

CALIFORNIA STATE UNIVERSITY, FRESNO
College of Health and Human Services
Department of Nursing

STUDENT
HANDBOOK
BACCALAUREATE DEGREE NURSING PROGRAM

2010-2011

The Student Handbook is designed to familiarize the undergraduate nursing student with general information about the Baccalaureate Nursing Program at California State University, Fresno (CSUF). In addition, the student should be familiar with relevant sections of the CSUF *General Catalog* which supersedes this handbook. Periodic contact with a nursing advisor is recommended for validation of specific relevant dates and deadlines, but students are ultimately responsible for meeting official deadlines and submitting necessary documents with university and departmental offices.

This handbook is subject to review and recommendation of the faculty of the Department of Nursing. Changes will be reflected in each updated edition.

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Location:

Our office is located in McLane Hall, Room 190

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INTRODUCTION

Welcome to the Department of Nursing, California State University, Fresno. The Department offers four programs: baccalaureate - for basic and RN students, Entry Level Master's, school nurse credential, and graduate.

The Baccalaureate Student Handbook provides information on the official policies and procedures of the Department of Nursing related to students enrolled in the baccalaureate program. Pre-nursing students should consult the Department of Nursing for current information regarding admission to the major.

The Department of Nursing began in 1957, and the first class graduated in 1962. Nursing is one of the six departments in the College of Health and Human Services.

The Department of Nursing office is located in McLane Hall, Room 190, phone number (559) 278-2041. Information regarding programs offered by the department is available from the office. Office hours during the academic year are 7:00 A.M. to Noon and 1:00 to 5:00 P.M., Monday through Friday. Consult the Department concerning summer hours.

Information of interest to students is posted on two bulletin boards near the office.

The student bulletin board, outside of the office, contains information about class schedules and changes, co-curricular activities, scholarships, and grants.

The CNSA (California Nursing Students Association) bulletin board contains information about the organization activities and allows students to leave messages for one another.

Admitted nursing students are assigned an undergraduate academic advisor and are encouraged to seek faculty advice during posted office hours and/or by appointment. Faculty office hours may be obtained from the faculty member, the department office, and the student bulletin board.

PART I - OVERVIEW OF THE DEPARTMENT OF NURSING

Mission Statement

The mission of the Department of Nursing at California State University, Fresno is to offer quality nursing education to undergraduate and graduate nursing students that prepares nurses with clinical decision-making skills based on theory and research. Additionally, the department seeks to establish an academic foundation for Advanced Practice Nursing and Doctoral preparation. As life-long learners, graduates are prepared for delivering quality health care to diverse populations across environments. Graduates will lead, supervise, delegate, manage, evaluate care outcomes, and demonstrate the ability to act as consumer advocates in promoting wellness and facilitating change.

Approved by Faculty Council: 4/05

Philosophy of Nursing

California State University, Fresno offers comprehensive programs that lead to the bachelor's and master's degrees in a wide variety of fields of study. A strong general education component in the undergraduate programs fosters the importance of lifelong learning. The master's programs are designed to provide specialized study in selected advanced practice fields. The University's special commitment to the San Joaquin Valley is to prepare students for industries and professions serving the community. To achieve the mission, California State University, Fresno supports applied research and public service programs as a means to enhance faculty development and instruction, especially those which contribute to the intellectual, social, cultural, and economic vitality of the San Joaquin Valley and California.

The Department of Nursing philosophy, consistent with the mission of the University and College of Health and Human Services, is an expression of the commitment to excellence in professional education in meeting the health needs of the community. The Department of Nursing, therefore, offers a baccalaureate program for generalists, a School Nurse Credential Program, and a master's program for advanced practice in selected areas. In order to meet the rapidly changing needs of society and the requirements of the profession, the faculty continually evaluate existing programs for effectiveness, initiate new programs, and implement change when necessary. The faculty believe that the nursing profession is characterized by the four concepts of person, environment, health, and nursing.

The faculty further believe that a person is a unique being in constant interaction with environmental stressors: intrapersonal, interpersonal, and extrapersonal in nature. Response to these stressors is influenced by the interaction of the individual's physiological, psychological, sociocultural, and developmental variables. It is also believed that individuals have the right to make decisions that affect their lifestyle and well-being. The environment encompasses internal and external forces including societal, technological, cultural, and other multidimensional influences.

Health and illness are viewed as continuing processes along a wellness-illness continuum, in which the individual attempts to achieve a sustainable balance between needs and available

resources. Nursing responds to the reciprocal interaction between the person and the environment to facilitate a state of dynamic equilibrium or change in the level of health at any point along the wellness-illness continuum. Nursing is directed toward reducing stress factors that influence or could influence the attainment of an optimum level of wellness by an individual, family, or community.

This goal is achieved through the nursing process, a systematic, problem-solving technique used for implementing independent, interdependent, and dependent nursing actions. This process consists of assessing the person's actual and/or potential health problems, constructing a diagnostic statement, formulating goals and objectives with expected outcomes, implementing therapeutic interventions, and evaluating the effectiveness of these interventions/preventions. The philosophy of the department is actualized through application of the Neuman Systems Model. Nursing is advancing into a new era of expanding roles, responsibilities and functions in primary, secondary, and tertiary preventions. Faculty are responsible for the preparation of professional nurses who can assume current nursing roles and adapt to future health needs and evolving health care requirements. Thus, professional nursing education requires a flexible curriculum that emphasizes a total person approach and is based on evolving nursing theory and knowledge from the sciences and other related disciplines.

The faculty believe that learning is a process that influences and promotes change in behavior. Learning is viewed as a life-long process involving the continuing development of personal, intellectual, and professional growth. Learning is facilitated by professional role modeling and an educational environment conducive to the exchange of ideas, critical thinking, decision-making, creativity, experimentation, and innovation.

Inherent in the teaching/learning process is the reciprocal responsibility of faculty and students in influencing the process of learning outcomes. In this relationship, faculty serve as role models and valuable resources in facilitating the advancement of nursing practice through leadership, research, and scientific inquiry. The faculty recognize the unique diversity of the Central Valley including cultural and ethnic backgrounds, language, beliefs, values, learning styles, and support systems. This diversity is viewed as an asset that is incorporated into curriculum development, implementation, and evaluation. The learner is expected to exhibit self-direction, and a sense of responsibility and accountability in mastery of knowledge and skills consistent with professional practice.

As scholars, nurses, and citizens, faculty accept the responsibility for the development of the profession and improvement of health care through continuing practice, study, and research. The faculty believe that well developed leadership abilities are essential in professional practice. Nurses need to seek improved ways of service to clients through research and effective dissemination of knowledge.

The faculty is committed to an educational process that prepares undergraduate nurses for entry level positions in nursing. Consistent with the concept of career mobility, opportunities are provided for returning RNs to articulate with the program at appropriate academic levels. The generalist education of the baccalaureate program serves as a foundation for graduate education in nursing.

The Master of Science in Nursing program prepares professionals in the functional roles of primary care nurse practitioner, clinical nurse specialist, and nursing educator. The second professional degree also provides foundation for doctoral study.

The graduate curriculum supports the functional areas and facilitates competence in the essential clinical domains which include: Management of client health/illness status; The nurse-client relationship; Teaching and outcome based evaluations; Professional role development; Health promotion and human diversity; Managing health care delivery systems; and Monitoring quality of health care practice.

Approved by Faculty Council, March 14, 1987

Revised Fall 1998; April 8, 2005: March 28, 2008

California State University, Fresno
Department of Nursing

Conceptual Framework

The baccalaureate and graduate programs in nursing at California State University, Fresno utilize the Neuman Systems Model. The framework evolves from the philosophy and focuses on the domains of client, environment, health, and nursing.

Client/Client System

The client/client system (person) is viewed as a composite of variables (physiological, psychological, socio-cultural, developmental, and spiritual), each of which is a subpart of all parts, forms the whole of the client. The client as a system is composed of a core or basic structure of survival factors and surrounding protective concentric rings. The concentric rings are composed of similar factors, yet serve varied and different purposes in either retention, attainment, or maintenance of system stability and integrity or a combination of these.

Environment

The environment consists of both internal and external forces surrounding the client, influencing and being influenced by the client, at any point in time, as an open system. The created environment is an unconsciously developed protective environment that binds system energy and encompasses both the internal and external client environments.

Health

Health is a continuum of wellness to illness, dynamic in nature, and is constantly subject to change. The client is in a dynamic state of either wellness or illness, in varying degrees, at any given point in time.

Nursing

A unique profession concerned with all variables affecting clients in their environment. Nursing actions are initiated to best retain, attain, and maintain optimal client health or wellness using the three preventions (primary, secondary, tertiary) as interventions to keep the system stable.

All concepts identified in the curriculum are introduced in the first semester nursing course as the theoretical foundation for professional nursing. The central concepts of client, environment, health, and nursing are utilized in the curriculum as vertical strands and denote introduction, placement and study of specific content, and experience relevant to the concept in the curriculum.

Reviewed March 28, 2008

Purpose of the Bachelor of Science in Nursing Program

The purpose of the baccalaureate program is to prepare the graduate as a generalist for any entry level position in professional nursing. The program also enables the graduate to meet the requirements for state certification as a public health nurse. Additionally, the program provides the foundation for advanced study in nursing.

Baccalaureate Program Terminal Objectives

At the completion of the baccalaureate program, the graduate will be prepared to function in a variety of health care settings and demonstrate the following:

1. Synthesize theoretical, conceptual, and empirical knowledge from the humanities, natural sciences, social sciences, and nursing in the provision of care to clients through primary, secondary, and tertiary preventions.
2. Utilize the nursing process to achieve the optimal health potential for clients and self.
3. Evaluate the physiologic, psychological, socio-cultural, and developmental stressors experienced by individuals, families, and communities.
4. Utilize the concepts of communication and leadership for effective interaction with clients and other health care providers.
5. Collaborate with other health care providers to meet the health care needs of clients.
6. Promote active participation of the client in the health care process through mutual goal setting.
7. Utilize research-derived knowledge and findings in the investigation and evaluation of nursing phenomena for the improvement of nursing practice.
8. Demonstrate responsibility and accountability for nursing practice within the scope of the law, standards of practice, and ethical principles.
9. Demonstrate commitment to lifelong learning to maximize personal and professional development.
10. Promote change in nursing and health care systems based on analysis of historic and current trends.

Reviewed March 28, 2008

Baccalaureate Student Outcome Definitions

Below are the student outcome goals for the undergraduate program of the Department of Nursing.

Upon completion of the undergraduate program of study in the Department of Nursing the student will be evaluated on the following four outcomes.

COMMUNICATION: Communication is defined as a complex, ongoing, interactive process of exchanging information and forms the basis for building relationships. Communication includes listening, verbal and non verbal behaviors, written skills, and the use of emerging technologies.

CRITICAL THINKING: Critical thinking is defined as a discriminating process that underlies decision making. Critical thinking includes questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity.

CLINICAL JUDGMENT: Clinical judgment is the interaction of knowledge, skills, and attitudes and underlies the nurse's ability to adapt care for diverse populations in varied health care environments. Clinical judgment involved critical reasoning, integration of evidence based practice, and the implementation of wholistic, value based patient centered care.

COLLABORATION: Collaboration is defined as the active engagement in local, regional, and global health care and forms the basis for interdisciplinary practice. Collaboration supports a climate of diverse opinions and incorporates delegation, negotiation, coordination, and service learning.

Adopted by Faculty Council March 28, 2008

AMERICAN NURSES ASSOCIATION
CODE OF ETHICS FOR NURSES –INTERPRETIVE STATEMENTS

Provision 1: The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, or community.

Provision 3: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

Provision 4: The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

Provision 6: The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

Provision 7: The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

Provision 8: The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

Provision 9: The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

American Nurses Association, *Code of Ethics for Nurses with Interpretive Statements*, Washington, D.C.: American Nurses Publishing, 2001

PART II

NURSING PROGRAM AND CURRICULUM

ADMISSION OF STUDENTS IN THE NURSING PROGRAM

Basic Students with no transferable nursing credits:

The program is on an impacted status and admission into the major is competitive. Applicant selection is based on GPA in prerequisite courses.

Consult the departmental office for current information and procedures.

Link: <http://www.csufresno.edu/nursing/programs.htm>

Eligibility to Apply to the Program

TEAS

Students must have an overall GPA of 3.0. Prior to applying to the Nursing Program, students must pass the ATI Test of Essential Academic Skills (TEAS) with a score of 75%. Students receiving a score of less than 75% will be allowed to retake the exam twice, but this must be done prior to their application. For TEAS information, see www.atitesting.com.

The following eight prerequisite courses must be completed prior to entry into the nursing program.

G.E. Area A1 (COMM 3,7, or 8) (3 units)

G.E. Area A2 (ENGL 5B or ENGL 10) (3 units)

G.E. Area A3* (3 units)

G.E. Area B4* (3 units)

Anatomy (BIOL 64) (3 units)

Physiology (BIOL 65) (5 units)

Chemistry (CHEM 3A) (4 units)

Microbiology (BIOL 20) (4 units)

Total (28 units)

Link: <http://www.csufresno.edu/catoffice/current/nursingdgr.html> - anchor951096

RN Students holding a license as a nurse in California:

Applicants must complete all nursing prerequisites prior to admission to the major. An application must be submitted with transcripts and a copy of the RN license.

Students must be admitted to the program before any clinical courses can be taken.

This program is not on impacted status and qualified students are admitted.

Consultation with one of the faculty members who specializes in helping RN students is strongly encouraged. Consult the Department of Nursing office for the names and office hours of these faculty and on space available basis.

Contact information and location

Link: http://www.csufresno.edu/chhs/depts_programs/nursing/

Transfer Students who have some transferable nursing courses:

Students must have completed at least two semesters or 12 semester units of nursing courses in an accredited school of nursing to be eligible for direct transfer into the major. (Other students with nursing backgrounds must follow the admission procedures for generic students and use the Credit by Examination process for advanced placement in the major).

Students must submit a transfer form all transcripts and course descriptions to facilitate evaluation and placement in the major.

Students must meet all CSU, Fresno criteria for admission and continuation in the major to be eligible for transfer.

Students are admitted and placed in the major at the discretion of the department chairperson in consultation with the appropriate faculty.

Transfer students who are accepted into the program enter the major on a space-available basis.

University Outreach Services Link: <http://www.csufresno.edu/catoffice/current/pdf/outreach.pdf>

--Introducing ATI's Assessment-Driven Review--

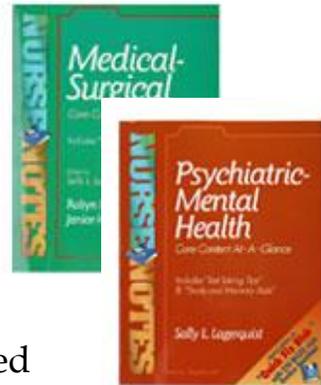
NCLEX Preparation Achieved through Directed, Formative Assessment



All nursing students are required to take a variety of assessments that work to aid in review, remediation, and testing success. Prior to the start of the semester, you will purchase ATI's testing package, books, and DVDs that reflect each semester's content. You will purchase ATI's testing package either at the Welcome Brunch or the Kennel Bookstore special orders desk (downstairs).

Review Modules: The soft cover, review modules are unit-based, study guides covering topics determined important for NCLEX-RN preparation (one module per content area).

ATI-PLAN DVD Series: A complete DVD series covering all content throughout the program will be distributed. The DVD series features scenarios, demonstrations, and topic presentations and will be excellent study tools.



Proctored Assessments: At the start of the semester, the proctored tests will access your study skills.

Non-Proctored Assessments: Students can assess their overall understanding by self-administering the non-proctored tests. These tests will provide an immediate rationale for every possible right or wrong answer.

Comprehensive Predictor- NCLEX Performance: During your last semester you will take ATI's Comprehensive Predictor assessment. This 180-item assessment is designed to reflect the content areas of the current NCLEX (RN licensing examination) blueprint. This tool provides information of the student's probability of NCLEX success, and provides guideline for NCLEX preparatory study.



ATI Assessment-Driven Review (ADR) program

ATI offers a revolutionary Assessment-Driven Review (ADR) program designed to increase student pass rates on the nursing licensing exam and lower program attrition. Used as a comprehensive program, the tools can help students prepare more efficiently, as well as increase confidence and familiarity with content. This complete package of student assessment and review materials is offered at a significant savings over the individual component price.

Entrance/Orientation

This part of the program includes four components, which are typically offered at the beginning of the student's course of study in nursing:

Test of Essential Academic Skills (TEAS)

The TEAS is designed to predict the academic readiness of applicants prior to admission into a program of study in nursing. The four subtests are math, science, English, and reading. The TEAS may be used as one criterion to aid screening or selection of students for nursing programs, but it is not to be used as the sole criterion for selection.

Self-Assessment

ATI's Self- Assessment Inventory identifies unique learning style characteristics, quantifies critical thinking components, and serves as a communication tool to improve the understanding of each student's professional and work values. Questions on the Self-Assessment Inventory use a five-point Likert scale to provide educators with data about the thinking process, learning style, professionalism, and work values of each student.

Critical Thinking Entrance/Exit Exams

These non-nursing exams are usually administered at entrance and exit from a nursing program to assess the student's ability to use the phases of the critical thinking process.

Quest for Academic Success

This tool provides students with an introduction to the concepts of the critical thinking process. Study and testing skills are enhanced by highlighting key points for note-taking, textbook annotation, and content application through case study.

Content Mastery and Review

The heart of ATI's Assessment Driven and Review program is the Content Mastery Series. This program aids students in the review and remediation process for the state licensing exam in nursing. Each module combines thorough content mastery assessment with review questions based on case studies. Review modules are followed by a non-proctored student exam to assess the effectiveness of remediation. Assessment and review are designed in accordance with the NCLEX test plan and cover the following nursing specialty areas:

Review modules include:
Medical-Surgical (RN/PN)
Maternal-Newborn (RN/PN)
Nursing Care of Children (RN/PN)
Fundamentals of Nursing Practice (RN/PN)
Mental Health (RN/PN)
Pharmacology of Nursing Practice (RN/PN)
Community Health Nursing Practice (RN)
Leadership and Management for Nursing Practice (RN/PN)

Content Mastery Exam

A proctored, standardized exam is administered at the end of each nursing content area. This diagnostic tool provides scores for mastery of nursing content areas, nursing process, critical thinking phases, and cognitive levels. The NCLEX test plan correlation for each item can be used as a resource for directed study.

ATI offers a choice of Internet-based testing or a fax-back service for scoring paper and pencil tests. Results are available immediately with Internet-based testing and within 24 hours (usually less) for paper and pencil tests when retrieved online. Individual and class performance results are provided to help students and instructors identify the specific areas for review and remediation.

Content Area Review Module

Review modules for the major nursing specialty areas are available for streamlined remediation. Based on summary information of the content, the modules strengthen the student's review with content application in the form of case study.

Non-proctored Exams

For each content area, the Assessment-Driven Review program provides a non-proctored, Internet-based exam reflecting the NCLEX test plan. These exams identify any remaining areas of content weakness for directed study. The interactive style provides the student with immediate feedback on all response options. A performance report summarizes the student's knowledge of content areas and use of the critical thinking phases, nursing process, and cognitive levels.

Licensing Exam Preparation

The final phase of Assessment-Driven Review provides two-stage preparation for the NCLEX.

Comprehensive Predictor

The proctored RN Comprehensive Predictor and the PN Comprehensive Predictor assessment tools are 96% predictive for outcomes of the NCLEX. Scores are included for content, nursing process, critical thinking, and knowledge level. The exam report includes NCLEX correlation and a study guide.

Preparing for the NCLEX

RN and Preparing for the NCLEX- PN

This preparatory guide features strategies for improving performance on the NCLEX.

See: <http://www.atitesting.com/Home.aspx>

RETENTION AND PROGRESSION OF STUDENTS IN THE NURSING PROGRAM

Progression in the Nursing Major

The nursing curriculum consists of a year of prerequisite courses and three years of nursing courses. Nursing courses must be taken in sequence. RN students take GE and transition nursing courses and then articulate at the senior year. Transfer students are individually placed based on their previous course work.

Consistent with university policy, nursing majors must maintain an overall grade point average of 2.0 to remain in attendance at California State University, Fresno. The GPA is based on all units attempted at California State University, Fresno.

Criteria for retention, progression, and graduation from the program include a minimum grade of “C” in each required course - nursing and other requirements. If a student earns less than a “C” in a nursing course, the Course Committee recommends to the Nursing Department Chairperson whether to permit the student to repeat the course or not. The Chairperson will notify students of the decision.

Required courses may be repeated only once to achieve a “C” or better grade.

Students who earn less than a “C” in two nursing courses will not be allowed to repeat the second course and will be dropped from the major.

Credit/No Credit grades are not accepted for Core 8 prerequisite and or corequisite courses.

An incomplete in a nursing course must be made up before progressing to the next nursing course.

The Department follows the established University policy for dropping courses.

http://www.csufresno.edu/aps/forms_policies/apm/documents/231.pdf

LEAVE OF ABSENCE (LOA) FROM THE NURSING PROGRAM

Request for Leave of Absence (LOA)

- A. Students must request a leave of absence in writing from the department chair. Students who do not request a leave of absence may not be readmitted into the major.
- B. Leaves will be granted only for students who have completed at least one semester in the program and are in good standing.

Request to Return from Leave of Absence

- A. To be reinstated in the program students must submit a written request specifying:
 - 1. Date of leave of absence
 - 2. Reason for leave of absence
 - 3. Disposition of circumstances requiring the leave of absence
 - 4. Activities (e.g., working in hospital, or illness) engaged in during leave of absence.
- B. Students will receive written notification of requirements for returning to the program, denial, or reinstatement.
- C. Requirements for return may include any or all of the following, based on the discretion of the Department Chair:
 - 1. Letters of recommendation from individuals such as counselors or physicians
 - 2. Enrolling in no more than 5 units of Independent Study to update theoretical and/or clinical skills
- D. Students who receive written notice of reinstated in the major return on a space-available basis and must receive permission from the department to enroll in classes.

<http://www.csufresno.edu/catoffice/current/nursingdgr.html>

NURS 50 - COOPERATIVE EDUCATION IN NURSING

NURS 50 is a course which provides students enrolled in the nursing major an opportunity to obtain structured work-study experiences under the supervision of registered nurses in participating health care agencies. Students practice previously learned skills. The course requires a minimum of 45 hours of paid work experience per unit of credit. The course does not fulfill requirements in the major for graduation.

FAQ NURS 50 Work Study

What are the prerequisites for the course?

You need to finish 2nd semester.

Is NURS 50 required in conjunction with nurse externship?

Yes, to be employed in the agencies as a nurse intern you need to be enrolled in NURS 50.

Does the class meet or is it simply a work-study course?

The class will only meet once at the beginning of the semester for orientation. You will do all of your hours at the agency.

What is required for the course? i.e. Proof of employment? Documentation of hours?

You will need your skills checklist, proof of employment, a mentor, brief objectives, and a final evaluation. All of the documentation is available on Blackboard and I will review these requirements during the initial orientation meeting. You will document your hours with a one page log-sheet. The entire syllabus will be available online as well.

There are 3 sections of the course which range from 1-3 units credit (this is a credit-no credit class). How many hrs/week are required for each of these sections?

Each section can have a variety of hours to achieve the Credit grade. If you do not need the units for any reason, I suggest taking the one (1) unit section. The total hours can be adjusted to meet your work and school needs. Often students do 1 – 4 shifts per **month**, and the agency will help set the hours you work. You do not need to decide right now and can adjust your units if needed in the spring.

When do I need to arrange the work-study?

You should be making arrangements **prior to the start of the semester!** Check with your agencies to arrange employment. We may need to get a contract developed ASAP so it is vital to start the paperwork now. Most places have had NURS 50 students, but you can check with the agency and the Nursing Department if you are in a brand new site.

Can I start my NURS 50 now?

Third semester students must wait until the semester begins before they can start in their work-study jobs. Please do not start before that date as you are not covered by workman's comp or the CSUF contract.

Do I need any documents for the clinical experience?

You must have your Skills Checklist with you while in the clinical setting. Your mentor needs to be familiar with your completed activities and can sign you off on skills that you complete under their guidance.

Take this experience seriously. It is like a 4 semester job interview!

LVN 30-UNIT OPTION

1. Potential applicants must seek advisement and department approval prior to enrollment. See: <http://www.csufresno.edu/catoffice/current/nursing.html>
2. Enrollment in nursing courses is on a space availability basis **ONLY**.
3. It is important to note that the 30 Unit Option RN licensee will not be awarded a degree, and their ability to practice in different states may be limited by state reciprocity regulations.
4. BIOL 65, BIOL 20 and NURS 135 (Professional Transitions) are prerequisites to all other nursing courses. Two ways to meet the requirement for NURS 135 are: a) enrollment in NURS135 (Professional Transitions) or b) Independent Study.
5. NURS 123, NURS 123L, and NURS 124 are prerequisites to NURS 140 and NURS 140L.

Basic Science

- | | |
|---------------------------------------|---------|
| * BIOL 65, Human Physiology with Lab | 5 units |
| * BIOL 20, Basic/Applied Microbiology | 4 units |

Nursing Courses

- | | |
|--|-----------------|
| * NURS 135, Professional Transitions | 3 units |
| NURS 111, Integrated Health Assessment | 1 unit |
| **NURS 121, Psychosocial Nursing | 3 units |
| NURS 121L, Practicum: Psychosocial Nursing | 2 units |
| NURS 123, Concepts of Acute Illness in Adults | 2 units |
| NURS 123L, Practicum: Concepts of Acute Illness in Adults | 2 units |
| NURS 140, Concepts of Complex Clinical Nursing | 2 units |
| NURS 140L, Practicum: Concepts of Complex Clinical Nursing | 2 units |
| NURS 150, Leadership and Health Care Economics | <u>3 units</u> |
| | 30 units |

* Prerequisite for all clinical nursing courses.

** Initial placement in clinical nursing courses will be on a space available basis.

POLICY FOR CREDIT BY EXAMINATION

Credit by examination is available to all students who feel they have the knowledge and/or experience sufficient to meet the course objectives. A maximum of 30 units earned by the examination process may be counted toward the bachelor of science degree (see the current General Catalog for credit by examination policy).

Link: <http://www.csufresno.edu/catoffice/current/acadplace.html>

Process for Credit by Examination is as follows:

1. Following notification of acceptance to both the University and the Nursing Program as well as advisement by the Department of Nursing, it is the responsibility of the applicant to notify the appropriate faculty member of the intent to complete the nursing course(s) through credit by examination.
2. In order to receive credit by examination for a course, the student must register on the appropriate form with approval from the faculty member as well as the department chairperson by the end of the second week of the semester and complete the examination by the end of the fourth week. Credit by examination information and application forms are available through the Department of Nursing.
3. Specific information relating to the examination as well as time and place of the examination will be provided by the faculty.
4. For courses with theory and clinical components, the theory portion must be completed successfully before the clinical portion. The nursing courses must be completed sequentially as outlined in the curriculum. Each course may be taken for credit by examination one time only.
5. Credit will be granted upon successful completion of the examination with a “CR” as the grade symbol. In the event the examination is not completed with a passing grade, the student must enroll in the course.
6. Any student who plans to attempt credit by examination of a nursing course should plan to attend the class so that in the event of failure to pass the examination, the student may then add the course for a letter grade. If the credit by examination is for a clinical course, the student must reserve a space with the Department of Nursing prior to the beginning of the semester in which the credit by examination is to be attempted; this will enable the student to enroll in the clinical course for a letter grade in the event of failure.
7. Credit by examination of any nursing courses is permitted only after admission to the nursing program and with advisement of the Department of Nursing.

LICENSURE EXAMINATION

Basic nursing students may apply to the Board of Registered Nursing in Sacramento for licensure as a Registered Nurse upon satisfactory completion of the pre-licensure content. Applications are distributed to eligible students in the final nursing course. See: <http://www.rn.ca.gov/applicants/lic-exam.shtml>

Laws governing nursing practice and licensure are available from the Board of Registered Nursing at www.rn.ca.gov.

PUBLIC HEALTH CERTIFICATE

All graduates should apply for the Public Health Certificate. Forms are available in the Department of Nursing or at the CA BRN website: See: <http://www.rn.ca.gov/pdfs/applicants/phn-app.pdf>

PART III

STUDENT RESPONSIBILITIES AND POLICIES

FIRST SEMESTER STUDENT CHECKLIST

Getting Started in the Nursing Program

The Department of Nursing office is in McLane Hall (McL) Room 190.

The Nursing Resource Center (NRC) McL Room 180 is where students can practice technical skills and refine their techniques. This room also contains books, materials, and equipment that can be utilized. Just ask the staff.

Prior to the First Day of Class

The nursing program has many requirements, which can leave a majority of the students feeling frustrated and overwhelmed. Here are few things you need to accomplish prior to first week of school.

- ___ 1. Ensure CPR certificate is updated (Prepare way in advance because of the multiple nursing programs in the area).
- ___ 2. Obtain a physical from the Student Health Center and bring immunization records with proper documentation. The Immunizations records are recorded by the Health Center.
- ___ 3. Name badges are provided in the NRC.
- ___ 4. CSU Nursing Student Patch (Sold in the Kennel Bookstore & required for navy blue top & lab coat).
- ___ 5. Uniforms can be purchased in the Kennel Bookstore.
- ___ 6. Stethoscope, blood pressure cuff (5th semester), and a watch with second hand are required.
- ___ 7. Malpractice insurance is done as a blanket policy through the CSU. Fees for insurance are collected automatically through clinical lab fees.

STUDENT RESOURCES

Financial Aid Office

Recommend using website verses telephone.
(559) 278-2182, Joyal Administration, Room 296

<http://www.csufresno.edu/studentaffairs/programs/financialaid/studentpages/scholarshipinfo.shtml>

Offers resources on multiple scholarships with a variety of qualifying data.
(559) 278-6572, Joyal Administration, Room 274

<http://www.csufresno.edu/scholarships/>

Scholarship Resources in the Nursing Office

Disadvantaged Nursing Scholarship
Deloras Jones RN Scholarship Program
Kaiser Permanente Scholarships

Other Scholarship-Based Websites

Health Professions Education Foundation
<http://www.oshpd.ca.gov/HPEF/>

CSUF Nursing ROTC

Military Science Army ROTC
(559) 278-2887/4810, North Gym, Room 211
<http://www.csufresno.edu/rotc/>

Air Force ROTC

Det 35
5305 N. Campus Dr. MS NG40
Fresno, CA 93740 Air Force ROTC Det 35
5305 N. Campus Dr. MS NG40
Fresno, CA 93740
559-278-2593
<http://www.csufresno.edu/afrotc/>

ATTENDANCE

It is expected that the student be present in the didactic and clinical areas. If illness is the cause of absence, a clearance from a physician or the Student Health Center may be requested by the instructor before the student is permitted to return to the areas. In any case of absence, prior notification of the faculty is required.

CPR CERTIFICATION

Students must maintain current CPR certification. Initial certification and renewal classes are offered periodically through the department and various health care agencies in the community.

INSURANCE

Students must have current malpractice insurance. This is purchased through a blanket policy from CSU. The fees are automatically collected from clinical fees. Car insurance is required for any course in which students must use their car during clinical activities such as in Community Health Nursing. Health insurance is recommended for all students.

SAFETY AND SAFE PRACTICE

Students are responsible for reviewing policies and procedures related to universal precautions at least annually. Adherence to this will be monitored with a signed statement in the student's academic file.

Students who make an error involving patient safety are responsible for filing the appropriate incident report and following the departmental procedure.

Students who may be at increased risk related to injury or exposure to communicable disease should consult their health care provider and notify the faculty of their condition.

Students who are injured or exposed to a communicable disease during a clinical experience will report to the clinical instructor and follow agency procedures. The student is responsible for filling out the Worker's Compensation forms if needed.

STUDENT CRIMINAL BACKGROUND CHECK/DRUG SCREENING

Prior to attending clinical in the first semester, students are required to complete a criminal background check and drug screen via CertifiedBackground.com.

See: <http://www.certifiedbackground.com/>

The students purchase their own background check on-line and are referred to a local lab for the drug screening. The results of the background check and drug screening are posted to the CertifiedBackground.com website in a secure, tamper-proof environment, where the student, as well as the organizations can view the background check. Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 48-72 hours.

POSITION STATEMENT REGARDING UNIVERSAL PRECAUTIONS
CALIFORNIA STATE UNIVERSITY, FRESNO
Department of Nursing

The faculty of the Department of Nursing recognize the need for faculty and students to adhere to current Universal Precaution practices at all times. The following position statement summarizes the guidelines of such precautions believed essential for professional nursing practice and the rationale for their use by the nursing community at California State University, Fresno. These precautions are not only to protect students and faculty, but to protect patients and families as well. Changes in precautionary measures will be closely monitored by the Department of Nursing on an ongoing basis. See:
<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

Universal Precautions: Defined

The Center for Disease Control, Atlanta, GA, recommends that blood and body fluid precautions be consistently used for all patients regardless of their blood-borne infections status. This extension of blood and body fluid precautions to all patients is referred to as “Universal Blood and Body Fluid Precautions” or “Universal Precautions”. Under universal precautions, blood and body fluids of all patients are considered potentially infectious for human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and other blood borne pathogens.

CDC Standard Precaution

The CDC recommends **Standard Precautions** for the care of all patients, regardless of their diagnosis or presumed infection status.

- **Standard Precautions** apply to 1) blood; 2) all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.
 - Standard precautions includes the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.

Universal precautions are intended to prevent parenteral, mucous membrane, and non-intact skin exposures of health care workers to blood borne pathogens.

Universal precautions apply to blood, wound drainage, semen, vaginal secretions, tissues, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Any body fluid is a warning that universal precautions are a must.

Questionable Situations

Some blood and body fluids are considered at lower risk. Included are feces, nasal secretions, sputum, sweat, tears, urine, vomitus, saliva, and breast milk. When blood is absent, the risk of transmission of HIV and HBV from these fluids is extremely low. However, blood is not always visible and universal precautions must be used anyway. In addition, some of these fluids and excretions represent a potential source of nosocomial and community acquired infections with other pathogens and the Department of Nursing recommends that gloves be used in all situations.

Workers need to minimize the need for emergency mouth to mouth resuscitation. Mouth pieces, resuscitation bags, or other ventilation devices should be available for use in situations where the need of resuscitation is predictable. In cases where resuscitation is not predictable, it is important to have knowledge of emergency policies of the agency or institutions.

Gloves should be worn when feeding patients and when wiping saliva from skin. Special precautions are recommended for dentistry.

Use of Protective Barriers

All health care workers must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when in contact with blood or other body fluids of any patient is anticipated.

Examples of protective barriers include gloves, gowns, masks, and protective eye wear. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and use of gloves to prevent gross microbial contamination of hands. Judgment must be used in assessing the specific clinical situation.

Risks can be minimized if health care workers use the following general guidelines:

1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. DO NOT recap contaminated needles; do not remove contaminated needles from disposable syringes; and do not bend, break, or otherwise manipulate contaminated needles. Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant containers as close to the use area as is practical.
2. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
3. Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

4. Wearing heavy utility gloves, clean up contaminated surfaces immediately. Clean spills of blood and body fluids with commercial chemical germicide or 1:10 bleach solution (one part liquid bleach to nine parts water; make fresh solution each time.)

The following guidelines regarding glove use should be followed:

Gloves should always be available for health care worker's use in any questionable situation.. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Double glove if there is danger of tearing during procedure. Use gloves for finger or heel sticks on adults, infants, and children.

Gloves should always be worn when health care workers have cuts, scratches, or other breaks in his/her skin. Hands should be washed immediately after gloves are removed.

Additional guidelines include:

1. Use of sterile gloves for procedures involving contact with normally sterile areas of the body.
2. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.
3. Change gloves between patient contacts.
4. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause "wicking", i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause deterioration.
5. Use general purpose utility gloves (e.g., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

There are no reported differences in barrier effectiveness between intact latex and intact vinyl used to manufacture gloves. The type of gloves chosen should be appropriate for the task performed.

The following general guidelines are recommended:

1. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
2. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
3. Health care workers who have exudative lesions, weeping dermatitis, or broken skin on hands should refrain from all direct patient care and from handling patient care equipment without gloved protection.
4. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection

resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

5. Health workers with powder allergies or glove sensitivities may request powder-free gloves or latex vs. vinyl.

Need for Waste Management

Policies for defining, collecting, storing, decontaminating, and disposing of infective waste are generally determined by institutions and/or agencies in accordance with state and local regulations.

It is important for nursing faculty and students to have knowledge of the policies and procedures of the clinical agencies in which they have practical experience. Arrangements are also necessary for handling of small potentially contaminated items in the home situation.

Implementation of universal precautions does not eliminate the need for other category or disease specific isolation precautions, such as enteric precautions for infectious diarrhea or isolation for active pulmonary disease.

Implementation of Recommended Precautions

Employers of health care workers and educational institutions responsible for the training of such programs should ensure that policies exist for:

1. Initial orientation and annual continuing education and training of all health care workers—including faculty, students, and trainees—on the epidemiology, modes of transmission, and prevention of HIV and other blood-borne infections and the need for routine use of universal blood and body fluid precautions for all patients.
2. Provision of equipment and supplies necessary to minimize the risk of infection with HIV and other blood-borne pathogens.
3. Monitoring adherence to recommended protective measures. When monitoring reveals a failure to follow recommended precautions, then counseling, education, and/or retraining should be provided, and if necessary, appropriate disciplinary action should be considered.

Professional associations and labor organizations, through continuing education efforts, should emphasize the need for health care workers to follow recommended precautions.

<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

Health and Immunization Requirements for Undergraduate, School Nurse Credential, and Graduate Nursing Students

All health and immunization requirements must be completed prior to attending any clinical experience. Students will not be permitted in the clinical facility without a physical examination and required immunization and skin tests. Evidence of compliance must be presented to the clinical instructor at the beginning of each semester. These requirements are also those of the clinical facilities of which the student may be assigned, therefore, failure to meet the requirements may result in exclusion from clinical practice.

PHYSICAL EXAMINATION

Prior to entering the nursing major, all nursing students are required to have a physical examination. Physical examinations for graduate and school nurse credential students are optional.

Students may have the examination performed at the University Student Health Center or may be examined by their own physician or nurse practitioner. You are required to submit a copy of your **Physical Exam** results and **Immunization Records** to the Department of Nursing. If you elect to have your physical at the University Student Health Center, please call (559) 278-2734 for an appointment.

IMMUNIZATION AND SKIN TESTS

Measles, Mumps, and Rubella: Proof of immunity or immunizations -

- Rubella: Positive titer **or** 1 documented dose
- Rubeola: Positive titer **or** 2 documented doses
- Mumps: Positive titer **or** 1 documented dose

Pertussis (Tdap): A pertussis booster in the form of the **Tdap** is required for all Fresno State nursing students. This can be given at any time regardless of the last Td. (see www.immunize.org)

Polio: History of primary polio series in childhood.

Tuberculin Skin Test: a Two-Step PPD is required for the baseline Tuberculin Skin Test (TST). CDC recommendation for Two-Step PPD: If 1st TST is negative, give 2nd TST 1–3 weeks later. (see www.cdc.gov/tb/)

The PPD is required every 6 months after the baseline. For a positive PPD a chest x-ray is required.

Hepatitis B: Documentation of either three doses of Hepatitis B vaccine (or 3 Hep AB) or documented seropositivity (e.g., presence of Hep B Surf Ab / anti-HBs) is required.

Hepatitis A: Documentation of two doses of Hepatitis A vaccine (or 3 Hep AB) is required.

Varicella: All students are required to demonstrate immunity to varicella via a positive titer or 2 documented varicella vaccine doses.

The above immunizations and skin tests may be obtained at the University Student Health Center. Please use the attached Nursing Student Immunization Record. Revised 7/10/09

Nursing Student Immunization Record

California State University Fresno

Name
Date of birth

Provide copies of original records and document new immunizations below.

Vaccine	Date Given	Office or Clinic given	Next dose due
1 Hepatitis A	1		
two doses 6-12 mos apart	2		
2 Hepatitis B	1		
2nd dose at least 1 month after 1st	2		<i>Results:</i>
3rd dose 3-5 months after the 2nd	3		
HepBSAb titer		<i>date drawn</i>	
2 months after 3rd dose (+titer only needs to be done once to determine non-responder)			
3 Hepatitis A/B (if combination used)	1		
2nd dose 1 month after 1st	2		
3rd dose 5 month after 2nd	3		
4 Measles/Mumps/Rubella (MMR)	1		<i>Results :</i>
	2		
MMR titers		<i>date drawn</i>	
5 Pertussis: Tdap required x 1		Tdap	
Tdap can be given at any time after Td			
6 Varicella (VZV)	1		<i>Results :</i>
2nd dose 4-8 weeks after 1st	2		
VZV titer		<i>date drawn</i>	
Post vaccine VZV titer		<i>date drawn</i>	Optional for Graduate & School Nurse Students
7 Polio- verbal history			
8 Entrance Physical Exam		<i>date</i>	

Tuberculin Skin Test (TST)

Two-Step Tuberculin Skin Test (TST) required to begin program. CDC: Two-Step PPD: If 1st PPD is negative, give 2nd PPD 1-3 weeks later.

PPD required every 6 months for undergraduate nursing students and every year for graduate nursing students

	date given	time	given by	lot #	exp date	NDC #	date read	time	Read by	mm	Impression
PPD											
PPD											
PPD											
PPD											
PPD											
PPD											
PPD											
PPD											

Chest X-ray

If positive PPD student needs a chest X-ray

Date of chest X-ray	Results	Signature

INH Completed - <i>if required</i>	Date
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Health Care Provider Signature Date

Revised 7/13/09

DRUG ABUSE, ALCOHOL, AND MENTAL ILLNESS

BRN GUIDELINES

In the matter of nursing students impaired by alcoholism, drug abuse, and emotional illness, the California Board of Registered Nursing recognizes:

- a. that these are diseases and should be treated as such;
- b. that personal and health problems involving these diseases can affect one's academic and clinical performance and that the impaired nursing student is a danger to self and a grave danger to the patients in his or her care;
- c. that nursing students who develop these diseases can be helped to recover;
- d. that it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
- e. that confidential handling of the diagnoses and treatment of these diseases is essential.

Therefore, the Board of Registered Nursing expects schools of nursing, with students impaired by these diseases, to offer appropriate assistance, either directly or by referral.

Furthermore, the Board expects that schools of nursing will ensure that instructors have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting.

It is outside of the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed to practice nursing in the State of California.

As a preventative measure, schools of nursing are asked to provide factual material to incoming students regarding school policy on drug or alcohol abuse and mental illness among nursing students.

See: <http://www.rn.ca.gov/enforcement/enf-faqs.shtml>

BRN Drug and Alcohol Policy

2762. Drug-related transgressions

In addition to other acts constituting unprofessional conduct within the meaning of this chapter it is unprofessional conduct for a person licensed under this chapter to do any of the following:

- (a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.**
- (b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.**
- (c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.**
- (d) Be committed or confined by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.**
- (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section.**

(Added Stats 1953 ch 1053 § 2. Amended Stats 1957 ch 923 § 1; Stats 1961 ch 378 § 1; Stats 1978 ch 1161 § 178; Stats 1984 ch 1635 § 4. Amended Stats 1998 ch 970 § 12 (AB 2802).)

See: <http://www.rn.ca.gov/enforcement/enf-faqs.shtml>

DEPARTMENT OF NURSING

POLICY ON DRUGS, ALCOHOL ABUSE, AND MENTAL ILLNESS

See:

<http://www.csufresno.edu/studentaffairs/programs/alcohol/index.shtml>

1. Class Attendance

Any student whose behavior clearly indicates impairment due to the use of drugs, alcohol, or mental illness will be excused and accompanied to the office of the Chair or to the Student Health Center if warranted. The Chair will counsel the student to make an appointment with the Student Counseling Center or with a therapist.

2. Clinical Attendance

- A. Any student whose behavior clearly indicates impairment due to the use of drugs, alcohol, or mental illness will be immediately excused and accompanied to the office of the Chair or to the Student Health Center if warranted.
- B. The student will not be able to return to the clinical area until seen by a therapist and until a letter to the Chair is received from the therapist stating that the student is able to return to the clinical area and perform safely. The absence will be considered an excused absence.
- C. If the student requires extended therapy which prevents completing necessary course work for the semester, the student will need to withdraw from the nursing program. The student will be allowed to reapply for readmission with documentation from a therapist that the student is able to perform safe care.

PHYSICAL AND MENTAL HEALTH POLICY

All students applying for the nursing program must be in satisfactory physical and mental health, and be able to carry out all duties in the clinical area. Students should be free of any physical disabilities or emotional problems which would interfere with normal progression in learning and in accepting the usual duties and responsibilities of a nursing student which are necessary for meeting program requirements.

Mental and Physical Qualifications

for Admission to California State University, Fresno Nursing Program

The following mental and physical qualifications for applicants and continuing students are a requirement of CSUF Nursing Programs. Following a nondiscrimination policy, the Department of Nursing will evaluate a written request for specific cases.

1. Ability to interpret and communicate in verbal and written forms in order to interpret client responses, to communicate nursing actions and health interventions, and to understand,

document, and teach nursing activities. This includes using appropriate grammar, vocabulary, and word usage.

2. Ability to appropriately interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
3. Ability to think critically, in order to make clinical decisions, identify relationships between clinical data, and develop nursing care plans.
4. Ability to calculate mathematical figures necessary for medication administration.
5. Ability to demonstrate endurance and motor skills sufficient to provide safe and effective nursing care. Some examples may be demonstrated by the following: working in a standing position, lifting and transferring patients, and applying pressure for bleeding sites.
6. Ability to hear well enough to monitor and assess client's health needs. This includes hearing cries for help, emergency signals and alarms, breath and heart sounds and various overhead codes.
7. Ability to see well enough to observe and assess client's health status and changes in condition. This includes seeing facial expression, movement, changes in skin color, and other observed client changes or responses.
8. Ability to have tactile capabilities sufficient for physical assessment. This includes performing palpation, noting temperature changes in skin and other changes in client condition.

STUDENTS WITH PHYSICAL OR MENTAL DISABILITIES OR LIMITATIONS

If a student has a physical or mental disability that limits his/her ability to perform per the criteria dealing with clinical assignments, it is the student's responsibility to bring this information to the attention of the clinical faculty before they begin the clinical courses.

If any condition changes, the student is required to notify the clinical instructor and provide documentation of the limitations to the instructor prior to the clinical assignment.

If the student does not meet the requirements for physical and mental health, he/she will be required to submit physician's documentation that the student is able to meet these criteria.

Link:

<http://www.csufresno.edu/studentaffairs/>

UNIFORM REGULATIONS

Nursing students function in a professional setting. Therefore, attire appropriate for a professional is required. The following are basic guidelines.

Uniform - Consists of a California State University, Fresno adopted blue top with either white pants or a white skirt and white shoes. A white lab coat is recommended for visiting health care agencies related to courses but outside of official class hours. Uniforms and lab coats must have a California State University, Fresno patch. Uniforms are available at uniform shops (check with the Nursing Department).

Students visiting the hospital for purposes of information retrieval and/or preparation for clinical experience must present themselves in appropriate attire.

Each clinical facility may state its requirements, such as laboratory coats, uniforms, or modest casual attire. Students must wear identification name pins at all times in the clinical area.

NOTE: Community Health and Psychiatric Units do not usually require students to wear uniforms. Check with faculty regarding agency policy.

Jewelry & Nail Polish - Students should consider at all times patient's safety and be consistent with professional attire.

Patch - All uniforms/lab coats must bear California State University, Fresno, student nurse patch. The top of the patch should be attached on the left sleeve 2" below the shoulder seam. Patch is to be removed when not functioning as a student nurse. Patches are available at the Kennel Bookstore.

Name Badges – Photo name badges are created in the Nursing Resource Center.

Agencies may require an agency specific photo ID badge to be worn in addition to the Fresno state name badge whenever the student is in the facility. These are obtained at the agencies according to their policies and instructions.

Other - A stethoscope is required and may be available through a group purchase in the first semester.

A watch with a second hand is required.

A pen light, safety goggles, blood pressure cuff, and scissors may be required for specific nursing courses.

NURSING RESOURCE CENTER POLICIES

Mission: To provide a relaxed, safe, professional environment to learn, practice and demonstrate nursing procedures. Committed to relevant and realistic simulated experiences to promote and provide quality nursing care.

NRC Hours: M-F 8:00 a.m. - 5:00 p.m., unless posted otherwise.

STUDENT APPEALS PROCEDURE

I. Students have the right to appeal by way of the Appeals Procedure Policy of the Department of Nursing. <http://www.csufresno.edu/aps/documents/apm/242.pdf>

A. Resolution on Informal Basis Between Student/Teacher

Resolution of any student/faculty related problem should be attempted on an informal basis at the student/instructor level.

1. The term “any” refers mainly to areas of student conduct, class attendance, scheduling, assignments, and violations of professional behavior and confidentiality.
2. Minor differences in grading practices should also be resolved on an informal basis.
3. If satisfactory resolution is not achieved, the following steps are to be followed.

B. Process of Appeal to the Baccalaureate Coordinator

Faculty will consult with the course-lead teacher*/** regarding potential student appeal situations.

If at the end of five (5) instructional days from the time of the incident, the problem is not resolved on an informal basis between the student, faculty and the lead teacher of the course, the formal phase of the grievance procedure and the filing period will begin.

The facts must be submitted in writing by both parties to the grievance, and presented to the Baccalaureate Coordinator*** within (5) instructional days.

The Baccalaureate Coordinator will review the problem and make a recommendation within five (5) instructional days following the filing of the problem.

C. Appeal to the Chairperson of the Department of Nursing

In the event the problem remains unresolved, the Baccalaureate Coordinator will forward the file with comments to the Department Chair within ten (10) instructional days.

Both parties are to be present at the hearing. The student grievant may request that no other student be present at the hearing. The recommendation of the panel will be stated at the time of the hearing and copies mailed to the student, faculty member, and the Department of Nursing Chairperson. A copy of the recommendation is to be placed in the student's departmental folder.

* The name of the current course-lead teacher is available in the Department of Nursing office.

** In the event the course-lead teacher is involved, the Department Chairperson will appoint a designee. Should the entire course be involved, the student should proceed directly to step C.

*** In the event the Baccalaureate Coordinator is involved, the Department Chairperson will review the problem.

II. Formal Grievance Procedure

Any student has the right to appeal at any time to the Academic Petitions Committee (in cases related to grades or academic requirement) or the Student Grievance Board (all other matters) of the University. (See University Catalog)

III. Grade Grievance

- A. Resolution of any problem concerning grades should be attempted on an informal basis between the student and the faculty concerned.
- B. Formal grievance of grades follows the procedure outlined in the university catalog.

CLIENT INCIDENT REPORT POLICY AND PROCEDURE

POLICY

1. A client incident is defined as any accident, injury, loss, contamination, medication error, or a situation involving a client which might result in an accident, injury, loss, or contamination to the client. Incidents are happenings which are not consistent with routine activities.
2. Any health or safety incident which occurs as a part of a nursing student's clinical learning experience shall be reported to the clinical agency and the Nursing Department Chairperson.
3. Timely and accurate documentation is necessary:
 - a. To inform the school administrators about situations which may result in risk or liability to the school.
 - b. To identify patterns of accident prone behavior.
 - c. To assure that the health or safety incident is explored as a learning experience.
 - d. To demonstrate expected professional behavior.

PROCEDURE

1. Students shall report in person to the clinical instructor any health or safety incident which involves a client and complete the necessary clinical agency documentation.
2. The Department of Nursing Report for Client Incident at Clinical must be completed by the student and submitted to the Nursing Office in a confidential manner when clinical incidents occur. Forms are available from the Nursing Office. This form should be completed and returned to the Nursing Office as soon as possible.
3. If the clinical agency allows a copy of their incident form to be made, that copy shall be attached to the school form.
4. Incident reports will be reviewed by the Nursing Chairperson and the instructor.
5. Students shall report in person to the Nursing Chairperson to discuss client incident.

CALIFORNIA STATE UNIVERSITY, FRESNO
Department of Nursing
Report for Client Incident at Clinical

Name of Student (print)

Date of Incident Time

Nature of Client Incident and Location Where Incident Occurred:

Describe Client Incident in Own Words: (Including task being performed, circumstances surrounding the injury/exposure, protective equipment, and mechanical devices in use)

Describe Action Taken Regarding the Incident: (Including first aid and reporting the incident)

Describe Any Injury Resulting: (Including the body part injured/exposed, the severity of the injury/exposure, the amount and type of fluid exposed to, known blood born pathogens if applicable, and effects in case of medication error.)

Describe Any Corrective Action Taken to Prevent Reoccurrence:

Signature of Student Preparing Report

Name of Witness to Incident (if any)

Signature of Instructor

PART IV
DEPARTMENT OF NURSING POLICIES
ACADEMIC HONESTY/DISHONESTY

Cheating and Plagiarism

1. Definitions from University Catalog. See:
<http://www.csufresno.edu/aps/documents/apm/235.pdf>
 - a. Cheating is the practice of fraudulent or deceptive acts for the purpose of improving a grade or obtaining course credit.
 - b. Plagiarism is a specific form of cheating which consists of the misuse of the published and/or unpublished works of another by representing the material so used, as one's own work.

***Note:** Some students feel that any changing of wording or paraphrasing of an author's material negates any responsibility to give that author credit for his material. This is an erroneous belief and if acted upon, could result in the charge of plagiarism.

2. Penalties for Student Guilty of Cheating or Plagiarism

The penalties for cheating and plagiarism include suspension or dismissal from the University. (University Catalog, Policies and Regulations, Article 1.1, Title 5, Section 41301)

3. Course Assignments

Written assignments for one nursing course may not be used to fulfill the requirements of another nursing course.

COURSE MATERIALS

Syllabi prepared by faculty include the following information:

Prerequisites for the course.

Course description and objectives.

Course calendar with dates, deadlines, topics, readings, projects, exams, etc...

Course requirements and basis for final grade.

Textbook, equipment, supplies, clinical sites, etc...

Appendices are available for many courses and may include:

Supplemental materials

Forms used in the course

Assignments

Syllabi and appendices are available on Blackboard and at the Kennel Bookstore.

CEREMONIES AND ASSEMBLIES

- A. Ceremonies sponsored by student organizations must have the approval of the Department of Nursing.
- B. The Chairperson of the Department of Nursing shall call such assemblies as needed to discuss changes in the laws affecting nursing, changes in the curriculum, and other matters directly affecting the students.

PARTICIPATION IN FACULTY COMMITTEES/FACULTY COUNCIL

Students are encouraged to participate in Faculty Council meetings and committees of the Department of Nursing as indicated below:

Faculty Council: A monthly meeting of all faculty members for the purposes of (1) disseminating information; (2) decision-making; and (3) professional faculty development. Student representatives are responsible for bringing student concerns to the faculty and informing the student body of deliberations/content of Faculty Council meetings.

Research: Focuses on facilitating research within the department, school, and with agencies in the community. The undergraduate student representative should have completed Nursing 145.

Student Affairs: Responsible for recommendations about student related matters such as scholarships, awards, and policies affecting students.

Baccalaureate Curriculum: Focuses on undergraduate curriculum issues, development, and revision.

Nursing Resource Center Committee: Deals with policies concerning use of the learning resources and equipment.

Course Committee: Deal with specific courses/course clusters including design and delivery of the courses.

In any situation involving discussion of a particular student, the committee will move into executive session and student members will be excused.

EVALUATION OF FACULTY/COURSES

Students have the opportunity to evaluate courses and teaching effectiveness of faculty. Evaluations take place during the last four weeks of each semester and are conducted via an on-line format.

Students may also provide written comments of teaching effectiveness of a faculty being considered for retention, tenure, or post-tenure review. The opportunities and procedures are posted on the Student Bulletin Board.

SCHOLARSHIPS, AWARDS, AND HONORS

I. Scholarships

- A. Students interested in applying for any scholarships or financial aid should submit the appropriate application form to Financial Aid Office, Joyal Administration Building, Room 296. Generally applications for standing scholarships must be in by February 1 of each year to be considered for the following year. See:
<http://www.csufresno.edu/studentaffairs/programs/financialaid/>
- B. The Department of Nursing will screen eligible applicants for nursing scholarships based on information provided by the Financial Aid Office. If additional information is required, students will be informed that they are being considered for the scholarship and requested to supply any needed additional information.
- C. Students will be informed of their selection for scholarships by an “Awards Letter” from the Financial Aids Office or in special instances by the grantor. The Financial Aids Office will also inform those who were not selected. Students should know of their selection by Fall semester at the latest.
- D. Any scholarships requiring a different application process will be posted on the student bulletin board and/or announced in appropriate classes.

II. Awards and Honors

In addition to awards and honors available to all students, there are several awards unique to nursing. The following list includes awards and honors typically available to nursing students:

Dean’s Medalist - available to one graduating student in the School of Health and Human Services. It is based on academic excellence and community service. Faculty nominate one student annually.

Sigma Theta Tau - membership in the International Nursing Honor Society is based on academic excellence. Students apply for membership in the fifth or sixth semester.

Excellence in Nursing Award - based on academic achievement and commitment to the profession. Students apply to Sigma Theta Tau which screens applicants and makes the award.

Heritage in Nursing Award - based on commitment to the profession as demonstrated through involvement in organizations related to the profession. Faculty nominate students for

these awards. The alumnae association selects the recipients and gives the awards at the pinning ceremony.

Armed Services Awards - recipients are selected by the graduating class in accord with criteria established by each branch of the armed services.

University and Community Service Awards - available to three students in each graduating class. Faculty in senior nursing courses nominate students.

Other awards and honors will be posted on the students' bulletin board and/or announced in appropriate classes.

PART V

BOARD OF REGISTERED NURSING POLICIES

Link: <http://www.rn.ca.gov/>

STATEMENT ON DELIVERY OF HEALTH CARE

The Board of Registered Nursing supports the right of all consumers to receive dignified and competent health care consistent with the law and prevailing standards of care, including the right to participate in and make decisions regarding their health care. The Board also supports the right of the nurse to know the patient's diagnosis/suspected diagnosis in a timely fashion in order to make an appropriate nursing care plan.

The implementation of infection control procedures known as standard precautions is basic in all health care. Standard precautions are regarded by the Board as a common standard of nursing practice necessary to protect both patients and health care workers from disease transmission. Knowledge of the patient's diagnosis(es) by the registered nurse is essential so that the registered nurse may initiate any additional precautions necessary to minimize the risk of contracting or spreading disease.

Although the nurse is not expected to take life-threatening risks in caring for clients, it is not acceptable to abandon any patient, nor is it acceptable to refuse to treat any person on the basis of age, religion, sex, national origin, sexual orientation, or disability. Decisions regarding the degree of risk involved in patient care should be based on current scientific knowledge.

Information on issues related to communicable disease is available from the U.S. Centers for Disease Control and from agencies in the State Department of Health Services and County and City Health Agencies.

STANDARDS OF COMPETENT PERFORMANCE

Excerpt From California Code Of Regulations

Title 16 - Chapter 14

1443.5. STANDARDS OF COMPETENT PERFORMANCE

A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows: <http://www.rn.ca.gov/pdfs/regulations/npr-b-53.pdf>

- (1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.

- (2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
- (3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.
- (4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.
- (5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.
- (6) Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interest or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

Authority Cited: Business and Professions Code, Section 2715. Reference: Business and Professions Code, Section 2725 and 2761.

GUIDE FOR SCHOOLS OF PROFESSIONAL NURSING ON ETHICAL PRACTICES

The following statements are to be used by schools of professional nursing as a guide in establishing and following educationally ethical practices:

1. In recruitment activities, objectivity and accuracy of presentation should be the goal. The school is directly responsible for all individuals involved in the recruitment and admissions process, and these individuals shall be careful to present information concerning their own institution which is unambiguous. They shall avoid giving questionable or derogatory information about competing schools or about other types of nursing education programs.
2. The school bulletin or catalog shall provide accurate information about admission requirements, cost of the program and curriculum.
3. The school bulletin or catalog shall contain information regarding the refund policies of the school and shall provide for refund of a substantial portion of tuition payments to students who withdraw within a reasonable period of time following admission to the program.
4. The provisions of the Civil Rights Act shall be adhered to.
5. All instructional and clerical personnel with access to confidential information shall respect the confidential nature of such information.

6. The bulletin or catalog of the school shall contain policies regarding promotion and graduation, and there shall be, in writing, policies regarding grounds for dismissal of a student from a school. Students shall be informed of dismissal, promotion, and graduation policies. All students facing dismissal, and the parent or guardians of students who are minors, shall be given the opportunity to discuss reasons for this action with faculty representatives and the school administrative officers, according to the school's due process procedure for student grievances.
7. No student shall be prohibited from graduating and making application for the licensing examination, providing that the student has met all of the requirements of the school and all qualifications specified in Section 2736, Nursing Practice Act, State of California.
8. The faculty of the school of nursing shall endorse and teach ethical practices in keeping with the American Nurses' Association CODE FOR NURSES.
9. If research is undertaken on human subjects by faculty and/or students enrolled in the nursing program, appropriate measures shall be used to insure the protection of the rights and safety of each individual involved as a subject in the research. Whenever tests of any kind are administered, written consent shall be secured, or the written consent of parents or guardians, when appropriate.
10. The counseling program shall incorporate provisions for tutorial and remedial services for students who will benefit from these services in order to achieve career goals. Opportunities to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation should be provided foreign or out-of-state graduates of registered nursing programs who lack certain educational courses to meet licensure requirements in the State of California.

TRANSFER AND CHALLENGE* POLICIES

Section 2786.6 of the Nursing Practice Act provides, in part, the following.

“The Board shall deny the application for accreditation made by, and shall revoke the accreditation given to, any school of nursing which:

- (a) Does not give to student applicants credit, in the field of nursing, for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation; or
- (b) Is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by Section 2736.6...”

In order to ensure that students are able to move quickly through the educational requirements for licensure with minimum expense, time, and disruption of their professional careers, the Board has developed the following standards which will be used during approval visits to evaluate compliance with Section 2786.6.

Admission To Program

1. Licensed vocational nurses and others in health care worker related categories who apply to California BRN approved programs seeking an academic degree will be offered educational mobility opportunities that take into account their previous education and/or work experience. Academic credits where applicable shall be evaluated and applied to nursing course requirements. Pretesting and/or counseling shall be available to assist students to make appropriate decisions. Where appropriate bridge or transition courses shall be available to facilities and expedite successful integration of the individual students into succeeding nursing courses. There shall be evidence of an operative program.
2. Students who have met comparable prerequisites as generic students shall have equal access for the open spaces in all nursing courses.

Thirty Unit Option

Students electing the 30 unit option to achieve eligibility to write the licensing examination according to Section 2736.6 shall have opportunity for academic credit by transfer and/or examination. Objective counseling shall be offered to students electing this option for licensure. There shall be evidence of an operative program in relation to the 30 unit option.

Transfer Credit

Academic credit earned in regionally accredited institutions of higher education for comparable prelicensure courses will be accepted for transfer.

*Challenge may include, but is not limited to: Credit by examination and portfolio assessment, such as: review of documents, evaluation of experience, non-collegiate sponsored courses, and standardized test.

PAIN MANAGEMENT POLICY

The Nursing Practice Act, Section 2725, states that the registered nurse provides “direct and indirect patient care services that insure the ...comfort... of patients.” Proper management of patient’s pain is a nursing function incorporated within the registered nurse’s role as a patient advocate [Standards of Competent Performance, Section 1443.5(6) of the Nursing Practice Act]. The Board of Registered Nursing endorses pain management guidelines established by the World Health Organization, the U.S. Department of Health and Human Services - Agency for Health Care Policy and Research, and the American Pain Society.

See: <http://www.rn.ca.gov/pdfs/regulations/npr-b-09.pdf>

The nursing function of appropriate pain management includes, but is not limited to:

- Ensuring informed consent for pain management.
- Assessing pain and evaluating response to pain management interventions using a standard pain management scale based on patient self-report.
- Educating staff, patients and families regarding the difference between tolerance, physical dependence, and addiction in relation to pain relieving medications, and the low risk of addiction from long-term use and/or high doses of opiates for pain relief.
- Educating patients and families in a culturally competent manner regarding appropriate expectations for pain management.
- Recognizing that prn medications may be given around-the-clock.
- Intervening to treat pain before the pain becomes severe.
- Using non-drug interventions to assist in pain alleviation.

- Using knowledge of equianalgesic doses to maintain both patient safety and pain relief as routes and types of ordered drugs change.
- Documenting pain assessment, intervention, and evaluation activities in a clear and concise manner.
- Intervening to minimize drug side effects.
- Implementing quality assurance/improvement standards to monitor the pain management program.

Curriculum Guidelines For Pain Management Content

On April 22, 1994, the California Board of Registered Nursing adopted the Pain Management Policy. International pain organizations and national pain experts have cited lack of education about pain and pain management as a major problem for health professionals and the lay public. These curriculum guidelines for pain management content are offered to aid schools of nursing in identifying basic pain management content which may be addressed in a course or integrated throughout the curriculum.

OBJECTIVES

Upon completion of the program, the student will:

1. Define and describe common terminology and techniques used in the management of acute and chronic pain.
2. Describe the roles of family and culture in the development of attitudes toward pain and pain relief.
3. Identify one's own role beliefs and attitudes regarding pain management.
4. Assess pain and evaluate response to pain management interventions using a standard pain management scale based on patient self-report.
5. Educate patients and families in a culturally sensitive manner regarding appropriate expectations for pain management, including ensuring informed consent.
6. Describe and utilize common, current methods of pain management (pharmacological and nonpharmacological), including intervening to minimize side effects.

CONTENT

- I. Definitions
 - A. Chronic pain, acute pain, cancer pain
 - B. Tolerance, physical dependence, pseudoaddiction, addiction
 - C. Analgesia, equianalgesia, opioid, adjuvant, non-opioid
 - D.
- II. Scientific background regarding pain
 - A. Anatomy and Physiology of pain
 - B. Pathophysiology of pain
 - C. Psychology of pain
 - D. Physiology and Pharmacology of pain relief
- III. Cultural context of pain management
 - A. Family/cultural/societal/spiritual influences regarding pain and pain management
 - B. Health care workers' attitudes and behavior
 - C. Inappropriate fears of addiction [patients, family, friends and health care workers (including nurses and physicians)].
 - D. Non-drug pain treatment

- E. Informed consent, including determining with the patient the level of pain that is satisfactory, above which intervention will be considered.

IV. Pain Management Principles

- A. World Health Organization, American Pain Society, Agency for Health Care Policy and Research, Board of Registered Nursing policies.
- B. The health care worker must accept and respect the patient's report of pain; pain is whatever the patient says it is.
- C. Use of standard pain scale based on patient self-report.
- D. The preferred route of analgesic administration is oral.
- E. Analgesics are the mainstay of pain relief, including non-opioids, opioids, and adjuvants.
- F. Morphine is considered the opioid of choice.
- G. There is no dosage ceiling on morphine-like drugs for analgesic use.
- H. Tolerance and physical dependence are not the same as addiction.
- I. Nurses are responsible for titrating opioid dose and interval based on pain ratings and sedation levels.
- J. Use equianalgesic charts when analgesic drugs, doses, or routes are changed.
- K. Side effects from analgesics (such as constipation) can be monitored and treated.

V. Nursing Process Regarding Pain Management

A. Assessment

1. Use of developmentally appropriate pain rating scale.
2. Obtain history of patient's pain, including interventions that have been of benefit in pain relief.
3. Obtain history of side effects from analgesic use.
4. Cultural implications of pain and analgesic use for the patient & family

B. Intervention

1. Informed consent
 - a. Developmentally appropriate education regarding pain management for patient and family.
 - b. Identification of pain intervention goals with patient and family.
2. Pain alleviation - Analgesics
 - a. Intervention before pain becomes severe.
 - b. Around the clock dosing for acute pain.
 - c. Identification and treatment of side effects.
 - d. Achieving pain relief with minimal or no sedation.
3. Pain alleviation - Nonanalgesic
 - a. Cutaneous stimulation (e.g., massage, vibration, superficial heat or cold, TENS)
 - b. Distraction
 - c. Relaxation
 - d. Imagery

C. Evaluation

1. Ongoing documentation of patient's pain rating and presence or absence of side effects in relation to pain relief intervention.
2. Ongoing collaboration with health care team (including patient) regarding pain management.

UNLICENSED ASSISTIVE PERSONNEL

See: <http://www.rn.ca.gov/pdfs/regulations/npr-b-16.pdf>

The Board of Registered Nursing has as its primary focus consumer protection. With increasing frequency, the Board of Registered Nursing has been asked to render decisions about how the practice of unlicensed assistive personnel relates to registered nursing practice. These unlicensed personnel often assume responsibilities which have historically and legally been within the scope of practice of licensed nurses. Recent examples of expanded activities by unlicensed care givers include regulation changes related to medical assistants and individuals providing in home supportive services for clients on Medi-Cal.

The growth of the use of unlicensed health care providers is a trend in our society. Managed care and other models of care delivery systems have brought forward the “universal care giver” model, which has unlicensed individuals performing functions which heretofore required a license. Many people, especially the elderly, are finding it desirable to seek non-traditional unlicensed health care services in settings such as assisted living, adult day care and home care. Many of these settings, based on a social model of care and service, provide an improved quality of life over the traditional institutional nursing care setting.

The purpose of this document is to establish guidelines registered nurses (RNs) can use when called upon to make decisions about assigning to and supervision of unlicensed assistive personnel. Unlicensed health care givers should be utilized only to be **assistive** to licensed nursing personnel.

Legal Scope of Nursing Practice

See: <http://www.rn.ca.gov/pdfs/regulations/npr-b-53.pdf>

The Nursing Practice Act defines the practice of registered nursing (Section 2725) as “those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems or the treatment thereof which require a substantial amount of scientific knowledge or technical skill.” It is the registered nurse’s responsibility to use this knowledge and skill in the implementation of the nursing process: to make a comprehensive assessment (including physiological and psychosocial factors) of the nursing needs of the client, to make a nursing diagnosis, and to develop, implement and evaluate the plan of care for the client.

The registered nurse’s legal responsibility for using the nursing process is delineated in Section 1443.5 of the California Code of Regulations. These Standards of Competent Performance require the registered nurse to directly observe/assess the patient, stating in 1443.5(1) that the registered nurse “Formulates a nursing diagnosis through observation of the client’s physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.”

The following aspects of the nursing process shall be performed **only** by Registered Nurses (RNs):

1. performance of a comprehensive assessment;
2. validation of the assessment data;
3. formulation of the nursing diagnosis for the individual client;

4. identification of goals derived from nursing diagnosis;
5. determination of the nursing plan of care, including appropriate nursing interventions derived from the nursing diagnosis; and
6. evaluation of the effectiveness of the nursing care provided.

Unlicensed Assistive Personnel Defined

The term “unlicensed assistive personnel” refers to those health care workers who are not licensed to perform nursing tasks; it also refers to those health care workers who may be trained and certified, but are not licensed. Examples of unlicensed assistive personnel include (but are not limited to) certified nursing assistants, home health aides, and patient care technicians. The term “unlicensed assistive personnel” does not include members of the client’s immediate family, guardians, or friends; these individuals may perform nursing care without specific authority from a licensed nurse [as established in Section 2727(a) of the Nursing Practice Act].

Effective Clinical Supervision

The ability of the RN to assess real or potential harm to the client regarding patient care procedures is seen as integral to determining which tasks may be performed by unlicensed assistive personnel. Section 1443.5(4) speaks to the registered nurse’s ability to “effectively supervise” other health care personnel. Such effective clinical supervision must take into account patient safety, the competency of the unlicensed care giver to perform the task, the number and acuity of patients, the number and complexity of tasks, and the number of staff which the direct care RN is clinically supervising. Staffing patterns must allow the direct care RN to independently make decisions regarding assignment of tasks for a client, based upon the direct care RN’s nursing judgment. Policies and procedures within each institution will reflect the above factors in determining the number of care givers an RN will be supervising at any one time.

Clients/Patients For Whom Tasks May and May Not Be Assigned

Tasks may be assigned to unlicensed assistive personnel if the client/patient is not medically fragile and performance of the task does not pose potential harm to the patient. This would include clients/patients with chronic problems who are in stable conditions. Tasks may **not** be assigned when the patient is medically fragile. Medically fragile is defined as a patient whose condition can no longer be classified as chronic or stable and for whom performance of the assigned task could not be termed routine. Medically fragile includes those patients who are experiencing an acute phase of illness, or are in an unstable state that would require ongoing assessment by a registered nurse. When clients/patients with a chronic problem experience an acute illness, routine tasks associated with on-going chronic problems may be assigned to unlicensed assistive personnel, if the task does not pose potential harm to the patient. In this situation, tasks associated with the acute illness may not be assigned to unlicensed assistive personnel.

Assignment of Tasks

Tasks which require a substantial amount of scientific knowledge and technical skill may not be assigned to unlicensed assistive personnel. Examples of restricted tasks requiring a substantial amount of scientific knowledge or technical skill include, but are not limited to: Pre-procedure assessment and post-procedure evaluation of the patient; handling of invasive lines; sterile technique or procedure on a patient; parenteral medications or lines; nursing process including patient assessment, monitoring or evaluating; triaging of patients; patient education.

Registered nurses may continue to assign to unlicensed assistive personnel those activities which unlicensed assistive personnel have traditionally performed in the delivery of patient care. These activities of daily living include basic health and hygiene tasks such as those a certified nursing assistant or home health aide is trained to perform. (Examples include but are not limited to: bathing, feeding, ambulating, vital signs, weight, assistance with elimination, maintaining a safe environment.)

Tasks which are judged by the direct care registered nurse to not require the professional judgment of an RN may be assigned. Such assigned tasks shall meet all the following conditions:

- a. be considered routine care for this patient;
- b. pose little potential hazard for the patient;
- c. involve little or no modification from one client-care situation to another;
- d. be performed with a predictable outcome;
- e. not inherently involve ongoing assessments, interpretations, or decision-making which could not be logically separated from the procedure itself.

Examples of tasks which may be assigned include but are not limited to: clean catheterization technique; simple dressing changes (i.e., clean technique where wound assessment is performed by a licensed nurse and where no wound debridement or packing is involved); suction of chronic tracheostomies (i.e., using clean technique); gastrostomy feedings in established, wound-healed gastrostomies.

Unlicensed assistive personnel may not reassign an assigned task. To reiterate, it is the direct care registered nurse who ultimately decides that appropriateness of assignment of tasks. The registered nurse must be knowledgeable regarding the unlicensed assistive personnel's education and training, and must have opportunity to periodically verify the individual's ability to perform the specific tasks.

The activities of individuals such as OR technicians (who function under the supervision of the circulating RN), central supply workers, and medical assistants (who function under the direct supervision of the physician) are excluded from these guidelines.