

THE UNIVERSITY OF TEXAS AT TYLER
College of Nursing
Health Assessment
NURS 3410
Spring 2008

Didactic Teaching Team

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The content of this syllabus/WEB site is subject to change at the discretion of the faculty leaders according to current learning needs.
Approved by FO: 10/02

THEORY/LAB MASTER SCHEDULE Spring 2008

Theory Class: Mondays 9:00am-11:50am
to section

Lab Classes: Wednesday, Thursday, OR Friday according

Week	Monday	Classroom Content Bring syllabus and text to lecture weekly	Laboratory Content: Bring syllabus, text and lab manual to each lab weekly
1	1-14	First Class: Course Overview Chapters 1, 4,5	The Interview, The Complete Health History, Vital Signs
ONLY LAB	MLK HOLIDAY no lecture	No lecture but vital signs in lab week of 1-21	Mastery skill: Vital Signs Vital Signs Video in lab, Check out BP cuffs, Begin 100 BPs
MODULE DUE	*****	Vital Signs Module DUE 1-26 at 8 am. Complete on BBD website and submit	
	1-28	Assessment Techniques General Survey, Measurement, Thorax and Lungs Chapters 8,9 & 18	Lab Manual Chapters 8,9, & 18, Ht and Wt measurement Mastery Skills: Posterior and Anterior breath sounds, technique and position with stethoscope BEGIN VITAL SIGNS CHECK OFFS IN LAB
3 EXAM 1	2-4 *****	Lecture after exam: Beginning of information on: Heart and Neck Vessels Chapter 19 Learning Style Survey DUE on BBD 2-9 at 8 am	Lab Manual Chapter 19, show Head to Toe video in lab <u>Breath sounds quiz</u> Mastery Skills: 5 auscultation areas, palpate radial, pedal and posterior tibial pulses, assess capillary refill
4 QUIZ 2	2-11	Continuation of lecture on: Peripheral Vascular System Chapter 20	Lab Manual Chapter 20, <u>Heart sounds quiz</u> , Head to Toe video in lab
5 QUIZ 3	2-18 *****	Abdomen, Anus, rectum, and prostate, Male Genitalia Assessment Chapters 21,24,25 <u>Health History Assignment due beginning of Lab</u>	Lab Manual Chapter 21 Mastery Skills: Orientation status, Assess PERRLA & inspect oral cavity, muscle strength, skin and turgor; Inspect, auscultate, and lightly palpate abdomen.
6 EXAM 2	2-25	After exam: Skin, hair and nails Chapter 12	<u>Mastery Skill: Head to Toe Assessment</u> Lab Manual Chapter 12
7 QUIZ 4	3-3 *****	Nutritional Assessment, Head, Neck, Lymphatics Chapters 11 and 13 <u>100 BPs Due this week beginning of lab</u>	Lab Manual Chapters 11 and 13 <u>Mastery Skill: Head to Toe Assessment</u>
Spring	Break	March 10-14	
8 QUIZ 5 *****	3-17 *****	Eyes, Ears, Nose, Mouth and Throat Chapters 14, 15, & 16 <u>MARCH 21 LAST DAY TO WITHDRAW FROM A COURSE</u>	Lab Manual Chapters 14,15 & 16
9 EXAM 3	3-24	After exam: Musculoskeletal Chapter 22	Lab Manual Chapters 22
10 QUIZ 6	3-31 *****	Neurological System and Mental Status Chapter 23 and 6 <u>Grand Rounds EBP Journal Article DUE in Lab</u>	Lab Manual Chapters 23 and 7
11 QUIZ 7	4-7	Breasts, Axillae, Female Genitalia Assessment Chapters 17 & 26 Domestic Violence, Chapter 7	<u>GRAND ROUNDS</u>
12 EXAM 4	4-21	Ethnic and Cultural Considerations and Pain Chapters 3 & 10 Terminally II, Emergency & life-threatening situations,	<u>GRAND ROUNDS</u>
13 QUIZ 8	4-28	Assessment of Pediatric Patients, Pregnant Patient, and the Older Adult Chapters 2 & 29 <u>Review: Jeopardy Game</u>	Assessment of Pediatric and Pregnant patients Lab Manual Chapters 2 & 26 Regional write up for this lab: DDST for child in lab
14	5-5	Final Exam	Have a wonderful Break!!! Be sure all lab equipment and books are returned.

NURS 3410 Health Assessment Course Description and Objectives

Semester Credit Hours: 2Theory/2Laboratory: 4 credit hours.

Prerequisites Courses

Admission to the nursing program, NURS 3303, NURS 3205, NURS 3307 or concurrent enrollment.

Note: NURS 3410: Health Assessment is a pre-requisite or co-requisite of NURS 3603: Nursing Competencies. If a student is failing or drops NURS 3410: Health Assessment, the student must also drop NURS 3603: Nursing Competencies.

Link to online catalog: <http://www.uttyler.edu/catalog/>

Link to course descriptions: <http://www.uttyler.edu/catalog/>

Course Description

Concepts related to health assessment of patients are presented. Emphasis is on development of nursing skills to perform a holistic health assessment of the patient across the life span, including a health history and comprehensive physical examination. Levels of physical, cognitive and social functioning are analyzed and interpreted. Students practice health assessment skills in laboratory and selected settings.

Course Objectives NURS 3410 Health Assessment

Upon successful completion of the course the student will:

1. Utilize assessment skills, findings and diagnostic reasoning to identify actual and potential problems for the patient.
2. Integrate knowledge from physical and behavioral sciences, current literature findings, and use critical thinking when assessing patients.
3. Perform a comprehensive health exam by means of interviewing and physical assessment exam at a screening level.
4. Incorporate the concept of caring in developing nurse-patient relationships.
5. Demonstrate professional values according to moral, ethical, and legal principles during health assessment of the patient.
6. Demonstrate sensitivity for patient education, socio-cultural differences, patient comfort, and privacy in interactions with patients.

Approved by Academic Affairs 10/99

Required Texts

Jarvis, C. (2008). *Physical examination and health assessment (5th ed.)*. Philadelphia: W.B.Saunders. ISBN: 9781416032434.

Jarvis, C. (2008). *Student laboratory manual for: Physical examination and health assessment (5th ed.)*. Philadelphia: W.B.Saunders. ISBN: 9781416038535

Textbooks above include an online video series password for access on the internet.

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Note: purchasing the two above books in the bookstore allows you to add Evolve Select, a database of most of your textbooks in a retrievable format. They do have to be purchased in the bookstore to get that feature

Mosby Medical Dictionary (7th ed.). St. Louis: Mosby. ISBN 0323035620

College of Nursing: BSN/MSN Guide for Nursing Students www.uttyler.edu/nursing/nursing.htm
(Go to handbook at the end of the page)

Required Scantrons to be used for examinations: Look for the correct form which includes F-17255-PAR-L (there are 2 of the same color so make sure to look at the form)

Other helpful but not required learning Resources available online and possibly the bookstore:

1. Nursing Made Insanely Easy and Pharmacology Made Insanely Easy (Helpful books with lots of illustrations to help with concepts) www.icanpublishing.com

2. Memory Notebooks for Nursing: (Helpful books with lots of illustrations to help with concepts, several volumes available)

http://www.nursinged.com/resources/memory_nb.asp

3. Health Assessment Made Incredibly Visual! ISBN-10: 1-58255-985-6

<http://www.lww.com/product/?978-1-58255-985-8>

4. Laminated charts by QuickStudy:

<http://www.barcharts.com/default.asp?page=charts&pg=quickstudy&ca=MEDICAL>

Medical Terms: Basics (medical terminology)

http://www.barcharts.com/default.asp?page=chart_details&gid=2&pid=538-6

ISBN 538-6

Pocket Nursing http://www.barcharts.com/default.asp?page=chart_details&gid=2&pid=493-2

ISBN 761-3

Supplies: Watch with second hand, Stethoscope, Lab coat (thigh-length) with nametag and UT Tyler patch.

Disability Statement

"If you have a disability, including a learning disability, for which you request disability support services/accommodation(s), please contact Ida MacDonald in the Disability Support Services office so that the appropriate arrangements may be made. In accordance with federal law, a student requesting disability support services/accommodation(s) must provide appropriate documentation of his/her disability to the Disability Support Services counselor. For more information, call or visit the Student Services Center located in the University Center, Room 282. The telephone number is 566-7079 (TDD 565-5579)." Additional information may also be obtained at the following UT Tyler Web address: <http://www.uttyler.edu/disabilityservices>.

Grading Policy

Completion of NURS 3410: Health Assessment is based on satisfactory attainment of didactic and clinical criteria. Any student who fails to meet the course objectives and expectations in either the classroom or clinical area must repeat the entire courses and may not progress to the next level.

The simple average of the exam grades, before weighted calculation is performed, must be 75% or above to pass the course. Grades will not be rounded when calculating the average (74.5 -74.9 is not rounded to 75). Students with an exam average of 75 or higher will have course grades calculated based on the weighted calculation of the exams and other required course work.

Graded Assignments

Four Exams (15 % each)	60%
Comprehensive Final Exam	20%
*Health History Assignment	5%
*Grand rounds presentation	10%
Daily Grade (Quizzes)	5%

*Student must make a minimum grade of 75 or will receive a 0 for the assignment

Lab/Clinical Assignments Completion of these assignments is mandatory

Mastery Skills:

1. Vital signs check off	Pass/Fail
2. 100 Blood Pressures	Pass/Fail
3. Head to Toe Practicum	Pass/Fail
4. Lab quiz breath sounds	Pass/Fail
5. Lab quiz heart sounds	Pass/Fail
6. Lab written assignments	<u>Pass/Fail</u>
	100%

Letter grades will be assigned on the following scale:

- A 90-100
- B 80-89
- C 75-79
- D 60-74
- F Below 60

Approved Faculty Organization: Fall 1999, implemented Spring 2000

Additional Grading Criteria for Health History and Grand Rounds in Appendices on Blackboard website.

Daily Grade: will consist of 10 assignments/quizzes with possible scores from 0 to 100

1. Vital Signs Module completed on BBD by due date on Master Schedule.
2. Completion of Learning Style Assessment (100 for completing, 0 for not completing) DUE on BBD 2-9 at 8 am.
3. Quizzes 1-8 in the syllabus. Quizzes are over the video for the corresponding lecture and are completed and brought to the beginning of lecture. See Master Schedule page 5 for dates. A grade of zero (0) will be assigned if the assignment is not completed by the beginning of lecture.

Consequences of late quizzes: If a student has to be absent for lecture, they may send the answers to the daily quiz due that day by email to Mrs. Deal (bdeal@uttyler.edu), Mrs. Greer in Longview (lgreer@uttyler.edu) or Mrs. Tutt in Palestine (dtutt@uttyler.edu) before the beginning of class. 10 points will be taken off for each day the quiz is late.

Grade Replacement Policy

If you are repeating this course for a grade replacement, you must file an intent to receive grade forgiveness with the registrar by the 12th day of class. Failure to file an intent to use grade forgiveness will result in both the original and repeated grade being used to calculate your overall grade point average. A student will receive grade forgiveness (grade replacement) for only three (undergraduate student) repeats during his/her career at UT Tyler. (2006-08 Catalog)

Paper/Assignment Re-grading Policy

Student assignments will not be re-graded. At the instructor's discretion, a draft may be written for review.

Examination and Examination Review Policy

1. Attendance for exams are mandatory
2. If absence for an exam is necessary, the student is responsible for notifying the faculty prior to the exam with an acceptable reason.
- 3.. Students will be allowed entry to the classroom after an exam has been started **ONLY** with faculty discretion.
4. Exams will be distributed at the time class is scheduled to begin.
5. All hats/caps must be removed during exam time. All personal items such as purses, books, backpacks, notebooks, and briefcases must be left in the front of the room during testing.
6. Silence will be enforced during the exam time. In order to avoid distraction during the exam, no one will be permitted to leave the room during the exam.
7. Make-up exams will only be given at the discretion of the faculty member and may be in a different format than the original exam.
8. Students will not share calculators during exams. Students will not bring their own calculators, cell phones, or any communicating devices into an examination
9. Exam reviews will be conducted at the discretion of the faculty. Test review may be scheduled with the faculty during office hours and within 10 school days from the return of the exam grades.
10. Any student achieving an examination grade less than 75%, must schedule an appointment with the faculty within 10 school days from the return of the exam grades.

Academic Integrity

1. Students are expected to assume full responsibility for the content and integrity of all academic work submitted as homework and examinations.
2. Students are advised to review the UT Tyler Academic Dishonesty Policy and Academic Integrity Policy in the Current College of Nursing Student Handbook and Academic Integrity Policy for UT Tyler students at www.uttyler.edu; click on current students, then Vice-President for Student Affairs, then Student Guide for Conduct and Discipline at UT Tyler. These policies are fully endorsed and enforced by all faculty members within the College of Nursing.
3. Plagiarism, cheating, and collusion are unacceptable and if found violating any of these standards the student will be disciplined accordingly (See BSN/MSN Nursing Student Guide for definitions).
4. The College of Nursing reserves the right to dismiss students from the program for any infraction of a legal, moral, social, or safety nature, pursuant to the procedures detailed in the *Regent's Rules*.

Student Dress Code for the University of Texas, College of Nursing:

A. General

It is the philosophy of the College of Nursing that the student has a responsibility to be neatly groomed and modestly dressed. Appearances should promote good health, safety and general well-being of the student. Clothing should avoid brevity and/or design that are offensive to the dignity and rights of others. School officials have the right and responsibility to counsel with the student or take any other corrective action. Types of clothing (other than those specified in this document) may be worn at the direction of the nursing instructor for special events.

B. Classroom

Casual or every day business wear is recommended. This includes but is not limited to the following: Slacks or skirt; sweater, blouse, and shirt. Jeans as well as conservative shorts (mid-thigh or longer) may be worn, but avoid overly frayed or soiled. Shoes must be worn. See items to be avoided below.

C. Professional Presentations, Ceremonies/ Graduation

Business or dressy day social: suit, dress, dressy separates, jacket, ties, nice fabrics. Dress shoes. Avoid denim, jeans, t-shirt or other casual clothes. For workshops/seminars attended by students, business attire will be worn.

D. Items to be Avoided in all School-related Functions (including but not limited to)

Overly frayed, worn or soiled garments. Costume look, transparent blouses, bare midriff shirts, tank tops, spaghetti straps, muscle shirts, overtly sexual, gang colors or logos, facial or body piercing, obscene slogans or pictures, bedroom wear, short-shorts, short skirts, or clothing that may be offensive to others.

E. Laboratory

The school clinical laboratory setting is designed to simulate the health care clinical area. Students will wear clean white lab coats with name tag and UT Tyler school patch on the front left uniform jacket. Classroom attire will be worn under the lab coat.

F. Pre or Post-clinical Experiences in the Health Care Setting

Students may be required to attend conferences or visit the clinical areas as part of their course requirements. Students should wear lab coat with name tag and UTT school patch. The following items will be avoided in the clinical areas: jeans, shorts, sandals, jogging/athletic suits, t-shirts, ball-caps, etc.

G. Clinical Experience

1. When attending any clinical experience students are required to wear the standardized student uniform and white uniform jacket with name badge and school patch. Street clothes will be worn in appropriate clinical settings as directed by the clinical faculty with the white uniform jacket, nametag and school patch (see items above to be avoided in clinical areas). Students are to remember that whenever they are visiting a clinical agency or any clinical site, they represent UT Tyler and the College of Nursing and are expected to be professional in appearance and behavior at all times.
2. When student uniforms are required for clinical experiences, as specified by the course, the following guidelines must be adhered to:
 - a) School patch on the front left of the uniform jacket and the top of the standardized uniform.
 - b) The UTT name badge will be worn in all clinical setting. Name tag must be worn above the waist, so name and title are clearly visible.
 - c) White or neutral nylon hose are worn with dress/skirt; nylon hose, knee-highs or white socks with pants. Socks must cover ankle.
 - d) Clean, white clinical shoes or white leather athletic shoes should be worn (shoes may be mostly white and if stripes or logos are on shoes, these must be minimal

- and light colored). No canvas shoes or athletic shoes with colored stripes or large logos.
- e) Jewelry: wedding or engagement rings only; single stud earrings and only 1 in each lobe (no dangling or hoops); no rings or studs in the nose, tongue, lip or any other facial or body piercing (other body piercing must be covered or removed); and, no necklaces or bracelets (only Medic Alert). Must have a watch with a second hand.
 - f) Make-up, hair, and grooming should be conservative. Hair shoulder length or longer must be pulled neatly back in a ponytail or bun. Hair clips, bands, etc. shall be functional, not decorative (no bows). Mustaches and beards will be neatly groomed, clean and trimmed.
 - g) Tattoos must be covered and not visible.
 - h) Nails are to be clean and neatly trimmed to no more than fingertip length, with clear or no polish. No artificial nails in OR or L & D.
 - i) No perfume, after-shave or other strong scents since this causes nausea and /or difficulty in breathing for many patients.
 - j) Gum chewing is not allowed
 - k) Any question concerning adherence to the dress code should be directed toward the clinical instructor.
3. Failure to comply with the above requirements may result in an unexcused clinical absence and/or negative clinical evaluation.
4. If the dress code rules are broken and a change of clothes is not available, the student may be removed from the school-related function for the remainder of the day. **Appropriate disciplinary action will be taken for repeated violations of this code.**

Course Information

A. General

1. If lecture outlines are used, they will be posted on Blackboard a minimum of two (2) working days prior to class and will be removed at midnight prior class,
2. The clinical portion of the course syllabus, handouts, and any other required course materials will to be placed on blackboard.
3. All submitted written material (papers, assignments, examinations, etc.) are the property of the College of Nursing. They will be maintained in an archived file in the College of Nursing.
4. The *BSN/MSN Nursing Student Guide* is available on the CON website at <http://www.utt Tyler.edu/nursing/> . The student must sign the statement indicating they have accessed the guide and return the signed Student Guide Affirmation Form to the program secretary for placement in the student file. (Responsibility of Level 1 faculty to include in syllabus)
5. ERI Policy (Responsibility of all levels using the ERI to include in syllabus)
There is NO ERI association with this course.
6. All nursing students are required to use their student email accounts for all correspondence (Approved FO: 2/03)

Important phone numbers Tyler Campus College of Nursing Main number: 903-566-7320
Palestine Campus 903.727.2300
Longview Campus 903.663.8222

University Police 903.566.7300
Emergencies: 911

Laboratory Portion of Course

B. Unsafe Clinical Practice

1. Any act of omission or commission, which may result in harm to the patient, is considered unsafe clinical practice, and may result in removal from the clinical setting, disciplinary action according to the discretion of the course faculty, a negative clinical evaluation, a course failure, and/or dismissal from the program.
 2. During the clinical practicum, unsafe clinical practice is defined as any one of the following: When the student:
 - a. Commits repetitive and/or a single, serious medication error.
 - b. Violates or threatens the physical, psychological, microbiological, chemical, or thermal safety of the patient.
 - c. Violates previously mastered principles/learning objectives in carrying out our nursing care skills and/or delegated medical functions.
 - d. Assumes inappropriate independence in action or decisions.
 - e. Does not adhere to current CDC guidelines for infection control.
 - f. Fails to recognize own limitations, incompetence, and/or legal responsibilities.
 - g. Fails to accept moral and legal responsibility for his/her own actions thereby violating professional integrity as expressed in the Code of Ethics for Nurses.
 - h. Arrives at clinical settings in an impaired condition as determined by the clinical instructor.
 3. Failure to comply with any of the above requirements may result in an unexcused clinical and/or negative clinical evaluation.
- Policy Revision and approval: Spring 2006

Skills Laboratory

Attendance is mandatory. Notification prior to lab of tardiness or absence is necessary. Student must leave a message on the instructor's voice message, including the telephone number where he/she may be contacted. Student must make up the missed work

1. Lab Rules
 - a. Obtain lab assignment.
 - b. Observe demonstration as appropriate.
 - c. Set up privacy screens or pull drapes as necessary.
 - d. Obtain exam gown and drape sheet as appropriate.
 - e. Perform lab exercise on a different lab partner each class.
 - f. Document findings in laboratory manual, tear out page(s) and turn in to lab instructor.
 - g. Clean lab area. Replace table papers or make bed, etc.
2. Laboratory Equipment Check-out
 - a. Certain assessment equipment may be checked-out through Skill Lab Coordinator.
 - b. All supplies must be returned to the Skills Lab Coordinator. Failure to return equipment will result in failure of the course.

Mastery Skills

Mastery skills will be evaluated by the lab instructor through student demonstration in the learning laboratory. A passing grade is achieved when the student can successfully demonstrate competency for that skill. If the student is unsuccessful remediation will be provided followed by re-demonstrate of the skill. If the student is unable to successfully perform any of the mastery skills during the semester, a clinical failure will result.

NURS 3410 Health Assessment Mastery Skill	Grading Criteria
Vital Signs Temperature, pulse, respirations and blood	Check off with Lab Instructor, must accurately determine temperature, pulse, respiration, and blood pressure in a patient (lab classmate). May repeat at instructor's discretion.

pressure (manual reading)	
100 Blood Pressures	Student will complete 100 manual blood pressures. One person's blood pressure may be repeated on different occasions up to 5 times. Students must turn in 100 Blood Pressure Sheet, Appendix C, on due date.
Head to Toe Practicum	Perform an assessment on a classmate with Lab Instructor evaluating. See expanded grading criteria, Appendix D. Must score 2 (meets criteria) on each area to pass. Failure will result in the option of a second practicum performed on a different patient (lab classmate).
Lab quiz breath sounds Lab quiz heart sounds	Student must correctly identify specified heart sounds and breath sounds. Must retest until sounds are correctly identified.
Lab assignments System Assessments	Perform all skills assigned in the learning laboratory and satisfactorily complete weekly written laboratory assignments in the Student Lab Manual corresponding with content each week. Satisfactory completion of the written laboratory assignments includes work that is legible, correct, complete (with no blanks), and completed by the end of the lab period.

Summary of Requirements

Requirement	Grading Criteria
Exams X5	Simple Average of 75% MUST BE MET TO PASS THE COURSE
Then items are weighted with percentages	Four exams (15% each) Final Exam (20%)
Health History (5%)	Appendix B
Grand Rounds Presentation (10%)	Grand Rounds Resources Student must present Grand Rounds
Daily Grade X10 (5%)	Vital Signs Module (on Blackboard) and Learning Style Assessment (on Blackboard),
	8 Blackboard quizzes (in syllabus) turned in at beginning of lecture
Skills in Lab: Pass/Fail	
Vital Signs	Demonstrates competency.
100 Blood Pressures	Demonstrates competency.
Head to Toe Practicum	Demonstrates competency.
Lab quiz breath sounds	Demonstrates competency.
Lab quiz heart sounds	
Lab assignments	Demonstrates competency.

The Muddy Point

The "Muddy Point" is a way for students to communicate concepts that were not clear during lecture. Muddy points will be written during the last 5 minutes of class. They are meant to be brief (1-2 sentences). They are anonymous. They will be collected in Tyler by the instructor, in Palestine and Longview by the ITV room assistant and sent to the Tyler instructor by ITV mail. The muddy points will be collated and answers summarized and a response will be sent by email via the Blackboard communication area for all students. Exam questions are likely to be representative of muddy points.

Muddy points are optional to turn in after each lecture on a sheet of paper or they may be emailed to the instructor who lectured on the content that was unclear.

What was the muddiest point in lecture? (What was least clear?)

Date:

Tear this portion from your muddy point and turn in:

Please print your first and last name _____
add any variations (Beth for Elizabeth) that you would like to be called
Please note if your name has or will change, noting previous and current name.

Your campus: _____

What book(s) did you read over the summer? _____

What are your expectations for this course?

What are your own learning goals? _____

Week 1: Course Overview, Interview, Health History, and Vital Signs

Theory Objectives

- 1 Distinguish between subjective and objective data
- 2 Identify situations in which the appropriateness of the type of health assessment approach varies
- 3 Discuss the concept of health promotion related to health assessment
4. State the purpose of a complete health history
5. State the different types of health histories
6. Apply principles of therapeutic communication
7. Compare techniques that enhance and block effective communication.
8. Discuss individual patient needs (development, cultural, acuity) that require modified communication
9. Delineate types of data that belong under each of the following sections of the health history:
 - a. Biographic data
 - b. Reason for seeking care/Chief complaint
 - c. Present health status/ History of present illness
 - d. Past health history
 - e. Family history
 - f. Review of Systems
 - g. Functional Assessment
10. Describe the eight characteristics included in the summary of each patient symptom
 - a. location
 - b. character or quality
 - c. quantity of severity
 - d. timing
 - e. setting
 - f. aggravating or relieving factors
 - g. associated factors
 - h. patient's perception
11. Discuss assessment of depressed patient who is at risk for suicide
12. Collect data in a systematic and ongoing process (From Scope and Standards of Nursing Practice, Standard 1, Assessment)
 - a. Document relevant data in a retrievable format
 - b. Apply principles of infection control
 - c. Apply principles of patient confidentiality
 - d. Ensure accurate identification of the patient

Laboratory Objectives

1. Demonstrate use of open-ended, close-ended, and directive questioning.
2. Discuss communication facilitators and communication blocker techniques
3. Draw a genogram for own family that includes two generations.
4. Accurately record a Comprehensive Health History with a lab partner.
5. Discuss the Review of Systems example in lab
6. Describe the 8 health variables for a patient with low back pain and turn in to instructor

Lab Assignments

1. Discussion of Review of Systems
2. Complete Role play exercise
3. Describe the 8 health variables for a patient with low back pain
4. Begin Practice Health History Chapter 6 in Student Laboratory Manual
5. Turn in all written assignments at the end of lab.

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

Identify words you do not know. Use computer, text and dictionary.

General Symptoms: Denies, pain, fatigue, weakness, or fever. Denies problems sleeping or changes in weight.

Integumentary: Skin, Hair, Nails/Health Promotion: Denies wounds, sores, diaphoresis, pruritis, ecchymosis, jaundice, alopecia, nail clubbing, pediculosis, erythema, petechiae, cyanosis, skin striae, or pallor. Health promotion/ limits sun exposure and uses sunscreen, skin self-examination.

Eyes, Ears, Nose and Sinuses, Mouth and Throat/Health Promotion: Patient denies any hearing loss, vertigo, hx chronic ear infection, ear discharge, pain, or use of hearing aid. Patient denies any loss of or recent change in vision, photophobia, diplopia, glaucoma, exudates, dry eyes, eye pain, cataracts, eye surgery, excessive tearing, or use of corrective lenses (contacts or glasses). Patient denies any history of frequent epistaxis, chronic sinusitis, nasal fracture, chronic drainage, polyps, or change in sense of smell. Patient denies any problems with teeth (edentulous, partial/full plate, upper or lower dental work) or gum diseases, xerostomia, recent dental work, oral lesions, tonsillitis, strep throat, tongue problems, voice changes, chronic hoarseness, chronic halitosis. Health promotion/ annual eye and dental exam, uses protective eye and ear wear, brushing and flossing daily.

Head and Neck / Health Promotion: The patient denies syncope, head trauma, skull fracture or masses Patient denies any hx of neck masses, goiter, neck injury or chronic cervical lymphadenopathy. Health promotion/ wears bicycle helmet.

Breast / Health Promotion (include for male as well): denies pain, swelling, lumps, masses, or nipple discharge. Health Promotion/ Monthly SBE.

Respiratory System/ Health Promotion: Patient denies history of chronic coughing, sputum production (if +, list color), hemoptysis, asthma, COPD, wheezing, stridor, pneumonia, bronchitis, TB, or SOB or dyspnea (altered with position?), rate on scale 0/10., no DOE. Health promotion/ hand washing, TB screening, annual flu immunization, smoking cessation, wearing masks for respiratory irritants, avoid second hand smoke.

Cardiovascular/ Health Promotion: Denies CVA, peripheral edema, claudication, use of pacemaker, palpitations, ectopic heartbeats (last ECG or EKG WNL), chest pain, orthopnea, exercise intolerance, or anemia. Health promotion/ limits salt and fat intake, cholesterol and BP screening, avoid crossing legs at knees, exercise and activity.

Gastrointestinal/ Health Promotion: Patient denies abdominal pain, GERD, PUD, nausea, vomiting, diarrhea, constipation, blood in stool, hematemesis, hemorrhoids, scopings, rectal bleeding, ulcers, polyps or bowel incontinence, or excessive flatus. Patient denies any hx of gall bladder disease, stones, jaundice, hepatitis or other liver problems. Patient denies any splenomegaly or problems with spleen. Health promotion/ fiber in diet, colon cancer screening.

Urinary System/ Health Promotion: Patient denies any hx of kidney stones, kidney disease or cysts or flank pain. Patient denies any hx of hematuria, pyuria, dysuria, chronic cystitis, nocturia, anuria, hesitancy, enuresis, or change in color of urine. Patient denies any hx of prostatitis, epididymitis, TURP, or impotency. Health promotion/ measures to prevent UTI, Kegel exercises.

Reproductive System/ Health Promotion:

Male: Denies presence of lesions, penis or testicular pain or masses, penile discharge, hernia. Health promotion/ monthly TSE, protection from STI or STD.

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Female: Patient denies genital lesions, pain, odor, menorrhagia, amenorrhea, DUB, use of contraception (BCP, IUD, condom, foam) or irregular menses, D & C, ectopic pregnancies, dyspareunia. Health promotion/ prevent STD or STI, unwanted pregnancies, pap smear.

Musculoskeletal/ Health Promotion: Patient denies joint stiffness, pain, restriction of motion, swelling, redness, crepitus, MAE with FROM, able to perform ADLs without assistance. Health promotion/ exercise, calcium intake, osteoporosis screening.

Neurological/Health Promotion: Patient denies LOC, syncope, seizures, weakness or paralysis, paresthesias, ataxia, fasciculation, tremors, loss of memory, DTR 2+ and symmetrical. Health promotion/ none listed in text.

Endocrine System: Patient denies goiter, heat or cold intolerance, unexplained weight change, diabetes, polydipsia, polyuria, polyphagia, changes in facial or body hair, increased hat and glove size. Health promotion/ none listed in text.

General Terms:

Define the following acronyms:

DOB

NKA

NKDA

NPO

<, >,

OTC

Medical Terminology:

Prefixes:

Dys-difficult, painful

Path-disease

Ab-away from

Ad-toward, near

Ante-before, forward

Anti-against

Epi-above, over, upon

Retro-back or behind

Sub-under

Super and supra-above, beyond

Trans-across

Proct-,rect-rectum

Pyo-pus

tachy-fast

Eu-good, normal

Numbers: di and bi-two
demi, hemi, and semi-half

pan-all

cyst-bladder

respire-breathe

thora-chest

xero-dry

ophthalmo-eye

auric-ear

cardio-heart

neprho-kidney

pneum-, pulmo-lung

rhin-nose

cutane-, derm-skin

stoma- mouth

uro- urine or bladder

brady-slow

Suffixes:

-malacia-softening

-oma-tumor, mass

-rrhagia or rrhage-excessive flow, discharge-algia-pain

-rrea-flow, discharge

dent-tooth

-ectomy-removal

oscopy-visual exam

-pnea-breathe

-lith-stone

Laboratory Exercise:

Role Play Communication Exercise

Directions: With a partner, role-play patient and nurse therapeutic and non-therapeutic communication techniques

1. Your patient says: "I'll never get rid of this cancer." What is your best response
2. Your patient says, "I'm really scared about having surgery." You should reply.
3. Your patient says, "This place is a hole. I'll never get well if I stay here." You should reply:
4. Your patient says, "I have nothing to live for.....I wish I was dead." You should reply.

Health History Eight Critical Characteristics
See text p. 77

BH is a 32-year old male who presents with a complaint of back pain. He tells you he first noticed the pain two days ago after he helped move a heavy couch. He says the pain is severe and he says it is sharp, comes and goes, and radiates down his left leg. He has difficulty walking when the pain hits. The pain is unrelieved by OTC analgesics. He states, "The pain seems to be in the lower back area. It is worse when bending over at work and is better when lying down." He also says he thinks he pulled a muscle when he helped a neighbor move.

Complete the history of present illness for his chief complaint (CC) of back pain. Are there other questions you need to ask to complete the database?

History of Present Illness or Present health status

CC:

Symptom analysis:

The 8 Health variables:

1. Body location
2. Quality
3. Quantity
4. Timing
5. Setting
6. Aggravating & alleviating factors
7. Associated factors
8. Client's perception of the symptoms

ONLY LAB	MLK HOLIDAY no lecture	No lecture but vital signs in lab week of 1-21	Mastery skill: Vital Signs Vital Signs Video in lab, Check out BP cuffs, Begin 100 BPs
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VITAL SIGNS MODULE: Appendix A

Learning Objectives: After completing this module and the health assessment lab for vital signs, the student will be able to:

- Describe the appropriate procedure for measuring a temperature
- Describe the appropriate procedure for assessing a normal pulse
- Describe the appropriate procedure for assessing a blood pressure
- Discuss normal and abnormal variations of vital signs.
- Describe the appropriate technique to assess capillary refill
- Describe pain assessment
- Discuss Oxygen saturation as an additional measure of vital signs

Complete the questions on BBD site related to this module in Appendix A for a daily grade. Due date on Master Schedule

Week 2: Chest and Lungs, Respiratory System
General Survey, Measurement, Assessment Techniques

Complete Student Lab Guide for Chapter 8 pp. 58-60 prior to lab

Theory Objectives

1. Recall anatomy and physiology of the respiratory system.
2. Relate the relevant subjective information in an assessment of the respiratory system.
3. Discuss health promotion practices that are pertinent to the respiratory system.
4. Identify equipment appropriate to the examination of the respiratory system.
5. Describe appropriate inspection, palpation, auscultation, percussion and positioning techniques used in the examination of the respiratory system.
6. Discuss the developmental considerations associated with the respiratory assessment
7. Compare abnormal findings in a thorax and lung assessment.
8. Discuss characteristics of normal breath sounds.
9. Describe adventitious breath sounds.
10. Compare respiratory disease assessment findings.
11. Describe the use of inspection, palpation, auscultation, and percussion as a physical assessment technique.
12. Differentiate between parts of the hand used for palpation techniques.
13. Differentiate between light, deep, and bimanual palpation
14. Discuss appropriate infection control measures used to prevent spread of infection.
15. Discuss developmental considerations in performing a physical assessment.
16. Discuss various tools used in a physical assessment
17. Discuss the purpose of a general survey
18. List the information considered in each of the four general areas of general survey
19. Discuss developmental considerations in a general survey
20. Discuss how to evaluate a client's weight and height
21. Determine appropriate documentation.
22. Based on patient data, determine priority of assessment

The following objectives may be included in each lecture:

From Scope and Standards of Nursing practice, Standard 1, Assessment
Collect data in a systematic and ongoing process
Document relevant data in a retrievable format
Apply principles of infection control
Apply principles of patient confidentiality
Ensure accurate identification of the patient

Laboratory Objectives

1. Demonstrate knowledge of the respiratory system by obtaining a health history from a peer/patient.
2. Demonstrate correct techniques for inspection, palpation, percussion, and auscultation of the respiratory system
3. Record the history and physical exam findings accurately.
4. Listen and recognize normal and abnormal breath sounds in lab
5. Discuss and demonstrate inspection, auscultation, palpation, and percussion techniques.
6. Describe a general survey, specifying key components: appearance, body structure, mobility, and behavior
7. Perform and document a general survey.

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Lab Assignment

1. Complete and discuss in lab Lab Manual pp. 164-165 # 7,8,9,10, 12, 13, 14,15. Review questions pp. 167-1691-24.
2. Complete Lab Manual Chapter 8,18 with new lab partner
3. Check-off competency of Mastery Skill: Posterior & Anterior breath sounds, technique & position with stethoscope
4. Turn in all written assignments at the end of lab.

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

QUIZ 1
Chest and Lungs Video
Turned in at beginning of class and graded by peers

1. When comparing the anteroposterior (AP) diameter of the chest to the transverse diameter, what is the expected shape of an adult's chest?
 - a. The AP diameter and transverse diameter are roughly equal.
 - b. The AP diameter is twice as large as the transverse diameter.
 - c. The AP diameter is approximately one half the size of the transverse diameter.
 - d. The AP diameter is slightly smaller than the transverse diameter, which shows prominent sternal protrusion.

2. Which range of respiratory rates is considered normal in an adult?
 - a. 30 to 80 breaths/minute
 - b. 20 to 40 breaths/minute
 - c. 16 to 20 breaths/minute
 - d. 12 to 20 breaths/minute

3. When palpating a patient's posterior chest for thoracic expansion, your thumbs should be at the level of the:
 - a. Fourth rib.
 - b. Sixth rib.
 - c. Eighth rib.
 - d. Tenth rib.

4. While palpating for tactile fremitus on the anterior thorax, you should expect to feel *most of* the fremitus over the:
 - a. Bronchial bifurcation.
 - b. Xiphoid process.
 - c. Lung apices.
 - d. Lung bases.

5. During chest percussion, you should expect to hear resonance over the:
 - a. Diaphragm.
 - b. Lungs.
 - c. Heart.
 - d. Ribs.

6. Which of the following are expected findings related to diaphragmatic excursion?
 - a. 3 cm of excursion bilaterally, slightly higher on the right
 - b. 3 cm of excursion on the right, 7 cm on the left
 - c. 5 cm of excursion bilaterally, slightly higher on the left
 - d. 8 cm of excursion bilaterally

7. During auscultation of the lungs, you should expect to hear *bronchovesicular* sounds over:
 - a. Most of the lung fields.
 - b. The main bronchi.
 - c. The lateral lobes.
 - d. The trachea.

8. Which adventitious breath sounds are *discontinuous* on auscultation?
 - a. Wheezes
 - b. Crackles
 - c. Rhonchi

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d. Pleural friction rubs

9. Which adventitious breath sounds are characterized as deep sonorous rumblings?

- a. Wheezes
- b. Crackles
- c. Rhonchi
- d. Pleural friction rubs

10. Which type of vocal resonance is present if a patient's normal speaking voice sounds clearer and louder during auscultation?

- a. Whispered pectoriloquy
- b. Egophony
- c. Cacophony
- d. Bronchophony

Week 3 and 4: Heat and Neck Vessels and Peripheral Vascular Systems

Theory Objectives

1. Recall the anatomy and physiology of the heart and peripheral vascular system.
2. Relate the relevant subjective information in an assessment of the heart and peripheral vascular system
3. Discuss health promotion practices that are pertinent to the heart and peripheral vascular system
4. Identify equipment appropriate to the examination of the heart and peripheral vascular system
5. Describe appropriate inspection, palpation, auscultation, and positioning techniques used in the examination of the heart and peripheral vascular system
6. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the heart and peripheral vascular system
7. Cite risk factors associated with heart disease, peripheral vascular disease and stroke.
8. Describe the clinical portrait of a patient in heart failure.
9. Recognize normal and abnormal findings of the heart and peripheral vascular system
10. Determine appropriate documentation.
11. Based on patient data, determine priority of assessment
12. Compare venous and arterial disease of the peripheral blood vessels

Laboratory Objectives

1. Demonstrate knowledge of the cardiovascular and peripheral vascular system by obtaining a health history from a peer/patient
2. Demonstrate correct techniques for inspection, palpation, and auscultation of the Cardiovascular and the peripheral vascular system.
3. Demonstrate palpation of peripheral arterial pulses (brachial, radial, femoral, popliteal, posterior tibial, and dorsalis pedis).
4. Demonstrate proper technique for performing the Allen test and using the Doppler to assess an arterial pulse.
5. Record the history and physical exam findings accurately.
6. Listen and recognize normal and abnormal heart sounds in lab by testing
7. Listen and recognize normal and abnormal (wheezing, crackles, and rhonci) breath sounds in lab by testing.

Week Three Lab Assignment

Testing: Breath sounds quiz

1. Discussion of Chp 20 info in lab manual: page 189 Discuss # 5, #12 and #13, then if time, discuss the review questions 1-14 pp. 192 and 193
2. Complete Lab Manual Chapter 20 with new lab partner
3. Check-off competency of Mastery Skill: 5 auscultation areas, palpation of radial, pedal and posterior tibial pulses, assess capillary refill.
4. Turn in all written assignments at the end of lab.

Week Four Lab Assignment Testing: Heart sounds quiz

1. Check-off competency of Mastery Skill: Orientation status, Assess PERRLA & inspect oral cavity, muscle strength, skin and turgor; Inspect, auscultate, and lightly palpate abdomen
2. Discussion in lab manual over chapter 19
Study guide questions page 175 #1, #2, #4, #5, #14, #18
Review questions. 1-14 p181
3. Complete Lab Manual Chapter 20 with new lab partner

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

QUIZ 2
Blood Vessels Video
Turned in at beginning of class and graded by peers

Review Questions

1. The pulse is easiest to palpate over the:
 - a. Radial arteries.
 - b. Carotid arteries.
 - c. Femoral arteries.
 - d. Brachial arteries.

2. To palpate the brachial pulse, you should place your fingers:
 - a. Just medial to the biceps tendon.
 - b. On the medial and ventral side of the wrist.
 - c. Behind and slightly inferior to the medial malleolus.
 - d. Between the symphysis pubis and the anterior superior iliac spine.

3. The pulse deficit is the difference between:
 - a. Any palpated pulse at rest and with activity.
 - b. The palpated radial pulse and the carotid pulse.
 - c. Any palpated pulse and the lowest expected pulse rate.
 - d. The palpated radial pulse and the auscultated heart rate.

4. A pulse with an amplitude of 1 is:
 - a. Expected.
 - b. Increased.
 - c. Not palpable.
 - d. Barely palpable.

5. During auscultation of a carotid artery, which technique may enhance the detection of bruits?
 - a. Ask the patient to hold his or her breath.
 - b. Switch to the diaphragm of the stethoscope.
 - c. Auscultate while palpating the opposite carotid artery.
 - d. Have the patient tip his or her head down and toward the stethoscope.

6. To obtain an accurate blood pressure measurement, which preparatory step is essential?
 - a. Center the bladder of the cuff over the radial artery.
 - b. Secure the cuff loosely to maximize patient comfort.
 - c. Place the cuff 2 to 3 cm above the antecubital crease.
 - d. Hold the patient's arm so that it is as straight as possible.

7. How far above the palpable systolic pressure should you inflate the blood pressure cuff?
 - a. 10 to 20 mm Hg
 - b. 20 to 30 mm Hg
 - c. 30 to 40 mm Hg
 - d. 40 to 60 mm Hg

8. Which Korotkoff sounds correspond to the first diastolic pressure?
 - a. Sharp thudding sounds
 - b. Blowing or swishing sounds
 - c. Muffling of previously crisp sounds
 - d. Disappearance of soft blowing sounds

9. The difference between blood pressure measurements on opposite arms is expected to be:

- a. 0 mm Hg.
- b. Up to 10 mm Hg.
- c. Up to 20 mm Hg.
- d. 20 to 30 mm Hg.

10. A pulse with an amplitude of 4 is:

- a. Expected.
- b. Increased.
- c. Not palpable.
- d. Barely palpable.

Week 5: Abdomen and Gastrointestinal System, Anus Rectum and Prostate, and Male Genitalia

Theory Objectives

1. Recall anatomy and physiology of the abdomen, and identify the organs in the 4 quadrants.
2. Relate the relevant subjective information in an assessment of the abdomen.
3. Discuss health promotion practices that are pertinent to the abdomen.
4. Identify equipment appropriate to the examination of the abdomen.
5. Describe appropriate inspection, palpation, auscultation, percussion, and positioning techniques used in the examination of the abdomen.
6. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the abdomen.
7. Identify common causes of abdominal distention.
8. Recall anatomy and physiology of the male genitalia.
9. Relate the relevant subjective information in an assessment of the male genitalia and urinary system.
10. Discuss health promotion practices that are pertinent to the male genitalia.
11. Identify equipment appropriate to the examination of the male genitalia.
12. Describe appropriate inspection, palpation, and positioning techniques used in the examination of the male genitalia.
13. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the male genitalia.
14. Identify male genital lesions and abnormalities of the scrotum.
15. Identify abnormalities of the penis
16. Recall anatomy and physiology of the anus, rectum, and prostate.
17. Relate the relevant subjective information in an assessment of the anus, rectum, and prostate.
18. Discuss health promotion practices that are pertinent to the anus, rectum, and prostate.
19. Identify equipment appropriate to the examination of the anus, rectum, and prostate.
20. Describe appropriate inspection, palpation, and positioning techniques used in the examination of the anus, rectum, and prostate.
21. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the anus, rectum, and prostate.
22. Identify abnormalities of the rectum
23. Identify abnormalities of the prostate gland
24. Determine appropriate documentation.
25. Based on patient data, determine priority of assessment

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Laboratory Objectives

1. Demonstrate history taking and examination techniques appropriate for the abdomen.
2. Demonstrate auscultation of the abdomen by assessing characteristics of bowel sounds and screening for bruits.
3. Demonstrate percussion of the abdomen by identifying predominant percussion note, and determining liver span.
4. Demonstrate light and deep palpation.
5. Record the history and physical accurately.
6. Note: omit physical exam of male genitalia and rectum.

Lab Assignment

1. Lab manual discussion: p. 201, 1. see diagram p. 204, 2,3,4,5,6,7,8,11,12,14,18
Review questions p. 205-6, 1-14
2. Complete Lab Manual Chapter 21 with new lab partner
3. Check-off competency of Mastery Skill: Head to Toe Assessment
4. Turn in all written assignments at the end of lab.

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

QUIZ 3

Abdomen Video

Turned in at beginning of class and graded by peers

1. During inspection of the abdomen, which of the following findings is considered an expected variation?
 - a. Striae
 - b. Bulges
 - c. Venous patterns
 - d. Visible peristalsis

2. Which of the following positions is one of the best for assessing the contour of the abdomen?
 - a. looking across the patient's abdomen in a tangential view
 - b. standing at the feet and looking toward the head
 - c. standing on the right side
 - d. standing on the left side

3. On auscultation, you should expect to hear bowel sounds at a rate of:
 - a. 1 to 5 per minute.
 - b. 5 to 10 per minute.
 - c. 20 to 30 per minute.
 - d. 5 to 30 per minute.

4. During abdominal auscultation, it is expected to hear vascular sounds. True or false
 - a. True
 - b. False

5. During abdominal percussion, you should expect to hear tympany over:
 - a. The liver.
 - b. The spleen.
 - c. The intestines.
 - d. A distended bladder.

6. When using percussion to assess an adult's abdomen, the usual liver span is:
 - a. 4 to 6 cm.
 - b. 6 to 12 cm.
 - c. 8 to 10 cm.
 - d. 10 to 15 cm.

7. It is expected to palpate the spleen on a healthy adult. True or False
 - a. True
 - a. FAlse

8. During abdominal palpation, you can use the side of your hand to assess the:
 - a. Intestines.
 - b. Gallbladder.
 - c. Aortic diameter.
 - d. Lower edge of the liver.

9. Which hand locations may be used to palpate the spleen?
 - a. Left hand under the left flank and right hand at the right costal margin
 - b. Right hand below the liver margin at the border of the rectus abdominis muscle
 - c. Left hand under the left costovertebral angle and right hand below the left costal margin
 - d. Left hand under the eleventh and twelfth ribs and right hand on the right midclavicular line

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10. Which part of the hand should be used to percuss the kidneys?

- a. Hooked fingertips
- b. Medial side of the hand
- c. Tip of the middle finger
- d. Ulnar surface of the fist

Week 6: Integumentary System
Skin, Hair and Nails

Theory Objectives

Upon completion of this unit, the student should be able to:

1. Describe significant differences between skin in the developmental stages.
2. Describe the differences between basal cell carcinoma and melanoma.
3. Discuss subjective information collected for a skin, hair, and nail assessment.
4. Discuss health promotion practices that are pertinent to the skin.
5. Describe the techniques for inspection and palpation of the skin.
6. Describe the techniques for inspection and palpation of the hair.
7. Describe the technique for inspection and palpation of the nails.
8. Differentiate between common shapes and configurations of lesions.
9. Identify common skin lesions.
10. Identify abnormal conditions of hair.
11. Identify abnormal conditions of the nails.
17. Determine appropriate documentation.
18. Based on patient data, determine priority of assessment

Laboratory Objectives

1. Collect a health history and perform examination techniques appropriate for the skin, hair, and nails,
2. Demonstrate appropriate techniques for assessment of skin, hair, nails.
3. Record findings of the health history and physical examination accurately.

Lab Assignment

1. Discuss in Lab Manual p. 95, # 1, 4, 6, 8, 9, 13, 18. Review Questions p. 99 #1-101.
2. Complete Lab Manual Chapter 12 with new lab partner
3. Check-off competency of Mastery Skill: Head to Toe Assessment
4. Turn in all written assignments at the end of lab.

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

Week 7: Nutritional Assessment and Head, Neck, Lymphatics

Theory Objectives

Upon completion of this unit, the student should be able to:

1. Discuss subjective information related to a nutritional assessment.
2. Discuss unique developmental considerations when performing a nutritional assessment
3. Discuss components of a nutritional assessment
4. Discuss common nutritional variations
5. Discuss laboratory findings related to nutrition.
6. Describe variations for BMI
7. Recall anatomy and physiology of the lymphatic system
8. Relate the relevant subjective information in an assessment of the lymphatic system
9. Identify equipment appropriate to the examination of the lymphatic system
10. Describe appropriate inspection, palpation, of the lymphatic system
11. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the lymphatic system
12. Identify the structures and landmarks of the neck.
13. Discuss subjective information collected for a head and neck assessment.
14. Discuss the techniques for inspection and palpation of the head.
15. Identify abnormal findings associated with the exam of the head and neck.
16. Identify developmental considerations in the head and neck exam.

Laboratory Objectives

1. Collect a health history and perform examination techniques appropriate for the head, neck, and lymphatic system
2. Demonstrate appropriate techniques for assessment for the head and neck.
3. Inspect and palpate the neck for symmetry, range of motion, and integrity of lymph nodes, trachea and thyroid gland.
4. Describe techniques used to obtain a nutritional history and assessment.
5. Perform techniques for assessing vital signs and measuring height and weight, and skin fold thickness.
6. Calculate a BMI.

Lab Assignment

1. Discuss in Lab Manual p. 81 # 5, 7. Review Questions p. 82 # 1-15 p.108-9 # 4,5,7,8,9,10. Review Questions p. 111, #1-22
3. Complete Lab Manual Chapter 13 and 11 p. 88 with new lab partner
4. Check-off competency of Mastery Skill: Head to Toe Assessment
5. Turn in all written assignments at the end of lab.

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

QUIZ 4
Head, Neck, and Lymphatic Video
Turned in at beginning of class and graded by peers

1. When assessing a patient's facial features, which of the following is most likely to be an expected finding?
 - a. Edema
 - b. Slight asymmetry
 - c. Lack of expression
 - d. Coarsening of features

2. If other findings cause you to suspect a vascular anomaly in the brain, what else should you do to help confirm this suspicion?
 - a. Auscultate the temporal area.
 - b. Palpate the temporomandibular joint.
 - c. Assess the range of motion of the neck.
 - d. Inspect for fullness at the base of the neck.

3. To palpate a patient's temporomandibular joint, your fingers should be:
 - a. In front of the tragus.
 - b. Above the temporal area.
 - c. Next to the palpebral fissures.
 - d. At the top of the anterior triangle.

4. Which of the following movements is *not* part of range-of-motion testing of the neck?
 - a. Rotation
 - b. Extension
 - c. Abduction
 - d. Lateral bending

5. What is the best way to assess for a tracheal tug?
 - a. Gently palpate the rings of the trachea.
 - b. Feel for the hyoid bone and the thyroid and cricoid cartilages.
 - c. Inspect the neck while the patient swallows some water with the patient's neck extended.
 - d. Put your index finger and thumb on each side of the trachea below the thyroid isthmus.

6. To identify the thyroid isthmus, you should place your thumb over the trachea:
 - a. Approximately 2 cm above the thyroid cartilage.
 - b. Directly over the thyroid cartilage.
 - c. Less than 1 cm below the thyroid cartilage.
 - d. Approximately 3 cm below the thyroid cartilage.

7. When palpating an older adult's thyroid gland, which finding can be expected?
 - a. Nodularity
 - b. Bogginess
 - c. Tenderness
 - d. Enlargement

8. Which of the following lymph nodes may be palpated at the angle of the mandible?
 - a. Parotid nodes
 - b. Occipital nodes
 - c. Submental nodes
 - d. Submandibular nodes

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9. Which of the following lymph nodes may be palpated along the anterior border of the trapezius muscles?

- a. Supraclavicular nodes
- b. Anterior cervical nodes
- c. Posterior cervical nodes
- d. Sternocleidomastoid nodes

10. Where is the best place to palpate the epitrochlear nodes?

- a. Deep in the groin
- b. Down the arm to the elbow
- c. In the anterior and posterior walls of the axilla
- d. Above and posterior to the medial condyle of the humerus

Week 8: Eyes, Ears, Nose, Mouth and Throat

Theory Objectives

1. Recall anatomy and physiology of the eyes.
2. Relate the relevant subjective information in an assessment of the eyes.
3. Discuss health promotion practices that are pertinent to the eyes.
4. Identify equipment appropriate to the examination of the eyes.
5. Describe appropriate inspection, palpation, and positioning techniques used in the examination of the eyes.
6. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the eyes.
7. Understand abnormalities of the eyes
8. Recall anatomy and physiology of the ears.
9. Relate the relevant subjective information in an assessment of the ears.
10. Discuss health promotion practices that are pertinent to the ears.
11. Identify equipment appropriate to the examination of the ears.
12. Describe appropriate inspection, palpation, and positioning techniques used in the examination of the ears.
13. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the ears.
14. Compare abnormalities of the ear including the tympanic membrane
15. Identify expected and abnormal findings of tuning fork tests.
16. Recall anatomy and physiology of the nose, mouth, and throat.
17. Relate the relevant subjective information in an assessment of the nose, mouth, and throat.
18. Discuss health promotion practices that are pertinent to the nose, mouth, and throat.
19. Identify equipment appropriate to the examination of the nose, mouth, and throat.
20. Describe appropriate inspection, palpation, and positioning techniques used in the examination of the nose, mouth, and throat.
21. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the nose, mouth, and throat.
22. Compare abnormalities of the nose, mouth, and throat.
23. Determine appropriate documentation.
24. Based on patient data, determine priority of assessment

Laboratory Objectives

1. Collect a health history related to pertinent signs and symptoms of the eye, ear, and nose and throat systems.
2. Demonstrate assessment of visual acuity, visual fields, external eye structure, 6 cardinal fields of gaze, and ocular fundus.
3. Demonstrate the correct technique of an otoscopic examination.
4. Describe and perform tests for hearing acuity.
5. Inspect and palpate structures of the oral cavity.
6. Record the history and physical examination findings accurately.

Lab Assignment

Chapter 14 Eye

Study guide: p. 120 questions 3,9,11,20,22

Review questions: 1-16 p. 124-5

REgional write up: p. 127

Chapter 15 Ears

Study guide: p, 130 questions 3,6,7,8, 11,12

Review questions: 1-16 p. 134-8

REgional write up: p. 137

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Chapter 16 Nose Mouth and Throat
Study guide: questions p. 141: 9 and 12
Review questions: p. 144-5 :1-12

REgional write up: p145 and 146 D only

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

QUIZ 5
Eyes Video

Turned in at beginning of class and graded by peers

1. Which piece of equipment is used to test distance vision?
 - a. E chart
 - b. Jaeger card
 - c. Newspaper print
 - d. Rosenbaum card

2. When a Rosenbaum card is used to assess visual acuity, about how far should the card be from the patient's eyes?
 - a. 6 inches
 - b. 14 inches
 - c. 1 meter
 - d. 20 feet

3. The confrontation test is used to evaluate:
 - a. Near vision.
 - b. Distance vision.
 - c. Peripheral vision.
 - d. Extraocular function.

4. When inspecting a newborn's eyelids, you are likely to see which expected variation?
 - a. Edema
 - b. Lesions
 - c. Drainage
 - d. Inflammation

5. Assessment of corneal sensitivity also evaluates the function of cranial nerves:
 - a. I and II.
 - b. V and VII.
 - c. III, IV, and VI.
 - d. IX, X, and XII.

6. What should happen when the patient focuses on a distant object and then quickly focuses on an object 10 cm from his or her nose?
 - a. Pupil dilation
 - b. Eyelid blinking
 - c. Pupil constriction
 - d. Horizontal nystagmus

7. If a patient's corneal light reflex appears asymmetrical, which test should you do to confirm a defect?
 - a. Cover-uncover test
 - b. Accommodation test
 - c. Corneal sensitivity test
 - d. Swinging flashlight test

8. To examine the retina of a patient with myopia, how should you adjust the ophthalmoscope?
 - a. Use a slit aperture.
 - b. Use a grid aperture.
 - c. Use a plus (black) lens.
 - d. Use a minus (red) lens.

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9. Which retinal structure serves as the unit of measure for locating fundal lesions or structures?

- a. The optic disc
- b. The macula lutea
- c. The fovea centralis
- d. The arteriovenous crossing

10. When assessing the macula, which of the following findings is expected?

- a. Drusen bodies
- b. Myelinated nerve fibers
- c. Yellow dot surrounded by deep pink
- d. Smooth blood vessels with no nicking

Theory Objectives

1. Recall anatomy and physiology of the musculoskeletal system.
2. Relate the relevant subjective information in an assessment of the musculoskeletal system.
3. Discuss health promotion practices that are pertinent to the musculoskeletal system.
4. Identify equipment appropriate to the examination of the musculoskeletal system.
5. Describe appropriate inspection, palpation, auscultation, and positioning techniques used in the examination of the musculoskeletal system.
6. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the musculoskeletal system.
7. Compare inflammatory and degenerative conditions associated with the musculoskeletal system.
8. Identify abnormalities of the bones, joints, spine, and ligaments and muscles
9. Determine appropriate documentation.
10. Based on patient data, determine priority of assessment

Laboratory Objectives:

1. Demonstrate history taking and examination techniques appropriate for the musculoskeletal system.
2. Demonstrate inspection and palpation of the musculoskeletal system by assessing the muscles, bones, and joints for size, symmetry, swelling, nodules, deformities, atrophy, and active range of motion.
3. Record the history and physical examination findings accurately.

Lab Assignment

1. Page 213 Study Guide Questions: 1,2,3,8,11,13,14,
Review questions: page 216-7, # 1-24
Regional Write up pages 219-221
2. Complete Lab Manual Chapter 22 with new lab partner
3. Check-off competency of Mastery Skill: Head to Toe Assessment
4. Turn in all written assignments at the end of lab.

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

Week 10: Neurological System and Mental Status

Theory Objectives

1. Recall anatomy and physiology of the neurologic system.
2. Relate the relevant subjective information in an assessment of the neurologic system.
3. Discuss health promotion practices that are pertinent to the neurologic system.
4. Identify equipment appropriate to the examination of the neurologic system.
5. Describe appropriate inspection, palpation, percussion, and positioning techniques used in the examination of the neurologic system.
6. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the neurologic system.
7. Identify expected and unexpected findings associated with the cranial nerves.
8. Describe exams that assess cerebellar function
9. Describe exams that assess sensory function
10. Describe the different deep tendon reflexes including normal and abnormal responses
11. Discuss abnormalities of the neurologic system
11. Determine appropriate documentation.
12. Based on patient data, determine priority of assessment
13. Compare normal and abnormal findings related to the Glasgow Coma Scale
14. Compare neurological disease assessment findings.
15. Describe the following components of a mental status exam: appearance, behavior, cognition, and thought processes.
16. Discuss developmental considerations of the mental status examination.
17. Discuss measures and tests of cognitive functioning.
18. Discuss examples of abnormalities of thought content
19. Relate the relevant subjective information in an assessment of the mental status exam
20. Describe the characteristics of major depression
21. Describe abnormalities of mood and affect
22. Describe delirium and dementia
23. Determine appropriate documentation.
24. Based on patient data, determine priority of assessment

Laboratory Objectives

1. Demonstrate history taking and examination techniques appropriate for the neurologic system.
2. Demonstrate knowledge of the neurologic system by assessing cranial nerves, cerebellar function, sensory system, motor system, and deep tendon reflexes.
3. Record the history and physical examination findings accurately.

Lab Assignment

1. Lab Manual Chapter 6: Do review questions page 43-4, 1-19
Lab Manual Chapter 23 Do review questions page 234 1-24
3. Complete Lab Manual Chapter 23 and 6 with new lab partner
4. Check-off competency of Mastery Skill: Head to Toe Assessment
5. Turn in all written assignments at the end of lab.

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

QUIZ 6

Neurological System: Mental Status and Cranial Nerves Video

Turned in at beginning of class and graded by peers

1. When assessing a patient's orientation, you notice that he is drowsy and falls asleep quickly. When you arouse him, he answers your questions appropriately. What is this patient's level of consciousness?
 - a. Stupor
 - b. Delirium
 - c. Lethargy
 - d. Confusion

2. During the mental status examination, which of the following questions assesses the patient's ability to describe analogies?
 - a. "What is the date today?"
 - b. "What is similar about a tree and a bush?"
 - c. "What does the saying 'A stitch in time saves nine' mean?"
 - d. "What would you do if you found your neighbor's mail in your mailbox?"

3. Which of the following questions assesses the patient's ability to perform abstract reasoning?
 - a. "How is a car different from a bus?"
 - b. "What is your mother's maiden name?"
 - c. "If you count by eights, what are the numbers between 50 and 98?"
 - d. "How would you explain the proverb 'A rolling stone gathers no moss'?"

4. During your assessment, the patient reports extreme irritability. This symptom may reflect a disturbance of:
 - a. Mood.
 - b. Perception.
 - c. Thought content.
 - d. Thought process.

5. Which of the following is *not* a component of speech and language skills assessment?
 - a. Analogies
 - b. Coherence
 - c. Articulation
 - d. Comprehension

6. Which pieces of equipment are essential for testing cranial nerve I?
 - a. Vials of flavored solutions
 - b. Vials of aromatic substances
 - c. Snellen and Rosenbaum charts
 - d. Broken tongue blade and cotton wisp

7. Assessment of the pupillary response to light and accommodation evaluates the function of:
 - a. Cranial nerves IX and X.
 - b. Cranial nerves VII and IX.
 - c. Cranial nerves III, IV, and VI.
 - d. Cranial nerves IX, X, and XII.

8. Which of the following areas is *not* tested during assessment of the trigeminal nerve (cranial nerve V)?
 - a. Chin
 - b. Cheeks
 - c. Tongue
 - d. Forehead

9. Which of the following movements is part of the combined assessment of the facial and glossopharyngeal nerves (cranial nerves VII and IX)?

- a. Squeezing the eyes shut
- b. Shrugging the shoulders up
- c. Blinking with corneal stimulation
- d. Moving the tongue to make lingual sounds

10. Which of the following patient actions helps assess the function of the glossopharyngeal and vagus nerves (cranial nerves IX and X)?

- a. Puffing out the cheeks
- b. Opening the mouth and saying "ah"
- c. Moving the tongue from side to side
- d. Turning the head to the right and then left

Week 11: Breasts and Axillae, & Female Genitalia

Theory and Lab Objectives

1. Recall anatomy and physiology of the female genitalia.
2. Relate the relevant subjective information in an assessment of the female genitalia.
3. Discuss health promotion practices that are pertinent to the female genitalia.
4. Identify equipment appropriate to the examination of the female genitalia.
5. Describe appropriate inspection, palpation, and positioning techniques used in the examination of the female genitalia.
6. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the female genitalia.
7. Compare abnormalities of external female genitalia.
8. Compare abnormalities of female pelvic musculature.
9. Compare abnormalities of the cervix and vulvovaginal inflammations.
10. Recall anatomy and physiology of the breasts and regional lymphatics.
11. Relate the relevant subjective information in an assessment of the breasts and regional lymphatics..
12. Discuss health promotion practices that are pertinent to the breasts and regional lymphatics..
13. Identify equipment appropriate to the examination of the breasts and regional lymphatics.
14. Describe appropriate inspection, palpation, and positioning techniques used in the examination of the breasts and regional lymphatics.
15. Describe expected findings, minor variations, variations related to age, race, gender that may be found on examination of the breasts and regional lymphatics.
16. Identify signs of breast cancer.
17. Compare disorders occurring during lactation.
18. Discuss breast cancer in males.
19. Identify disorders and variations of the male breast
20. Determine appropriate documentation.
21. Based on patient data, determine priority of assessment

Domestic Violence Objectives

1. Recognize health care professional's role as mandatory reporters of domestic violence.
2. Explain the aspects of assessment and history taking for suspected domestic violence.
3. Compare assessment findings consistent with domestic violence.

Lab Assignments

No write up due this week due to Grand Rounds presentations

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

QUIZ 7

Breasts and Axillae Video

Turned in at beginning of class and graded by peers

1. For an adolescent's breasts, which finding is most likely to be an expected variation?
 - a. Peau d'orange
 - b. Difference in breast size
 - c. Dimpling of breast tissue
 - d. Retraction of breast tissue

2. Which of the following findings related to the nipples and areolae is a danger sign?
 - a. Everted nipples
 - b. Deviation of one nipple
 - c. A "well" behind the nipple
 - d. Montgomery tubercles 3. 4. 5. 6.

3. Which of the following positions is *not* appropriate for inspecting a seated woman's breasts?
 - a. With her hands resting at her sides
 - b. With her hands behind the neck and her elbows slightly forward
 - c. With her hands pressed against the hips and her shoulders rolled forward
 - d. With one hand raised straight up from the shoulder and the other resting at her side

4. During breast palpation, the chest wall sweep follows which pattern?
 - a. From the clavicle down to the nipple, repeatedly
 - b. From the areola outward, returning to the center each time
 - c. From the top corner of the breast down and up across the breast
 - d. From the outer edge of the breast tissue, spiraling in to the nipple

5. During examination of the breasts, you should palpate lymph nodes in the axillae, as well as lymph nodes in the:
 - a. Parotid area.
 - b. Sublingual area.
 - c. Preauricular area.
 - d. Supraclavicular area.

6. A small pillow or towel should be placed under the supine patient's shoulder before breast palpation. What is the main reason for doing this?
 - a. To enhance patient comfort
 - b. To spread out breast tissue evenly
 - c. To make breast abnormalities more visible
 - d. To bring the breast closer to the examining hand

7. Palpation should cover all breast tissue, which extends from approximately:
 - a. The clavicle to the seventh rib.
 - b. The first rib to the eighth rib.
 - c. The second rib to the eighth rib.
 - d. The third rib to the ninth rib.

8. During breast palpation, what is the most common area in which to find lumps?
 - a. The nipple
 - b. The areola
 - c. The upper outer quadrant of the breast
 - d. The lower outer quadrant of the breast

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9. Which characteristic is *not* typically palpated for in a breast mass?

- a. Size
- b. Pitting
- c. Borders
- d. Mobility

10. Dimpling of the skin is an expected finding in a healthy adult female. True or False

- a. true.
- b. false

Week 12: Ethnic and Cultural Considerations and Pain

Theory Objectives

1. Describe the basic characteristics of culture, cultural competence, and the cultural assessment.
2. Discuss the influence of religion and spirituality on health and illness perception.
3. Discuss the impact of culture on health beliefs and practices
4. Differentiate between different types of pain.
5. Describe developmental, gender, and cultural considerations regarding pain.
6. Assess the client's need for pain management.
7. Describe various pain assessment tools and appropriate use
8. Compare chronic and acute pain and associated behaviors
9. Determine assessment characteristics of complex regional pain syndrome and phantom pain

Terminally Ill, Emergency & Life-Threatening, and Domestic Violence Assessments

Terminally Ill Objectives

1. Discuss the concepts of death and dying.
2. Identify physical manifestations of approaching death.
3. Outline components of the health history that would be relevant to the terminally ill patient at different stages of illness.

Emergency/Life-Threatening Objectives

1. Compare and contrast primary and secondary assessment.
2. Describe findings considered significant in the secondary assessment.
3. Describe how pediatric emergency assessment differs from adult emergency assessment.
4. Identify assessment findings of a child in early shock.

Laboratory Objectives No write up due this week due to Grand Rounds presentations

Week 13 Assessment of Pediatric Patients, the Pregnant Patient, & the Older Adult
Putting it All together Jeopardy Game in Lecture

Review age considerations for the infant, child & adolescent and older adult in each chapter.

Theory Objectives

Pediatric Objectives

1. Describe the aspects of a thorough pediatric history, including differences for developmental levels.
2. Describe the components of a thorough pediatric physical assessment, noting the differences between infants, young children and adolescents.

Pregnant Patient Objectives

1. Identify the physical changes that occur during the three trimesters of pregnancy.
2. State the components of a prenatal health history.
3. Outline the presumptive, probable and positive signs of pregnancy.
4. Discuss Health Promotion for the pregnant female.
5. Describe signs and symptoms of Preeclampsia and Eclampsia.
6. Calculate the EDC of a patient.

Older Adult Objectives

1. Identify the major chronic illnesses that are prevalent in the elderly.
2. Identify components of the health history that should be investigated in the elderly
3. Distinguish criteria for dementia from that for delirium and depression
4. Identify changes in the body systems that are characteristic of the aging patient.

Laboratory Objectives:

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1. Perform a well child assessment.
2. Perform an assessment of a pregnant patient if available in lab

Lab Assignments: Please bring your children who are 5-years old or younger. School-aged children are not appropriate. You may invite a pregnant woman who would not mind participating as a patient. You will conduct a well-child exam and a DDST II, Listen for fetal heart tones as indicated.

Completed DDST II form.

Pre-class Learning Assignments include reading/reviewing corresponding chapters in the text and viewing appropriate videos prior to class. Portions of this content will be evaluated on a unit exam and the final exam.

QUIZ 8

Putting it all together Video

Turned in at beginning of class and graded by peers

1. Which of the following is *not* typically assessed during the general inspection?
 - a. Skin color
 - b. Mental alertness
 - c. Hearing difficulties
 - d. Joint range of motion

2. During a complete physical examination, initial measurements usually include:
 - a. Gait, hearing screening, and vital signs.
 - b. Height, weight, distance vision, and vital signs.
 - c. Vision (distance, near, and peripheral) and vital signs.
 - d. Spinal inspection (standing erect and bending forward) and vital signs.

3. Examination of the eyes also assesses cranial nerves:
 - a. I, II, III, IV, and V.
 - b. II, III, IV, V, and VI.
 - c. III, IV, VI, and VIII.
 - d. V, VII, and VIII.

4. Examination of the mouth and pharynx also assesses cranial nerves:
 - a. III, IV, V, and VI.
 - b. V, VI, VIII, and XI.
 - c. VII, IX, X, and XII.
 - d. VIII, X, XI, and XII.

5. Which of the following is *not* palpated in the neck region?
 - a. Thyroid gland
 - b. Carotid arteries
 - c. Tracheal position
 - d. Epitrochlear nodes

6. Examination of the patient's back and posterior chest offers a good opportunity to assess the:
 - a. Heart.
 - b. Kidneys.
 - c. Liver border.
 - d. Submental nodes.

7. Which patient position is best for examining the jugular veins?
 - a. Seated during examination of the head and neck
 - b. Supine during examination of the neck, breasts, and heart
 - c. Reclining at a 45-degree angle with examination of the heart and neck
 - d. Reclining at a 30-degree angle with examination of the neck, breasts, and heart

8. Which neurological exam is performed standing up?
 - a. Romberg
 - b. heel to shin
 - c. plantar reflex
 - d. deep tendon reflex

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9. In the abdominal region, you should percuss in the right midclavicular line to:

- a. Detect aortic bruits.
- b. Estimate the liver span.
- c. Assess the right kidney.
- d. Identify splenic dullness.

10. Which of the following assessments is *not* typically included in examination of the lower extremities?

- a. Testing for pitting edema
- b. Palpation of temperature
- c. Inspection for hair distribution
- d. Assessment of the femoral pulse

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The following Appendices are available on the BBD site and should be printed out for your reference.

Appendix A Vital Signs Module

Appendix B Health History Assignment Grading Criteria

Appendix C 100 Blood Pressures Sheet & Guidelines

Appendix D Head to Toe Practicum Information & Instructions
Head to Toe Practicum Grading Criteria

Grand Rounds Resources Appendix Grading Criteria
Example Power Point Presentations
Peer Evaluation Forms

BLACKBOARD (BBD) Information:

Log in site: www.utt Tyler.edu

Click on the BBD icon at the bottom of the page. You can find out how to log in, how to access your student email, and other topics. You can even watch a video series under the Student FAQ, called Atomic learning, on how to navigate a BBD course.

Once you are enrolled in a Blackboard course, you can log on to the Blackboard Website anywhere you have Internet access from www.utt Tyler.edu

There is also a College of Nursing Undergraduate course that contains vital information (CON-Undergraduates). To enroll, go to "courses", then nursing, then find CON Undergraduates and click to enroll, there is no password.

Find NURS 3410 Health Assessment Fall 07 and click to self enroll.

Student Affirmation Form

_____ I agree to protect the privacy of faculty, peers, patients, and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a University of Texas at Tyler nursing student. In addition, I agree not to inappropriately disclose confidential information about any agency or institution that is disclosed to me in my capacity as a University of Texas at Tyler nursing student. I will adhere to HIPAA guidelines.

_____ I have/will read the syllabus of this nursing course I am taking this semester, and I understand the criteria established for grading my course work. I understand that my average on exams must be 75 or higher in order to attain a passing grade for the course.

_____ I agree that I will conduct myself in a manner that exhibits professional values and in accordance with the American Nurses Association (ANA) Code of Ethics for Nurses, the Texas Nurse Practice Act and UTT's Student Academic Dishonesty Policy.

_____ I will maintain and uphold the academic integrity policy of the College of Nursing and will not condone or participate in any activities of academic dishonesty including, but not limited to, plagiarism, cheating, stealing, or copying another's assigned work.

_____ I will not recreate any items or portions of any exam for my own use, or for use by others during my enrollment in the College of Nursing

_____ I will not accept or access any unauthorized information related to any exam administered during my enrollment in the College of Nursing.

_____ I will sign only my own papers and other documents and will not sign any other student's name to anything, including class rolls.

_____ I will not allow any other student access to any of my paperwork for the purpose of copying.

Student's Signature

Date

Student's Printed Name

NURS

Course

Approved: University of Texas System-Spring 1996
Faculty Organization-Spring 1996
Faculty Organization: December 8, 2000
Revised: Fall 2000; May 2004, Summer 2005

AUDIO/VIDEO-RECORDING AGREEMENT

I have been given permission to record the following class, NURS _____.

I understand that, the recordings are for my personal studies only. I realize that lectures recorded may not be shared with other people without the written consent of the faculty member. I also understand that recorded lectures may not be used in any way against the faculty member, other lecturer, or students whose classroom comments are recorded as part of the class activity.

I am aware that the information contained in the recorded lectures is protected under federal copyright laws and may not be published or quoted without the expressed consent of the lecturer and without giving proper identity and credit to the lecturer. I agree to abide by these guidelines with regard to any lectures I record while enrolled as a student at The University of Texas at Tyler.

Due to the confidential nature of some course content, I agree to provide written documentation of the erasure of any recordings made during the current semester. Failure to return this written documentation to the faculty by the date of the final examination will result in a grade of "I" (Incomplete).

Print Name

Date

Signature of Student

NURS

Course Number

I have erased all recordings made during this current semester in NURS _____.

Signature of Student

Date

(Revised with permission from TCU
Approved FO: 10/06)