

SYLLABUS

I. GENERAL INFORMATION

Course Title : PRACTICE OF PEDIATRIC CARE
Code and Number : NURS 2352
Credits : Two (2)
Academic Term :
Professor :
Office Hours :
Phone number : (787) 250-1912 Ext. 2159 or 2202
Faculty email :

II. DESCRIPTION

Application of the nursing process in client care from the normal neonatal stages to adolescence. Emphasis on the management of dysfunctions affecting the functional health patterns using the concepts of curriculum as a framework. Requires 60 hours of clinical practice in diverse scenarios. Prerequisite: NURS 2234. Corequisites: NURS 2351, 2361, 2362, 2970.

III. TERMINAL OBJECTIVES

When finalizing the course, the student can:

1. Apply the Nursing Process that reflects the critical thinking skills when providing safe and efficient pediatric care to a pediatric client with alterations in functional health patterns. [Functional Health Patterns, Security, Critical thinking, Nursing Process]

2. Demonstrate skills in nursing interventions for the management of pediatric disorders that affect the pediatric client based on scientific evidence. [Evidence-Based, therapeutic interventions, functional patterns (wellness-illness)]

3. Use the skills of therapeutic communication, health literacy and information technology in the care of the pediatric client and interaction with the interdisciplinary team. [Information Technology, Health literacy, Therapeutic Communication]

4. Recognize and provide humanistic care recognizing the client and family needs, values and the impact of culture in nursing interventions. [Competition and Cultural sensitivity, Humanistic Care]
5. Demonstrate effective leadership skills of leadership as a member of the interdisciplinary health care team to provide safe and quality care to the pediatric client. [Patient safety, leadership (team-Steeps)]

6. Demonstrate knowledge in the process of decision making based on evidence when offering nursing care to pediatric client in its respective stages of growth and development. [Decisions making process, investigation, evidenced-based]

IV. FINAL GRADUATE COMPETENCIES

1. Apply the nursing process for decision-making, which demonstrates critical thinking skills while offering safe, effective, efficient, timely, and equitable direct care to Patients/clients and their families and caregivers. (Nursing Process)

2. Offer patient-centered care to patients/clients, their families, and caregivers that promotes continuous healing relationship considering their needs, values, preferences, and cultural insights. (Humanistic Care).

3. Show competence in therapeutic, evidence-based interventions while giving nursing care to individuals along the wellness-illness continuum for the promotion, maintenance, and restoration of health in structured settings. (Health & Disease)

V. CONTENT

A. Pattern of Perception and Handling of Health

Unit I. Essential aspects in the Humanistic care of the pediatric client. Scientific principles and development of skills in the functional patterns of Health.

1. Security

      - Goal 1 “Improve the accuracy of patient identification”
      - Goal 2 “Improve the Effectiveness of the communication between the suppliers of health care”
      - Goal 3 “Improve the Security in the medicine administration”
      - Goal 7 “Reduce the risk of health care associated infections” Universal Protocol
      - Goal 8 “Reduce the risk to falls”
2. Apply therapeutic interventions of nursing in effective and safe manner directed to promotion, maintenance, restoration of the health of the children, adolescent and family.
   a. Pediatric variations when doing intervention with client.
      o Informed consent
      o General and hygiene care of pediatric
      o Security (NIC: 5380)
         • Control of infections (NIC: 6540)
         • Restriction
         • Other procedures
      o Taking blood and other body samples
      o Medicine administration (NIC 2300)
         • Safe preparation
      o Pain assessment (NIC: 1400)
         • Scale of pain
         • Pediatric Guidelines Acute and chronic pain (JCAHO)
   b. Impact of the hospitalization in the pediatric client and family
   c. Principles related to security, confidentiality and documentation.
   d. Care centralized in the chronically ill hospitalized child.
      o Measures of Isolation
      o Handling in specialized units
      o Standard precautions

3. Communication (Verbal and Written)
   a. Team Stepps
   b. SBAR
   c. I Pass the Baton
   d. Assessment of Cultural Competency (NIC: 7330)
      o Cultural Component
      o Beliefs and You practice Cultural Groups
   e. Health Literacy (Education to pediatric client/family)
      o Pediatric patient education /family
   f. Evidence Based Practice (EBP)
      o Tutorial in evidence based practice

4. Process of nursing as frame of reference when offering pediatric care
   a. Considered physical and of the development of the pediatric client
      o Apometric Measures / Standard measures (physiological and of growth and development) vital signs.
      o Stature and Weight, circumference of head (6680).
      o File format and pediatric physical examination.
      o Cultural valuation (7330)
   b. Nursing Diagnoses (NANDA)
   c. Planning (NOC)
   d. Interventions of nursing (NIC)
      o Preparation for pediatrics procedures
      o Medicine preparation and administration (2300-2305)
      o Taking of blood samples (4238)
o Intravenous therapy (4190 - 4200)
o Prevention of falls (6610)
o Clinical monitoring (6650)

5. Evaluation

B. Nursing process in the dysfunctions in the functional patterns of the health

1. Perception and Handling of the Health
   a. Considered
      o Situations
         • Neonatal of high risk
         • Contagious diseases
         • I mistreat and abuse of children
   b. Diagnoses of nursing (NANDA)
   c. Planning (NOC)
   d. Interventions (NIC)
      o Infection Control (6540)
      o Protection against infections (6550)
      o Administration of immunizations (6530)
      o Protection against the abuse and I mistreatment (6402)

2. Metabolic Nutritional
   a. Considered nutritional history
      o Weight and Height
      o Thermoregulation
      o Integumentary system
   b. Maintenance of cutaneous integrity and membrane mucosa
   c. Nursing Diagnosis (NANDA)
   d. Planning (NOC)
   e. Intervention (NIC)
   f. Evaluation

3. Urinary Intestinal elimination
   a. Considered and elimination pattern
      o Evaluation of stool
      o Evaluation intake and output
   b. Diagnosis of nursing (NANDA)
   c. Planning (NOC)
   d. Intervention (NIC)
   e. Evaluation

4. Cognitive - Perceptual
   a. Considered of pain
      o Techniques of relation
      o Therapy of game
      o Comfort
o Cultural evaluation
  o Security
b. Diagnosis of nursing (NANDA)
c. Planning (NOC)
d. Nursing Intervention (NIC)
e. Evaluation

5. Activity and exercise
   a. Considered muscle-esqueletal
      o Ambulation, mobility
      o Physical security
   b. Nursing Diagnosis (NANDA)
c. Planning (NOC)
d. Nursing Interventions (NIC)
e. Evaluation

C. Application of the investigation findings that apply to the handling of dysfunctions in the functional patterns of health in the Pediatric client.

VI. ACTIVITIES

a. Discussion in groups
b. Audio-visual resources
c. Demonstration and return of procedures
d. Executory of clinical Practice
e. Assigned readings and videos
f. Pre and Post Conference
g. Examination of Pharmacology
   h. Written presentation Final Work (Application Process of Nursing)
      1. Plan of Care
      2. Pharmacology study
      3. Presentation, Demonstrates Results Lab Tests.

VII. EVALUATION

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>POINTS</th>
<th>% OF THE FINAL GRADE</th>
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<tbody>
<tr>
<td>Clinical Performance</td>
<td>100</td>
<td>35</td>
</tr>
<tr>
<td>Pediatric Case Study Plan of care</td>
<td>100</td>
<td>25</td>
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<tr>
<td>• Case of study abstract presentation</td>
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<tr>
<td>Documentation and Plans of care</td>
<td>100</td>
<td>10</td>
</tr>
<tr>
<td>Pediatric Pharmacology test</td>
<td>100</td>
<td>20</td>
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<tr>
<td>Attendance, ATI</td>
<td>100</td>
<td>5</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>500</strong></td>
<td><strong>100</strong></td>
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VIII. SPECIAL NOTES

A. Supporting Services or Special Needs

Students requiring additional services or special assistance must request these at the beginning of the course or as soon as they learn that they need them, through the appropriate register in the office of Mr. Jose Rodriguez, at the University Orientation Program located at the first floor of Harris Building.

B. Honesty, Fraud and Plagiarism

The lack of honesty, fraud, plagiarism and any other inadequate behavior in relation to academic work constitute major infractions sanctioned by General Student Regulations. Major infractions, according to General Regulation Students, may result in suspension from the University for a definite period of time greater than one year or the permanent expulsion from the University, among other sanctions.

C. Use of Electronic Devices

Cellular (mobile) telephones, IPODS, and any other electronic device that could interrupt the teaching-learning process or disrupt a milieu favorable for academic excellence will be deactivated. Critical situations will be dealt with in an appropriate manner. The use of electronic devices that permit the accessing, storing or sending of data during tests or examinations is prohibited.

D. Special Requirements of Practice and Internship Centers

Some academic programs of the University require students to complete a practice or internship in a real work scenario as part of the degree requirements. These external centers may be state and federal agencies, hospitals, and nongovernmental organizations, among others. It is students' responsibility to comply with the external center's requirements in order to complete their practice or internship. Depending on the practice center, these requirements may be doping tests, HIV tests, an immunization certificate against hepatitis, a health certificate, a negative criminal record, or any other requirement that the institution or practice center may stipulate. If students refuse or are not able to meet any of the requirements, they will be unable to complete their practice or internship and, therefore, will not pass the practice or internship course or meet the graduation requirements of their academic program.
E. Clinical practice in diverse scenarios

This course considers clinical practice in diverse scenarios such as hospitals, head start centers, public and private schools, center for children with special needs, fosters homes and simulation laboratories, among others. There is a minimum of three weeks period, at the school laboratory to acquire skills before going to the clinical scenario. In the event of the occurrence of special situations which would be beyond of the School of Nursing an alternate plan would be considered.

IX. VISUAL RESOURCES AUDIO

A. Anatomical models Pediatrics
   1. Neonatal pediatric Model
   2. Young pediatric model

B. Audio-visual resources
   1. The uses of Nursing Process in the Care of Child Hospital V-1
   2. Whaley & Wong’s Pediatric Nursing Pediatric Assessment V-2
   3. Neurological Assessment of the Pediatric Patient V-1
   4. Physical Examination of the Child V-2
   5. Blood Collection of Pediatric Patient V-1
6. Blood Collection in Pediatric Patient

7. Suctioning for Techniques the Pediatric Patient

8. With Care and Caring Pediatric Medication Administration

9. Whaley & Wong Pediatric Nursing Medication and Injection

10. Illness Immunization, and Safety

11. Immunizations

12. In childhood Physical Abuse

13. Don’t Wait Vaccinate

X. EDUCATIVE RESOURCES TEXT BOOK


XI. OTHER REFERENCES:

Books:
http://www.envolve.elsevier.com


Electronic references:
For Center Disease Control. Infection Guidelines
http://www.cdc.gov/ncidod/dhqp/guidelines.html

Department of Health and Human Resources & U.S. Department of Agriculture Dietary For Guidelines Americans. Update. (Available in Spanish)

http://www.health.gov/dietaryguidelines/

http://www.minurses.org/prac/snresources.shtml


[http://www.noah.cuny.edu/sp/preagnacy/marchchofdimes/birthdefects/spcongniti.html](http://www.noah.cuny.edu/sp/preagnacy/marchchofdimes/birthdefects/spcongniti.html)


[http://www.vcipp.net/intensivos/padres/hospital.html](http://www.vcipp.net/intensivos/padres/hospital.html)

[http://www.pedhivaidos.org](http://www.pedhivaidos.org) (HIV/AIDS Pediatric)


**Team-Stepps Materials in Internet:**


**Tutorial in Practice based on Evidences:**
[http://ebp.lib.uic.edu/nursing/?q=node/38](http://ebp.lib.uic.edu/nursing/?q=node/38)

**Evidence Based Practice (University of Minnesota Libraries):**
[http://www.biomed.lib.umn.edu/learn/ebp/mod01/index.html](http://www.biomed.lib.umn.edu/learn/ebp/mod01/index.html)

**National Patient Safety Goals 2012:**

Systemic Reviews: [http://www.cochrane.org](http://www.cochrane.org)

**Health Literacy:**

**Alphabetization in Health, patient education:**

[http://hospitals.unm.edu/health_literacy/videos/oim.wmv](http://hospitals.unm.edu/health_literacy/videos/oim.wmv)


Clinical Practice Guidelines Online: [http://www.ahrq.gov/clinicpgonline.html](http://www.ahrq.gov/clinicpgonline.html)


American Academy of Pediatrics Subcommittee on Diagnosis and Management of Bronchiolitis. Diagnosis and management of bronchiolitis. Pediatrics 2006 Oct; 118 (4): 1774-93:


CINAHL (To talk about to the library for more information)

Electronic data base (Access through Web from the CAI)
(Health Reference Center, ProQuest, Nursing Journals).

Faculty Approved May 2018
All healthcare settings, regardless of the level of care provided, must make infection prevention and control a priority. The Guide to Infection Control in Clinic Setting (the Guide) serves to provide guidance to healthcare personnel on prevention and control of infection in clinic settings. In this document, the clinic refers to any facility providing medical and dental services to outpatients. Scope. Health status can be measured using pathological and clinical measures and is usually observed by clinicians or measured using instruments. Types of disease measurement include: Signs - blood pressure, temperature, X-ray, tumour size. Symptoms - disease specific checklists. Quality of health care can also be measured in terms of process as well as outcomes such as the implementation of guidelines, latest evidence and criteria for treatment and referral. In addition quality can be assessed by external organisations such as the Care Quality Commission through their monitoring and inspection processes and Monitor. Learn about health restoration with free interactive flashcards. Choose from 500 different sets of flashcards about health restoration on Quizlet. 

Connective Tissue Disease. Major focus of rheumatology. Mean health scores were constructed using factor analysis and compared across different disease states and demographic variables. The relation of these disease states to mean health scores was determined through regression modelling. Findings: Observations were available for 245 404 participants from 60 countries in all regions of the world. Interpretation: Depression produces the greatest decrement in health compared with the chronic diseases angina, arthritis, asthma, and diabetes. The comorbid state of depression incrementally worsens health compared with depression alone, with any of the chronic diseases alone, and with any combination of chronic diseases without depression.