

		<p>Licensed Practical Nurse (LPN) Advanced Practice Nurse (APRN) Physician Therapists – PT, OT, SLP Registered Dietitian (RDT) Social Worker Activity Director</p>		
	1.3. Describe Nursing Care Patterns	<p>Nursing Care Patterns Functional Nursing Team Nursing Primary Nursing Case Management Patient-focused care</p>	Lecture & Discussion Chapter 1, Pages 5 & 6 Figure 1-3	
	1.4. Identify health care payment sources.	<p>Health Care Payment Sources Private Insurance Medicare Medicaid Patient Protection & Affordable Care Act Prospective Payment System</p>	Lecture & Discussion Chapter 1, Pages 6	
	1.5. Define methods to ensure standards of care are met by health care facilities.	<p>Meeting Standards Survey Process Role Nursing Assistant Role</p>	Lecture & Discussion Chapter 1, Page 7	

<p>Day 1</p> <p>Unit 2</p> <p>Resident Rights</p>	<p>2.1. List the components of <i>The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities</i>.</p> <p>2.2. Describe the <i>Omnibus Budget Reconciliation Act of 1987 (OBRA)</i>.</p>	<p>Components of <i>The Patient Care Partnership</i></p> <ul style="list-style-type: none"> High-Quality Care Clean and Safe Setting Involvement in Care Protection of Privacy Preparing to Leave the Hospital Help with Bills and Insurance Claims <p>Resident Rights under OBRA</p> <ul style="list-style-type: none"> Information Refusing Treatment Privacy & Confidentiality Personal Choice Grievances Work Resident Groups Personal Items Freedom from Abuse, Mistreatment & Neglect Freedom from Restraints Quality of Life Activities Environment 	<p>Chapter 2 Page 10 Lecture & Discussion Appendix A Page 553</p> <p>Chapter 2 Pages 10-15 Box 2-1 Clinical Practice</p>	<p>60 minutes</p>
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<p>Day 1</p> <p>Unit 3A</p> <p>Nursing Assistant Regulations & Scope of Practice</p>	<p>3.1. Identify laws and policies regulating Nursing Assistant (NA) performance.</p> <p>3.2. Describe the nursing assistant <i>scope of practice</i>.</p>	<p>Federal and State laws <i>AZBN Standards of Conduct for Nursing Assistants</i> <i>The Omnibus Budget Reconciliation Act of 1987 (OBRA)</i> Training Programs Competency Evaluation Nursing Assistant Registry Certification Maintaining Competence</p> <p>Nursing Assistant Standards: Job Description Policy Procedure Manual Nursing Assistant Roles (tasks): Bathing, & grooming Assisting with toileting Assisting with meals Maintaining Resident's room Vital Signs Admission, Transfer, & Discharge</p>	<p>Lecture & Discussion Chapter 3, Pages 18-20</p> <p>Lecture & Discussion Chapter 3, Pages 21-24 Boxes 3-2, 3-3 & 3-4</p>	<p>60 minutes</p>
	<p>3B.1. Define</p>	<p>Definition of selected terms:</p>	<p>Lecture & Discussion</p>	<p>30 minutes</p>

	<p>3B.3. Discuss the meaning of <i>Professional Appearance</i>.</p> <p>3B.4. List ways a nursing assistant demonstrates being dependable.</p> <p>3B.5. Discuss components of effective Teamwork.</p>	<ul style="list-style-type: none"> • Cooperative • Enthusiastic • Self-aware • Patience <p>Meaning of <i>Professional Appearance</i>:</p> <ul style="list-style-type: none"> • Good personal hygiene – no perfume/cologne • Clothing (Uniform) • Identification (Name Badge) • Jewelry • Non-skid shoes • Fingernails – short, no polish • Hair care – off the collar, trimmed facial hair • Modest make-up <p>Ways to demonstrate being dependable:</p> <ul style="list-style-type: none"> • Preparing for work <ul style="list-style-type: none"> ▪ Arrange childcare ▪ Arrange transportation <p>Components of effective Teamwork:</p> <ul style="list-style-type: none"> • Attendance • Attitude • Maintaining Confidentiality • Using appropriate Language • Being courteous • Managing personal matters 	<p>Chapter 5, Page 44 Box 5-2</p>	
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		<ul style="list-style-type: none"> • Taking breaks as scheduled • Maintaining a safe environment • Planning the shift assignment • Managing Stress • Dealing with conflict • Identifying Harassment <ul style="list-style-type: none"> ▪ Sexual ▪ Bullying 		
Day 1	4.1. Explain the rules of body	Rules of body mechanics: Good alignment	Lecture & Discussion Chapter 14, Pages 174-175	30 minutes Skill Lab

<p>Unit 4 Safety & Body Mechanics</p>	<p>mechanics.</p> <p>4.2. Identify ways to prevent Work-Related injuries.</p>	<p>Wide base of support Bend at the knees Use larger muscle groups Keep objects close to the body</p> <p>General ways to prevent Work-Related injuries: Wear shoes with good traction Use equipment to assist Ask for help Plan and prepare for tasks Schedule harder tasks early Lock brakes on beds & wheelchairs Give clear directions when working with others Adjust the height of the bed</p>	<p>Box 14-1</p> <p>Instructor Demonstration Supervised Practice</p> <p>Lecture & Discussion Chapter 14, Page 176-177 Box 14-2</p>	
<p>Day 2</p>	<p>5.1. Discuss the links in the <i>Chain of Infection.</i></p>	<p>Links in the <i>Chain of Infection:</i> Source Reservoir</p>	<p>Lecture & Discussion Chapter 13, Pages 150-151 and page 158</p>	<p>90 minutes</p>

	<p>5.5. Explain the role of disposable gloves in the prevention of contamination.</p> <p>5.6. Demonstrate the proper procedure for donning and doffing (removing) disposable gloves.</p> <p>5.7. Identify types of</p>	<p>Turn off the faucets with a dry paper Towel</p> <p>Steps for proper hand hygiene (Hand sanitizer):</p> <ul style="list-style-type: none"> Apply hand sanitizer Rub hands together Interlock fingers Continue rubbing until hands are dry <p>Role of gloves in preventing the transmission of microbes:</p> <ul style="list-style-type: none"> • Protect the nursing assistant from direct contact with blood /body fluids • Protect the resident from microbes on the nursing assistant's hands <p>Skill</p> <p>Proper Procedure for donning and doffing disposable gloves</p> <ul style="list-style-type: none"> Grasp the palm of the glove Pull the glove over the hand & hold glove Insert two fingers inside the other glove Pull the glove over the hand & glove Dispose of the gloves <p>Types of precautions:</p> <ul style="list-style-type: none"> • Standard Precautions 	<p>Chapter 13, Page 156 Procedure Boxes: Using Alcohol-Based Sanitizer Figure 13-12</p> <p>Lecture & Discussion Chapter 13, Pages 163</p> <p>Chapter 13, Pages 165 & 168 Figure 13-18 Instructor Demonstration Supervised Practice</p> <p>Chapter 13, Pages 159-161 Boxes 13-4 & 13-5</p>	
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	<p>precautions.</p> <p>5.8. Identify rules for isolation precautions.</p> <p>5.9. Demonstrate the proper procedure for donning and doffing PPE.</p>	<ul style="list-style-type: none"> ▪ Gloves ▪ Respiratory Hygiene/Etiquette ▪ Care of Equipment ▪ Care of Laundry ▪ Resident Placement ▪ Worker Safety • Transmission-Based precautions <ul style="list-style-type: none"> ▪ Contact Precautions ▪ Droplet Precautions ▪ Airborne Precautions <p>Rules for isolation precautions:</p> <ul style="list-style-type: none"> • Collect all items before entering the room. • Remove items from the room in leak-proof plastic bags. • Do not touch any clean area when hands are contaminated <p>Skill Proper procedure for donning and doffing personal protective equipment (PPE).</p> <ul style="list-style-type: none"> • Sequence for donning PPE <ul style="list-style-type: none"> ▪ Gown ▪ Mask ▪ Goggles ▪ Gloves • Sequence for removing PPE <ul style="list-style-type: none"> ▪ Gloves 	<p>Chapter 13, Page 161 Box 13-6</p> <p>Lecture & Discussion Chapter 13, Pages 162-168 Instructor Demonstration Supervised Practice</p>	
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	5.10. Identify the purpose of an exposure (incident) report.	<ul style="list-style-type: none"> ▪ Goggles ▪ Gown ▪ Mask ▪ <p>Purpose of an exposure (incident) report:</p> <ul style="list-style-type: none"> • to documentation of an exposure to blood or other potentially infectious materials (OPIM). • The report is to be complete immediately following an exposure to blood or OPIM. 	Lecture & Discussion Chapter 13, Page 171	
Day 2	6.1. State the four steps in the delegation	Four steps in the delegation process as outlined by the <i>National Council of State Boards of Nursing</i>	Lecture & Discussion Chapter 3, Pages 25-28	30 minutes

<p>Unit 6</p> <p>Delegation</p>	<p>process.</p> <p>6.2. Discuss the <i>Five Rights of Delegation.</i></p> <p>6.3. Discuss the Nursing Assistant's possible responses to a delegated task.</p>	<p>Assessment & Planning Communication Surveillance & Supervision Evaluation & Feedback</p> <p><i>Five Rights of Delegation</i> The Right Task The Right Circumstance The Right Person The Right Direction & Communication The Right Supervision & Evaluation</p> <p>The nursing assistant possible responses to a delegated task: Accepting a task Refusing a task Policy and Procedure Manuals</p>	<p>Lecture & Discussion Chapter 3, Pages 27 Box 3-5</p> <p>Lecture & Discussion Chapter 3, Pages 27-28</p>	
<p>Day 2</p>	<p>7.1. Describe the benefits of positioning and</p>	<p>Benefits of positioning and re-positioning (at least every two hours) Promote comfort</p>	<p>Lecture & Discussion Chapter 14, Pages 178-182</p>	<p>30 minutes</p>

<p>Unit 7</p> <p>Resident Positioning</p>	<p>re-positioning a resident in bed or other furniture.</p>	<p>Ease breathing Promote circulation Friction and Shearing Prevent pressure injuries Prevent contractures</p>		
	<p>7.2. Describe the various positions</p>	<p>Positions Fowler’s Positions - 45 degrees High-Fowler’s – 60 to 90 degrees Semi-Fowler’s – 30 degrees Supine Prone Lateral Sim’s Dangling</p>	<p>Figures 14-5 – 14-13</p> <p>Chapter 17, Pages 224 -225 Figures 17-2 thru 17-7 Chapter 15, Pages 197-199 Figures: 15-9 & 15-10 Procedure Box: Dangling</p>	<p>90 minutes Skill lab</p>
	<p>7.3. Describe procedures for moving a resident in bed.</p>	<p>Procedures used to move a resident in bed (Bed mobility): Trapeze Assistive device (Lift sheet, board) The resident is moved in sections Logrolling</p>	<p>Lecture & Discussion Chapter 15, Pages 185-200 Figures 15-1 thru 15-12</p>	
	<p>7.4. Demonstrate the proper</p>	<p>Skill Proper procedure for positioning a resident on their side (Lateral position):</p>	<p>Video Instructor Demonstration Supervised Practice</p>	

	<p>procedure for positioning a resident on their side (Lateral position).</p>	<ul style="list-style-type: none"> • Move resident to the opposite side of the bed • Turn the resident on the designated side • Place a pillow at the back • Place a pillow under the upper leg • Place a pillow under the upper arm • Place a pillow under the head • Make sure the resident is not laying directly on his/her shoulder or hip 	<p>Clinical Practice</p>	
<p>Day 3</p> <p>Unit 8</p>	<p>8.1. Identify selected terms associated with pressure injuries.</p>	<p>Selected terms associated with pressure injuries:</p> <p>Bony prominence...<i>bone sticks out or projects from a flat surface of the body (pressure point).</i></p>	<p>Lecture & Discussion Chapter 29, Pages 429-439</p>	<p>30 minutes</p>

<p>Managing Pressure Ulcers</p>	<p>8.2. Recognize common bony prominences when the resident is in various positions.</p>	<p>Eschar...<i>thick, leathery dead tissue. It is often black or brown in color.</i></p> <p>Shear...<i>layers of skin rub against each other; skin remains place and the underlying tissues move and stretch, tearing the underlying capillaries and blood vessels causing tissue damage.</i></p> <p>Slough...<i>dead tissue shed from the skin; light in color, soft and moist. It may be stringy at times.</i></p> <p>Bony prominences in various positions:</p> <ul style="list-style-type: none"> • Supine <ul style="list-style-type: none"> ▪ Sacrum ▪ Heels • Lateral (side lying) <ul style="list-style-type: none"> ▪ Hip ▪ Ankle ▪ Heel • Semi Fowler's position <ul style="list-style-type: none"> ▪ Sacrum ▪ Hip ▪ Heels • Upright <ul style="list-style-type: none"> ▪ Shoulders ▪ Hip ▪ Sacrum 	<p>Chapter 29, Page 430 Figures 29-2</p>	
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	<p>8.3. Identify risk factors associated with pressure injuries.</p> <p>8.4. Describe pressure injury stages.</p> <p>8.5.</p>	<p>Risk factors associated with pressure injuries:</p> <ul style="list-style-type: none"> • Age • Dry skin • Thinning skin • Decreased sensation • Decreased mobility • Poor nutrition • Poor hydration • Incontinence • Edema <p>Pressure Injury stages:</p> <ul style="list-style-type: none"> • Stage 1 – non-blanchable erythema (red) of intact skin • Stage 2 – Partial-thickness skin loss with exposed dermis (blister) • Stage 3 – Full-thickness skin loss • Stage 4 – Full-thickness skin & tissue loss (muscle, tendon, ligament, cartilage, or bone is exposed) • Unstageable – Obscured full-thickness skin loss • Deep tissue injury – Persistent non-blanchable deep red, maroon, or purple discoloration 	<p>Chapter 29, Page 431 Box 20-1 Figure 29-4</p> <p>Chapter 29, Pages 432-435 Box 29-2 Figures 29-5 through 29-17</p>	
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<p>Day 3</p> <p>Unit 9</p> <p>Ethical &</p>	<p>9.1. Review ethical and professional behaviors.</p>	<p>Examples of ethical and professional/legal behaviors</p> <ul style="list-style-type: none"> Competent Confidentiality Honesty Trustworthy Reporting errors 	<p>Lecture & Discussion</p> <p>Review Chapter 3</p> <p>Chapter 4, Page31</p> <p>Box 4-1</p>	<p>60 minutes</p>

<p>Legal Issues</p>	<p>9.2. Define the term “ethics”.</p> <p>9.3. Discuss the terms of <i>prejudice</i> and <i>biased</i>.</p> <p>9.4. The role of a <i>code of conduct</i>.</p> <p>9.5. Define <i>Professional boundaries</i>.</p> <p>9.6. Identify the effects of under-involvement.</p> <p>9.7. Identify the</p>	<p>Report abuse/neglect Team Player</p> <p>Definition of the term “ethics”: <i>...is knowledge of what is right and wrong conduct.</i></p> <p>Concepts of prejudice and bias: <i>... making judgements and having views before knowing the facts.</i> Reasons for prejudice and bias include one’s culture, religion, education, & experience.</p> <p>Role of a <i>code of conduct</i>: Rules or standards of conduct</p> <p>Definition of <i>professional boundaries</i>: <i>...a separation of helpful behaviors from behaviors that are not helpful</i></p> <p>Effects of under-involvement: Disinterest Avoidance Neglect</p> <p>Effects of over-involvement: Boundary crossing</p>	<p>Lecture & Discussion Chapter 4, Page 31</p> <p>Lecture & Discussion Chapter 4, Page 31</p> <p>Chapter 4, Page 31 Box 4-1</p> <p>Lecture & Discussion Chapter 4, Pages 31-32 Figure 4-1 Boxes 4-2 and 4-3</p>	
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	<p>effects of over-involvement.</p> <p>9.8. Define the terms associated with the legal aspects of care.</p>	<p>Boundary violation Professional sexual misconduct</p> <p>Define legal terms: Law Criminal laws Civil laws Unintentional Torts Negligence Malpractice Intentional Torts Defamation Libel Slander False Imprisonment Invasion of privacy Fraud Assault & Battery</p>	<p>Lecture & Discussion Chapter 4, Page 33</p>	
	<p>9.9. Explain the <i>Health Insurance Portability and Accountability Act (HIPAA)</i>.</p> <p>9.10. Explain</p>	<p>The purpose of HIPAA is to protect health information regardless of the source (oral, paper or electronic)</p> <p>Informed Consent:</p>	<p>Lecture & Discussion Chapter 4, Pages 33-35 Boxes 4-4 & 4-5</p> <p>Lecture & Discussion</p>	

	<p>Informed Consent.</p> <p>9.11. Identify ways Informed Consent can be given.</p> <p>9.12. Define abuse.</p> <p>9.13. Describe types of elder abuse.</p>	<p><i>...process by which a person receives and understands information about a treatment or procedure and is able to decide if he or she will receive it.</i></p> <p>Ways Informed Consent can be given: Written Verbal Implied</p> <p>Definition of abuse: <i>...willfull infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain, or mental anguish and or depriving a person of the goods or services needed to attain or maintain well-being.</i></p> <p>Types of abuse Physical Abuse Verbal Abuse Involuntary seclusion Emotional or mental Abuse Sexual abuse Financial Abuse Abandonment</p> <p><i>CNAs are legally bound to report suspected or actual abuse/neglect (Mandated Reporters)</i></p>	<p>Chapter 4, Page 35</p> <p>Chapter 4, Page 35 “Focus on Communication”</p> <p>Lecture & Discussion Chapter 4, Pages 36-39</p> <p>Lecture & Discussion Chapter 4, Pages 37 Boxes 4-6</p>	
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	9.14. Recognize signs of Elder Abuse.	<p>Signs of Elder Abuse:</p> <ul style="list-style-type: none"> Self-report Lacking personal hygiene Frequent injuries Missing assistive devices Bleeding or bruising around breasts or genital/rectal area Burns Individual is withdrawn Individual is restrained Personal conversations are allowed 	Lecture & Discussion Chapter 4, Pages 37-39 Box 4-7 & 4-8 Figure 4-3	
Day 3	10.1. Define the term entrapment.	<p>Definition of the term <i>entrapment</i>: <i>...getting caught, trapped, or entangled in spaces created by the bed rails, the mattress, the bed frame, the head-board and /or the foot-board.</i></p>	Lecture & Discussion Chapter 17 Page 224 & 226 Figure 17-8	30 minutes
Unit 10	10.2. Identify	Risk factors associated with entrapment:	Lecture & Discussion	
Bed Safety				

<p>& Comfort Needs</p>	<p>residents at greatest risk of entrapment.</p> <p>10.3. The benefits associated with proper bedmaking.</p> <p>10.4. Identify the various ways to make a bed based on the needs of the resident.</p> <p>10.5. Demonstrate the proper procedure for making an occupied bed</p>	<p>Age Frail Disoriented or confused Restless Uncontrolled movements Poor muscle control Small size Restrained residents</p> <p>Benefits of making a bed: Promote comfort Prevent skin breakdown Prevent pressure injuries</p> <p>Types of beds: Closed bed Open bed Occupied bed Surgical/procedure bed</p> <p>Skill Proper procedure for making an occupied bed: Provides privacy Places clean linen on a clean barrier Directs observer to stand at the side of the bed</p>	<p>Chapter 17, Pages 224</p> <p>Lecture & Discussion Chapter 17, Page 230</p> <p>Lecture & Discussion Chapter 17, Page 230 Figures 17-14 – 17-17</p> <p>Chapter 17, Pages 230-240 Figure 17-18, 17-19, 17-26, 17-28 Procedure Box Pages 237-239 Instructor Demonstration Supervised Practice</p>	<p>120 minutes Skill Lab</p>
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		<p>The resident's body never touches the bare mattress</p> <p>Removes soiled linen without shaking it</p> <p>Makes mitered corners at the foot of the bed</p>	Clinical Practice	
<p>Day 3</p> <p>Unit 11</p> <p>Accident</p>	11.1. Describe risk factors associated with accidents.	<p>Risk factors associated with accidents:</p> <ul style="list-style-type: none"> Age Awareness of surroundings Agitated/Aggressive behavior Hearing loss Impaired senses (vision, hearing, smell, or touch) 	Lecture & Discussion Chapter 10, Page 107-120	90 minutes

Prevention	11.2. Describe the steps to properly identify a resident before providing care.	<p>Impaired mobility Medications</p> <p>Steps to properly identify a resident: Identification bracelet (ID) Compare the name on the assignment sheet to the ID bracelet before providing care Check the resident's name and date of birth (DOB) Use two identifiers Room numbers/bed number can not be used Ask the resident to state/spell their name Verify the medical record number Call the resident by name when checking the ID bracelet Use a photo ID system</p>	<p>Lecture & Discussion Chapter 10, Page 109 & 110 Figures 10-1 & 10-2 Supervised Practice Clinical Practice</p>	
	11.3. List types of possible accidents.	<p>Types of accidents: Burns Poisoning Suffocation</p> <p>Types of accidents (continued) Equipment related Hazardous chemicals</p>	<p>Lecture & Discussion Chapter 10, Pages 110-118</p>	

	<p>11.4. Identify ways to prevent burns.</p> <p>11.5. Identify ways to prevent poisoning.</p> <p>11.6. Identify ways to prevent suffocation.</p>	<p>Disasters Bomb threats Fire Elopement Workplace violence</p> <p>Ways to prevent burns: Assist residents with eating/drinking Keep hot items in the center of the table Pour hot liquids away from the resident Measure the temperature of bath/shower water Do not the resident sleep with a heating pad or electric blanket Use safety precautions for residents who smoke</p> <p>Ways to prevent poisoning: Keep hazardous materials out of reach Keep harmful products in the original Container Store personal care items safely Read labels before use</p> <p>Ways to prevent suffocation: Choking is the primary cause of Suffocation</p> <p>Ways to prevent suffocation (continued) Cut food into small bite-size pieces Make sure dentures fit properly Note loose teeth</p>	<p>Chapter 10, Page 110 Box 10-1</p> <p>Chapter 10, Pages 111-113 BLS Training class Box 10-2 Figures 10-4 thru 10-8</p>	
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		<p>Follow the dietary care plan Follow aspiration precautions Do not leave a resident unattended in a bathtub/shower Prevent entrapment Remove residents from the area if there is a smoke smell</p>		
	11.7. Identify ways to prevent equipment accidents.	<p>Ways to prevent equipment accidents: Do not use unfamiliar items Do not use broken/damaged items Avoid using extension cords Do not cover electrical cords Have maintenance staff check resident personal electrical items Check electrical cords for damage Make sure brakes work properly</p>	Chapter 10, Page 114 Box 10-4 Figure 10-10	
	11.8. Identify ways to prevent accidents from hazardous chemicals.	<p>Ways to prevent hazardous chemical accidents: Keep original labels intact and readable Do not leave containers unattended Know the location of the <i>Safety Data Sheets (SDS)</i></p>	Chapter 10, Page 115 Figure 10-11	
	11.9. Identify types of disasters.	<p>Types of disasters: Bomb Threats Fire Elopement</p>	Chapter 10, Pages 115-116	

	<p>11.10. Identify actions to take in the event of a bomb threat.</p> <p>11.11 Identify ways to prevent a fire.</p> <p>11.12. Identify actions to take in the event of a fire.</p> <p>11.13. Identify ways to prevent elopement of a resident.</p> <p>11.14. Identify</p>	<p>Actions during a real or potential bomb threat: Report all suspicious individuals Report all suspicious items or packages</p> <p>Ways to prevent a fire: Follow oxygen use policy of the center Follow the smoking policy of the center Secure all smoking materials Do not leave cooking unattended</p> <p>Actions to take in the event of a fire: Know the center’s emergency and evacuation policy Know the location of extinguishers, alarms and emergency exits Attend fire drills Remember <i>RACE</i> and <i>PASS</i></p> <p>Ways to prevent elopement of a resident: Identify residents at risk for elopement Monitor/supervise the resident Address elopement in the care plan Have a plan for finding the resident</p> <p>Ways to prevent/control workplace</p>	<p>Chapter 10 Page 116</p> <p>Chapter 10, Page117 Box 10-5 Figure 10-12 & 10-13</p> <p>Chapter 10, Page 116-117 Figures 10-12 & 10-13 Procedure Box: Using a Fire Extinguisher</p> <p>Chapter 10, Page 118</p>	
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	<p>11.16 Discuss the reason an incident report would be completed.</p>	<ul style="list-style-type: none"> ▪ Negligence ▪ Malpractice ▪ Abuse ▪ Workplace violence ▪ Federal/State requirements <p>Risk managers look for patterns & trends in incident investigations. Corrections are made, procedures are changed, and training is done to prevent further incidents.</p> <p>Examples of safety procedures:</p> <ul style="list-style-type: none"> • Color-coded wristbands <ul style="list-style-type: none"> ▪ Red = Allergy ▪ Yellow = Fall Risk ▪ Purple = DNR/AND ▪ Pink = Limb Alert • Resident belongings <ul style="list-style-type: none"> ▪ Complete a belongings list ▪ Itemize all jewelry items ▪ Label clothing ▪ Have the resident/family co-sign the belongings list/envelope <p>Purpose of an incident reports:</p> <ul style="list-style-type: none"> • Accidents • Errors in care • Broken or lost items • Hazardous chemical incidents • Workplace violence incidents <p><i>Complete an incident report as soon as</i></p>	<p>Chapter 10, Page 119 Figure 10-14</p> <p>Chapter 10, Page 120</p>	
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		<i>possible.</i>		
Day 4 Unit 12 Health Team	12.1. Define the term communication. 12.2. Identify components of	Definition of the term communication: <i>...exchange of information-a message sent is received and correctly interpreted by the intended person.</i> Components of “good” communication: Avoid words with more than one	Lecture & Discussion Chapter 6, Pages 53-66 Supervised Practice Clinical Practice	60 minutes

<p>Communication</p>	<p>“good” communication.</p> <p>12.3. Define the term medical record.</p> <p>12.4. List the parts of a medical record.</p> <p>12.5. Describe the difference between objective and subjective data.</p> <p>12.6. List the</p>	<p>meaning Avoid terms the resident/family does not understand Be brief and concise Give information in a logical way Give the facts Be specific</p> <p>Definition of the term medical record: <i>...legal account of a person’s condition and responses to treatment and care.</i></p> <p>Parts of a medical record: Admission information Health history Flow sheets/graphic sheets Progress notes</p> <p>Objective data: Observations or signs that can be seen, heard, felt, or smelled by an observer; such as a pulse, color of urine.</p> <p>Subjective data: Refers to information the resident shares with the observer. These data are referred to as symptoms. Pain, nausea, or fear are examples of subjective data.</p> <p>Observations to be reported immediately:</p>	<p>Chapter 6, Page 55 Box 6-2</p>	
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	<p>observations the nursing assistant needs to report immediately to the charge nurse.</p> <p>12.7. Identify the role of the nursing assistant in the completion of the Minimum Data Set (MDS).</p> <p>12.8. Identify the role of the Comprehensive care plan.</p> <p>12.9. Explain the terms reporting and recording.</p>	<p>Change in a resident’s ability to respond Changes in a resident’s mobility Complaints of sudden, severe pain A reddened area, bruise, or open area Complaints of vision changes Vital signs out of the resident’s range</p> <p>Role of the nursing assistant in completing the MDS: The observations the nursing assistant documents are used to complete the MDS. The MDS nurse may interview the nursing assistants care for a resident.</p> <p>Role of the Comprehensive care plan (CCP): The nurse uses data from the MDS to create a CCP. It outlines all the interventions required to meet a resident’s needs. It is updated periodically through medical record review and care conferences. The interventions to be completed by the direct care provider is entered onto an assignment sheet.</p> <p>Reporting: <i>...oral account of care and observations</i></p> <p>Recording: <i>...written account of care and observations</i></p>	<p>Chapter 6, Page 54 Box 6-1</p> <p>Chapter 6, Pages 54-57</p> <p>Chapter 6, Page 59-60 Box 6-5 Box 6-6 Box 6-7</p>	
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	<p>12.10. Convert conventional time to military /international time.</p> <p>12.11. Explain proper telephone Etiquette.</p> <p>12.12. Recognize common medical and nursing terminology.</p>	<p>Reporting and recording are done as needed throughout the shift and at the end of the shift. If a caregiver leaves before their shift is scheduled to end the caregiver is obligated to report and record care and observations occurring during the time the caregiver was assisting a resident.</p> <p>Military time has four (4) digits. The first two represent the hour and the last two represent the minutes. In this system the colons and AM and PM are not used. Example: 9:00 AM = 0900</p> <p>Military time used a 24-hour clock Example: 9:00 PM = 2100</p> <p>Proper telephone etiquette: Answer the call after the first ring Give a courteous greeting including facility, location, your name and position Do not give confidential information</p> <p>Medical and nursing terminology: Common prefixes and suffixes are listed in the textbook. <i>Only use the facility list of approved abbreviations</i></p>	<p>Chapter 6, Page 58 Box 6-4 Figure 6-4</p> <p>Chapter 6, Page 63 Box 6-8</p> <p>Chapter 6, Pages 62-66 Boxes 6-9</p>	
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Day 4 Unit 13	13.1. Define the term <i>Holism</i> .	Definition of the term <i>holism</i> : <i>...concept that considers the whole person. The person has physical, social, psychological, and spiritual parts. These parts are woven together and cannot be</i>	Lecture & Discussion Chapter 7, Pages 68-77	60 minutes

Communicating with Residents	13.2. Identify the proper way to address a resident.	<i>separated.</i> Proper way to address a resident: Greet the resident by title – Miss, Mr., Mrs. Do not call a resident by their first name Do not call them by other names, such as sweetheart, honey, pops	Chapter 7, Page 69 Figure 7-2	
	13.3. Define the term <i>need</i> .	Definition of the term <i>need</i> : <i>...something necessary or desired for maintaining life and mental well-being.</i>		
	13.4. Discuss Maslow's basic needs.	Maslow's basic needs: Physical Safety and security Love and belonging Self-esteem Self-actualization		
	13.5. Define the term <i>culture</i> .	Definition of the term <i>culture</i> : <i>...characteristics of a group of people- language, values, beliefs, likes, dislikes, and customs. They are passed from 1 generation to the next.</i>	Chapter 7, Page 71	
	13.6. Define the term <i>religion</i> .	Definition of the term <i>religion</i> : <i>...relates to spiritual beliefs, needs, and practices.</i>		
	13.7. Discuss			

	types of communication.	<p>Types of communication:</p> <p>Verbal communication – uses written or spoken words.</p> <p>When speaking to another person consider the following rules:</p> <ul style="list-style-type: none"> Look directly at the person Position yourself at eye level with the person Do not speak loudly Speak clearly & slowly Do not use slang words Repeat information as needed Ask one question at a time Wait for the person to answer Be kind and courteous <p>When writing a message follow these guidelines:</p> <ul style="list-style-type: none"> Keep the note simply Use black ink on white paper Print the message in large letters Use a large Font if using a computer <p>Nonverbal Communication – no words are used</p> <p>Gestures, facial expressions, posture, body movements, touch, and smell are used. These messages more accurately reflect a person’s feelings. They are usually involuntary and hard to control.</p> <p>Tools such as Magic slates and Picture</p>	<p>Box 7-1</p> <p>Chapter 7, Page 72 Figure 7-3</p> <p>Chapter 7, Page 73 Boxes titled Caring about Culture</p>	
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	<p>13.8. Explain various communication methods.</p> <p>13.9. Describe barriers to communication.</p> <p>13.10. Recognize methods to communicate with residents with special needs</p>	<p>boards may be helpful when the person can not speak</p> <p>Communication methods: Listening Paraphrasing Direct questions Pen-ended questions Clarifying Focusing Silence</p> <p>Barriers to communication: Unfamiliar language Cultural differences Changing the subject Giving opinion Talking a lot Failure to listen “Pat” answers Illness including coma Age</p> <p>Methods to communicate with residents with special needs: <ul style="list-style-type: none"> • Residents with disabilities <ul style="list-style-type: none"> ▪ Speak directly to the resident ▪ Speak with the resident at eye level ▪ Ask if help is needed before </p>	<p>Chapter 7, Page 75 Box 7-2</p>	
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	<p>13.11. Discuss communication strategies when a person exhibits behavior issues.</p>	<ul style="list-style-type: none"> acting <ul style="list-style-type: none"> ▪ Let the resident set the pace for activities • Comatose resident <ul style="list-style-type: none"> ▪ Knock before entering the resident's room ▪ Introduce yourself ▪ Tell the resident the date and time ▪ Explain procedures to the resident ▪ Tell the resident when you are leaving the room and when you will be back <p>Communication strategies for persons exhibiting behavior issues: Recognize the behavior and the possible Cause Maintain dignity and respect Answer questions thoroughly Keep the person informed Answer call lights quickly Stay calm Do not argue with the person Listen Use silence</p>	<p>Chapter 7, Page 77 Box 7-3</p>	
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Day 4 Unit 14 Measuring Vital Signs	14.1. Identify factors that may affect vital signs.	Factors that may affect vital signs: Activity Age Anger Medications Eating Gender Pain	Lecture & Discussion Chapter 25, Page 360-382 Box 25-1	180 minutes Didactic & Skill Lab

	<p>14.2. Identify sites used to take a resident's temperature.</p> <p>14.3. State the normal range for body temperature by site used.</p> <p>14.3. Demonstrate competency with the procedure of measuring temperature.</p> <p>14.4. Define selected terms associated with taking a pulse.</p>	<p>Illness</p> <p>Sites used to take a resident's temperature: Oral Rectal Tympanic Temporal Axillary</p> <p>Normal body temperature ranges by site: Oral 97.6 to 99.6 degrees F Rectal 98.6 to 100.6 degrees F Axillary 96.6 to 98.6 degrees F Tympanic 98.6 degrees F Temporal artery 99.6 degrees F</p> <p>Skill Procedure of measuring temperature:</p> <p>Definition of the term pulse: Pulse...<i>the beat of the heart felt at an artery as a wave of blood passes through the artery.</i> Pulse rate...<i>the of heartbeats or pulses in 1</i></p>	<p>Chapter 25, Page 361-368 Box 25-2 Figures 25-1 through 25-5 Figures 25-6 through 25-9</p> <p>Chapter 25, Page 31 Box 25-1</p> <p>Video Chapter 25, Page 363 Box - <i>Taking a Temperature with an Electronic Thermometer</i> Supervised Practice Clinical Practice</p>	
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	<p>14.5. List pulse sites.</p>	<p><i>minutes.</i></p> <p>Pulse rhythm...refers to the pattern of the heartbeats – regular or irregular.</p> <p>Pulse force – relates to the pulse strength – strong, full, bounding or weak, thread, or feeble.</p> <p>Stethoscope... instrument used to listen to the sounds produced by the heart, lungs, and other body organs.</p> <p>Pulse sites:</p> <ul style="list-style-type: none"> • Temporal • Carotid • Apical • Brachial • Radial • Femoral • Popliteal • Posterior tibial pulse • Dorsalis pedis pulse <p>All pulses are present on both sides for the body except the Apical pulse. The radial pulse is the most often used to count a pulse.</p> <p>Normal pulse range for an adult resident is 60 to 100 beats per minutes (bpm).</p>	<p>Chapter 25, Page 369 Figure 25-13, 25-14, 25-15 Box 25-4</p> <p>Chapter 25, Page 368 Figure 25-12</p>	
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	<p>14.6. Demonstrate competency with the procedure for counting a pulse.</p> <p>14.7 A. Define the term respiration.</p> <p>14.7 B. Identify the respiratory range for a healthy adult.</p> <p>14.8 A. State the normal qualities of respirations.</p> <p>14.8 B. Recognize abnormal</p>	<p>Skill Procedure for counting a radial pulse:</p> <p>Definition of the term respiration: <i>...breathing air into (inhalation) and out of (exhalation) the lungs.</i></p> <p>Respiratory range for a healthy adult: 12 to 20 respirations per minute</p> <p>Normal qualities of respirations:</p> <ul style="list-style-type: none"> • Quiet • Effortless • Regular <p>Abnormal respirations:</p> <ul style="list-style-type: none"> • Tachypnea 	<p>Chapter 25, Pages 371-372 Box – <i>Taking a radial pulse</i> Figure 25-17 & 25-18 Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 25, Page 372</p> <p>Chapter 30, Page 442</p>	
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	<p>respirations.</p> <p>14.9. Demonstrate competency with the procedure for counting respirations.</p> <p>14.10. Define selected terms associated with measuring a person's oxygen levels.</p>	<ul style="list-style-type: none"> • Bradypnea • Apnea • Hypoventilation • Hyperventilation • Dyspnea • Cheyne-Stokes respirations • Orthopnea • Kussmaul respirations <p>Skill Procedure for counting respirations:</p> <p>Definition of selected terms associate with measuring a person's oxygen level:</p> <p>Pulse oximetry...<i>measures the oxygen concentration in arterial blood.</i></p> <p>Oxygen concentration...<i>amount (%) of hemoglobin containing oxygen.</i></p>	<p>Chapter 25, Page 373 Box – <i>Counting Respirations</i> Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 30, Pages 443-444 Figure 30-2</p>	
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	<p>14.11. State the normal range of oxygen saturation.</p> <p>14.12. Identify types of probes used to measure a person's oxygen saturation.</p> <p>14.13. Recognize factors that affect the accurate measurement of oxygen saturation.</p> <p>14.13. Demonstrate</p>	<p>Normal oxygen saturation: 95 – 100 %</p> <p>Types of probes used to measure oxygen saturation:</p> <ul style="list-style-type: none"> • Finger (most common method) • Toe • Ear • Forehead <p>Factors that affect the accurate measurement of oxygen saturation:</p> <ul style="list-style-type: none"> • Avoid areas with edema • Avoid sites with skin breakdown • Avoid bright lights • Remove nail polish • Remove “fake” finger nails • Keep the site still as possible • Do not take the blood pressure on the arm if a finger on that side is used for continuous oxygen saturation measurement <p>Skill Procedure for measuring oxygen saturation:</p>		
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	<p>competency with the procedure for measuring a person's oxygen saturation.</p> <p>14.14. Define selected terms associated with blood pressure measurement.</p>	<p>Selected terms associated with blood pressure:</p> <p>Blood pressure - <i>...amount of force exerted against the walls of an artery by the blood.</i></p> <p>Systolic pressure - <i>...pressure in the arteries when the heart contracts.</i></p> <p>Diastolic pressure - <i>...pressure in the arteries when the heart is at rest.</i></p> <p>Hypertension - <i>...Systolic pressure is 130 mm Hg or higher or the diastolic pressure is 80 m Hg or higher</i></p> <p>Hypotension - <i>...Systolic pressure is below 90 mm Hg or the diastolic pressure is below 60 mm Hg.</i></p> <p>Normal blood pressure is considered 120/80 mm Hg</p>	<p>Chapter 30, Page 444 Procedure Box: Using a Pulse Oximeter</p> <p>Chapter 25, Page 373 Figures 25-19 & 25-20</p>	
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	<p>14.15. Identify types of sphygmomanometers.</p> <p>14.16. State which artery is usually used to measure blood pressure.</p> <p>14.17. List guidelines for measuring blood pressure.</p>	<p>Sphygmomanometer - ...a cuff and a measuring device used to measure blood pressure.</p> <p>Types of sphygmomanometer:</p> <ul style="list-style-type: none"> • Aneroid • Mercury • Electronic • <p>Artery usually used to measure blood pressure: Brachial artery</p> <p>The brachial artery is found by palpating the inner aspect of the antecubital fossa.</p> <p>Guidelines for measuring blood pressure:</p> <ul style="list-style-type: none"> • Do not take the blood pressure on an arm with: <ul style="list-style-type: none"> ▪ An IV infusing ▪ An arm cast/injury ▪ A dialysis access site ▪ Breast surgery • Person should rest for 10 to 20 minutes • Measuring blood pressure when sitting or standing • Apply the cuff to bare arm • Use the correct size cuff • The entire diaphragm should have 	<p>Chapter 25, Page 374 Figures 25-19 & 25-20</p> <p>Chapter 25, Page 375 Box 25-5</p>	
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	<p>14.18. Demonstrate competency with the procedure for measuring blood pressure.</p> <p>14.19. Identify selected terms associated with pain.</p> <p>14.20. Discuss types of pain.</p>	<p>contact with the skin over the brachial artery</p> <ul style="list-style-type: none"> • Pump the cuff to 30 mm Hg over the resident’s usual systolic pressure • The first sound heard is the systolic pressure • The last sound heard is the diastolic pressure • Wait 30-60 seconds before repeating the blood pressure • If you cannot hear the blood pressure tell the nurse <p>Skill Procedure for taking blood pressure:</p> <p>Selected terms associated with pain: Pain or Discomfort... to ache, hurt, or be sore</p> <p>Types of pain:</p> <ul style="list-style-type: none"> • Acute pain – suddenly felt from 	<p>Chapter 25, Pages 376-377 Box - <i>Measuring Blood Pressure</i> Figures 25-22 & 25-23 Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 25, Page 378-379 Box 25-6</p>	
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	<p>14.21. List signs and symptoms of pain.</p> <p>14.22. State factors that affect pain.</p>	<p>injury, disease, trauma, or surgery. There is tissue damage.</p> <ul style="list-style-type: none"> • Chronic pain – continues for a long time • Radiating pain – felt at the site of tissue damage and in nearby areas • Phantom pain – felt in a body part no longer there <p>Signs & symptoms of pain:</p> <ul style="list-style-type: none"> • Location • Onset & Duration • Intensity <ul style="list-style-type: none"> ▪ Rating scales <ul style="list-style-type: none"> ✚ Numeric scale ✚ Wang-Baker FACES scale • Description • Precipitating factors • Factors affecting the pain • Vital signs – increasing • Other signs & symptoms • Body responses • Behaviors <p><i>Pain is what the resident says it is.</i></p> <p>Factors affecting pain:</p> <ul style="list-style-type: none"> • Past experience with pain 	<p>Chapter 25, Page 378-379 Box 25-6</p> <p>Figures 25-25 & 25-26</p> <p>Chapter 17, Page 241</p>	
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	14.23. Recognize comfort and pain-relief measures	<ul style="list-style-type: none"> • Anxiety • Rest and Sleep • Attention • Responsibilities • The value of pain • Support • Culture • Illness <p>Comfort and pain-relief measures:</p> <ul style="list-style-type: none"> • Position • Adjust the room temperature • Give back massage • Avoid sudden or jarring movements • Provide distraction (music) • Apply warm or cold measures, if ordered 	<p>Box 17-3</p> <p>Chapter 17, Pages 242-243 Figures 17-33 & 17-34 Procedure Box: Giving a Back Massage</p>	
<p>Day 5</p> <p>Unit 15</p> <p>Body Structure</p>	15.1. Explain the relationship between cells, tissues and organs.	<p>Relationship between cells, tissues, and organs:</p> <p>Cells: The cell is the basic unit of body structure All cells have the same structure Components of the cell include: Membrane</p>	<p>Lecture & Discussion Chapter 8, Pages 80-95 Figure 8-1 Chapter 9, Pages 101 - 103 Boxes 9-1 Table 9-1</p>	<p>120 minutes</p> <p>180 Skill Lab</p>

<p>and Function (With a comparison to the changes related to Aging)</p>	<p>15.2 Describe the components and function(s) of the Integumentary System.</p>	<p>Nucleus Chromosomes - 46 Genes Cell division - mitosis Tissues: Groups of cells with similar function combine to form tissues. Types of Tissues: Epithelial Connective Muscle Nerve Organs: Groups of tissue with the same function form organs. Systems are formed by organs working together to perform a special function. An example would be the cardiovascular system.</p> <p>Components and functions of the Integumentary System (Skin). Largest organ in the body. Components: Two layers: 1. Epidermis – outer, pigment 2. Dermis – inner</p>	<p>Chapter 8, Page 80 Figure 8-2</p> <p>Chapter 8, Page 80 Figure 8-3</p> <p>Chapter 8, Page 81 Figure 8-4</p>	
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	<p>15.3 Describe the components and function(s) of the Musculoskeletal System.</p> <p>15.4</p>	<p>Blood vessels Nerves, Sweat glands Oil glands Hair roots Nails</p> <p>Functions: Protective covering Regulates water Regulates body temperature Sensations Stores fat and water</p> <p>Components and function of the musculoskeletal system:</p> <p>Components:</p> <ol style="list-style-type: none"> 1. Bones - 206 2. Joints – allow movement 3. Muscles - 500 <ul style="list-style-type: none"> Voluntary Involuntary Cardiac Sphincters – esophageal, anal, urethral, pyloric <p>Functions:</p> <ol style="list-style-type: none"> 1. Movement 2. Maintain posture and tone 3. Production of body heat <p>Components and functions of the nervous</p>	<p>Chapter 8, Pages 82 & 83 Figures 8-5, 8-6, 8-7, & 8-8</p>	
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	<p>Describe the components and function(s) of the Nervous System.</p>	<p>system:</p> <p>Components: Central Nervous System – Brain Spinal cord Peripheral Nervous System - Nerves 12 cranial nerves 31 spinal nerves Sense organs 5 Senses – Sight, Smell, Hearing, Taste & Touch</p> <p>Functions: Controls, directs, & coordinates all body functions</p>	<p>Chapter 8, Pages 84 & 85 Figures 8-10, 8-11, 8-12</p>	
	<p>15.5. Describe the components and function(s) of the Circulatory System.</p>	<p>Components and functions of the circulatory system:</p> <p>Components: Blood Red Cells & Hemoglobin (RBC) White Cells (Leukocytes WBC) Platelets Heart – 4 chambers Blood Vessels – Arteries & Veins</p> <p>Functions: Carries food to the cells Transports oxygen to the cells Removes waste products from the cells Maintains fluid balance</p>	<p>Chapter 8, Pages 87-88 Figures 8-15, 8-16, & 8-17</p>	

	<p>15.6. Describe the components and function(s) of the Lymphatic System.</p>	<p>Regulates body temperature Work with the immune system</p> <p>Components and functions of the Lymphatic system:</p> <p>Components: Right lymphatic duct Thoracic duct Lymph nodes - Filters Thymus – Develops T-lymphocytes Tonsils – Trap microorganisms Adenoids – Trap microorganisms Spleen – Filters bacteria. Destroys RBC, Saves iron, Stores blood</p> <p>Functions: Maintains fluid balance Defends against infection Absorbs fats from the intestines</p>	<p>Chapter 8, Pages 88-89 Figure 8-18</p>	
	<p>15.7. Describe the components and function(s) of the Respiratory System.</p>	<p>Components and functions of the respiratory system:</p> <p>Components: Nose Pharynx Throat) Larynx Trachea Lung Bronchi</p>	<p>Chapter 8, Pages 89-90 Figure 8-19</p>	

Day 6	15.8. Describe the components and function(s) of the Digestive System.	<p>Bronchioles Alveoli Diaphragm Functions: Supplies the cells with oxygen Removes carbon dioxide</p> <p>Components and functions of the digestive system: Components: Alimentary canal (GI Tract) Mouth, teeth, tongue, taste buds, & Saliva Pharynx (Throat) Esophagus Stomach Small Intestine – 20 feet Gallbladder Pancreas Large Intestine Rectum & Anus Functions: Breaks down food physically & chemically Removes solid waste from the body</p>	Chapter 8, Page 90 Figure 8-20	120 minutes 180 minutes Skill Lab
	15.9.	<p>Components and functions of the urinary system: Components:</p>	Chapter 8, Page 91	

	<p>15.11. Describe the components and function(s) of the Endocrine System.</p>	<p>Fundus Cervix Endometrium - Menstruation Vagina Labia Mammary glands Function of the male and female reproductive systems is to reproduce.</p> <p>Components and functions of the endocrine system: Components: Pituitary Gland Growth Hormone Thyroid-stimulating Hormone Adrenocorticotrophic (ATCH) Antidiuretic Hormone (ADH) Oxytocin – childbirth Thyroid Gland - Metabolism Parathyroid Glands – Calcium Thymus Pancreas Adrenal Gland Functions: Secrete hormones into the blood stream to regulate the activities of other organs of the body.</p> <p>Components and functions of the immune</p>	<p>Chapter 8, Page 94 Figure 8-27</p>	
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	15.12. Describe the components and function(s) of the Immune System.	<p>system:</p> <p>Components:</p> <ul style="list-style-type: none"> Antibodies Antigens Phagocytes Lymphocytes – (B cells & T cells) <p>Function:</p> <p>Protects the body from disease and infection.</p>	Chapter 8, Page 95 Figure 8-28	
<p>Day 7</p> <p>Unit 16</p> <p>Personal Care</p>	<p>16.1. Explain the importance of personal hygiene.</p> <p>16.2. Describe adaptive devices available to</p>	<p>Importance of personal hygiene:</p> <ul style="list-style-type: none"> Maintaining intact skin Prevent body odor Prevent breath odor Provide relaxation Promote circulation <p>Adaptive (assistive) devices:</p> <ul style="list-style-type: none"> Toothpaste tube squeezer Wash mitt with a pocket for a bar of soap 	<p>Lecture & Discussion</p> <p>Chapter 18, Page 247-271</p> <p>Chapter 18, Page 248</p> <p>Figure 18-1</p>	<p>120 minutes</p> <p>180 minutes</p> <p>Skill Lab</p>

	<p>promote resident independence with hygiene needs.</p> <p>16.3. Identify routine hygiene tasks to be completed daily.</p> <p>16.4. State the purpose of providing oral hygiene.</p> <p>16.5. State observations during oral hygiene to report immediately.</p>	<p>Faucet adapter/extender Long-handle sponge</p> <p>Routine hygiene tasks: Assist with elimination Assist with face & hand washing Assist with dressing/undressing Assist with hair care Assist with sensory devices, such as Eyeglasses, hearing aids These activities are done before breakfast (AM care), after breakfast, early afternoon and in the evening (PM care).</p> <p>Purpose of oral hygiene: Keeps the mouth& teeth clean Prevents odors and infection Increases comfort Reduces the risk for cavities & other diseases</p> <p>Observations to report immediately: Dry, cracked, swollen or blistered lips Mouth or breath odors Redness, swelling, sores, or white patches in the mouth or on the tongue Bleeding, swelling or redness of the gums Loose teeth</p>	<p>Chapter 18, Page 249 Box 18-1 Clinical Practice</p> <p>Chapter 18, Pages 249-256</p> <p>Chapter 18, Page 249 Box titled: Delegation Guidelines</p>	
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	<p>16.6. Demonstrate the proper procedure for oral care, including; brushing teeth for an alert resident and an unconscious resident.</p> <p>16.6. Demonstrate the proper procedure for denture care.</p> <p>16.7. State the benefits of bathing.</p> <p>16.8. Discuss the rules for bathing.</p>	<p>Rough, sharp, or chipped area on Dentures</p> <p>Skill Proper procedure for oral care for the alert and unconscious resident:</p> <ul style="list-style-type: none"> • Brush all surfaces. • Cleans the tongue. • Places the comatose resident on their side. <p>Skill Proper procedure for denture care:</p> <ul style="list-style-type: none"> • Places dirty dentures in the emesis basin. • Rinses the denture cup • Lines the sink with a barrier. • <p>Benefits of bathing: Cleans the skin and mucous membranes Removes microbes, dead skin, perspiration, & excess oils Promotes relaxation Stimulates circulation Exercises body parts</p> <p>Rules for bathing: Allow personal choice</p>	<p>Chapter 18, Pages 250-253 Figure 18-5 Video & Discussion Instructor demonstration Supervised practice Clinical Performance</p> <p>Chapter 18, Pages 254-256 Figure 18-9 Video & Discussion Instructor demonstration Supervised practice Clinical Practice</p> <p>Chapter 18, Page 256 Box 18-2</p>	
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	<p>16.9. Demonstrate the proper procedure for completing a bed bath.</p> <p>16.10. List other types of baths.</p> <p>16.11. Demonstrate the proper procedure for completing perineal care for</p>	<p>Follow standard precautions Remove hearing aids Provide privacy Assist with elimination before bathing Know the water temperature Wash from the cleanest to the dirtiest areas Encourage the resident to help Rinse skin thoroughly Pat the skin dry Dry well under breasts and skin folds & Between toes</p> <p>Skill Proper procedure for completing a bed bath: Washes the resident's face without soap Changes the resident's gown</p> <p>Other types of baths: The partial bath Tub bath Shower bath Using a shower chair Using a shower trolley</p> <p>Skill Proper procedure for perineal care for the male and the female resident with a soiled</p>	<p>Chapter 18, Pages 258-261 Figures 18-10 - 18-17 Video & Discussion Instructor demonstration Supervised practice Clinical Performance Lecture & Discussion Chapter 18, Pages 262-266 Figures 18-21-18-23 Clinical Practice</p> <p>Lecture & Discussion Chapter 18, Pages 266-271</p>	
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<p style="text-align: center;">Day 8</p>	<p>the male and the female resident with a soiled brief change.</p> <p>16.12. Define selected terms associated with skin and scalp conditions.</p> <p>16.13. Describe the proper procedure for brushing, combing, and shampooing hair.</p> <p>16.14. State the rules for shaving a resident.</p> <p>16.15.</p>	<p>brief change:</p> <ul style="list-style-type: none"> • <i>Privacy is maintained at all times</i> • <i>Cleans from top to bottom</i> • <i>Must state “separating the labia”</i> • <i>Must label the clean brief before applying</i> <p>Terms associated with hair care: Alopecia Dandruff Pediculosis Scabies</p> <p>Proper procedure for brushing and combing hair: <i>Never cut a resident’s hair.</i> <i>Brush hair starting at the scalp if the hair is not matted.</i> <i>Brush matted hair starting at the ends.</i></p> <p>Rules for shaving a resident: Use electric razors for residents taking Anticoagulant medications Soften facial hair before shaving Lather the area Hold the skin taut Shave in the direction of hair growth- Face & axilla Shave against the direction of hair growth Legs & when using an electric razor</p>	<p>Figures 18-24 – 18-29 Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Lecture & Discussion Chapter 19, Page 274 Figures 19-2 & 19-3</p> <p>Lecture & Discussion Chapter 19, Pages 274-279 Figures 19-4 & 19-5 Clinical practice</p> <p>Lecture & Discussion Chapter 19, Pages 279-281 Box 19-1 Figure 19-9 Clinical practice</p>	<p style="text-align: center;">60 minutes</p> <p style="text-align: center;">240 minutes Skill Lab for all the personal care skills</p>
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	<p>Demonstrate the proper procedure for providing nail and foot care for residents.</p> <p>16.16. Discuss the rules for dressing and undressing a resident.</p> <p>16.17. Demonstrate the proper procedure for dressing and undressing a resident.</p>	<p>Skill Proper procedure for providing nail and foot care:</p> <p>Rules for dressing and undressing a resident: Provide privacy Let the resident select clothing Put clothing on the weak side first Remove clothing from the strong side first Support the limb during dressing or Undressing</p> <p>Skill Proper procedure for dressing and undressing a resident with a weak side: <i>Take clothing off the strong side first.</i> <i>Put clothing on weak side first.</i></p>	<p>Lecture & Discussion Chapter 19, Pages 282-284 Figures 19-10 – 19-12 Clinical Practice</p> <p>Lecture & Discussion Chapter 19, Pages 284-289 Figures 19-13 – 19-22</p> <p>Chapter 19, Pages 285-287 Figures 19-13 – 19-20 Video Instructor Demonstration Supervised Practice Clinical Practice</p>	
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<p>Day 9</p> <p>Unit 17</p> <p>Fall Prevention</p>	<p>17.1. Define the meaning of a fall according to the Centers for Medicare & Medicaid Services (CMS).</p> <p>17.2. Identify the potential impact</p>	<p>Definition of a fall:</p> <ul style="list-style-type: none"> ✓ Unintentionally coming to rest on a lower level ✓ A person loses his/her balance and would have fallen if staff did not prevent the fall ✓ When a person is found on the floor <p>Fall are the most common accident in nursing centers.</p>	<p>Lecture & Discussion Chapter 11, Pages 122 Box: Focus on Surveys</p>	<p>120 minutes</p> <p>180 minutes Skill Lab for all ambulation and transfer skills</p>

	<p>of a fall on a resident.</p> <p>17.3. Discuss risk factors associated with falls.</p>	<p>Impact of a fall on a resident:</p> <ul style="list-style-type: none"> Main cause of injury Main cause of death Serious injuries increase risk of death <ul style="list-style-type: none"> Hip Fractures Head trauma Disability Functional decline Decrease quality of life <p>Risk factors for falls:</p> <ul style="list-style-type: none"> ✓ The person <ul style="list-style-type: none"> • Over age 65 years • Balance problems • Blood pressure alterations • Confusion, Disorientation • Dizziness • Drug side effects • Incontinence • Nocturia • Unsteady gait • Pain • Poor judgement • Slow reaction time • Poor fitting shoes • Vision problems • Weakness ✓ Care setting <ul style="list-style-type: none"> • Bed height 	<p>Chapter 11, Page 123 Box 11-1</p>	
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	<p>17.4. Identify components of fall prevention measures.</p> <p>17.5. Explain the proper procedure to assist a resident who starts to fall to the floor.</p>	<ul style="list-style-type: none"> • Care equipment – drainage tube • Floor – clutter, wet, uneven • Furniture out pf place • No hand rails or grab bars • Lighting - -poor or glare • Restraints • Throw rugs • Improper use or fit <p>Fall prevention measures:</p> <ul style="list-style-type: none"> ✓ Meeting basic needs ✓ Bathrooms and shower rooms ✓ Floors and hallways ✓ Furniture ✓ Bed and other equipment ✓ Lighting ✓ Shoes and clothing ✓ Call lights, alarms and barriers, mats ✓ Observations <p>Skill</p> <p>Procedure to assist a person to the floor:</p> <ul style="list-style-type: none"> ✓ Stand behind the person ✓ Bring the person close to your body ✓ Move your leg so the person’s buttocks rest on it ✓ Lower the person to the floor ✓ Stay calm and talk to the person ✓ If the person id bariatric move objects out of the way and protect 	<p>Chapter 11, Pages 123-127 Box 11-2 Figures 11-1 – 11-7</p> <p>Chapter 11, Pages 130 – 131 Figure 11-12 Supervised Practice</p>	
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	<p>17.6. Identify situations when a restraint may be used.</p> <p>17.7. Describe types of restraints.</p> <p>17.8. Identify alternatives to the use of a restraint.</p>	<p>the person's head</p> <ul style="list-style-type: none"> ✓ Call the nurse <p>Situations in which a restraint may be used:</p> <ul style="list-style-type: none"> ✓ To treat a medical symptom ✓ For immediate physical safety of the person or others ✓ Failure of less restrictive measures fail to protect the person/others <p>Types of restraints:</p> <ul style="list-style-type: none"> ✓ Physical – <i>any manual method or physical device, material, or equipment attached to or near the person's body that he or she cannot remove easily and that restricts freedom of movement or normal access to one's body. (CMS)</i> ✓ Chemical – <i>any drug used for discipline or convenience and not required to treat medical symptoms. (CMS)</i> <p>Alternatives to restraint use:</p> <ul style="list-style-type: none"> ✓ Meeting physical needs <ul style="list-style-type: none"> • Consider life-long habits • Food, fluid, hygiene, & eliminations needs are met • Personal items are in easy reach 	<p>Lecture & Discussion Chapter 12, Page 133 Clinical Practice</p> <p>Chapter 12, Pages 134-135 Box 12-1 Figures 12-1, 12-2, & 12-3 Clinical Practice</p>	
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	<p>17.9. Identify examples of physical restraints.</p> <p>17.10. Differentiate</p>	<ul style="list-style-type: none"> • Comfort measures such as back massages • Outdoor time is scheduled • Visit every 15 minutes • Staff assignments are consistent ✓ Meeting safety & security needs <ul style="list-style-type: none"> • Call light in reach • Wander alerts are present • Bed, chair, & Door alarms are used • Frequent explanations are given ✓ Meeting love, belonging, & self-esteem Needs <ul style="list-style-type: none"> • Diversional activities are provided • Frequent visits or sitters • Reminiscing with the person <p>Examples of physical restraints:</p> <ul style="list-style-type: none"> ✓ Trays, bars, belts attached to a chair ✓ Wrist restrains or mitts ✓ Locked chairs ✓ Bed or chair close to a wall ✓ Bed rails ✓ Tucking sheets too tight <p>Differentiate enablers from restraints: Definition of enablers – <i>a device that limits freedom of movement but is used to promote</i></p>	<p>Chapter 12, Page 136 Clinical Practice</p>	
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	<p>enablers from restraints.</p> <p>17.11. List possible risks associated with restraint use.</p> <p>17.12. Describe laws, rules, & guidelines associated with restraint use.</p>	<p><i>independence, comfort, or safety.</i> In addition, the device can be removed easily by the person.</p> <p>Definition of restraints - <i>any manual method or physical device, material, or equipment attached to or near the person's body that he or she cannot remove easily and that restricts freedom of movement or normal access to one's body.</i></p> <p>Possible risks associated with restraint use:</p> <ul style="list-style-type: none"> ✓ Constipation ✓ Contractures ✓ Physical function decline ✓ Incontinence ✓ Infections - pneumonia ✓ Pressure injuries ✓ Withdrawal ✓ Strangulation <p>Laws, rules, & guidelines associated with restraint use:</p> <ul style="list-style-type: none"> ✓ Restraints must protect the person ✓ A doctor's order is required ✓ The least restricted method is used ✓ Restraints are used only after other measures fail to protect the person ✓ Unnecessary restraint is false imprisonment ✓ Informed consent is required 	<p>Lecture & Discussion Chapter 12, Page 136 Box 12-2</p> <p>Lecture & Discussion Chapter 12, Page 137</p>	
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	<p>17.12. Explain safety guidelines associated with restraint use.</p> <p>17.13. Define the term transfer.</p> <p>17.14. List devices and equipment used to transfer a resident.</p>	<p>Safety guidelines associated with restraint use:</p> <ul style="list-style-type: none"> ✓ Observe for increased confusion ✓ Protect the person’s quality of life ✓ Apply restraints with enough help to prevent the person and staff injury ✓ Observe the person every 15 minutes or as often as directed by the nurse and the care plan ✓ Remove or release the restraint, reposition the person, and meet basic needs at least ever two (2) hours. ✓ Report & Record restraint use <p>Definition of the term transfer: <i>...how a person moves to and from a surface.</i></p> <p>Devices and equipment used to transfer a resident:</p> <ul style="list-style-type: none"> ✓ Bed attachments ✓ Slide boards ✓ Transfer belts ✓ Mechanical lift (full-sling) ✓ Mechanical lift (stand-assist) <p>The care plan will include information about the proper technique to safely transfer a resident.</p> <p>Definition of the term transfer/gait belt:</p>	<p>Lecture & Discussion Chapter 12, Page 137-146 Box 12-3 Figures 12-4 - 12-19 Clinical Practice</p> <p>Chapter 16, Page 203</p> <p>Lecture & Discussion Chapter 16, Pages 204-217 Figures 16-1, 16-2, 16-12, 16-13, 16-14 Clinical Practice</p>	
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	<p>17.15. Define the term transfer/gait belt.</p> <p>17.16. Demonstrate the proper procedure for using a transfer/gait belt.</p> <p>17.17. Identify safety guidelines for using wheelchairs and stretchers.</p>	<p><i>...a device applied around the waist and used to support a person who is unsteady or disabled.</i></p> <p>Skill Proper procedure for using a transfer/gait belt:</p> <ul style="list-style-type: none"> • Assist the resident to a sitting position • Wrap the belt around the resident • <i>Always place the belt over clothing</i> • Insert the metal tip into the buckle through the side with the teeth • Tighten the belt – should be able to fit two finger under the belt <p>Safety guidelines for using wheelchairs and stretchers:</p> <ul style="list-style-type: none"> ✓ Maintenance – ensure all parts work correctly ✓ Transfers <ul style="list-style-type: none"> • Lock brakes • Remove leg lifts/footplates • Position feet on the footplates ✓ Transport <ul style="list-style-type: none"> • Push the wheelchair forward • Pull the wheelchair backward when going through a 	<p>Lecture & Discussion Chapter 11, Page 127</p> <p>Lecture & Discussion Chapter 11, Pages 127-129 Figures 11-9, 11-10, 11-11 Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Lecture & Discussion Chapter 16, Page 205 Box 16-1 Instructor Demonstration Supervised Practice Clinical Practice</p>	
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	<p>17.18-A. Demonstrate the proper procedure to pivot transfer a resident to and from the wheel chair.</p> <p>17.18-B. Discuss the purpose and</p>	<ul style="list-style-type: none"> • doorway • Pull the wheelchair backward when going down a ramp <p>✓ Stretcher</p> <ul style="list-style-type: none"> • Use at least two staff to transfer a resident to and from a stretcher • Locks the breaks • Fasten the safety straps • Raise the side rails • Move the stretcher feet first • Do not leave the resident alone on the stretcher <p>Skill Proper procedure for a pivot transfer: <i>Lock the bed and lock the wheelchair</i> <i>The resident cannot take any steps</i></p> <p>Purpose of the mechanical lift:</p> <ul style="list-style-type: none"> • Resident cannot assist/participate with the transfer • Resident is too heavy to be moved by 	<p>Lecture & Discussion Chapter 16, Pages 206-212 Figures 16-5 through 16-11 Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 16, Pages 212-217 Figures 16-12 – 16-14</p>	
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	<p>types of mechanical lifts to transfer a resident.</p> <p>17.19. Demonstrate the proper procedure to ambulate a resident using a gait belt and a walker.</p> <p>17.20. Demonstrate the proper procedure to assist a resident with range of motion (ROM) exercises of their joints.</p>	<p>staff</p> <p>Types of mechanical lifts:</p> <ul style="list-style-type: none"> • Stand-assist mechanical lift • Full-sling mechanical lift <p>Skill Proper procedure to use to ambulate a resident using a gait belt and/or walker: <i>Lock the bed and lock the wheelchair. Resident must walk at least 10 steps.</i></p> <p>Skill Proper procedure for assisting a resident with ROM of the shoulder, hip and knee. <i>Resident must be in a supine position. NA must ask the resident about discomfort.</i></p>	<p>Instructor Demonstration Supervised Practice</p> <p>Lecture & Discussion Chapter 27, Pages 399-403 Figures 27-24, 27-25, and 27-26</p> <p>Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Lecture & Discussion Chapter 27, Pages 404-408 Figures 27-10 thru 27-21 Instructor Demonstration Supervised Practice Clinical Practice</p>	
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<p>Day 10</p> <p>Unit 18</p> <p>Nutrition & Fluid Needs</p>	<p>18.1. State the effects of poor diet and poor eating habits.</p> <p>18.2. Define the term <i>Nutrition</i>.</p>	<p>Effects of poor diet and eating habits:</p> <ul style="list-style-type: none"> ✓ Increased risk of disease and infection ✓ Causes chronic illnesses to become worse ✓ Difficulty healing ✓ Increase in accidents and injuries <p>Definition of the term <i>nutrition</i>: <i>...process involved in the ingestion, digestion, absorption, and the use of food and fluids by the body.</i></p>	<p>Lecture & Discussion Chapter 23, Pages 331-346</p>	<p>120 minutes</p> <p>180 minutes</p>

	<p>18.3. Define the term <i>nutrient</i>.</p>	<p>Definition of the term <i>nutrient</i>: <i>...substance that is ingested, digested, absorbed, and used by the body.</i></p>		
	<p>18.4. Define the term <i>calorie</i>.</p>	<p>Definition of the term <i>calorie</i>: <i>...fuel or energy value of food</i> Examples: 1 gram of fat = 9 calories 1 gram of protein = 4 calories 1 gram of carbohydrate = 4 calories</p>		
	<p>18.5. Explain the purpose of the <i>MyPlate</i> symbol.</p>	<p>Purpose of the MyPlate symbol:</p> <ul style="list-style-type: none"> ✓ Balance calories ✓ Increasing certain foods <ul style="list-style-type: none"> • Half the plate should be fruits and vegetables • At least half of the grains should be whole grains • Fat-free or low-fat milk ✓ Reducing certain foods <ul style="list-style-type: none"> • Choosing low-sodium foods • Drinking water 	<p>Chapter 23, Page 332 Figure 23-1</p>	
	<p>18.6. List weekly physical activity recommended by USDA.</p>	<p>Weekly physical activity:</p> <ul style="list-style-type: none"> ✓ At least three days a week ✓ Two hours & 30 minutes of moderate physical activity such as: <ul style="list-style-type: none"> • Walking rate of 3 & a half mph • Water aerobics 	<p>Chapter 23, Page 332 Box 23-1</p>	

	<p>18.7 Describe the five food groups and give examples of each.</p> <p>18.8. Identify each nutrient and its function.</p>	<ul style="list-style-type: none"> ✓ 75 minutes of vigorous physical activity such as: <ul style="list-style-type: none"> • Running at a rate of 5 mph • Swimming laps <p>The five food groups:</p> <ul style="list-style-type: none"> ✓ Grains – Bread, Pasta, Oatmeal ✓ Vegetables – Broccoli, Kale, Beans ✓ Fruits – Any fruit or juice ✓ Dairy – Milk, Yogurt, Cheese ✓ Proteins – Beef, Chicken, Seafood, Eggs, Soy, Beans, Peas, and Nuts <p>Note: Oils are not a food group. Butter is included in the oil category.</p> <p>Basic nutrients and their function:</p> <ul style="list-style-type: none"> ✓ Protein – Tissue growth & repair ✓ Carbohydrates – Provides energy & fiber ✓ Fats – Provide energy and flavor. They also help the body to utilize certain vitamins ✓ Vitamins – Needed for certain body functions. Vitamins A, D, E, & K are stored. Vitamins C & B are not stored. ✓ Minerals – Necessary for bone & teeth formation, nerve and muscle 	<p>Chapter 23, Pages 333-334 Table 23-1</p>	
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	<p>18.9. Recognize factors affecting eating and nutrition.</p> <p>18.10. Discuss the OBRA dietary requirements.</p>	<p>function, & fluid balance</p> <ul style="list-style-type: none"> ✓ Water – Necessary for all body function <p>Factors affecting eating and nutrition:</p> <ul style="list-style-type: none"> ✓ Culture ✓ Religion ✓ Finance ✓ Appetite ✓ Personal choice ✓ Body reaction & Age ✓ Illness ✓ Medication (Drugs) ✓ Chewing problems ✓ Swallowing problems ✓ Disability ✓ Impaired cognitive function <p>OBRA dietary requirements:</p> <ul style="list-style-type: none"> ✓ Each resident’s dietary needs are met ✓ The resident’s diet is well-balanced ✓ Food is appetizing ✓ Hot foods are served hot ✓ Cold foods are served cold ✓ Food is served promptly ✓ Substitutions are similar in nutritional value ✓ Each resident receives at least 3 meals each day 		
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		<ul style="list-style-type: none"> ✓ A bedtime snack is offered ✓ Adaptive equipment/utensils are provided 		
	18.11. Explain the purpose of special diets.	<p>Purpose of special diets: Special diets are ordered by the physician for one of the following reasons:</p> <ul style="list-style-type: none"> ✓ A nutritional deficiency ✓ An illness ✓ To help with weight gain/loss ✓ To remove/decrease certain substances in the diet 	Chapter 23, Page 336 Figure 23-2	
	18.12. Define various special diets.	<p>Define special diets:</p> <ul style="list-style-type: none"> ✓ Regular Diet – no limitations ✓ Sodium-controlled – ✓ Diabetic meal plan ✓ Dysphagia Diet – Prevents choking 	Chapter 23, Pages 336-339 Boxes 23-2	
	18.13. Identify sign and symptoms of dysphagia.	<p>Signs & symptoms of dysphagia:</p> <ul style="list-style-type: none"> ✓ “Pockets” food ✓ Complains the food will not go down ✓ Coughs or chokes when swallowing ✓ Tires during the meal ✓ Regurgitates food after eating <p>In a dysphagia diet food and fluids consistency is changed to meet the resident’s needs. The change in consistency helps to prevent aspiration.</p>	Chapter 23, Page 339 Box 23-3 & 23-4	
	18.14.	Aspiration precautions:	Chapter 23, Page 339	

	<p>Explain aspiration precautions.</p> <p>18.15. Demonstrate the proper procedure for feeding a dependent resident.</p> <p>18.16. Identify ways to assist a visually impaired resident.</p> <p>18.17.</p>	<ul style="list-style-type: none"> ✓ Follow the dietary care plan ✓ Position the resident in high-Flower's ✓ Maintain the upright position for 30 to 60 minutes after eating ✓ Question the use of straws ✓ Check the resident's mouth after eating <p><i>Dysphagia means difficulty swallowing</i> <i>Aspiration means breathing fluid, food, vomitus, or an object into the lungs.</i></p> <p>Skill Proper procedure for feeding a dependent resident including calculating the amount of food and fluid consumed: <i>Resident must be in an upright position.</i> <i>Record intake: within 25 % of solids and 30 mL of fluids.</i></p> <p>Ways to assist a visually impaired resident:</p> <ul style="list-style-type: none"> ✓ Describe the food on the tray ✓ Ask the resident what to eat first ✓ If the resident can feed themselves tell them where each food item is located on the plate/tray – use the numbers face of a clock <p>In most nursing centers the nursing assistant does not administer enteral</p>	<p>Box 23-4</p> <p>Chapter 23, Pages 339-345 Figures 23-3, 23-42 Figure 23-7 Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 23, Page 343 Figure 23-6 Clinical Practice</p>	
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	<p>Identify the nursing assistant role in providing care for a resident who receives enteral nutrition.</p> <p>18.18. Define selected terms associated with fluid balance.</p>	<p>nutrition. It is important for the nursing assistant to know about the tubes used to administer enteral nutrition as they will need to ensure the tubes are not removed. The nursing assistant may have the responsibility for cleaning around the tube.</p> <p>Enteral feeding tubes:</p> <ul style="list-style-type: none"> ✓ Naso-gastric ✓ Gastrostomy ✓ Jejunostomy <p>Preventing aspiration:</p> <ul style="list-style-type: none"> ○ Position the resident in a Fowler's or semi-Fowler's position <p>Definition of selected terms:</p> <p>Intake = <i>the amount of fluid taken in</i></p> <p>Output = <i>the amount of fluid loss</i></p> <p>Hydration = <i>having an adequate amount of water in body tissues</i></p> <p>Edema = <i>swelling of body tissues with water</i></p> <p>Dehydration = <i>decrease in the amount of water in body tissues</i></p> <p>Dehydration will be discussed in detail in the Unit titled Health Problems</p> <p>Normal fluid requirements:</p>	<p>Chapter 23, Page 345 Figures 23-8, 23-9 & 23-10</p> <p>Chapter 23, Page 344</p> <p>Lecture & Discussion Chapter 24, Pages 349-356</p>	
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	<p>18.19. Identify normal fluid requirements.</p> <p>18.20 Explain special considerations associated with older adults.</p> <p>18.21. List special fluid orders.</p> <p>18.22. List common intake and output measurements.</p>	<ul style="list-style-type: none"> ✓ Adults need 1500 mL for survival ✓ Fluid balance require approximately 2000 to 2500 mL/day ✓ Water requirements increase with hot weather, exercise, fever, illness, and at times of fluid losses <p>Special considerations associated with older adults;</p> <ul style="list-style-type: none"> ✓ Body water decreases with age ✓ Older adults have a decreased thirst sensation <p>Special fluid orders:</p> <ul style="list-style-type: none"> ✓ Encourage fluids ✓ Restrict fluids – no water pitcher at the resident’s bedside ✓ Nothing by mouth (NPO) ✓ Thickened liquids <p>Common measurements:</p> <ul style="list-style-type: none"> ✓ 1 cubic centimeter = 1 mL ✓ 1 ounce = 30 mL ✓ 1 cup = 240 mL ✓ 1 quart = 1000 mL ✓ 1 liter = 1000 mL 	<p>Chapter 24, Page 350 Box 24-2</p>	
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	<p>18.23. Demonstrate proper procedure for measuring intake and output.</p>	<p>Skill Proper procedure for measuring intake and output:</p> <ul style="list-style-type: none"> ✓ All fluids taken in and all fluids put out are measured and recorded. ✓ All fluids are measured on a flat surface at eye level ✓ All fluids are measured in milliliters (mL) ✓ Fluids levels are totaled at the end of every shift and every 24 hours ✓ Recorded measurement must be within 30 mL 	<p>Chapter 24, Page 352 & 353 Chapter 20, Pages 295-299 Figures: 20-2, 20-3, 20-4, 20-5 & 20-6</p>	
	<p>18.24. Identify the role of the nursing assistant in caring for a resident receiving intravenous (IV) therapy.</p>	<p>Nursing assistant (NA) role in caring for a resident receiving IV therapy:</p> <ul style="list-style-type: none"> ✓ Report signs and symptoms of local complications <ul style="list-style-type: none"> • Bleeding • Blood backing up into the tubing • Swelling at the site • Pale or redness at site • Complaints of pain • Hot or cold skin near the site ✓ Report signs or symptoms of systemic complications 	<p>Lecture & Discussion Chapter 24, Pages 355 & 356</p>	

	<p>18.25. Identify guidelines for measuring height and weight.</p>	<ul style="list-style-type: none"> • Fever • Itching • Drop in blood pressure • Increased pulse rate (> 100) • Change in mental status • Decreasing or no urine output • Chest pain <p>Guidelines for measuring height and weight: Weighing a resident</p> <ul style="list-style-type: none"> • Resident wears a gown • Resident voids before weighing • Complete weight at the same time of day • Use the same scale • Balance the scale at zero <p>Measuring a resident's height</p> <ul style="list-style-type: none"> • Ask the resident to stand very straight • Lower the height bar until it touches the resident's head • Read the height at the moveable part of the height bar • If the resident cannot stand measure the resident lying in bed using a measuring tape 	<p>Chapter 25, Pages 379-382 Box – <i>Measuring Weight and Height</i> Instructor Demonstration Supervised Practice Clinical Practice</p>	
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<p>Days 11 & 12</p> <p>Unit 19 Common Health Problems</p> <p>Hearing: Meniere's Loss</p> <p>Visual disorders: Cataracts Glaucoma</p>	<p>19.1. Discuss common health problems and common interventions associated with the health problem.</p>	<p>Common health problem and associated interventions:</p> <p>Hearing Problems</p> <p>Meniere's Disease – Involves the inner ear</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Vertigo • Tinnitus • Hearing loss • Pressure in the ear <p>Interventions:</p> <ul style="list-style-type: none"> • Assist the resident to lie down • Tell the resident to keep their head still 	<p>Lecture & Discussion Chapter 32, Pages 458-467</p>	<p>300 minutes Didactic</p> <p>300 minutes Skill Lab</p>

<p>Low Vision Blindness Cancer Arthritis Fractures Stroke Aphasia Parkinson's MS ALS Head Injury Spinal cord Injury Heart Disease Respiratory COPD Asthma Influenza Pneumonia Tuberculosis Digestive Vomiting Diverticulosis IBD Hepatitis Cirrhosis Urinary UTI BPH Kidney Stones</p>		<ul style="list-style-type: none"> • Stand in front of them when speaking • Avoid sudden movements • Dim the lights in the room • Keep the blinds closed <p>Hearing Loss – Limited to total deafness Signs & Symptoms:</p> <ul style="list-style-type: none"> • Straining to understand conversation • Answers to questions are inappropriate • Ask others to repeat themselves • Leaning forward to hear • Turning up devices (TV, Radio, etc.) <p>Interventions:</p> <ul style="list-style-type: none"> • Hearing aids • Watch facial expression, gestures, and body language • Sign language • Story boards • Hearing dogs • Face the person when speaking <p style="text-align: center;">Visual Problems</p> <p>Cataracts- Clouding of the lens of the eye (one or both) Signs & Symptoms:</p> <ul style="list-style-type: none"> • Cloudy, blurry, or dim vision • Colors seem faded or brownish • Blues and purples are hard to see 	<p>Chapter 32, Page 459 Box 32-1, 32-2, 32-3, 32-4 Figures 32-1 & 32-2</p> <p>Chapter 32, Pages 462 Boxes 32-3</p>	
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<p>Kidney Failure Diabetes Autoimmune HIV/AIDS Shingles</p>		<ul style="list-style-type: none"> • Sensitivity to light & glares • Poor vision at night • Halos around objects • Double vision <p>Interventions:</p> <ul style="list-style-type: none"> • Follow guidelines for visually impaired residents • Postoperative care <ul style="list-style-type: none"> ▪ Glasses or eye shield ▪ Eye shield to be worn for sleeping ▪ Remind the resident not to rub or press on the affected eye ▪ Report pain or drainage ▪ Remind the resident not to bend, stoop, cough or lift things <p>Age-Related Macular Degeneration Loss of central vision Signs & Symptoms:</p> <ul style="list-style-type: none"> • Gradual loss of vision • Progressive <p>Interventions:</p> <ul style="list-style-type: none"> • Guidelines for caring for a resident who is visually impaired • Laser surgery <p>Diabetic Retinopathy Damage to the blood vessels in the retina Complication of Diabetes</p>		
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		<p>Signs & Symptoms: (Both eyes usually)</p> <ul style="list-style-type: none"> • Blurred vision • Complaints of seeing spots floating • Blindness <p>Interventions:</p> <ul style="list-style-type: none"> • Control Diabetes • Control blood pressure • Control cholesterol • Laser surgery <p>Glaucoma Buildup of fluid in the eye causing pressure on the optic nerve</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Peripheral vision is lost • Blurred vision • Objects are seen through a tunnel • Halos around lights • Blindness <p>Interventions:</p> <ul style="list-style-type: none"> • No cure • Damage is irreversible • Medications • Surgery <p>Low Vision Vision loss that cannot be treated</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Difficulty reading • Difficulty recognizing faces • Difficulty doing tasks such as cooking 	<p>Chapter 32. Page 463 Box 32-4</p> <p>Chapter 32, Pages 463-467 Box 32-6 Figures 32-5, 32-6, 32-7</p>	
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		<ul style="list-style-type: none"> • Difficulty reading signs any where • Light seems dimmer <p>Interventions:</p> <ul style="list-style-type: none"> • Make reading glasses available • Offer large-print books • Hand-held magnifiers • Audio tapes • Computers with large fonts & sound • Adjustable lights • Large numbers on things like phones, clocks & watches <p><i>General guidelines when caring for residents with impaired vision & blindness</i></p> <p style="text-align: center;">Medical Problems</p> <p>Cancer: Second leading cause of death</p> <p>Key terms:</p> <ul style="list-style-type: none"> ➤ Tumor <ul style="list-style-type: none"> ▪ Benign ▪ Malignant ➤ Metastasis <p>Risk Factors:</p> <ul style="list-style-type: none"> ✚ Age – most important ✚ Tobacco ✚ Radiation ✚ Infections ✚ Immuno-suppressive drugs ✚ Alcohol ✚ Diet ✚ Hormones 	<p>Lecture & Discussion Chapter 33, Pages 469-491</p>	
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		<ul style="list-style-type: none"> ✚ Obesity ✚ Environment <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Unexplained weight loss • Skin changes • Change in bowel habits • Sores that do not heal • White patches in the mouth • Unusual bleeding or discharge • Thickening or lump • Indigestion • Difficulty swallowing • Nagging cough • Hoarse <p>Treatment:</p> <ul style="list-style-type: none"> • Goals <ul style="list-style-type: none"> ▪ Cure ▪ Control ▪ Reduce symptoms • Surgery • Radiation • Chemotherapy • Immunotherapy • Report pain/discomfort • Radiation site Skin Care • Dietary needs • Active listening <p>Musculo-Skeletal Disorders</p>	<p>Chapter 33, Page 471 Box 33-1</p>	
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		<p>(Disorders affecting movement)</p> <p>Arthritis Joint inflammation Types:</p> <ul style="list-style-type: none"> ➤ Osteoarthritis (OA) – Cartilage wears away allowing bone to rub on bone ➤ Rheumatoid (RA) – Autoimmune disorder attacking the lining of the joints <p>Risk Factors:</p> <ul style="list-style-type: none"> ✚ Age ✚ Overweight ✚ Women ✚ Family history <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Joint Swelling • Joint stiffness • Reduced range of motion of the joint <p>Interventions:</p> <ul style="list-style-type: none"> • Pain control • Heat & Cold • Exercise • Rest & joint care • Assistive devices • Weight control • Assistance with ADLS as needed • Surgery – Joint replacement (Arthroplasty) <ul style="list-style-type: none"> ✚ Care after Surgery <ul style="list-style-type: none"> ▪ Prevent pressure 	<p>Chapter 33, Page 472 Figure 33-3</p> <p>Chapter 33, Pages 472-473</p>	
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		<p>injury</p> <ul style="list-style-type: none"> ▪ Hip precautions <ul style="list-style-type: none"> ❖ Do not cross legs ❖ Do not sit in low chairs ❖ Avoid flexing hips past 90 degrees ❖ Use grabbers ❖ Use elevated toilet seat ❖ Abductor pillow <p>Fracture A break in a bone Types: ➤ Open – Bone is through the skin (compound) ➤ Closed – Skin is intact (simple)</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Pain • Swelling • Loss of function • Deformity • Bruising • Bleeding <p>Interventions:</p> <ul style="list-style-type: none"> • Reduction – realigns the bone • Fixation – bone is held (fixed) in 	<p>Box 33-2 Figure 33-5</p> <p>Chapter 33, Page 473 Figure 33-6</p> <p>Chapter 33, Page 474</p>
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		<p>place</p> <ul style="list-style-type: none"> • Casting – Care guidelines • Traction <p>Osteoporosis Bones become porous and brittle Risk Factors:</p> <ul style="list-style-type: none"> ○ Decreased estrogen ○ Low levels of dietary calcium ○ Low levels of vitamin D ○ Family history ○ Lack of exercise ○ Immobility ○ Tobacco use ○ Eating disorders <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Back pain • Loss of height • Stooped posture • Fracture <p>Interventions:</p> <ul style="list-style-type: none"> • Prevention <ul style="list-style-type: none"> ○ Medications/Supplements <ul style="list-style-type: none"> ▪ Calcium ▪ Vitamin D ▪ Estrogen ○ Exercise Programs <ul style="list-style-type: none"> ▪ Walking ▪ Dancing 	<p>Boxes 33-3, 33-4, 33-5 Figures 33-7, 33-8, 33-9, 33-10, 33-11</p>	
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		<ul style="list-style-type: none"> ▪ Cannot blink or smile • Swallowing & Chewing problems • Memory loss • Fear, insecurity • Slow, monotone, & soft speech <p>Interventions: No cure</p> <ul style="list-style-type: none"> • Medications • Exercise • Therapy – physical, occupational, & speech • Safety measures <p>Multiple Sclerosis (MS) Destruction of the myelin (cover nerve fibers) in the brain and spinal cord – functions are impaired or lost</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Age (15 to 60) ○ Gender (women) ○ Caucasian ○ Family history <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Blurred or double vision • Muscle weakness • Balance/Coordination problems • Partial /complete paralysis • Remission/Relapse <p>Interventions: No cure</p> <ul style="list-style-type: none"> • Medications • Safety precautions 		
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		<ul style="list-style-type: none"> • Care as needed • Range of motion <p>Amyotrophic Lateral Sclerosis (ALS) <i>Lou Gehrig's Disease</i> Attacks the nerve cells that control voluntary muscles. Life expectance is 2-5 years Risk Factors:</p> <ul style="list-style-type: none"> ○ Age (40-60) Signs & Symptoms: <ul style="list-style-type: none"> • Progressive muscle weakness Interventions: No Cure <ul style="list-style-type: none"> • Medications • Respiratory support • Care as needed • Safety Precautions <p>Head Injuries (TBI) - Causes:</p> <ul style="list-style-type: none"> ○ Falls ○ Traffic accidents ○ Assaults ○ Fire arms ○ Sport injuries ○ Combat injuries Signs & Symptoms: Based on the area of the brain injured <ul style="list-style-type: none"> • Change in level of consciousness <ul style="list-style-type: none"> ✚ Coma - unaware 		
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		<ul style="list-style-type: none"> ✚ Vegetative state – Sleep-wake cycles, open eyes, make sounds, may move cannot speak or follow commands ✚ Brain death – complete loss of brain function, spontaneous respirations are absent <p>Interventions:</p> <ul style="list-style-type: none"> • Rehabilitation • Care as needed • Safety precautions <p>Spinal Cord Injury -</p> <p>Causes:</p> <ul style="list-style-type: none"> ○ Traffic accidents ○ Falls ○ Violence ○ Sport injuries ○ Cancer <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Paralysis <ul style="list-style-type: none"> ✚ Paraplegia – paralysis of the legs, lower trunk and pelvic organs ✚ Quadriplegia – arms, legs, trunk, and pelvic organs • Lumbar and thoracic injuries cause paraplegia • Cervical Injuries cause quadriplegia <p>Interventions:</p>	<p>Chapter 33, Page 479 - 480 Figure 33-16 Box 33-8</p>	
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		<ul style="list-style-type: none"> • Care as needed • Prevent pressure injuries • Safety precautions <p style="text-align: center;">Cardiovascular Disorders</p> <p>Hypertension – high blood pressure (130/80)</p> <p>Causes:</p> <ul style="list-style-type: none"> ○ Narrow blood vessels ○ Kidney disorders ○ Head injuries ○ Pregnancy ○ Adrenal tumors <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Age – men 45 & women 55 ○ Gender – men ○ Race – African-American ○ Family history ○ Obesity ○ Stress ○ Smoking ○ High cholesterol ○ Diabetes <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Headache 	<p>Chapter 33, Page 480-482 Box 33-9,</p>	
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		<ul style="list-style-type: none"> • Blurred vision • Dizziness • Nose bleeds <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Lifestyle modifications <p>Coronary Artery Disease (CAD) Coronary arteries become hardened and narrow causing the heart muscle to get decrease blood and oxygen. Causes:</p> <ul style="list-style-type: none"> ○ Atherosclerosis <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Angina – Chest pain • Irregular heart rate <p>Complications:</p> <ul style="list-style-type: none"> • Myocardial Infarction - <ul style="list-style-type: none"> ✚ Heart Failure <ol style="list-style-type: none"> 1. Right-sided symptoms 2. Left-sided symptoms • Sudden death <p>Interventions:</p> <ul style="list-style-type: none"> • Medications <ul style="list-style-type: none"> ✚ Nitroglycerin ✚ Diuretics ✚ Antihypertension • Lifestyle modifications 	<p>Chapter 33, Page 480-481 Figures 33-17, 33-18, & 33-19</p> <p>Chapter 33, Page 482 Box 33-10 & 33-11</p>	
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		<ul style="list-style-type: none"> • Surgery (CABG) <p>Skill Proper procedure for applying an Anti-embolic stocking:</p> <ul style="list-style-type: none"> • <i>Position the resident in a supine position</i> • <i>Gather the stocking or turn the stocking inside out</i> • <i>Slip the stocking onto the foot</i> • <i>Properly position the heel pocket</i> • <i>Pull the stocking up the leg</i> • <i>Adjust the stocking so there are no wrinkles and there is no pressure on the toes</i> <p style="text-align: center;">Respiratory Disorders</p> <p>Chronic Obstructive Pulmonary Disease (COPD) – Involves Chronic Bronchitis & Emphysema Obstruction of air flow (oxygen and carbon dioxide exchange. Lung function is gradually lost.</p> <p>Risk Factor – cigarette smoking Signs & Symptoms:</p> <ul style="list-style-type: none"> • Cough • Mucus production • Difficulty breathing (SOB) • Tires easily 	<p>Chapter 28, Pages 415-416 Procedure Box: Applying Elastic (Anti-embolic) Stockings Figure 28-6 Instructor Demonstration Supervised Practice</p> <p>Chapter 33, Page 483 Figure 33-20</p>	
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		<ul style="list-style-type: none"> • Low oxygen levels • Barrel chest • SOB on exertion then at rest • Fatigue <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Breathing exercises – pursed lip • Positioning – Upright (Orthopneic) • Meeting Oxygen needs <ul style="list-style-type: none"> ▪ Positioning ▪ Deep Breathing & Coughing ▪ Supplemental Oxygen <ul style="list-style-type: none"> ✚ Delivery systems <p>Asthma Inflammation and narrowing of the airway</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Allergies ○ Air pollutants/irritants ○ Smoking ○ Respiratory infections ○ Cold air <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Shortness of breath (SOB) • Wheezing • Coughing • Increased pulse rate • Fear • Sweating 	<p>Chapter 30, Pages 444-449 Figures 30-5, 30-7, 30-8, 30-9, 30-10, 30-12, 30-13, & 30-14 Box 30-2</p>	
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		<ul style="list-style-type: none"> • Cyanosis (Blue color to the skin) <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Meeting Oxygen needs <p>Influenza Respiratory infection Cause is a virus Signs & Symptoms:</p> <ul style="list-style-type: none"> • High fever for several days • Headache • Cough • Cold symptoms <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Fluids & rest <p>Pneumonia Inflammation and infection of lung tissue causing impaired gas exchange. Signs & Symptoms:</p> <ul style="list-style-type: none"> • Fever • Chills • Cough • Shortness of breath (SOB) • Thick sputum (Mucous) • Tiredness <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Oxygen 		
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		<ul style="list-style-type: none"> • Position – (semi-Fowler’s) • Increased fluids • Rest <p>Tuberculosis Bacterial infection of the lungs Risk Factors:</p> <ul style="list-style-type: none"> ○ Contact with an infected person ○ Age ○ Poor nutrition ○ HIV <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Cough (blood) • Tiredness • Weight loss • Fever • Night sweats <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Care as needed • Airborne precautions <p style="text-align: center;">Digestive Disorders</p> <p>Diverticular Disease Inflammatory Bowel Diseases (IBD)</p> <ul style="list-style-type: none"> • Crohn’s Disease & Ulcerative colitis <ul style="list-style-type: none"> ▪ Signs & Symptoms <ul style="list-style-type: none"> ✚ Diarrhea - blood ✚ Abdominal pain 		
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		<ul style="list-style-type: none"> ✚ Cramping ✚ Fever ✚ Weight loss ▪ Interventions: <ul style="list-style-type: none"> ✚ Medications ✚ Diet modifications ✚ Surgery - <ul style="list-style-type: none"> ➤ Ileostomy ➤ Colostomy <p>Constipation Fecal Impaction Diarrhea Fecal Incontinence Flatulence</p> <p style="text-align: center;">Liver Diseases</p> <ul style="list-style-type: none"> • Hepatitis – Inflammation and infection of the liver caused by a virus <ul style="list-style-type: none"> ○ Types <ul style="list-style-type: none"> ✚ Hepatitis A – contaminated food and water ✚ Hepatitis B – infected blood and body fluids ✚ Hepatitis C – infected blood ✚ Hepatitis D – HBV ✚ Hepatitis E – 	<p>Chapter 22, Pages 327-329 Figures 22-5, 22-6, 22-7 & 22-8</p> <p>Chapter 22, Pages 323-324</p> <p>Chapter 33, Page 486 Figure 33-22</p>	
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		<p style="text-align: center;">contaminated food and water</p> <ul style="list-style-type: none"> • Cirrhosis – scar tissue blocks blood flow through the liver; function is affected <ul style="list-style-type: none"> ▪ Causes: <ul style="list-style-type: none"> ✦ Chronic alcohol abuse ✦ Chronic Hepatitis B & C ✦ Fatty liver ✦ Obesity ▪ Signs & Symptoms <ul style="list-style-type: none"> ✦ Weakness ✦ Loss of appetite ✦ Itching ✦ Edema ✦ Ascites ✦ Jaundice <p style="text-align: center;">Urinary System Disorders</p> <p>Urinary Tract infections – Lower tract, Cystitis, Pyelonephritis Microbes enter the urinary tract through the urethra. Causes:</p> <ul style="list-style-type: none"> • Poor perineal hygiene • Immobility • Poor fluid intake • Urinary catheters • GU examinations 	<p style="text-align: center;">Chapter 33, Page 486 Box 33-13</p>	
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		<p>Skill Proper procedure for emptying a urinary drainage system:</p> <ul style="list-style-type: none"> • <i>Places a barrier on the floor under the urinary drainage bag</i> • <i>Removes the drain from the holder</i> • <i>Unclamps the drain</i> • <i>Empties the urine from the drainage bag into a graduate without contaminating the drain</i> • <i>Clamps the drain</i> • <i>Cleans the drain with an alcohol wipe</i> • <i>Replaces the drain in the holder</i> <p>Skill Bedpan and Output Measurement</p> <ul style="list-style-type: none"> • <i>Positions the resident on the bedpan correctly.</i> • <i>Assists the resident to wash & dry her hands.</i> • <i>Output measurement is within 30 mL.</i> <p>Kidney Stones - Calculi Risk Factors:</p> <ul style="list-style-type: none"> ○ Bedrest ○ Immobility ○ Poor fluid intake 	<p>Chapter 20, Pages 295-301 Figures 20-4 thru 20-20-8</p> <p>Chapter 33, Page 487 Figures 33-24</p>	
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		<p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Pain – back below the ribs • Fever • Chills • Dysuria • Hematuria • Cloudy urine <p>Interventions:</p> <ul style="list-style-type: none"> • Medications – pain • Increase fluid intake – 2000 to 3000mL/day • Strain all urine • Diet modifications • Surgery <p>Kidney Failure Kidneys do not function properly if at all. Waste products build up in the body. Fluid is retained.</p> <p>Interventions:</p> <ul style="list-style-type: none"> • Fluid restrictions • Diet modifications – decreased protein, potassium, and sodium • Daily weights • Postural blood pressure readings • Care as needed • Dialysis <p style="text-align: center;">Endocrine Disorders</p>	<p>Chapter 33, Page 487 Figures 33-25</p> <p>Chapter 33, Page 488 Box 33-14</p>	
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		<p>Diabetes – Glucose intolerance Risk factor is family history. Types:</p> <ul style="list-style-type: none"> ○ Type 1 – little or no production of Insulin ○ Type 2 – Insulin production is normal, however the body does not utilize the Insulin well ○ Gestational Diabetes – develops during pregnancy <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> ● Thirst ● Frequent urination ● Hungry ● Weight loss ● Dry, itchy skin ● Slow healing ● Tingling in the feet ● Blurred vision <p>Complications:</p> <ul style="list-style-type: none"> ○ Hypoglycemia ○ Hyperglycemia <p>Interventions:</p> <ul style="list-style-type: none"> ● Diet modifications ● Exercise programs ● Medications ● Foot care 	<p>Chapter 33, Page 489 Table 33-1</p> <p>Chapter 28, Page 414 Box 28-3</p>	
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		<p style="text-align: center;">Immune System Disorders</p> <p>HIV/AIDS A virus spread through direct contact with infected blood or body fluids from a person who has the HIV virus. Causes:</p> <ul style="list-style-type: none"> ○ Sex with an infected person ○ Sharing equipment used to prepare injection drugs <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> ● Weight loss ● Recurring fever ● Night Sweats ● Fatigue ● Swollen lymph nodes ● Diarrhea lasting more than 1 week ● Sore throat ● Sores in the mouth and elsewhere ● Blotches under the skin <p>Interventions:</p> <ul style="list-style-type: none"> ● Care as needed ● Medications ● Blood borne precautions <p style="text-align: center;">Skin Disorders</p> <p>Shingles (herpes zoster) Caused by the virus that caused chicken pox. Signs & Symptoms:</p>	<p>Chapter 33, Page 490 Boxes 33-15</p> <p>Chapter 33, Page 490 Boxes 33-16</p>	
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	<p>19.2. Identify the nursing assistant (NA) role in the care of the perioperative resident.</p>	<ul style="list-style-type: none"> • Rash • Fluid-filled blisters • Burning, tingling pain • Numbness • Itching <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Care of the lesions • Contact precautions <p>Role of the NA in the care of the perioperative resident:</p> <ul style="list-style-type: none"> • Pre-operative <ul style="list-style-type: none"> ▪ Listening ▪ Name band in place ▪ Preparation procedures <ul style="list-style-type: none"> ✚ Maintain NPO status ✚ Follow shower/bathing orders • Postoperative <ul style="list-style-type: none"> ▪ Vital signs ▪ Observation of dressings ▪ Care of drains ▪ Observe enteral & parenteral therapies ▪ Maintain binders ▪ Apply anti-embolic stockings 		
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<p>Day 13</p> <p>Unit 20 Confusion & Dementia</p>	<p>20.1. Define selected terms associated with confusion and dementia.</p>	<p>Selected terms:</p> <p>Cognitive function – <i>involves memory, thinking, reasoning, ability to understand, judgement, and behavior.</i></p> <p>Disoriented – <i>to be apart from one’s awareness.</i></p> <p>Confusion - <i>...a state of being disoriented to person, time, place, situation, or identify.</i></p> <p>Delirium - <i>...a state of sudden, severe confusion and rapid changes in brain function.</i></p> <p>Dementia - <i>...the loss of cognitive function that interferes with routine personal, social, and</i></p>	<p>Lecture & Discussion Chapter 35, Pages 504-517</p>	<p>60 minutes</p>

	<p>20.2. Describe nervous system changes from aging.</p> <p>20.3. List causes of confusion.</p> <p>20.3. Identify selected care measures to incorporate in the care for residents who are confused.</p> <p>20.4. List causes of delirium.</p>	<p><i>occupational activities.</i></p> <p>Age related nervous system changes:</p> <ul style="list-style-type: none"> • Reflexes, responses, and reaction times are slower • Senses decrease • Sensitivity to pain decreases • Sleep patterns change • Memory is shorted; forgetfulness occurs • Dizziness can occur <p>Causes of confusion:</p> <ul style="list-style-type: none"> • Disease • Brain injury • Infection • Hearing & vision loss • Medication side effects <p>Selected care measures:</p> <ul style="list-style-type: none"> • Give the date & time each morning • Keep a calendar & clock in sight • Break tasks into small steps • Place familiar objects & photos in view • Discuss current events • Maintain day-night cycle • Follow the resident's routine <p>Causes of delirium:</p> <ul style="list-style-type: none"> • Surgery 	<p>Chapter 35, Page 505 Box 35-2</p>	
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	<p>20.5. State possible signs and symptoms of delirium.</p> <p>20.6. List the early warning signs of dementia.</p> <p>20.7. List the risk factors</p>	<ul style="list-style-type: none"> • Substance abuse • Medication side effects • Infections <p>Signs & symptoms of delirium:</p> <ul style="list-style-type: none"> • More alert in the AM • Drowsiness • Confusion about time or place • Concentration changes • Incontinence • Emotional changes • Speech is not clear <p>Delirium is usually temporary and reversible. Delirium signals disease. Delirium is an emergency.</p> <p>Early warning signs of dementia:</p> <ul style="list-style-type: none"> • Memory loss • Common tasks problems • Forgetting simple words • Poor judgment • Personality changes <p><i>Some dementia is reversible when the cause can be treated.</i></p> <p>Alzheimer's dementia (AD) is the most common form of dementia</p> <p>Risk factors:</p>	<p>Chapter 35, Page 505 Box 35-3</p>	
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	<p>associated with AD.</p> <p>20.8. Identify warning signs of AD.</p> <p>20.9. Identify signs of AD.</p> <p>20.10A. Discuss the three Stages of AD.</p>	<ul style="list-style-type: none"> ○ Age – after age 65 ○ Gender – women ○ Family history <p>Warning signs of AD:</p> <ul style="list-style-type: none"> ● Asking the same question ● Repeats the same story ● Gets lost in known places ● Problems with budget ● Neglects hygiene ● Forgets how to do tasks <p>Signs of AD:</p> <ul style="list-style-type: none"> ● Forgetting ● Speaks native language ● Wanders ● Distrusts others ● Conversation problems ● Slow, steady decline in mental function <p>Stages of AD:</p> <ul style="list-style-type: none"> ● Mild <ul style="list-style-type: none"> ▪ Memory problems ▪ Tasks take longer ▪ Behavior changes ▪ Wandering ▪ Getting lost ● Moderate 	<p>Chapter 35, Pages 507 Box 35-5</p> <p>Chapter 35, Pages 507 Box 35-5</p> <p>Chapter 35, Page 507 Box 35-7</p>	
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	<p>20.10B. Discuss other behavior and function changes.</p> <p>20.12. Identify communication techniques to use when interacting with a resident with AD or other types of dementia.</p>	<ul style="list-style-type: none"> ▪ Problem with routine tasks ▪ Difficulty recognizing family/friends ▪ Cannot learn new things ▪ Sundowning ▪ Hallucinations ▪ Delusions ▪ Paranoia ▪ Impulsive behavior • Severe <ul style="list-style-type: none"> ▪ Cared for by others ▪ Cannot communicate ▪ Difficulty swallowing ▪ Incontinence <p>Behavior and function changes:</p> <ul style="list-style-type: none"> • Sundowning • Catastrophic reactions • Rummaging • Changes in intimacy & sexuality <p>Communication techniques:</p> <ul style="list-style-type: none"> • Make eye contact • Control distractions • Use a calm, gentle voice • Avoid negative body language • Give simple instructions • Give the person time to respond • Do not criticize or argue 	<p>Chapter 35, Page 511 Box 35-8 Focus on Communication Box</p>	
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<p>Day 13</p> <p>Unit 21</p> <p>Mental Health Disorders</p>	<p>21.1. Identify selected terms associate with mental health and mental health disorders.</p> <p>21.2. List the possible causes of mental health disorders.</p>	<p>from the past.</p> <ul style="list-style-type: none"> • A person’s mind may return to the past to resolve issues and emotions. • Caregivers need to listen and provide empathy. <p>Selected terms: Mental – <i>relates to the mind</i> Stress - <i>...response or change in the body caused by any emotional, physical, social, or economic factor.</i> Mental health - <i>...person copes with and adjusts to everyday stresses in ways accepted by society.</i> Mental health disorder - <i>...disturbance in the ability to cope with or adjust to stress. Behavior and function are impaired.</i> Defense mechanism - <i>...unconscious reaction that blocks unpleasant or threatening feelings</i></p>	<p>Lecture & Discussion Chapter 34 Pages 494-502</p>	<p>30 Minutes</p>
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		<ul style="list-style-type: none"> ▪ Nyctophobia • Obsessive-Compulsive disorder • Post-traumatic stress disorder <ul style="list-style-type: none"> ▪ Flashbacks • Schizophrenia • Bipolar Disorder • Depression <ul style="list-style-type: none"> ▪ Older adults • Personality Disorders <ul style="list-style-type: none"> ▪ Antisocial Personality ▪ Borderline Personality • Substance abuse Disorder <ul style="list-style-type: none"> ▪ Addiction <ul style="list-style-type: none"> ✚ Withdrawal Syndrome • Eating Disorders <ul style="list-style-type: none"> ▪ Anorexia Nervosa ▪ Bulimia Nervosa ▪ Binge eating disorder • Suicide 	<p>Chapter 34, Page 498 Box 34-5</p>	
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<p>Day 13</p> <p>22</p> <p>Emergency Care</p>	<p>22.1. Define selected terms associated with emergency care.</p>	<p>Selected terms associated with emergency care:</p> <p>First aid...<i>emergency care given to an ill or injured person before medical help arrives.</i></p> <p>Sudden cardiac arrest (SCA)...<i>the heart stops suddenly and without warning.</i></p> <p>Respiratory arrest...<i>breathing stops but heart action continues for several minutes.</i></p> <p>Rescue Breathing...<i>breaths given when there is a pulse but no breathing only agonal gasps.</i></p> <p>Agonal respirations...<i>struggling to breath; agonal gasps do not bring enough oxygen into the lungs.</i></p>	<p>Lecture & Discussion Chapter 36 Pages 519-531 BLS Class</p>	<p>30 Minutes</p>

	<p>22.2. State the emergency care rules.</p>	<p>Resuscitate...<i>to revive from apparent death or unconsciousness using emergency measures.</i></p> <p>Recovery position...<i>used when the person is breathing and has a pulse but is not responding. This position keeps the airway open and prevents aspiration.</i></p> <p>Defibrillation...<i>shock the heart into a regular rhythm.</i></p> <p>Anaphylaxis...<i>life-threatening sensitivity to an antigen</i></p> <p>Emergency care rules:</p> <ul style="list-style-type: none"> • Call for help • Tell the operator the following: <ul style="list-style-type: none"> ▪ Location ▪ Phone number ▪ What seems to have happened ▪ How many people are involved ▪ Condition of the victims ▪ What aid is being given • Assess the situation for safety • Stay calm • Know your limitations • Follow standard/bloodborne precautions • Do not move the person unless the situation is unsafe • Do not remove clothing 	<p>Chapter 36, Page 520 Box 36-1</p>	
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	<p>22.3. State the three major signs of sudden cardiac arrest (SCA).</p> <p>22.4. List the steps in the Chain of Survival for out-of-hospital situations.</p> <p>22.5. State the rate of compressions to be given during CPR.</p> <p>22.6. State the rate of providing rescue breaths.</p> <p>22.7. State the rate of providing breaths</p>	<ul style="list-style-type: none"> • Do not given the person food or fluids <p>Three major signs of SCA:</p> <ul style="list-style-type: none"> • No response • No breathing or no normal breathing • No pulse <p>Steps in the Chain of Survival:</p> <ul style="list-style-type: none"> • Recognize cardiac arrest • Activate EMS • Perform CPR immediately • Defibrillate quickly • Provide BLS and ALS • Provide post -arrest care <p>Rate of compressions during CPR:</p> <ul style="list-style-type: none"> • Compressions rate = 100-120 per minute <p>Rate of providing rescue breaths:</p> <ul style="list-style-type: none"> • Rescue breaths = 1 breath every 5-6 seconds <p>Rate of providing breaths during CPR:</p> <ul style="list-style-type: none"> • Each breath should take 1 second • The chest should rise with each breath 		
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	during CPR.	<ul style="list-style-type: none"> Two breaths are given after 30 chest compressions 		
<p>Day 13</p> <p>Unit 23</p> <p>End-of-life Care</p>	23.1. Identify selected terms associated with End-of-Life care.	<p>Selected terms associated with End-of-Life Care:</p> <p>End-of-Life Care...<i>support and care given during the time surrounding death.</i></p> <p>Terminal illness...<i>an illness or injury from which the person will not likely recover.</i></p> <p>Palliative care...<i>relieving or reducing the intensity of uncomfortable symptoms without producing a cure.</i></p> <p>Hospice care...<i>focuses on the physical, emotional, social, & spiritual needs of the dying person/family. Cure or life-saving measures are not concerns. Often the person has less than 6 months to live.</i></p>	Lecture & Discussion Chapter 37 Pages 533-539	60 Minutes

	<p>23.2. Discuss how various age groups understand death.</p>	<p>Reincarnation...<i>belief that the spirit or soul is reborn in another human body or in another form of life.</i></p> <p>Grief...<i>person's response to loss</i></p> <p>Advanced Directives...<i>a document stating a person's wishes about health care when that person cannot make his or her own decisions.</i></p> <p>Post-mortem care...<i>care of the body after death has occurred.</i></p> <p>Rigor mortis...<i>stiffness or rigidity of the skeletal muscles that occurs after death. (2-4 hours after death)</i></p> <p>Autopsy...<i>the examination of the body after death</i></p> <p>Understanding death by various age groups:</p> <ul style="list-style-type: none"> • Infants and toddlers do not understand death. They sense the effects of the death of an individual. • Children 2 to 6 years of age think death is temporary. • Children 6 to 11 years of age learn death is final. They do not think they will die. 		
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	<p>23.3. Identify the 5 stages of dying/grief.</p> <p>23.4. Discuss the comfort needs of the person who is dying.</p>	<ul style="list-style-type: none"> • Adults fear pain and suffering, dying alone, and invasion of privacy. They worry about those left behind. • Older adults know death will occur. Some welcome death. <p>Five stages of dying/grief:</p> <ul style="list-style-type: none"> • Denial – “No, not me” • Anger – “Why me” • Bargaining – “Yes, me but...” • Depression – “Yes me” and is very sad • Acceptance – Calm and peaceful <p><i>The dying person does not always move through each stage and may move back and forth between the stages or stay in one stage for a long period of time.</i></p> <p>Comfort needs of the dying person:</p> <ul style="list-style-type: none"> • Listening • Touch • Silence • Physical Needs <ul style="list-style-type: none"> ▪ Pain ▪ Breathing problems <ul style="list-style-type: none"> ✚ Noisy breathing (death rattle) ▪ Sensory changes <ul style="list-style-type: none"> ✚ Blurred vision – lights on 		
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	<p>23.5. Identify the needs of the family/friends of the person who is dying.</p> <p>23.6. Discuss the legal documents associated</p>	<ul style="list-style-type: none"> ✚ Speech – difficult ✚ Hearing – last to leave ▪ Mouth, Nose, Skin <ul style="list-style-type: none"> ✚ Frequent oral care ✚ Clean the nose of secretions ✚ Skin is cool, sweating occurs Bathe the person and change linens ✚ Reposition the person frequently ✚ Note change in skin color – pale and mottled (blotchy) ▪ Nutrition ▪ Elimination ▪ The person’s room <p>Needs of the Family:</p> <ul style="list-style-type: none"> • Be available to listen • Be courteous and considerate • Respect privacy • Provide food/beverages • Provide care <p>Legal documents associated with end-of-life:</p> <ul style="list-style-type: none"> • Advanced Directives • Living Will – relates to measures to support or maintain life when death is 		
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	<p>23.8. Identify the steps in the care of the person's body after death has occurred.</p>	<p>Steps in the care of the person's body after death:</p> <ul style="list-style-type: none"> • Bath the person's body • Position the person's body in good alignment • Expect air to be expelled from the person's body when moved • Tubes and dressing may be removed • Autopsy may be done • Close the person's eyes • Close the person's mouth • Place a disposable bed protector under the person • Brush/comb the person's hair • Gather all the person's belongings • Fill out the ID tags (ankle or toe) • Place the person in the body bag & tag 		
<p>Day 13</p> <p>Unit 24</p> <p>Collecting Specimens</p>	<p>24.1. State the purpose of collecting/testing specimens (Samples).</p> <p>24.2. State the rules for specimen collection.</p>	<p>Purpose of collecting/testing specimens:</p> <ul style="list-style-type: none"> • To prevent disease • To detect disease • To treat disease <p>Rules for collecting specimens:</p> <ul style="list-style-type: none"> • Maintain medical asepsis • Follow standard and bloodborne precautions • Use the correct container • Identify the resident using two 	<p>Lecture & Discussion Chapter 26, Pages 385 -394</p> <p>Chapter 26, Page 385 Box 26-1</p>	<p>30 Minutes</p>

	<p>24.3. List the types of Specimens to be collected.</p>	<p>identifiers</p> <ul style="list-style-type: none"> • Label the container at the time the specimen is collected in the presence of the resident • Urine and stool specimen must not contain toilet tissue • Secure the lid to the container • Put the specimen in a biohazard bag • Take the specimen & requisition to the lab <p>Each agency will have specific guidelines for specimen collection.</p> <p>Types of specimens to be collected:</p> <ul style="list-style-type: none"> • Random urine specimens • Midstream urine specimens • Testing urine using a reagent strip • Stool specimens • Sputum specimens 		
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<p>Day 13</p> <p>Unit 25</p> <p>Wound Care</p>	<p>25.1. Define selected terms associated with wound care.</p> <p>25.2. Identify common causes of wounds.</p> <p>25.3. State the most common complication associated with wounds.</p> <p>25.3. List the possible causes of skin tears.</p>	<p>Definition of selected terms associated with wound care: Wound...a break in the skin or mucous membrane. Skin tear...a Break or rip in the outer layers of the skin Ulcer...shallow or deep crater-like sore of the skin or mucous membrane Dilate...to expand or open wider</p> <p>Common causes of wounds:</p> <ul style="list-style-type: none"> • Trauma • Pressure • Decrease blood flow • Nerve damage <p>The most common complication associated with wounds is infection.</p> <p>Common causes of skin tears:</p> <ul style="list-style-type: none"> • Friction • Shearing 	<p>Lecture & Discussion Chapter 28, Pages 411-427</p> <p>Chapter 28, Page 412 Box 28-1 Figure 28-1</p>	<p>30 Minutes</p> <p>75 Minutes Skill Lab</p>

	<p>binders/compression garments.</p> <p>25.7. State the benefits of heat application.</p> <p>25.8. List the types of heat applications.</p> <p>25.9. State the common complication associated with heat application.</p> <p>25.10. State the benefits of cold applications.</p> <p>25.11. List types of</p>	<ul style="list-style-type: none"> • Hold dressings in place <p>Benefits of heat application:</p> <ul style="list-style-type: none"> • Relieve pain • Relaxes muscles • Promotes healing • Reduces tissue swelling • Decrease joint stiffness <p>Types of heat applications:</p> <ul style="list-style-type: none"> • Moist heat applications <ul style="list-style-type: none"> ▪ Hot compress ▪ Sitz Bath ▪ Hot pack • Dry applications <ul style="list-style-type: none"> ▪ Aquathermia pad <p>Complication of heat application: Burns are the most common complication associated with heat application.</p> <p>Benefits of cold application:</p> <ul style="list-style-type: none"> • Reduce pain • Prevent swelling • Decrease circulation/bleeding • Cool the body during a fever <p>Types of cold applications:</p> <ul style="list-style-type: none"> • Cold compress 	<p>Chapter 28, Page 423 Figure 28-15</p> <p>Chapter 28, Page 424 Figures 28-16</p> <p>Chapter 28, Page 424</p>	
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	cold applications. 25.12. Identify rules for applying heat and cold.	<ul style="list-style-type: none"> • Cold packs Rules for applying heat and cold: <ul style="list-style-type: none"> • Follow agency policy for temperature ranges • Cover dry heat & cold applications • Observe the skin every 5 minutes during the application • Leave the application in place for no more than 15 to 20 minutes 	Figure 28-17 Chapter 28, Page 424 Box 28-6 Table 28-1	
Day 14	Develop competency with selected skills.	Skill competency: Review the Skills in the AZ Nursing Assistant Candidate Handbook. Establish Teams: Candidate, Actor, Observer During mock testing candidate will not be able to reference the Handbook.	Timed mock skill testing.	300 Minutes
Day 15	Exam Final Skill Competency		Skill Practice Complete Study Guide and practice questions	35 Minutes for each student Competency Exam 265 Minutes Skill practice
Day 16	Final Written Exam	Discuss Clinical Expectations	Skill Practice	120 Minutes Exam 180 Minutes

				Supervised skill practice
Days 17 -21			Clinical Practice Certificate Presentation on Day 21	