

**Mt. San Antonio College
Associate Degree Nursing
Curriculum Threads**

Personal Hygiene

Helping patients with personal hygiene gives nurses the opportunity to use all their assessment, observational, and communication skills. Nurses discover how well they can coordinate their actions, mentally process what is being said, and express themselves. It is a great opportunity to learn how to assess patients' skin integrity, bodily functions, and their variations in physical stamina. Most importantly, it is the best way to learn the signs of clinical problems and when someone is not coping physically. Helping patients with personal hygiene is also one of the most fundamental and crucial relationship-building skills available to nurses, regardless of their seniority and clinical experience. Mt. SAC Nursing Program trains nursing students to embrace these opportunities. These skills will prove invaluable in delivering, overseeing, and evaluating meaningful and holistic care.

NURS 1A - The Nursing Process I

Objectives

1. Make a baseline assessment of client before beginning care in order to establish a database and determine the level of care to be given.
2. Explain rationale for giving bed bath to client including physical/emotional benefits.
3. Assess integument to determine if soap or alternative means of cleansing is indicated; actions taken indicates that consideration has been given to age, skin moisture content, etc.
4. Remove top linens and fold neatly during bed bath. Cover client with bath blanket during bed bath.
5. Consider client's preference in planning, giving care when it does not interfere with therapeutic plan.
6. Have all needed equipment assembled before beginning care, does not have to interrupt care to obtain additional equipment.
7. Touch and manipulate client without undue pain or discomfort and with minimum exertion for self and client.

8. Describe steps in oral, foot, hair, nail, perineal/ genital and Foley catheter care.
9. Use lotion or powder reflecting understanding of rationale and of hospital policy regarding the use of skin preparations.
10. Demonstrate correct procedure for changing an unoccupied and occupied bed.
11. Identify influences of client age, sexuality and cultural values in hygiene and comfort needs and problems.
12. Remain with assigned client when not engaged in physical care activities; engage client in communication.
13. Elicit necessary information related to physical and emotional status of client (e.g., fear, anxiety, and discomfort).
14. Combine conversational approach with physical care or procedures.
15. Demonstrate correct procedure to measure for and apply antiembolic stockings.
16. Accurately assess how recent of client had bowel/bladder elimination.
17. Demonstrate correct technique for giving and removing regular/fracture bedpans and urinal.
18. Ensure client comfort, safety & privacy during elimination and procedures related to elimination.
19. Demonstrate awareness of client privacy as a safety factor.
20. Leave client unit tidy after care is rendered.
21. Define ADL'S and functional tasks to be evaluated in an ADL assessment.
22. Describe the three basic elements of body mechanics and principles or concepts for safe and effective body movement.
23. List prevention techniques used by nurses to prevent back injuries.
24. Identify purposes of ambulation and assessment data, which should be evaluated before ambulation procedure.
25. Demonstrate correct ambulation procedure and protection interventions if client begins to fall.
26. Perform and describe essential steps and rationales of techniques to move and turn clients in bed and to transfer clients from bed to chair, wheelchair, or stretcher.

27. Demonstrate knowledge of range of motion of different body parts and ensure that client receives range of motion, unless contraindicated.
28. Identify the appropriate range of motion for the client for whom care is being provided and take appropriate action to ensure safety based upon mobility and range of motion.
29. Demonstrate placement of client in Fowlers, orthopneic, dorsal recumbent, prone, lateral and Sims positions.
30. Verbally compare the effects of immobility and exercise on the musculoskeletal, cardiovascular, respiratory, GI, GU, and integument systems.
31. Identify risk factors contributing to the formation of pressure ulcers, clients at risk and nursing interventions to prevent altered skin integrity.

NURS 1B - The Nursing Process II

Objectives

1. Identify areas of potential liability for nurses and ways nursing students can minimize chance of liability while providing for hygiene, exercise, safety, pain management, nutrition, fluid and electrolytes, medications, wound care, infection control, and documentation for clients.
2. Identifies and implements primary, secondary and tertiary preventions for meeting hygiene and comfort needs/problems.
3. Adheres to facility and nursing standards of care for meeting hygienic and comfort needs for self and client.
4. Identify the influence of spiritual and religious beliefs about diet, dress, prayer and meditation, and birth and death on health care.
5. Identify types, causes, and signs of sleep deprivation in the hospitalized client.
6. Demonstrate correct procedure for providing a back massage as a comfort measure.
7. List nurse interventions, which reduce environmental distractions and promote rest and relaxation in the acute care setting.
8. Perform with 100% accuracy the complete care of an Adult/Geriatric Patient:
 - a. Performs ADL's with 100% accuracy.
 - i. Oral Care
 - ii. Bathing
 - iii. Grooming/Dressing
9. Develops individualized, age appropriate, comprehensive plans of care for client's hygiene, comfort and safety needs, incorporating the Betty Neuman Model.
10. Identifies and implements primary, secondary and tertiary preventions for meeting hygiene and comfort needs/problems
11. Adheres to facility and nursing standards of care for meeting hygienic and comfort needs for client.

12. Performs pain assessment and intervenes appropriately according to current standards of practice.
13. Involves client and/or significant other(s) in meeting hygienic needs.
14. Demonstrates awareness of diversity among clients and implements modifications appropriate to client beliefs/values, age and culture.
15. Reports data related to comfort, hygiene and safety, clearly and succinctly.

NURS 3 – Medical-Surgical Nursing - Locomotion/Sensation/Integument/Oncology/Immunology

Objectives

1. Discuss the role personal hygiene plays in maintenance of skin integrity.
2. Taking the initiative to contact professor regarding learning experiences in the clinical setting that will facilitate learning of nursing skills to promote client hygiene, comfort and safety.
3. Develops individualized, age appropriate, plans of care for client's hygiene, comfort and safety needs, incorporating the Betty Neuman Model.
4. Identifies and implements primary, secondary and tertiary preventions for meeting hygiene and comfort needs/problems.
5. Adheres to facility and nursing standards of care for meeting hygienic and comfort needs for self and client.
6. Involves client and/or significant other(s) in meeting hygienic and comfort needs.
7. Reports data related to comfort, hygiene, and safety clearly and succinctly.

NURS 4 – Maternity Nursing

Objectives

1. Identifies primary, secondary and tertiary preventions for meeting hygiene needs/problems of the laboring and postpartum client.
2. Implement primary, secondary and tertiary prevention techniques to pregnant females in the areas of hygiene, safety, comfort and general health practices (ADL).
3. Independently initiates hygiene and comfort measures for all clients in a timely fashion.
4. Performs pain assessment and intervenes appropriately according to current standards of practice.
5. Involves client and/or significant other(s) in meeting hygienic needs.
6. Demonstrates awareness of diversity among clients and implements modifications appropriate to client beliefs/values, age and culture.
7. Perform perineal prep and/or enema.
8. Admission and routine bath of the newborn.
9. Perineal care which includes:
 - a. application of ice pack PRN.
 - b. teaching proper perineal care according to facility guidelines.
 - c. assistance with procedures as appropriate.

NURS 5 – Psychiatric Nursing

Objectives

1. Identifies hygiene needs for clients considering their diagnosis and functional abilities.
2. Independently initiates hygiene and comfort measures for all clients in a timely fashion.
3. Identifies primary, secondary and tertiary preventions for meeting hygiene needs/problems of the psychiatric client.
4. Identifies hygiene and comfort /pain management medications and related alternative comfort measures for all assigned psychiatric clients.
5. Involves client and/or significant other (s) in provision for hygienic needs.
6. Demonstrates awareness of diversity as it relates to hygiene and comfort among clients and implements modifications appropriate to client beliefs/values, age and culture.

NURS 6 – Pediatric Nursing

Objectives

1. Identifies primary, secondary and tertiary preventions for meeting hygienic needs/problems of the pediatric client.
2. Involves client, parent(s), caregiver(s) and significant other(s) in meeting hygienic needs according to development of child.
3. Outline general hygiene and care procedures for hospitalized children.
4. Outline a preventive dental hygiene plan for toddlers.
5. Outline an appropriate health-teaching plan for the school-age child.
6. Outline a health-teaching plan for adolescents.
7. Outline general hygiene and care procedures for hospitalized children.

NURS 7 – Medical-Surgical Nursing – Nutrition / Elimination / Surgical Asepsis

Objectives

1. Identifies primary, secondary, and tertiary preventions for meeting hygiene needs/problems for acutely ill/critically ill, unstable client and adheres to standards of practice.
2. Involves client and/or significant others in hygienic needs as condition permits.
3. Institutes modifications in administering hygiene and comfort measures appropriate to client stability, including those with ET tube, GI and GU tubes and catheters, track, ventilator, PA catheter, A-line, multiple IV's.
4. Describe the common causes and management of bladder dysfunctions, particularly urinary incontinence and urinary retention.
5. Differentiate among ureteral, suprapubic, nephrostomy, urethral, and external catheters with regard to indications for use and nursing responsibilities.
6. Explain the common etiologies, collaborative care, and nursing management of diarrhea, fecal incontinence, and constipation.
7. Explain the anatomic and physiologic changes and nursing management of the patient with an ileostomy and a colostomy.
8. Describe the types, clinical manifestations, collaborative care, and nursing management of anorectal conditions.
9. Wash hands, inspect intravenous site for presence of infiltration, phlebitis or bleeding
10. Dispose of equipment, remove and dispose of gloves and wash hands.

NURS 8– Medical-Surgical Nursing – Circulation and Oxygenation

Objectives

1. Plan and implement secondary and tertiary prevention techniques aimed at teaching the client and his family about health and hygiene attainment and maintenance practices, and be able to refer them to appropriate community resources.
2. Plan and implement the primary prevention techniques of maintaining optimal activity, exercise, hygiene, rest and sleep, good body mechanics and the prevention and correction of deformities.
3. Promote optimal activity, rest, relaxation, comfort, sleep and hygiene in the client by modifications necessary for the clients physiological and psychosocial status.
4. Correctly apply/remove elastic bandages or TED stockings; state purpose for same.
5. Remove and apply electrodes according to hospital guidelines and principles of cardiac monitoring.
6. Determine client's comfort/discomfort level and decide upon appropriate action based upon findings.
7. Consider client's preferences in care and comfort when not contraindicated by client's condition, medical orders or charge nurse's judgment.
8. Observe client during periods of personal hygiene and other activity for untoward effects [pain, shortness of breath, increased pulse rate, arrhythmias, changes in B/P, change in skin color/temperature]; report observations at once.
9. Assess the client's condition to determine changes that might require alteration in nursing care activities or plan of care for the day.
10. Identify factors relative to cardiorespiratory surgery which influence oxygenation/ circulation and related problems.
11. Identify principles of management of groups of clients and plan, and implement care for multiple client assignment.
12. Makes appropriate modification of hygiene regimen to promote client comfort and safety and physiological and psychosocial functioning.

13. Identify through assessment activity intolerance and modify nursing care based on client problem/need in order to reduce oxygen demand.
14. Identify and discuss the physical, psychosocial, sexual needs and problems of the client with oxygen deficit and take Neuman Model prevention techniques, including client teaching, that are aimed at resolving the needs or problems.
15. Evaluate client's condition in light of ordered activity and other therapeutic regimen and discuss need for change with team leader and/or instructor.
16. Care for client in isolation and apply principles of universal precautions and medical asepsis in preventing spread of infection to self and others.
17. Apply and regulate oxygen via mask, cannula, and nasal catheter.
18. Chart factual and accurate information pertinent to client's condition, problems, response to therapy, functioning of assistive devices in use, functioning of other equipment in use.
19. Care for client in isolation and apply principles of universal precautions and medical asepsis in preventing spread of infection to self and others.
20. Verbally state principles of postural drainage and assist client to perform postural drainage, including positioning, percussion and vibration techniques, when ordered.
21. Teach the client with pulmonary problems how to breathe effectively in order to maximize oxygen intake and carbon dioxide exhalation [eg., use of pursed lips, blow bottles, use of ancillary muscles].
22. Demonstrate awareness, through nursing care, of problems of clients with chronic pulmonary disease with regard to age and developmental tasks.

NURS 10 – Medical-Surgical Nursing – Integration/Regulation

Objectives

1. Identify primary, secondary and tertiary preventions for meeting hygiene needs/problems for critically ill, unstable client and adheres to acceptable standards.
2. Involve client and/or significant others in hygienic needs as condition permits.
3. Institute modifications in administering hygiene and comfort measures appropriate to client stability, including those with ET tube, trach, chest tube, ventilator, PA catheter, A-line, multiple IVs.
4. Determine clients' comfort/discomfort level and decide upon appropriate action based upon findings.
5. Utilize principles of medical and/or surgical asepsis, as situation dictates.
6. Be aware of normal bowel elimination pattern for client, as well as recent elimination for client assigned.
7. Provide nursing care for selected clients with endocrine problems.
8. State complications that may arise from bed rest in clients, take nursing measures to prevent complications when medical orders do not conflict (e.g. changes in musculoskeletal, respiratory, integument, gastrointestinal, renal, cardiovascular, neurological-mental systems/function).

NURS 11 – Preceptorship in Nursing

Objectives

In addition to laboratory objectives from previous courses (which include personal hygiene, human sexuality, cultural diversity, nutrition, pharmacology, legal aspects, social/ethical aspects, management/leadership threads) the laboratory objectives are as follows:

1. Utilizing nursing knowledge, skills and protocols to assure an environment conducive to restoration and maintenance of clients in clinical settings, including medical surgical settings and any areas where clinical objectives can be met, the preceptee will:
 - a. Apply theoretical base to clinical practice.
 - b. Demonstrate effective interpersonal communication skills.
 - c. Demonstrate skills in written communication.
 - d. Demonstrate professional accountability.
 - e. Demonstrate application of the nursing process.
 - f. Demonstrate clinical skills appropriate to entry-level practitioner.
 - g. Demonstrate increasing skills in decision-making, priority setting, problem solving and organization.
 - h. Demonstrate leadership skills.
 - i. Demonstrate problem solving and skill attainment.
 - j. Demonstrate critical thinking.