, critical thinking skills (clinical reasoning) and a systematic problem-solving process as a framework for providing care for the cultural, religious, ethnic, and socially diverse child and the family within the regional, national, and global community. (C 5, 7, 14, 15; F 7, 8, 9, 10, 11, 12) (PPCC-A,B,C,F,G,H; PSA-C; MHCT-C)

D. relate and demonstrate awareness of legal and ethical issues in the provision of care for the child and the family. (C 15; F 5, 12, 17) (PPCC-E; PSA-E; MHCT-C)

E. apply therapeutic communication to maintain effective interpersonal relationships with the child and the family. (C 7, 14; F 5, 6, 15) (PPCC-B,G,H; MHCT-C,D,E)

F. explain the roles of the professional nurse in caring for children and families. (C 9, 12, 15; F 16) (MOP-A,B; PSA-D; MHCT-B,C)

G. acknowledge and demonstrate patient quality and safety as it relates to all practices of patient care. (C 1-12, 14-20, F-1&2, 4-17) (PPCC-D; PSA-A,B,C; MHCT-B,E)

H. Demonstrate behaviors that are congruent with the ANA Code of Ethics, Scope and Standards of Practice, and Social Policy Statements in all class related interactions. (C9, 11, 14, 15; F15, 16, 17) (MOP A3; PPCC B2, B5; MHCT D4).

III. INSTRUCTIONAL MATERIALS

A. Instructional Materials
   1. The instructional materials identified for this course are viewable through www.ctcd.edu/books
   2. Non-scientific calculator
   3. #2 Mechanical Pencil

B. Computer Accessibility
   Accessibility to computer hardware and software that will support the completion of assignments on the internet, DVD, CD, or other electronic delivery is also
C. **Supplementary Reading:**
   Selected web sites:
   - http://www.aap.org/
   - http://www.amhrt.org
   - http://www.cancer.org/
   - http://www.cdc.org
   - http://www.guideline.gov/
   - http://www.pedsinreview.aappublications.org/
   - http://www.who.int/en

D. **Supplementary Materials:** Various electronic media systems, computer software, web sites, experiential group exercises, and simulated situations as suggested by the faculty to enhance clinical practice in nursing are used.

E. **References:** Current professional nursing journal article readings are used to supplement dated textbook information.

F. **Library Resources:** It is expected that all students will have a working knowledge of the Oveta Culp Hobby Memorial Library and off-site access to library resources.

G. **Current practice guidelines set forth by Occupational Safety & Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) related to safe patient handling and ergonomics will be implemented.**

H. **Six areas of core competencies, as delineated by the Quality and Safety Education for Nurses (QSEN) project, will be taught and evaluated in relation to the course objectives and content for RNSG 2201.** The (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work. The six core competencies are Patient-Centered Care, Teamwork and Collaboration, Evidence-Based Practice, Quality Improvement, Safety, and Informatics.

IV. **COURSE REQUIREMENTS**

A. **Reading Assignment:** In preparation for all classes, it is expected that the student first read the lecture objectives and then the assigned required reading. These are located in the RNSG 2201 Learning Guide. It is essential the student have a working knowledge base of anatomy and physiology and growth and development. Periodically, written homework and announced/unannounced quizzes from the assigned readings will be required for the class participation.
B. Projects, Oral Reports, Case Studies, Book Reports, Research Papers:

1. Submitting Written Assignments: All written assignments are to be completed independently unless instructed otherwise. All assigned written work must be submitted at the designated time. Late papers will receive a grade of “0” points.

2. The “Course & Testing Policy” fully explains the grading policy, exam dates and times, time limitations, review, challenge policy, and counseling. Please refer to last page of this syllabus.

3. HESI Testing: Health Educations Systems Inc., (HESI) testing must be completed by the assigned due date. Failure to successfully complete all assigned exam(s) will result in an “Incomplete” (IP) grade for the course. The student will complete the required proctored Evolve Reach Specialty (HESI) exam for each designated RNSG course as scheduled by the faculty. The student must successfully complete the required HESI exam(s) for each semester at or above the HESI National Average Score on the scheduled date. Students who do not score at or above the HESI National Average Score will be required to complete remediation. Failure to complete remediation requirements will result in an incomplete (IP) for the course.

An Evolve Reach Specialty Exam will be scheduled in Semesters 1, 2, and 3 during these courses: RNSG 1413 (Foundations Exam), RNSG 1229 (Foundations Exam), RNSG 1331 (Health Assessment Exam), RNSG 1347 (Pharmacology Exam), and RNSG 2213 (Mental Health Exam). These exams will count toward the course participation grade.

If the composite score of the Evolve Reach Specialty Exam is less than the HESI National Average Score, a required counseling session with the course faculty will be held.

Statistical data generated according to student responses will be available through the Evolve site [https://evolve.elsevier.com/staticPages/s_index.html](https://evolve.elsevier.com/staticPages/s_index.html) for each student for the purpose of self-directed remediation in identified areas that do not meet the HESI National Average Score.

HESI Testing in Semester 4: The RN Exit exam will be given during semester four in RNSG 2331. The exam will be administered and completed on the scheduled dates. Two attempts will be required for completion of the RN Exit exams. The RN Exit exams provide a conversion score, which is a weighted percentage score. The highest conversion score attained will be used
as the student’s final exam grade.

All HESI RN Exit Exams (two) are mandatory for all fourth semester students. If the recommended score of 850 is not obtained on RN Exit 1, mandatory self-remediation is required PRIOR to taking the next scheduled exam. A counseling session must be held with a faculty facilitator and remediation must be documented. Counseling and remediation is mandatory, failure to take both exit exams or complete required remediation will result in course incomplete (IP). The final grade will not be configured until meeting the above requirements.

Any student repeating a course will be required to re-take the HESI exam associated with that course even if the student passed the HESI exam the first time.

Students with documented disabilities may request accommodations for these standardized exams. The student must contact the faculty at the start of each semester to activate and adopt approved accommodations.

C. Class Performance:
1. Attendance Policy: RNSG 2201 adheres to the departmental attendance policy published in the Department of Nursing Student Handbook. Also, refer to the college catalog. Classroom absence may negatively impact the student’s performance on examinations and will negatively impact the class participation grade (see VI. Semester Grade Computations).
   a. Classroom: If absences occur from the classroom, it is the student’s responsibility to obtain missed work from his/her peers.
   b. Attendance at Examinations: Written examinations will be given on dates noted on the daily plan. (See V. Examinations for policy)

2. The faculty reserves the right to adjust the student’s classroom grade based upon classroom performance/behavior/civility.

3. You may not audiotape a lecture without the faculty’s/presenter’s permission. No taping of copyrighted material will be allowed.

4. Beepers and cellular phones must be turned off in the classroom, lab, and clinical areas. Failure to comply will result in “0” participation points for the class day.

D. Class Participation:
Students are expected to attend class prepared, to contribute to class discussion, and to participate in all class activities. The participation grade for theory courses will include positive contributions to class, meeting activity objectives, and demonstrating civility. Failure to participate will result in grade point deduction. (See VI. Semester Grade Computation)
E. **Other requirements:**
1. Following an illness or other medical or mental health-related event, during the duration of clinical internship, the student may be required to obtain a release from their health care provider prior to returning to the classroom/lab/clinical area. Please see the Department of Nursing Office for the official form.
2. The student scoring <75% on any exam must make an appointment with the course faculty for exam review and counseling within one (1) week after completing the exam.
3. A student in academic jeopardy will be required to make an appointment with the Department of Nursing Assistant Chair/Retention Counselor for further assistance, counseling, and recommendations for academic success.

F. **Progression:** A student must successfully complete RNSG 2201 and the identified co-requisite courses in order to progress to the fourth semester.

If failure or withdrawal for any reason occurs from any of the co-requisite nursing courses, withdrawal from the corresponding clinical course (Clinical Nursing I, II, III, or IV) is required. (If withdrawal occurs from RNSG 2201 or RNSG 1347, withdrawal from RNSG 2362 is required.)

If a student has a previous RNSG course failure, the student will be allowed to register for only one RNSG course during each summer session. Exceptions to this policy will be made on an individual basis by the Admission & Standards Committee recommendations.

A student who fails the same RNSG course twice (with the exception of RNSG 1209) is ineligible for readmission. This policy is effective Fall 2011.

G. **Scholastic Honesty:** The following statement is published in the Central Texas College Catalog and all RNSG 2201 students are expected to abide by this policy.

“All students are required and expected to maintain the highest standards of scholastic honesty in the preparation of all course work and during examinations. The following are considered examples of scholastic dishonesty:

1. Plagiarism - the taking of passages from the writing of others without giving proper credit to the sources.
2. Collusion - using another’s work as one’s own, or working together with another person in the preparation of work, unless such joint preparation is specifically approved in advance by the instructor.
3. Cheating - giving or receiving information on examinations.

Students guilty of scholastic dishonesty will be administratively dropped from the course with a grade of “F” and subject to disciplinary action, which may include suspension and expulsion.”

RNSG 2201 students are expected to abide by this policy.

H. **Office Hours:** Each faculty member keeps office hours for the purpose of conferring with students. Students are encouraged to make appointments with the
faculty to discuss their needs and/or problems related to RNSG 2201. Please use the phone at the reception desk to call the faculty member’s office before your appointment.

V. EXAMINATIONS

A. Examination dates are identified on the Daily Plan which is distributed the first day of class.
   1. Exams consist but not exclusive of:
      a. Multiple choice questions
      b. Alternate format questions
      c. Dosage calculations which reveal the methodology utilized to acquire the answer
   2. The student will be allowed (as close to) 1.5 minutes per test item as is possible, given the class schedule time. The posted CTC schedule allows two hours for a final exam.
   3. Testing Policy: Once the student has turned in the ParScore™ scantron, they will no longer have access to it. It will not be manipulated by the student or faculty in any form. For example: by adding, omitting, or changing of the answers with the exception of adding alternate items and/or math answers by the faculty.
   4. An exam review will be provided following each exam, including the final exam. The date, time and place will be announced prior to the exam. Attendance is voluntary. No test score will be released until the exam review and challenges have been completed.
   5. Challenges to test questions must be made during the test review. To challenge a question during the test review, you must write the question number and your rationale for your choice on the PAR Score test result answer sheet. These comments will be reviewed by the course faculty and their decision will be final.
   6. If a student cannot attend an examination, the course faculty member must be notified at their office number or (254) 526-1266 or (254) 526-1890 before the examination is given. It is your responsibility and a requirement to notify the professor in advance of any absence to retain the privilege of sitting for a make-up exam without grade penalty. Make-up examinations may include a variety of formats to include essay. Students requiring a make-up exam will report to the Department of Nursing at 9:00 a.m. on the Friday following the missed exam. If the rescheduled opportunity is missed there will be no other opportunities afforded. RNSG 2201 follows the testing policy published in the Department of Nursing Student Handbook.
7. A student scoring 75% or less on any exam must make an appointment with the course faculty for exam review and counseling. (Appointments are optional for scores >75%). According to Department policy, individual appointments with the course faculty must be made within one week of the test date for individual review of the exam. The exam may be reviewed with the faculty at a later date but the appointment must be made within the one week time frame. No exceptions! Once a subsequent exam has been administered, no prior exam may be reviewed or any prior test question challenged.

B. Examination grades alone will not ensure successful completion of the course.

VI. SEMESTER GRADE COMPUTATIONS

A. The course grade is determined by written examinations AND participation. The participation points will be added to the exam points after the student achieves a 75% exam average. **In order to pass RNSG 2201, the student must achieve 300 total points.**

B. The requirements for determining course grades are:

<table>
<thead>
<tr>
<th>Exam</th>
<th>Questions</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam I</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Exam II</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Exam III</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Exam IV</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Comprehensive Final Exam</td>
<td>100</td>
<td>120</td>
</tr>
</tbody>
</table>

**TOTAL:**

The student must earn 277.5 of the available 370 points on the cumulative exam average before the participation grade is added to their final course grade. The participation grade of no more than 30 points will be added after achieving the minimum of 75% on exam grades (i.e., ≥277.5 points). The student must have a total of 300 points to pass the course.

The obtainable 30 points for participation are allocated as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation on assigned topic (Max. 15 slides)</td>
<td>10</td>
</tr>
<tr>
<td>Learning Activity #1</td>
<td>5</td>
</tr>
<tr>
<td>Learning Activity #2</td>
<td>5</td>
</tr>
<tr>
<td>Learning Activity #3</td>
<td>5</td>
</tr>
<tr>
<td>Learning Activity #4</td>
<td>5</td>
</tr>
</tbody>
</table>

**The Presentation** consists of the class being divided into small groups each with a randomly assigned topic. A presentation date will be assigned. The presentation may consist of skits, video, or power point with educational hand-outs. The presentation must not exceed 15 minutes and must have at least three references (one maybe the current textbook). The presentation must include a drug that is used for the topic selected and a dosage calculation question. The score will be
given to the group as a whole. Copyright requirements must be followed.

**Point will be deducted** for leaving cell phone on during class.

**Learning Activities** (4 total) are worth 5 points each and can consist of exercises such as pre/post tests, quizzes, essays, dosage calculation problems, case studies, lab assignments, discussion board participation, and other activity formats related to course content, at the discretion of the faculty. These activities will occur within the stated classroom hours.

The student receiving 75% or greater on the exams (≥277.5/370 points) will have the **accrued participation points added to the exam points** and their **course grade** will be reflected on the following scale:

- A = 360 – 400 points (This is 90-100% of credit)
- B = 320 – 359.99 points (This is 80-89.9% of credit)
- C = 300 – 319.99 points (This is 75-79.9% of credit)
- D = 240 – 299.99 points (This is 60-74.9% of credit)
- F = under 239.9 points (This is 0-59.9% of credit)

**C. There is no rounding off of the final theory average.**

**D. The student must earn ≥300 points to pass RNSG 2201.**

**VII. NOTES AND ADDITIONAL INSTRUCTIONS FROM THE INSTRUCTOR**

**A. Course Withdrawal:** (Consistent with CTC policy)

**B. Administrative Withdrawal:** (Consistent with CTC policy)

**C. Incomplete Grade:** (Consistent with CTC policy)

**D. Cellular Phones and Beepers:** Cellular phones and beepers will be turned off while the student is in the classroom or laboratory or clinical area.

**E. American’s With Disabilities Act (ADA):** Disability Support Services provide services to students who have appropriate documentation of a disability. Students requiring accommodations for class are responsible for contacting the Office of Disability Support Services (DSS) located on the central campus. This service is available to all students, regardless of location. Explore the website at [www.ctcd.edu/disability-support](http://www.ctcd.edu/disability-support) for further information. Reasonable accommodations will be given in accordance with the federal and state laws through the DSS office.

**F. Instructor Discretion:** The instructor reserves the right of final decision in course requirements.

**G. Civility:** Individuals are expected to be cognizant of what a constructive
educational experience is and respectful of those participating in a learning environment. Failure to do so can result in disciplinary action up to and including expulsion.

H. **Support Services:** The College offers a variety of support services to students. Refer to the CTC website: [http://www.ctcd.edu/academics/catalogs/catalog-texas/student-services/](http://www.ctcd.edu/academics/catalogs/catalog-texas/student-services/)

I. **Statement on Harassment and Discrimination:** (Consistent with CTC policy)

J. **Inclement Weather:** Information about class cancellation or delay because of inclement weather can be obtained by listening to KNCT-FM (91.3 on the FM dial) or by calling (254) 501-3100 (Central Texas College Inclement Weather Information Line).

**VIII. COURSE OUTLINE**

**A. Lesson One:**

1. **Learning Outcomes:** Upon successful completion of this lesson, the student will:
   a. Examine the principles of growth and development and utilize evidence-based practice in relation to the child’s physical, cultural, religious, ethnic, psycho-social, and cognitive (mental) development. (**C7; F9**) (**PPCC-B,C**)
   b. Explain the guidelines and demonstrate communication strategies for effectively communicating with children and their families. (**C5,7; F12**) (**PPCC-H, MHCT-A,D,E**)
   c. Demonstrate the steps of the physical assessment of the child and modifications for the various ages. (**F9; 12**) (**PPCC-A,B**)
   d. Relate ways of promoting optimum health during childhood. (**F2,6,9**) (**PPCC-A,B,C,D,E,F; PSA-B, E; MHCT-A,D,E**)
   e. Relate the impact of hospitalization on the child and his family. (**C7; F12**) (**PPCC-A,B,C,D**)
   f. Calibrate medication dosages administered to children and develop a plan for administration to children of various age groups. (**C5,8; F3,7,9,12**) (**MOP-A,B; PPCC-A,B,C,D,E,F,G; PSA-A,B,C,D,E; MHCT-A,B,C,D,E**)
   g. Compare pediatric nursing procedures to adult health nursing procedures. (**C5,6; F8,9,10**) (**PPCC-A,B,C,D,E,F,G; PSA- B,C**)
   h. Explain disease processes as they relate to the child’s body system(s). (**C5,7; F10**) (**PPCC-A,B,C,D,E,F,G; PSA-B,C**)
   i. Examine the appropriate assessments of a child with various dysfunctions and the expected findings. (**C5,7; F8,11,12**) (**PPCC-A,B,C,D,E,F,G**)
   j. Formulate, design, and implement nursing care for a child with a specific dysfunction using the nursing process. (**C5; F9**) (**PPCC-A,B,C,D,E,F,G; PSA-C**)
k. Design a teaching plan for a child and his family with various dysfunctions. (C8,10; F9,12) (PPCC-G; MHCT-E)
l. Design a teaching plan for meeting the nutritional needs for each age group. (C8,10; F9,12) (PPCC-G; MHCT-E)
m. Identify regional, national, and global community resources available to the child and family. (C5,8,11,13) (PPCC-D; MHCT-A,C)
n. Relate the legal/ethical considerations in the treatment of a child with various dysfunctions. (C12; F9,17) (PPCC-A,B,E; PSA-A,E; MOP-A,B)
o. Acknowledge and demonstrate patient quality and safety as it relates to all pediatric practices of patient care. (C 1-12, 14-20, F-1&2, 4-17) (MOP-A,B; PPCC-A,D,E; PSA-A,B,C,D,E; MHCT-B)

2. **Learning Activities:**

a. Implement developmental screening using the Denver II. (C5,6,7; F1,2,3,5,9)
b. Relate theories and principles of growth and development to the child’s physical, social, and mental development including health-promoting activities. (C7,13; F2)
c. Interpret skills used for communicating with children and their various types of families and parenting styles. (C5; F6)
d. Interpret the social, cultural diversity and religious influences on child health promotion and nursing practice and implement appropriate interventions to promote health. (C2, 7; F6,9)
e. Compare how the assessment of children differs from the adult client. (C7; F1,11)
f. Identify the steps of the physical assessment of the child and how it should be modified for various ages. (C7;F8)
g. Illustrate and interpret physical assessment findings on an infant, toddler, preschooler, school age and adolescent client. (C5; F12)
h. Relate the major philosophy, principles, trends and advances of nursing, including evidence-based practices, and apply them to pediatric nursing practice. (C5; F9)
i. Relate the legal and ethical issues in caring for children. (C5)
j. Compare the roles of the professional pediatric nurse, including the nurse’s role in advocacy for children. (C5; F6)
k. Discuss how frequent or prolonged hospitalization can impede the development of the child with a long-term condition and identify ways to foster the child’s development. (F9; C10)
l. Describe the three main stressors of the hospitalized child and how they differ with each age group and interventions to assist the child and family in coping. (C5,7;F1,8)
m. Relate methods utilized in pediatrics to enhance compliance, promote hygiene and infection control, maintain nutritional, fluid balance and thermoregulation, obtain specimens, prepare for procedures/surgery, control pain, and promote safety. \((C7;F9, 11,12)\)

n. Construct a discharge teaching plan for a hospitalized child. \((C10; F9)\)

o. Identify community resources for children and families with various needs. \((C7,8)\)

p. Identify the various pain assessment tools utilized with children of various ages and interpret their findings. \(C5;F5\)

q. Interpret assessment of pain in neonates, infants, and children and adolescents according to the developmental level. \((C7)\)

r. Contrast manifestations of chronic pain with acute pain and how management strategies for children in special pain situations may differ. \((C5, 7;F9)\)

s. Discuss non-pharmacological pain management used in the pediatric population. \((C7,C9;F9)\)

t. Demonstrate dosage and fluid maintenance calculations accurately. \((C7;F6,12,17)\)

u. Illustrate nursing interventions for pre-post operative / pre-post procedure teaching and medication administration, immunizations, vaccines, and fluids, including accurate dosage calculations for infant, toddler, preschooler, school age, and adolescent clients. \((C7;11,13)\)

v. Legally and safely perform medication administration for various drugs, including immunizations/vaccines and fluids. \((C7;F3,4, 6, 11, 17)\)

w. Describe the patho/physiology of fluid maintenance and the respiratory system. \((C6,7; F12)\)

x. Discuss measures to maintain and evaluate fluid balance and oxygenation. \((C5,7)\)

y. Design a nursing care plan/concept map for a child in pain, a child receiving medications for pain and/or undergoing a specific procedure and/or a child of various ages with selected fluid imbalances and respiratory dysfunctions. \((C5,7, 10. 19; F6,8,9,12)\)

z. Design a teaching plan, including the discharge teaching, for a child with a specific respiratory dysfunction or fluid imbalance which includes pre/post diagnostics, pre-/post-operative, dietary management, and psychosocial considerations. \((C5,7,10; F6,9,10)\)

a1. Relate the legal/ethical considerations involved in the care of the child with fluid imbalances and/or respiratory and/or fluid dysfunctions. \((F12)\)

a2. Identify community resources available for children with fluid imbalances and respiratory dysfunctions. \((C5)\)
3. **Equipment and Materials:**
   a. Power point; projector and screen (Instructor & Student)
   b. Toys, hand puppets, doll, medical demonstration doll
   c. Supplies for medication administration (measuring cups, syringes, buretrol or volutrol, IV bag and tubing, eye droppers, nasal spray, ear drops, growth charts, diapers
   d. Instructor prepared handouts
   e. Evolve Learning System Case Studies, Practice Quiz, Practice Exam and HESI Pediatric Exam
   f. Low fidelity simulators
   g. Instructor prepared milliliters per feeding and dosage calculation and fluid maintenance questions

4. **Audio-Visual Aids:**
   a. Denver II Screening Tool (available on www under “Denver II”) and kit
   b. Pain Assessment Tools (search the web for “Pain Assessment Tools and Forms”)

5. **Lesson Outline**
   a. Denver II & Health Assessment
   b. Introduction to Pediatrics
   c. The Hospitalized Child
   d. Medications and Pain Management
   e. The Child with Fluid and Electrolyte Dysfunction
   f. The Child with Acute Respiratory Dysfunction

B. **Lesson Two:**

1. **Learning Outcomes:** Upon successful completion of this lesson, the student will:
   a. Explain disease processes as they relate to the child’s respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular system(s). (C5,7;F10) (PPCC-A,B,C,D,E,F,G; PSA-B,C)
   b. Examine the appropriate assessments of a child with various chronic respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular dysfunctions and the expected findings. (C5,7; F8,11,12) (PPCC-A,B,C,D,E,F,G)
   c. Formulate, design, and implement nursing care for a child with a specific chronic respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular dysfunction using the nursing
process. (C5; F9) (PPCC–A,B,C,D,E,F,G; PSA-C)
d. Design a teaching plan for a child and his family with various respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular dysfunctions. (C8,10; F9,12) (PPCC-G; MHCT-E)
e. Design a teaching plan for meeting the nutritional needs for a child with chronic respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular dysfunctions in each age group. (C8,10; F9,12) (PPCC-G; MHCT-E)
f. Identify regional, national, and global community resources available to the child and family. (C5,8,11,13) (PPCC-D; MHCT-A,C)
g. Relate the legal/ethical considerations in the treatment of a child with various chronic respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular dysfunctions. (C12;F9,17)(PPCC-A,B,E;PSA-A,E;MOP-A,B)
h. Acknowledge and demonstrate patient quality and safety as it relates to all pediatric practices of patient care. (C 1-12, 14-20, F-1&2, 4-17) (MOP-A,B; PPCC-A,D,E; PSA-A,B,C,D,E; MHCT-B)
i. Calibrate feeding, fluid maintenance, and medication dosages administered to children and develop a plan for administration to children of various age groups. (C5,8; F3,7,9,12) (MOP-A,B; PPCC-A,B,C,D,E,F,G; PSA-A,B,C,D,E; MHCT-A,B,C,D,E)
j. Interpret skills used for communicating with children with various chronic respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular dysfunctions and their various types of families and parenting styles. (C5; F6)

2. Learning Activities:

a. Describe the patho/physiology of body systems: respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular. (C6,7; F12)
b. Discuss measures to maintain and evaluate a chronic respiratory, endocrine, gastrointestinal, and/or cerebral / neuromuscular / muscular dysfunction. (C5,7)
c. Design a nursing care plan/concept map for children of various ages with selected dysfunctions r/t the respiratory, endocrine, gastrointestinal, and/or cerebral / neuromuscular / muscular system. (C5,7,10, F6,8,9)
d. Explain guidelines for communicating with children with various chronic respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular dysfunctions. (C5,7;F12)
e. Design a teaching plan, including the discharge teaching, for a child with a specific chronic respiratory, endocrine,
gastrointestinal, and/or cerebral / neuromuscular / muscular dysfunction which includes pre/post diagnostics, pre - / post-operative, dietary management, safety, and psychosocial considerations. (C5,10; F6,9)

f. Relate the legal/ethical considerations involved in the care of the child with chronic respiratory, endocrine, gastrointestinal, and/or cerebral / neuromuscular / muscular dysfunctions. (F12)

g. Identify community resources available for children with chronic respiratory, endocrine, gastrointestinal, and cerebral / neuromuscular / muscular system dysfunctions. (C5)

h. Discuss the proper use of MDI’s and nebs in the treatment of long-term respiratory dysfunctions and develop a teaching plan for children in the various age groups. (C7,8)
i. Plan a teaching strategy related for the family and child with newly diagnosed Type 1 diabetes and compare teaching strategies for the different age groups. (F6,9)

j. Identify the classification, generic name, trade name, physiological action, uses, therapeutic range (if applicable), routes of administration, principle side effects, contraindications, incompatibilities, patient teaching, nursing responsibilities, and evaluation of effectiveness of selected medications. (C7,8; F3,4, 6,11)

3. **Equipment and Materials:**

   a. Power point; projector and screen (Instructor & Student)
   b. Toys, hand puppets, doll, medical demonstration doll, feeding bottles
   c. Supplies for diagnostic procedures; medication administration, MDIs, peak flow meters, syringes, vials, NG tubes, ostomy bags, growth charts, eye pads, ear plugs
   d. Instructor prepared handouts
   e. Instructor prepared milliliters per feeding and dosage calculation and fluid maintenance questions.
   f. Evolve Learning System Case Studies, Practice Quiz, Practice Exam and HESI Pediatric Exam
   g. Low fidelity simulators

4. **Audio-Visual Aids:**

   a. Simulated breath sounds
   b. Insulin Pump
   c. Pictures of feeding tubes, special feeding nipples, other feeding devices
   d. Growth charts
   e. Choose My Plate.gov
5. Lesson Outline

a. The Child with Chronic Respiratory Dysfunction
b. The Child with Endocrine Dysfunction
c. The Child with Diabetes Mellitus
d. The Child with Gastrointestinal Dysfunction
e. The Child with Gastrointestinal Dysfunction
f. The Child with Cerebral / Neuromuscular / Muscular Dysfunction

C. Lesson Three:

1. Learning Outcomes: Upon successful completion of this lesson, the student will:

a. Explain disease processes as they relate to the child’s body integumentary and cardiac system(s) and infectious disease. (C5,7; F10) (PPCC-A,B,C,D,E,F,G; PSA-B,C)
b. Examine the appropriate assessments of a child with various integumentary and cardiac dysfunctions and infectious disease and the expected findings. (C5,7; F8,11,12) (PPCC-A,B,C,D,E,F,G)
c. Formulate, design, and implement nursing care for a child with a specific integumentary, cardiac dysfunction, and infectious disease using the nursing process. (C5; F9) (PPCC-A,B,C,D,E,F,G;
PSA-C)
d. Design a teaching plan for a child and his family with various integumentary and cardiac dysfunctions and infectious disease. (C8,10; F9,12) (PPCC-G; MHCT-E)
e. Design a teaching plan for meeting the nutritional needs for a child with various integumentary and cardiac dysfunctions and infectious disease in each age group. (C8,10; F9,12)(PPCC-G; MHCT-E)
f. Identify regional, national, and global community resources available to the child and family. (C5,8,11,13) (PPCC-D; MHCT-A,C)
g. Relate the legal/ethical considerations in the treatment of a child with integumentary and cardiac dysfunctions and infectious disease. (C12; F9,17) (PPCC-A,B,E; PSA- A,E; MOP-A,B)
h. Acknowledge and demonstrate patient quality and safety as it relates to all pediatric practices of patient care. (C 1-12, 14-20, F-1&2, 4-17) (MOP-A,B; PPCC-A,D,E; PSA-A,B,C,D,E; MHCT-B)
i. Calibrate medication dosages administered to children and develop a plan for administration to children of various age groups. (C5,8; F3,7,9,12) (MOP-A,B; PPCC-A,B,C,D,E,F,G; PSA-A,B,C,D,E;
j. Explain the principles of growth and development and utilize evidence-based practice in relation to the infant and young child’s physical, cultural, religious, ethnic, psycho-social, and cognitive (mental) development. (C7; F9) (PCCC-B,C)

k. Relate ways of promoting optimum health during infancy and early childhood. (F2,6,9) (PPCC-A,B,C,D,E,F; PSA-B,E; MHCT-A,D,E)

l. Explain the guidelines for communicating with an infant, toddler, and preschooler and their families. (C5,7; F12) (PPCC-H, MHCT-A,D,E)

2. Learning Activities:

a. Describe the patho/physiology of body systems: integumentary and cardiac and the body’s response to diseases, including infectious disease. (C6,7; F12)

b. Discuss measures to maintain and evaluate a chronic multi-system integumentary and cardiac dysfunction and infectious disease. (C5,7)

c. Design a nursing care plan/concept map for children of various ages with selected dysfunctions r/t the integumentary and cardiac system and infectious disease. (C5,7,10, F6,8,9)

d. Design a teaching plan, including the discharge teaching, for a child with an infectious disease and integumentary and cardiac system dysfunction which includes pre/post diagnostics, pre-/post-operative, dietary management, and psychosocial considerations. (C5,10; F6,9)

e. Relate the legal/ethical considerations involved in the care of the child with integumentary and cardiac dysfunctions and infectious disease. (F12)

f. Identify community resources available for children with infectious disease and integumentary and cardiac system dysfunctions. (C5, 8; F10)

g. Discuss the proper use of monitoring equipment and personal protective measures when caring for a child with an infectious disease and integumentary and cardiac dysfunction. (C7,8)

h. Develop a teaching plan r/t infectious disease, integumentary and cardiac system dysfunction for children in the various age groups. (C7,8)

i. Identify the classification, generic name, trade name, physiological action, uses, therapeutic range (if applicable), routes of administration, principle side effects, contraindications, incompatibilities, patient teaching, nursing responsibilities, and evaluation of effectiveness of selected medications. (C7,8; F3,4, 6,11)
j. Discuss the normal physical, motor, psychosocial, moral, spiritual, language and cognitive development in the early childhood years and recognize common deviations in the assessment of the neonate, infant toddler, and preschooler (C6,7; F6,9,10)

k. Identify parent-infant and infant-family attachment behaviors and interventions to promote positive bonding behaviors. (C7; F 9,10)

l. Recognize common concerns related to the normal growth and development in the early childhood years to include child care, preparation for attending school, and common injuries and plan strategies/anticipatory guidance for health promotion. (C5,7, F1,6, 9, 10,11,12)

m. Analyze the nutritional status and needs during infancy and early childhood. (C5;F6)

n. Design a nursing care plan/concept map for selected common dysfunctions that occur during early childhood such as colic, nutritional deficiencies, failure to thrive, SIDS, poisoning, and for the child who has been maltreated through child neglect, physical, sexual or emotional abuse. C5,7;F1,8,9

3. Equipment and Materials:

   a. Power point; projector and screen (Instructor & Student)
   b. Toys, hand puppets, doll, medical demonstration doll, feeding bottles, anatomical models such as cross-section skull
   c. Supplies for diagnostic procedures; medication administration
   d. Instructor prepared handouts
   e. Instructor prepared milliliters per feeding and dosage calculation and fluid maintenance questions
   f. Evolve Learning System Case Studies, Practice Quiz, Practice Exam and HESI Pediatric Exam
   g. Low fidelity simulators

4. Audio-Visual Aids:

   a. Skin lesions
   b. Simulated heart sounds using Harvey in the Simulation Lab
   c. Choose My Plate

5. Lesson Outline

   a. The Neonate and Infant
   b. The Early Childhood Years
   c. The Child with an Integumentary Dysfunction
   d. The Child with a Cardiovascular Dysfunction
   e. The Child with Infectious Disease
D. **Lesson Four:**

1. **Learning Outcomes:** Upon successful completion of this lesson, the student will:

   a. Explain disease processes as they relate to the child’s genitourinary, hematologic, immunologic, and musculoskeletal/articular body system(s) and cognitive / sensory impairment. (C5,7; F10) (PPCC-A,B,C,D,E,F,G; PSA-B,C)

   b. Examine the appropriate assessments of a child with various genitourinary, hematologic, immunologic, and musculoskeletal / articular body system(s) and cognitive / sensory impairment and the expected findings. (C5,7; F8,11,12) (PPCC-A,B,C,D,E,F,G)

   c. Formulate, design, and implement nursing care for a child with a specific genitourinary, hematologic, immunologic, and musculoskeletal / articular body system(s) dysfunction and cognitive / sensory impairment using the nursing process. (C5; F9) (PPCC-A,B,C,D,E,F,G; PSA-C)

   d. Design a teaching plan for a child and his family with various genitourinary, hematologic, immunologic, and musculoskeletal/articular body system(s) and cognitive / sensory impairment. (C8,10; F9,12) (PPCC-G; MHCT-E)

   e. Design a teaching plan for meeting the nutritional needs for the child with various genitourinary, hematologic, immunologic, and musculoskeletal/articular body system(s) and cognitive / sensory impairment. (C8,10; F9,12) (PPCC-G; MHCT-E)

   f. Design a teaching plan for meeting the nutritional needs for the school age and adolescent age group. (C8,10; F9,12) (PPCC-G; MHCT-E)

   g. Identify regional, national, and global community resources available to the child and family. (C5,8,11,13) (PPCC-D; MHCT-A,C)

   h. Relate the legal/ethical considerations in the treatment of a child with various genitourinary, hematologic, immunologic, and musculoskeletal/articular body system(s) and cognitive / sensory impairment. (C12; F9,17) (PPCC-A,B,E; PSA-A,E; MOP-A,B)

   i. Acknowledge and demonstrate patient quality and safety as it relates to all pediatric practices of patient care. (C 1-12, 14-20, F-1&2, 4-17) (MOP-A,B; PPCC-A,D,E; PSA-A,B,C,D,E; MHCT-B)

   j. Calibrate medication dosages administered to children and develop a plan for administration to children of various age groups. (C5,8; F3,7,9,12) (MOP-A,B; PPCC-A,B,C,D,E,F,G; PSA-A,B,C,D,E;
k. Explain the principles of growth and development and utilize evidence-based practice in relation to the school age child and adolescent’s physical, cultural, religious, ethnic, psycho-social, and cognitive development. (C7; F9) (PCCC-B,C)

l. Relate ways of promoting optimum health during school age (middle childhood) and adolescence. (F2,6,9) (PPCC-A,B,C,D,E,F; PSA-B,E; MHCT-A,D,E)

m. Explain the guidelines for communicating with school age children and adolescents and their families. (C5,7; F12) (PPCC-H, MHCT-A,D,E)

2. Learning Activities:

a. Describe the patho/physiology of body systems: genitourinary, hematologic, immunologic, and musculoskeletal / articular body system(s) and cognitive / sensory impairment. (C6,7; F12)

b. Discuss measures to maintain and evaluate a chronic multi-system genitourinary, hematologic, immunologic, and musculoskeletal / articular body system(s) and cognitive / sensory impairment. (C5,7)

c. Design a nursing care plan/concept map for children of various ages with selected dysfunctions r/t genitourinary, hematologic, immunologic, and musculoskeletal / articular body system(s) and cognitive / sensory impairment. (C5,7,10, F6,8,9)

d. Design a teaching plan, including the discharge teaching, for a child with a specific genitourinary, hematologic, immunologic, and musculoskeletal/articular body system(s) and cognitive / sensory impairment which includes pre/post diagnostics, pre-/post-operative, dietary management, and psychosocial considerations. (C5,10; F6,9)

e. Relate the legal/ethical considerations involved in the care of the child with genitourinary, hematologic, immunologic, and musculoskeletal/articular body system(s) and cognitive / sensory impairment. (F12)

f. Identify community resources available for children with chronic disease of various body system(s) and cognitive / sensory impairment and children requiring palliative care for terminal conditions and for families experiencing the death of a child. (C5, 7,8; F10)

g. Discuss the proper use of personal protective measures and equipment and develop a teaching plan for children in the various age groups. (C7,8)

i. Identify the classification, generic name, trade name, physiological action, uses, therapeutic range (if applicable), routes of administration, principle side effects, contraindications,
incompatibilities, patient teaching, nursing responsibilities, and evaluation of effectiveness of selected medications. (C7,8; F3,4, 6,11)

j. Identify expected normal findings and recognize common deviations in the assessment of the school age child and adolescent. (C7; F9,10)

k. Recognize common concerns related to the normal growth and development in the school age years (middle childhood) and adolescent years to include secondary sex characteristics, obesity, school refusal, self-care/home alone situations, and common injuries and plan strategies/anticipatory guidance for health promotion. (C5,7, F1,6, 9, 10,11,12)

l. Analyze the nutritional status and needs during middle childhood and adolescence. (C5;F6)

m. Design a nursing care plan/concept map for selected common situations such as dysfunctions that occur during middle childhood, nutritional deficiencies, and for the child who has been maltreated through child neglect, physical, sexual or emotional abuse. (C5,7;F1,8,9)

n. List the appropriate interventions for orientating and interacting with the cognitive / visually / hearing impaired child. (C7; F8)

o. Analyze the effects of a chronic illness on the child and family. (C7,9,11;F10)

p. Discuss palliative care in children including interventions to promote quality palliative nursing care. (C7, F6,8,9)

q. Summarize the concepts of death and dying in the various pediatric age groups. (C5,6;F9)

r. Relate the impact of culture and religion upon the grief process in both chronic illness and death in school agers and adolescents and their families. (F12)

s. Explain the guidelines for communicating with the chronically ill and dying child and their families. (C5,7; F12) (PPCC-H, MHCT-A,D,E)

3. **Equipment and Materials:**

   a. Power point; projector and screen (Instructor & Student)
   b. Toys, hand puppets, doll, medical demonstration doll
   c. Supplies for diagnostic procedures; medication administration, U-bag, diapers
   d. Instructor prepared handouts
   e. Instructor prepared milliliters per feeding and dosage calculation and fluid maintenance questions.
   f. Evolve Learning System Case Studies, Practice Quiz, Practice Exam and HESI Pediatric Exam
   g. Low fidelity simulators
4. **Audio-Visual Aids:**


5. **Lesson Outline**

   a. The School Age Child
   b. The Adolescent
   c. The Child with Genitourinary Dysfunction
   d. The Child with Hematologic / Immunologic Dysfunction
   e. The Child with Cognitive / Sensory Impairment
   f. The Child with Chronic Condition; Palliative Care
   g. The Child with Musculoskeletal / Articular Dysfunction

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Central Texas College
Associate Degree Nursing Program
Dosage Calculation for Administration (DCFA) Rounding Rules

These rules are standard rules of rounding that apply across the curriculum unless otherwise specified on an exam. All answers must be correctly labeled or they are wrong.

1. Never round off until the final answer.
2. When rounding, the general rule is: 5 and above round up; 4 and below round down. However, never round up when figuring problems for pediatrics/infants. Refer to the required dosage calculation text for specific examples.
3. Milligrams/dose- round to the tenths place. (Exception: See Rule #9)
4. Milliliters/dose- round to the tenths place unless the amount is less than 1 ml, then round to the hundredths place.
5. Milliliters or ounces/feed- round to the tenths place.
6. Milliliters/hour- round to the tenths place.
7. Drops (gtt)/minute- round to the whole number.
8. Insulin should be given as ordered. DO NOT round off.
9. Digoxin and heparin should be rounded to the thousandths place. (mg/dose only)
10. Amounts less than 1 should be preceded by a 0 and a decimal point. Refer to the required dosage calculation text for specific examples.
11. No “trailing” zeros. Ex: 5 mL, not 5.0 mL; 0.4 mL, not 0.40 mL.
12. Microdrip tubing has a drop factor of 60gtt/mL. Macrodrip tubing has a drop factor of 10, 15, or 20 gtt/mL.
13. To convert pounds and ounces to pounds, divide the ounces by 16. For example: weight = 7 lb, 10 oz; 10/16 = 0.625; so weight is 7.625 lb.
14. Conversions you must know:

<table>
<thead>
<tr>
<th>1 pound (lb) = 16 ounces (oz)</th>
<th>1 kilogram (kg) = 2.2 pounds (lb)</th>
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<tbody>
<tr>
<td>1 kilogram (kg) = 1000 grams (g)</td>
<td>1 gram (g) = 1,000,000 micrograms (mcg)</td>
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<tr>
<td>1 gram (g) = 1000 milligrams (mg)</td>
<td>1 milligram (mg) = 1000 micrograms (mcg)</td>
</tr>
<tr>
<td>1 unit (U) = 1000 milliunits (mU)</td>
<td>1 liter (L) = 1000 milliliters (mL)</td>
</tr>
<tr>
<td>1 ounce (oz) = 30 milliliters (mL)</td>
<td>1 teaspoon (tsp) = 5 milliliters (mL)</td>
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<tr>
<td>1 tablespoon (Tbsp) = 15 milliliters (mL)</td>
<td>1 oz of breast milk = 20 kilocalories (kcal)</td>
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<tr>
<td>1 oz of baby formula = 20 kcal unless otherwise specified in problem</td>
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</tbody>
</table>
1. Exam I will consist of 65 questions weighted at 65 points. Exams II will consist of 60 questions weighted at 60 points, Exam III will consist of 60 questions, weighted at 60 points, and Exam IV will consist of 65 questions weighted at 65 points. The comprehensive Final Exam will consist of 100 questions and will be weighted at 120 points. Dosage calculations will not be multiple choice questions. All dosage calculation problem solving steps must be documented following the question and the final answer must be written on the exam in the designated area with the corresponding unit(s) of measure. Department of Nursing “Pediatric Dosage Calculation for Administration Rounding Rules” (DCFA) must be followed. Any question lacking documentation of mathematical steps, even if the correct answer is recorded in the designated area, will be marked as incorrect. Testing Policy: Once the student has turned in the ParScore™ scantron, they will no longer have access to it. It will not be manipulated by the student or faculty in any form. For example: by adding, omitting, or changing of the answers with the exception of adding alternate items and/or math answers by the faculty.

2. A minimum total of 277.5 points of a possible 370 (75%) must be achieved in order to be eligible for the earned participation points (Max: 30 points). The student must earn a total of 300 points to pass RNSG 2201. There is no rounding off of the final theory average.

3. Written examinations will be given on dates noted on the daily plan. If a student cannot attend an examination, the course coordinator/faculty must be notified before the examination is given. It is the student’s responsibility to arrange to make up assignments missed during the absence. Students are required to notify the faculty in advance of any absence to retain the privilege of sitting for a make-up exam without grade penalty. Make–up examinations will include a variety of formats to include essay. RNSG 2201 follows the testing policy published in the Department of Nursing Student Handbook.

4. Due to the CTC class schedule, one hour and forty minutes will be the maximum time limit for the completion of Exams I and IV. One hour and thirty minutes will be the maximum time limit for completion of Exams II and III. As per college policy, a maximum of two hours will be allotted to complete the final exam.

5. A test review will be provided following each exam, including the final exam. The date, time and place will be announced prior to the exam. Attendance is voluntary.

6. Challenges to test questions must be made during the test review. To challenge a question during the test review, you must write the question number and your rationale for your choice on the PAR Score test result answer sheet. These comments will be reviewed by the course faculty and their decision will be final.

7. A student scoring 75% or less on any exam must make an appointment with the course faculty for exam review and counseling. (Appointments are optional for scores >75%). According to Department policy, individual appointments with the course faculty must be made within one week of the test date for individual review of the exam. The exam may be reviewed with the faculty at a later date but the appointment must be made within the one week time frame. No exceptions! Once a subsequent exam has been administered, no prior exam may be reviewed or any prior test question challenged.

8. The faculty reserves the right to adjust the student’s classroom grade based upon classroom performance/behavior/civility.

I fully understand the HESI Testing Program policy as outlined on page 4.

My signature acknowledges receipt of, and understanding of, the RNSG 2201 Course & Testing Policy and receipt of the RNSG 2201 Syllabus.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
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