

STUDENT HANDBOOK

PART II

APPENDICES

APPENDICES

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APPENDIX A

Ohlone College

Nursing Skills Progression

N 301: Foundations of Nursing

Hand washing: Medical Asepsis
 Applying Mask, gloves, gown
 Instructing Patient to Deep Breathe & cough
 Instructing Patient to Use a Spirometer
 Patient Safety
 Body mechanics
 Patient position changes in bed
 Dangling
 Logrolling
 Patient transfers (gurney, w/c)
 Making the unoccupied bed
 Making the occupied bed
 Making a surgical bed
 Applying restraints
 Assisting the adult to eat
 Bed bath: complete
 Mouth care for the conscious patient
 Mouth care for the unconscious patient
 Care of dentures
 Assisting a patient on a bedpan
 Changing gown for the patient with IV
 Applying and removing Antiembolic Stockings
 Vital Signs (T, P, R, B/P, pain rating)
 Electronic VS machines use
 Measurement and recording of TPR, BP
 Range of motion
 Measurement of fluid intake and output
 Using Hoyer lift or bedscale
 Collection urine and stool specimens
Mathematics Exam: Conversions, Decimals
 Abbreviation Test
 Medical Terminology
 Nursing Care Planning
 Lung assessment
 Heart assessment
 Apical pulse
 Pulse sites
 Assessing CMST
 Assessing integument
 Abdominal assessment
 Basic neurological check
 Assessing reflexes
 Quick head to toe assessment
 Complete physical assessment- well elder
 Medical records
 Documentation: Flow sheet, TPR
 Assessing the Casted Extremity
 Assessing Pulses Via Doppler
 Admitting/Discharging the patient

N 302: Nursing Care of the Medical-Surgical Patient I

Oral Report
 Narrative Charting
 Oxygen Administration with NC and mask
Mathematics Exam: Calculating Doses
Mathematics Exam: IV Therapy
 Suctioning (oral pharyngeal and nasopharyngeal)
 O2 monitoring (mask, □enture, non-rebreather)
 Pulse oximeter monitoring and trouble shooting
 Administering oral medications
 Administering topical medications
 Administering eye drops/ointments
 Administering a vaginal suppository
 Administering ear drops
 Administering nose drops
 Administering an enema
 Administering a rectal suppository
 Identifying injection sites
 Preparing an injection from a vial
 Preparing an injection from an ampule
 Preparing an injection with a Carpujet
 Mixing an injectable medication
 Administering a subcutaneous injection
 Administering an intradermal injection
 Administering an intramuscular injection
 Variation of IM, the “Z” track
 Preparing an IV system
 Regulation & maintenance of IV flow rate
 Changing an IV bag (or bottle)
 Changing an IV solution and tubing
 Discontinuation of IV
 Adding meds to IV bags and secondary bags
 Administering IV “piggyback” medications
 Changing secondary bags
 Conversion of IV to saline lock
 IV push in IV line
 Administering IV meds via a saline lock (infusor)
 Introduction to and monitoring PCA
 Use of controllers and pumps
 TPN/PPN monitoring
 Preparing a sterile field (solution, bowl, forceps, gauze)
 Donning sterile gloves (open gloving)
 Stump care and figure 8 dressing
 Simple sterile dressing change
 Drain Care (Jackson Pratt, Hemovac, orthopat)
 K-pad application
 Ice pack application
 Cooling blanket
 Surgical scrub
 Surgical gowning
 Blood glucose monitoring (fingerstick and glucometer)
 Administration of Insulin – SQ
 Care of continuous bladder irrigation
 Sterile irrigation of indwelling catheter

N 303: Nursing Care of Women and Children**Pediatric Math Exam**

Care and Maintenance of PICC and central line catheters
IV administration through a central line

Peak flow meter

Pediatric inhalant medication:

Hand held Nebulizer, Metered dose inhalers,
Aerochambers

Pulse Oximetry

Otic irrigation

Administration of pediatric medications:

Oral, IV, rectal, IM, NG

Pediatric Physical Exam

Administration of nasogastric and gastrostomy medications

Pediatric IV fluid and medication titration

Pediatric IV drip devices (Volutrol, Buretrol)

Pediatric respiratory techniques: oxygen administration

Nasal prongs

Denver Developmental Assessment II

Communication strategies for the pediatric client and family

Breast exam

Nasogastric tube feeding

Indwelling and retention catheter insertion

Administration of a gastrostomy feeding

Urine specimen from retention catheters

Removal of retention catheter

Newborn bath

Diaper change

Bottle-feeding

Epidurals

Assisting mother to breast feed

Postpartum assessment

Newborn assessment and newborn care

Physical and gestational age of the newborn

Labor Assessment

N 306: Nursing Care of the Mental Health Client & Advanced Gerontologic Care

Therapeutic Communication

Communication in a therapeutic milieu

Mental Status Assessment

Group Communication

Communication with an anxious patient

Communication with a withdrawn patient

Communication with suicidal patients

Communication with manipulative patients

Communication with angry patients

Communication with manic/depressed patients

Elder functional assessment

Elder physical assessment

Communication with non-communicative elders

Team leading in a geriatric setting

Role differentiation in the geriatric setting

N304: Nursing Care of the Medical-Surgical Patient II

Equipment and assessment of chest tube

Assisting with insertion & removal of chest tubes

EKG strip analysis

Placement of EKG leads

Administration of blood products

Complex dressing change (wet to dry)

Moist pack application

Wound Irrigation

Wound packing, Occlusive

Administration, Care and Maintenance of Venous Access
Devices

Obtaining wound specimen

Suture removal

Insertion of Nasogastric tube

Removal of Nasogastric tube

Irrigation of Nasogastric tube

Application of ostomy pouch

Applying moist wound barriers

Ophthalmic irrigation

Colostomy irrigation

N 305: Nursing Care of the Medical-Surgical Patient III

Administration of Insulin (IV titration)

Heparin and Insulin Math Exam

Administration of Heparin

IV insertion

Introduction to mechanical ventilators

Suctioning patient (nasotracheal, endotracheal)

Tracheostomy care

N 307: Nursing Leadership and Preceptorship

APPENDIX B

NURSING STUDENT EQUIPMENT AND EXPENSES

First Year

Stethoscope	\$40.00-↑
Watch with Second Hand	20.00-↑
Bandage Scissors	10.00-↑
Picture ID/ Ohlone Badge.	12.00
Lab Coat, white	25.00
Uniforms, white	40.00
Shoes, white	40.00
Protective Eyewear	12.00
TB tests each year; Rubella, Rubeola, Mumps, Varicella Titers Too; Tetanus PRN	
Physical Exam	125.00
Hepatitis B Vaccine & Titer	125.00
CPR Microshield	6.00
Skills Lab Supplies*	100.00
Books	1500.00
Student Background check and Urine Drug Screening	79.00

Second Year

Nursing Pin	40.00-200.00
Ring	70.00-800.00
Transcripts	2.00 each
Cap & Gown	30.00
Invitations	30.00
Pictures.....	20.00-50.00
ATI Test	40.00
State Boards (Application).....	150.00
State Boards (Finger Prints).....	75.00
State Boards (ID Fee)	70.00
Review Course (optional)	500.00
Books	700.00

*Skills Lab Supply Kit will be required to be purchased at the beginning of the program .

APPENDIX C

Clinical Orientation Guides

Eden Medical Center
Kaiser Permanente Medical Center, Hayward
Kaiser Permanente, Fremont
Kaiser Permanente, Oakland
Kaiser Walnut Creek
Good Samaritan/Mission Oaks
Veteran's Administration Hospital, Menlo Park
Valley Care Health System
St. Rose Medical Hospital
Washington Hospital Health Care System

Eden Medical Center
20103 Lake Chabot Road
Castro Valley, 94546
(510) 537-1234

General Information: Eden Medical Center is part of the Sutter Health Care System. Eden is a full service, 387-bed facility that serves as the Trauma Center for Alameda County. Unit utilized by Ohlone students is the post surgical unit on 5th floor.

Directions to the Hospital: From Eastbound 580 (Oakland/Berkeley) take Strohbridge Ave exit. Turn left at the light. Turn right onto Castro Valley Blvd. Turn left on Lake Chabot Road.

From Westbound 580 (Pleasanton/Tri-Valley) take Strohbridge Avenue exit. Turn right at light and right onto Castro Valley Blvd. Turn left on Chabot Road.

From South and North 880, take 238 East to 580/Oakland/Stockton exit. Take Strohbridge exit. Turn right on Castro Valley Blvd. Turn left on Chabot Road.

Parking: Free parking on hospital grounds or in the parking garage adjacent to the hospital on Lake Chabot Road.

Cafeteria: Located in the basement. Serves breakfast, lunch and dinner. Open till 6:30 pm.

Charge Items: Supplies taken for patient use must be scanned.

Personal Belongings: There are **no** lockers available for students or instructor. Lock all valuables out-of-sight in your cars. Bring money for lunch or breaks, note paper for notes and nursing care plan that you write for assigned patient. There is a refrigerator designated for nurses' lunches that are carried in.

Shift: Day shift 7am-3:30 pm; Evenings 3-11:30pm; Nights 11pm-7:30 am.

Medications: Uses E-map (scan patient and medications). Medications stored in medication carts.

**Kaiser-Permanente Medical Center
27400 Hesperian Blvd
Hayward, CA 94545
(510) 784-4000**

General Information—Kaiser is an HMO medical center with 24 hours physician coverage. This facility has 228 beds. Shifts are 8:00 to 4:30, 4:00 to 12:30, 12 to 8:30.

Directions to Hospital—Kaiser is located at the corner of Hesperian and Tennyson in Hayward. If you take Highway 880 (Nimitz), take the Tennyson West Exit and drive a few blocks to Kaiser. It is on the left side of Tennyson as you go west. You will see St. Rose Hospital towards the right before you get to Kaiser.

If you take Mission Blvd. from Fremont (Probably a faster and less hectic commute at this time of day), turn west on Tennyson and drive until you reach Kaiser. (Can't miss it, it's a big place!)

Parking— Coming from I-880, turn right onto Sleepy Hollow, then left at the second driveway, and park in the parking garage. There is a covered walkway over Tennyson from the 3rd floor of the garage to the second floor of the clinic building. Go to the first floor and follow signs to the hospital. Parking is free for students.

Cafeteria—Located on the first floor to the right of the hospital entrance.

Charge Items—Items are not charged to patients, however, care should be taken not to waste supplies.

The following information varies by nursing unit.

SURGICAL FLOOR:

Floor Plan—Located on 3rd floor of hospital. Areas are designated 3 W Center, 3 East, and 3 Far East.

Assignments—Will be posted at nursing station desk on Surgical areas.

Contacting Instructor—Instructor will be making rounds on the designated areas.

Absence—Notify instructor. Do not call units.

Personal Belongings—Uniform as designated in Dress Code in Student Handbook. There are **no** lockers available for students or instructor. Lock all valuables out-of-sight in your cars. Bring money for lunch or breaks, note paper for notes and nursing care plan that you write for assigned patient. There is a refrigerator designated for nurses' lunches that are carried in.

Dumbwaiters—Located on 3 Center. Two (which are side-by-side) are clean: one for food from dietary; one for clean items from Central Supply. A third dumbwaiter is for returning used items to Central Supply.

Pneumatic Tubes—Used for delivering requests and reports. Located on 3 Center and 3 Far East. A chart is posted on the wall in each location with letter and number to be dialed on tube to direct it to specific locations such as pharmacy, etc.

Fax Machines—Used to send requests to dietary and pharmacy or to notify Business Office of patient discharges, transfers, etc. Located on 3 East and 3 Far East.

Listening to Report—Report is given at 8:00 a.m. Report is given in designated areas for each unit.

Medications—All routine scheduled meds are kept in locked cupboard in each patient's room, with the exception of IV meds. IV meds are kept in medication refrigerators on 3 Center (for 3E and 3C) and on 3 Far East.

Charting—Students will chart vital signs, meds and nurse's notes.

MEDICAL FLOOR

Floor Plans—Located on the 4th floor. Units are designated as 4 Center I, 4 East (E) and 4 West (W).

Medical Specialties— 4C and 4E have the highest concentration of persons with diabetes and renal diseases. 4W is the oncology unit and chemotherapy is administered (a section is also set aside for Hospice patients).

Assignments—Will be posted at nursing station desks.

Contacting the Instructor—The instructor will make unit rounds.

Absence—Notify the instructor. If you are unable to make contact with the instructor, call another student to help with a message.

Personal Belongings—No lockers are available. Uniform per Ohlone College dress code.

Report—Report is given at 8:00 a.m. in a designated area on each unit.

Medications—All routine medications are kept in locked cupboards in each patient's room, with the exception of IV meds. IV meds are kept in the medication refrigerator.

Charting—Students will chart following Kaiser guidelines.

**Kaiser-Hayward Pediatrics
27400 Hesperian Blvd
Hayward, CA 94545
(510) 784-4000**

Floor Plan—Located on 3W. Entry to the unit is permitted via phone entry.

Assignments—Students are expected to research the patient's pathophysiology, labs and medications as well as to develop a nursing care plan prior to the beginning of clinical.

Absence—Student should call the clinical instructor one hour prior to the beginning of clinical to report an absence.

Personal Belongings—Valuable belongings should be kept with the student. Storage space is limited and students are encouraged to share text amongst themselves and bring a minimum of belongings to the unit.

Report—Report begins at 8 a.m. for the day shift and 4 p.m. for the evening shift on the pediatric unit in the playroom.

Medications—Medications are administered after reviewing the dosage with the instructor and with the instructor present. Students are not able to make IV pump adjustments without the instructor present.

Charting—Students will be oriented to the forms utilized on the Pediatric Unit.

Out-Patient Department (OPD)

Location—The pediatric OPD is located on the ground level of the Sleepy Hollow medical office building.

Assignment—Each student assigned to the OPD experience will first report to the Pediatric Unit (3W) and participate in report and conferences with the other students in the clinical group.

Absence—Students should report absences as delineated under Pediatric Ward.

Personal Belongings—There is no storage in the OPD for student belongings.

Kaiser Fremont Hospital
39400 Paseo Padre
Fremont, CA 94538
(510) 248-3000

General Information: Kaiser is an HMO medical center with 24 hour physician coverage. The facility has 90 beds. Shifts begin at 0700, 1500 and 2300.

Directions to Hospital: Kaiser Fremont is located on the same campus as the Ambulatory Care Clinics. You can access the hospital from Civic Center side.

Parking: Parking is free. Please do not park in patient areas. You may park in staff or visitor parking areas.

Cafeteria: Located on the first floor of the hospital.

Charge Items: Items are not charged to patients, however, care should be taken not to waste supplies.

Assignments: Posted near the unit patient census board.

Contacting Instructor: Please check with current instructor.

Absence: Please contact instructor by 0600 hours.

Personal Belongings: No locker space is available for student use. Please only bring items you need.

Listening to Report: Varies by units. Please check unit policy.

Medications: Pyxis

Emergencies: Familiarize yourself with unit policy.

Kaiser Oakland
280 W. Mac Arthur Blvd
Oakland, Ca 94611
(510) 752-7334

General Information: The tenth floor of the Oakland Kaiser Medical Center is utilized as one of the pediatric inpatient rotations. The Oakland Medical Center is the regional pediatric center for the East Bay Area. The tenth floor has both acute and chronic pediatric care. It also houses a pediatric intensive care unit (PICU).

Directions: From SF/Berkeley: take Interstate 580 eastbound to the Harrison/MacArthur exit. Turn left at the end of the offramp and left onto MacArthur Blvd. Cross Piedmont and turn right at Howe Street. The medical facility parking garage is on the right.

South: Take Interstate 580 westbound to the Harrison-MacArthur Blvd exit. Follow West along MacArthur Blvd and turn right onto Howe Street.

East: Take Highway 24 Westbound to the Broadway exit. Follow Broadway and turn left onto West Mac Arthur Blvd. Turn left onto Howe Street.

Parking: Parking is allowed, free of charge with a student issued pass, on the MacArthur/Broadway roof and the Patient/Visitor Parking Garage on Howe Street. Additionally, public transportation via BART is available by exiting at the Mac Arthur Station and accessing a free shuttle that goes to the Oakland Medical Center every 15 minutes.

Cafeteria: A cafeteria and vending machines are located on the first floor.

Absence—Student should call the clinical instructor one hour prior to the beginning of clinical to report an absence.

Personal Belongings—Valuable belongings should be kept with the student. Storage space is limited and students are encouraged to share text amongst themselves and bring a minimum of belongings to the unit.

Report—Report begins at 7:15 a.m. for the day shift.

Medications—Medications are administered after reviewing the dosage with the instructor and with the instructor present. Students are not able to make IV pump adjustments without the instructor present.

**Kaiser Medical Center, Walnut Creek
1425 South Main Street
Walnut Creek, CA 94596
(925) 295-4000**

General Information: Kaiser is an HMO medical center with 24 hour physician coverage. The facility has 229 beds. Shifts begin at 0745, 1545 and 2345.

Directions to Hospital: From 680 North or South, exit on Main street.

Parking: Parking is free in the staff or public parking garage. Please do not park in areas designated for patients.

Cafeteria: Located on the first floor. Open until 7pm.

Charge Items: Items are not charged to patients, however, care should be taken not to waste supplies.

Assignments: Posted near the unit patient census board.

Contacting Instructor: Please check with current instructor.

Personal Belongings: No locker space is available for student use. Please only bring items you need.

Listening to Report: Varies by units. Please check unit policy.

Medications: Pyxis

Emergencies: Familiarize yourself with unit policy.

**Good Samaritan/Mission Oakes
2425 Good Samaritan Drive
San Jose, CA 95124-3908
(408) 559-2001**

General Information:

Directions:

Parking: Free

Cafeteria:

Contacting the Instructor:

**St. Rose Hospital
27200 Calaroga Ave
Hayward, CA 94545
(510) 264-4000**

General Information: St. Rose Hospital is an acute care, general, not-for-profit, 175-bed facility. This facility provides primary and secondary medical/surgical services and skilled nursing care.

Directions: from 880 north or south, exit on Tennyson, heading west, turn right on Calaroga.

Parking: Free of charge in designated area.

Cafeteria: Located on the first floor

Assignments: Posted on bulletin board in nursing station

Contacting Instructor: Check with current instructor for methods on how to contact

Absence: Contact instructor by 0600

Personal Belongings: Leave bulky items in car. Bring only necessary materials.

Listening to Report: Varies by unit, 3rd/4th floor

Medications: Unit dose and Pyxis

Emergencies: Familiarize yourself with unit and hospital policy.

Charting: Use black ink. Follow established hospital policy.

Charge Items: Follow hospital policy.

Breaks: Can be taken in staff lounge or cafeteria

**Veterans' Administration Medical Center, Palo Alto
Menlo Park Division
Willow Avenue, Menlo Park
(650) 493-5000**

General Information—The Menlo Park Division is a part of the Veterans' Administration Medical Center, Palo Alto. These three divisions (Palo Alto, Menlo Park, and Livermore) are associated with the Veteran's Administration Medical Centers located throughout the United States. These hospitals are designed to treat the needs of veterans of military service. Day shift begins at 7:30 with report on most nursing units.

Directions to Hospital—Take Dumbarton Bridge west to Willow from the East Bay. Take 101 (north or south) to Willow exit (west) if coming from South Bay or Peninsula. Menlo Park Division is located on Willow. The campus is on the right side of the road past the second light. Turn into the campus and park in the first visitors' lot on the left.

Parking—Parking is free. You are to park in the visitors parking lot on your left as you enter the Menlo Park campus. Other parking areas require a parking permit.

Cafeteria—Located on the first floor of the Core Building.

Assignments—Posted at each nursing station.

Contacting Instructor—There are many clinical areas (psychiatric and geriatric) utilized on the campus. You will be informed as to the approximate times rounds on each unit will be made. Otherwise call the extensions for the other units to locate your instructor (you will be given a list of the units and extensions at the beginning of the rotation).

Absence— Call your assigned unit between 6:00 and 7:00 a.m. and leave your name and a phone number where you can be reached. If you know the evening before clinical you will be unable to attend, notify your clinical instructor at home. All absences must be made up in order to successfully complete clinical.

Personal Belongings—Leave purses and other valuables locked in the trunk of your car. Bring your text and other clinical information. There is a small nurses' lounge on each unit, but there is no place to lock up things like purses. A student center with a locked cabinet is located in Building 324 on the C-wing.

Tube System—There is no tube system, a messenger delivers mail between the units.

Nursing Organization—Primary nursing. There are a variety of staff members on the unit. The nursing managers, clinical psychologists, psychiatrists, medical doctors, occupational therapists, activity therapists, psychiatric technicians, nursing assistants, LVN's, RN's, and clinical nurse specialists.

Listening to Report—Report is taped or verbal depending on the unit you are on. Report begins promptly at 7:30 on most units and you are expected to be in the room, seated, and ready for report by that time.

Medications—Each unit has a different protocol for dispensing medications. You will not be dispensing medications to your patients. You will be expected to know the side

effects of any medications that your patient is receiving.

Emergencies—The units you are on all have psychiatric or geriatric patients, but some of them have medical conditions as well. Check the procedures for emergencies on your particular clinical unit (most units call 911 for emergencies).

Charting—The units have different methods of charting. Your orientation on the unit will include charting policies. **ALL CHARTING MUST BE CO-SIGNED BY THE STAFF ASSIGNED TO YOUR PATIENT BEFORE YOU LEAVE THE UNIT!** You are responsible to take the chart to the staff member and have them sign your charting after you have reported off for the day.

Charge Items—There are few items charged for on the unit. Check with the staff about items before dispensing them. Some articles require special privileges before they are used.

Coffee Break & Lunch—The Core Building has a cafeteria designed for coffee breaks and lunch.

Smoking—There are designated areas for smoking. Smoking outside those areas or while walking on the grounds is not permitted.

Routines that Differ during Psychiatric Rotation

5. The units that you are assigned to are psychiatric, not medical. You are to be dressed in street clothes and your ID badge. You are serving as a role model for your patients, so dress accordingly. Use good judgment in selecting your clothes. If you do not, you will be sent home and will make up the day. Casual clothing is allowed, but not jeans.
2. Student nurses are not allowed to accompany patients alone on the grounds. If you are attending an off-unit group with your patient, check with the staff before leaving.
3. You will be having 1:1 interactions with your assigned patients daily. These are to occur in the dayroom or the patio in the units. Interactions may not take place in the patient's room.
4. If a patient becomes agitated, students are expected to get out of the way. Help the other staff not involved with the upset patient calm the other patients. Even if the patient that is upset is your assigned patient stay out of the way of the experienced staff.
5. Many of the patients have trouble with social interactions and have difficulty responding appropriately. **You may not accept anything from the patients. You also may not lend them money or cigarettes. Do not give your patient your home phone number or address.** You may not be in contact with this patient in any way outside the time you are assigned to the patient. This may seem harsh, but the seemingly casual atmosphere of a psychiatric setting sometimes blurs what is professional interaction and social activity.

Valley Care Health System
5555 W. Los Positas Blvd.
Pleasanton, CA, 94550
(925) 847-3000

General Information—Valley Care Medical Center, located in Pleasanton, California includes 186 beds in both their Pleasanton and Livermore campuses.

Directions to the Hospital—The hospital is located at 5555 W. Los Positas Blvd., Pleasanton. From the college, take 680 North to 580. Exit 580 East to Hacienda. Exit right on Hacienda, left on Owens, left on Andrews to hospital entrance.

Parking— No permit is needed. You may park in any employee and volunteer parking area in front of the hospital. Do not park near Medical Plaza East. This is reserved for patients and physicians.

Cafeteria - Conference Rooms—Located on the first floor of Medical Plaza East. Open 7:30 a.m. - 6:30 p.m.

Hospital Services—Selected.

First Floor: Admitting, Business Office, A.M. Admit Center, Surgical Department and Center, Laboratory, Emergency Room, Oncology Center, Outpatient Surgery.

Second Floor: Medical, Surgical/Pediatrics, Critical Care, Family Birth Center, Physical Medicine (P.T. & O.T.), Respiratory Therapy, Pharmacy, Dietary.

Assignments—Posted in the nurses lounge

Obtaining Assignments—Students are requested to not be on the unit at change of shift, 2:30-4:00 or from 5:00-6:00 p.m. when doctors make rounds.

Contacting Instructor while at Clinical—Check rooms assigned to students and then call instructor cell phone/pager.

Absence— Contact your instructor as soon as possible.

Personal Belongings—Space is limited in the Nurse's Lounge. Bring only necessary texts and personal items. Do not bring purses.

Nursing Organization—An all RN staff provides total patient care.

Report— Report is received from the RN assigned to your patient.

Medications—Unit dose medication procedure is followed. Each patient has an assigned drawer in a medical cart. In addition, there is a medication room with stock supplies. Controlled drugs are locked in a drawer in the med cart and must be signed for.

Emergency Information—For fire and code, dial 111 from any unit telephone. State name of emergency and location. Know where the crash cart is located. Fire doors close automatically.

Patient Records—Each RN has a binder which contains a patient's Kardex Card, Medication Administration Sheet and Nursing Care Plan for each of her assigned patients. Nursing care information is obtained from these binders and from the Medical Records.

Medical Records—Each patient has a Medical Record. Charting is done on the 24 hour Nursing Summary. This includes Vital Signs, Intake and Output, Systems Assessments, Personal Care, Safety, Interventions and Narrative Progress notes. Charts may be reviewed at the Nurse's Station. Always return the chart to the rack from which it was taken. Red flagged charts have new orders. Do not remove from the rack until the RN clears the orders.

Charge Items—All supplies on the Central Supply Cart have a removable sticker. When you take an item, remove this sticker and place it in the charge rand near the cart.

Coffee Break and Lunch—A ten-minute break may be arranged with the instructor and RN. Lunch time will be determined by the instructor. You may eat in the Nurse's Lounge, Cafeteria or Conference Rooms.

Smoking— Is not permitted in any of the hospital buildings.

Dress Code—All students are expected to adhere to the dress code for clinical assignment. No exceptions.

Universal Precautions—Are followed on all units. Red bag waste containers are available for disposal of all body fluid contaminated waste. Gloves and Sharps Containers are in every patient care room.

VALLEY CARE HOSPITAL SCAVENGER HUNT

Orient yourself by taking a walking tour and locate the following:

Nurse's Station

Addressograph
Thermometers
Medication carts
Charts
Crash cart

Assignment boards
Probe covers
Xerox machine
Specimen basket
Pharmacy basket
Patient Charge Kardex

Stethoscopes
PDR & Dictionary
Ophthalmoscope

Otoscope
IVAC
Procedure and Policy Manuals

Where do you find the following?

4 X 4
Laundry hampers
Drawsheet
Band-Aids
Syringes & needles
Straws
Ice
Adult diapers
Ensure
Policy manuals
Scales
BP equipment
Raised toilet seats
Isolation gowns & masks
Kleenex
Portable BP
Your assignments
Fire alarms
Fire extinguishers
Sharps Container

Bedpans
Toothpaste
Temp A Dot
Dynamap
Denture cups
Blanket warmer
Admission kits
Non-sterile gloves
Ted hose
Posey restraints
CPR shield
Airway
Goggles
Nurse's Notebooks
Physical Therapy Schedule

Go into an empty patient's room, note equipment available, practice using bed controls and side rails.

Washington Hospital Health Care System
2000 Mowry Avenue
Fremont, CA 94538
(510) 797-1111

General Information—Washington Hospital is a district hospital with five patient care floors.

Directions to Hospital—On corner of Mowry Avenue and Civic Center Drive in Fremont. From 680 going south, take Mission Blvd. exit west to Walnut Avenue, then right on Civic Center Drive.

Parking— Park at Washington West. Do not park in the hospital parking lots or you may be towed. Cross at the corner. Jaywalkers will be ticketed.

Cafeteria— Located in the basement. A vending machine arcade is also available on the first floor.

Floor Plan— There are a number of semi-private and private rooms, numbered 101, 102; 201, 202, etc. Bed 01 is near door and 02 near window. The nursing station is in a central location and physicians and nurses do their charting at one major desk. Charts are never to leave this central area.

Assignments—Assignments are posted next to the patient room assignment board. To find out who your staff nurse is, locate their name next to the patient's names on the assignment clip board located at nurses' station.

Contacting Instructor—Simply check the rooms assigned to fellow students or call the operator and have her paged if it is urgent.

Absence— Call the hospital and ask for assigned floor between 6:30 and 6:45 a.m. and leave a message so your patient can be reassigned.

Personal Belongings—Limit your belongings to sweaters and books. There is no place to lock up valuables.

Tube System—Connects all hospital departments to route requests and small item. Learn how to use this system, your instructor will help you.

Dumbwaiters—

1. Located in small room for sending up late meal trays only. Never put a used tray on the dumbwaiter.
2. Located in clean utility room, for sending up supplies needed urgently.

Nursing Organization—System on 3 West, 4 West and 6 West is primarily team nursing with an RN assigned to a number of patients. On 5 West, RNs practice total patient care.

Listening to Report—First semester students will receive report at 7:30 a.m. with assigned RN. Third and fourth semester students will receive report at 7:00 a.m. with assigned RN. Report is available by the voice care phone system.

Medications—The unit dose system is used with each patient having their own drawer in one of the med carts. Narcotics, emergency meds, and some stock drugs are located in the “Pyxis” and must be obtained by the instructor or RN.

Emergencies—Dial 55 for codes, fires, any emergency.

Charting—USE BLACK PEN ONLY! The 24-hour flow sheet, kept on the clipboard outside the patient’s room, is used for assessments, routine observation, vital signs, intake and output and treatments. Be sure your nursing notes relate to “problems” and do not include “flow sheet filler.” Beginning students are to do charting on scratch paper and have instructor check it before writing in the chart. Vital signs are done routinely at 8:00 a.m. and 12:00 a.m. and immediately recorded on the flow sheet. I & O must be totaled at the end of the shift and recorded on the “flow sheet.”

Charge Items—All supplies on the CSR cart have a removable sticker. When you use an item, place the sticker in the Kardex in the supply room. To order an item not on the cart, ask the Unit Secretary who can order it via computer.

Coffee Break, Lunch, Smoking—You may use the cafeteria for breaks and lunch. There is a refrigerator especially for staff and student sack lunches. **Smoking is not allowed in the hospital.**

Routines that Differ—Nursing Assistants may be assigned to your patients and are responsible for their care when you leave. They will generally have put the linens on a cart in a strategic area of the hall. Work with them and let them know if you are taking a bundle from their carts. Put linens in the portable container. They have a policy that the bottom sheet does not need to be changed on all patients unless it is soiled. Bottom sheets are fitted sheets.

Breakfast Trays: Distributed at various times, check unit protocol. If you are assigned to a “feeder,” you will be expected assist the patient to eat.

Vital Signs: Are taken at 8:00 a.m. and 11:00 p.m.

Staff Breaks: Will take turns at 8:30 and 9:00, and 11:30 to 12:15.

Reporting Off: Always report off to an RN and instructor before leaving the floor, and make sure Instructor checks your charting before you leave the hospital.

ORIENTATION FOR OHLONE NURSING STUDENTS TO WASHINGTON HOSPITAL—SCAVENGER HUNT

- A. Locate the following pieces of safety equipment.
1. fire extinguishers
 2. exit or fire escapes
 3. fire alarms
 4. portable oxygen tank (find out how to turn it on)
 5. crash cart—drug box
- B. Locate:
1. waiting room for visitors
 2. treatment room
 3. hygiene kits
 4. “posey” restraints
 5. extra toothbrushes
 6. scales
 7. blanket warmer
 8. kitchen (sugar, jello, custard, cups)
 9. ice machine
 10. coffee (find out how to make it)
 11. soiled linen portable containers
 12. laundry carts
 13. conference room
 14. charge nurse office
 15. medication carts
 16. med refrigerator
 17. Pyxis machine
 18. patient charts—find vital sign sheet, flow sheet, nursing notes, medication sheet, doctor’s order sheet, nursing care plan
 19. patient charts with doctor’s orders not yet noted
 20. computers
 21. IVAC thermometers
 22. disposable gloves
 23. patient diet list
 24. nursing procedure books
 25. reference books, lab manual, dietary manual, drug books
 26. dirty utility room
 27. commodes
 28. extra bedpans, fracture pans, urinals
 29. gurney
 30. wheelchairs
 31. IV poles
 32. blood pressure cuffs, large cuff

Find an empty room if possible to locate the next items. Be sure that you do your “investigating” in someone’s room who doesn’t mind.

1. Try a call light.
2. Practice raising and lowering the side rails.
3. Practice raising and lowering the head and foot of the bed.
4. Look in a bedside stand.
5. Practice closing the curtains.
6. Practice cleaning a bedpan in the bathroom.
7. Look at the emergency signal in the bathroom (if you want to try this out, be sure to let the nurses know! Find the reset button).
8. How are the patients’ rooms numbered and the beds in the rooms?
9. How do you turn on the over-bed light?
10. Are there oxygen outlets in the rooms?

Meet as many of the personnel and patients as it is convenient. What duties do you see the personnel performing? What are some of your feelings when you introduce yourself to patients?

What would be the proper way to answer the phone on your unit? Look on or near the phone for numbers of other units.

Washington Maternity (2W, 2S, and 2N)

- Location**— The Birthing Unit is located on 2W. Nursing care is integrated for intrapartum, postpartum and neonatal care.
- Absence**— Student should call birthing unit to report absence by 6 a.m. on the day of clinical.
- Report**— Nurses work 12 hour shifts and report is done at 7 a.m and 7 p.m.
- Belongings**—Students should bring a minimum of belongings, as there is no room for backpacks. It is recommended to share a textbook. No valuables should be left on the unit as there is no secured storage.
- Assignments**—Assignments are given the day of clinical. Students are assigned an area of maternity nursing to prepare for the focused assessments to prepare for prior to clinical.
- Medications**—Medications are dispensed through a computerized system called PYXIS to be used in conjunction with a daily computerized medication Kardex specific to client.
- Charting**— An electronic medical record is generated for each maternity patient. Your computer log-in will be assigned during Hospital Orientation. Students will chart on the mother and baby after the delivery has taken place. Students do not chart during the Labor & Delivery rotation. Delete: Charting is done primarily with flow sheets specific to each area of maternity nursing. Examples can be found in the Skills Lab.

SELF-HELP STUDY GROUPS

Informally organized student-directed study groups are fairly common among Ohlone nursing students. For many, they have been a great help in studying for exams during the program and getting ready for State Boards. In June 1977, we surveyed both classes and asked them to describe their study group experiences, and share their ideas about what to do and what not to do to keep a study group productive and constructive. The following suggestions taken from the survey might aid you in organizing and participating in a successful study group.

How They are Formed

Study groups usually develop around friendships. They are started by students who are eager to do well in the program by appealing to one another for help.

Leadership

Students reported on the survey that leadership in successful groups rotates and is dispersed equally among group members. In some groups, subjects for study are divided, and each member accepts an assignment to prepare for and lead discussion of that subject. Another student reported that the discussion in her group was led by “whoever was awake.”

Size

Most students feel three to four is an effective size. A few have been in larger groups and said it was successful, but others said large groups wasted time. A few students prefer to study with just one person.

Frequency and Duration of Meeting

Most groups work together three to six hours before major exams. However, several students reported belonging to groups which meet regularly once or twice a week for two hours or so.

What makes a Good Group Member?

We asked students what characteristics in others promote successful group work. Their answers reveal very clear ideas about what you might do to be considered a valuable group member.

Come prepared—do the assignment you agreed to do, be a hard worker, be well organized—identify significant materials, stick to the study materials, be encouraging, be forceful, have a loud voice, be a standard raiser, competitive, bright, be thoughtful of others’ feelings, draw others out, be consistent, promote discussion, accept other members’

differences but demand cooperation and attention to the job at hand, keep the goal in mind, help the group return to the topic, serve a good lunch, serve lots of tea and snacks.

What Content is Best Learned in Groups?

The students who responded in our survey have this advise about the best subject matter for group study:

Complex functions and processes; factual and objective content, not subjective, putting lecture notes and outside reading on a given topic together; drugs, abstract topics, especially emotionally volatile ones where ideas can be shared, e.g., issue of a nurse stealing drugs, transsexual patient, homosexuality, etc.

What Not To Do

Here is some advice from students about the circumstances and characteristics that make for an ineffective study group:

Don't let one person run it.

Don't let the group be too big.

Don't go in hungry.

Don't have all "C" students in your group.

Don't form a group without some who stimulate you to do better.

Don't come unprepared.

Don't expect the group to fill you passively with knowledge.

Don't study with people that provoke trivial arguments or are inflexible in their outlook.

Stay away from people who are hyper and perfectionistic (unless that is how you are).

Don't let negative or unprepared people destroy the atmosphere of helpfulness and learning.

APPENDIX E

ADVANCED STANDING FOR THE R.N. NURSING PROGRAM—Challenge Policy

Please refer to Health Science Division, Registered Nursing Web site.

APPENDIX F

LISTING OF SELECT BAY AREA UNIVERSITIES OFFERING A BSN

San Francisco State University

San Jose State University

Sonoma State University

Holy Names College

Samuel Merritt College

APPENDIX G

Ohlone College MEMORANDUM

TO: Advanced-Standing and Returning Students
 FROM: Advanced Standing & Readmission Committee
 DATE: July 20, 2001
 SUBJECT: Required Skills Lab Check: Must be passed before participating in Clinical.

A. GENERAL GUIDELINE

1. The Examination, Part IA student who does not complete or is not enrolled for three or more nursing courses in sequence must:
 - a. Pass The Examination—Part I. Part I of this examination tests for retention of basic drug administration skills taught in N301 and N302.
 - b. Complete an evaluation for placement purposes.
 - c. Complete a self-rating on select nursing skills.

No Skills Lab check is required when the returning student is repeating N1301. A modified The Examination Part I is required of students retaking N302.

2. Administration of The Examination—Part II is dependent upon the recommendation of the faculty. Those skills that will be required on The Examination Part II and included in the Self-Rating exercise are determined by the faculty and approved by the Advance-Standing Committee. Part II of this examination tests for specific skills taught in each of the nursing courses N303 through N307.

B. DETAILS ABOUT THE SKILLS LAB EVALUATION

1. The examination will require demonstration of all nursing skills listed under The Examination—Part I and in some cases selected nursing skills marked with an "X" "n"er The Examination—Part II on the form entitled "Skills Checklist for Advanced-Standing Students." You will have two opportunities to pass this examination. Each skill must be scored "Pass" to successfully complete the exam. If you are unable to pass this exam before the beginning of a clinical course, you are not eligible to enter or re-enter the Nursing Program.
2. The evaluation for placement purposes requires demonstration of assessment skills. Assessment skills are taught at the first level for the purpose of meeting your specific learning needs, you will be asked to perform the following assessments: integument, heart, lungs, abdomen, and neurologic. This is not a test but an assessment of your competency in performing these skills.
3. The self-rating requires you to indicate proficiency level in other basic nursing skills. You will be asked to rate your present level of competency on course skills marked with an "X." "You" will not be asked to perform these skills at the time of the Skills Lab evaluation. You will, however, be expected to demonstrate competency in clinical courses. Your self-rating will be used by you and your instructor in selecting clinical nursing experiences and/or Skills Lab Practice sessions to improve your skill level

where needed.

C. RESOURCE MATERIALS

Skills Lab (Room 8104):

Videotapes

Computer programs

Texts

Equipment

Library:

Videotapes

Texts

- D. The Skills Lab will be open to returning students for review and practice. Please contact the Skills Lab Coordinator to arrange for assistance, if desired, in reviewing skills and to schedule the examination.

OHLONE COLLEGE NURSING PROGRAM
SKILLS CHECKLIST FOR ADVANCED-STANDING STUDENTS

THE EXAMINATION—PART I

To pass The Examination, the student must receive a "Pass" on each skill

SKILLS	PASS	FAIL
1. IV THERAPY		
a. Setting up IV		
b. Changing IV tubing		
c. Adding med to IV		
d. IV med bag additives		
e. IV push		
f. Heparin flush		
g. Change IV to heparin lock		
h. Drip-rate calculations		
2. MEDICATIONS		
a. Intramuscular		
b. Subcutaneous		
3. MATH EXAM		
a. Fractions and Decimals		
b. Conversion, apothecary, metric		
c. Fractional doses		
d. IV drip-rate calculations		
e. Pediatric math exam		

Skills Checklist for Advanced-Standing Students (continued)

THE EXAMINATION—PART II

In an "X" "s" placed inside the course box, you will be tested on the skill(s) listed.

	COURSE	SKILL	PASS	FAIL
<input type="checkbox"/>	N 301	Universal Precautions* Videos Post-test Gowning & Gloving & Mask		
<input type="checkbox"/>	N 302	Injection Intradermal Heparin Subcutaneous		
<input type="checkbox"/>	N 302	Sterile Dressing Change*		
<input type="checkbox"/>	N 303	Pediatric Math & Medications		
<input type="checkbox"/>	N 303	Catheter Care/Urinary Elimination Straight Catheter Insertion Indwelling Catheter Insertion* Removal of a Retention Catheter		
<input type="checkbox"/>	N 304	Nasogastric Tubes & Feeding Insertion of Nasogastric Tube* Removal of Nasogastric Tube Irrigation of Nasogastric Tube Nasogastric Tube Feeding Central Line Dressing Change		
<input type="checkbox"/>	N 304/7	Heparin Administration: Intravenous Blood Transfusions		
<input type="checkbox"/>	N 302/7	Insulin Administration Mixing Insulin Insulin Injection Insulin Infusion		
<input type="checkbox"/>	N 307	Team Reports		
<input type="checkbox"/>	N 307	Tracheostomy Care Suctioning Cleaning the Inner Cannula Changing the Tracheostomy Dressing		

*Skills marked with * must be demonstrated by all advanced placement students.

Skills Checklist for Advanced-Standing Students (continued)

THE EVALUATION FOR PLACEMENT PURPOSES: ASSESSMENT SKILLS

Assessment	Satisfactory	Needs Practice	Needs Class
1. Integument			
2. Heart			
3. Lungs			
4. Abdomen			
5. Neurological			

(Please refer to syllabus for guidelines and videotapes in Skills Lab for review.)

APPENDIX H

APA GUIDE (based on 5th edition)

GENERAL GUIDELINES:

1. Use a one-inch margin at the top, bottom, right, and left of every page.
2. Use Times New Roman or Ariel fonts, size 12 or 11.
3. Double space everything (text, quotations, references). Do not add extra blank rows between titles and the body of the paper, or between references.
4. See below for how to do the title page and headers.
5. Space once after all punctuation as follows:
 - After commas, semicolons; and colons:
 - After periods at the end of a sentence, periods that separate parts of a reference citation, and after periods used in initials in personal names.
 - Do not space after internal periods in abbreviations (e.g., a.m., U.S.)

6. Quotations:

All quotations must have a page number or paragraph number (if from an electronic source) included in the in-text citation.

Short quotations (fewer than 40 words) are enclosed in double quotation marks. The example below is a short quotation from an electronic source:

As Myers (2002, para. 5) aptly phrased it, “positive emotions are both an end—better to live fulfilled, with joy—and a means to a more caring and healthy society.”

Long quotations (40 or more words) are set apart in a block separate from the text, without quotation marks, and the entire block is indented 5 spaces (see example below):

The American Psychological Association Publication Manual (2002) states the following:

Use three spaced ellipsis points (...) within a sentence to indicate that you have omitted material from the original source (see section 3.34, Quotation 1). Use four points to indicate any omission between two sentences....Do not use ellipsis points at the beginning or end of any quotation unless, to prevent misinterpretation, you need to emphasize that the quotation begins or ends in midsentence. (p. 119).

HOW TO CITE REFERENCES IN TEXT:

One Work by One Author:

Walker (2000) compared reaction times

In a recent study of reaction times (Walker, 2000)

In 2000 Walker compared reaction times

Within a paragraph, you need not include the year in subsequent references to a study as long as the study cannot be confused with other studies cited in the paper:

In a recent study of reaction times, Walker (2000) described the method... Walker also found...

A Work by Two Authors:

Always cite both names every time the reference occurs in text.

as Nightlinger and Littlewood (1993) demonstrated

as has been shown (Joreskog & Sorbom, 1989)

A Work by Three, Four, or Five Authors:

Cite all authors the first time the reference occurs; in subsequent citations, include only the surname of the first author followed by et al. and the year if it is the first citation of the reference within a paragraph:

Wasserstein, Zappulla, Rosen, and Rock (1994) found
[Use as first citation in text.]

Wasserstein et al. (1994) found [Use as subsequent first citation per paragraph thereafter.]

Wasserstein et al. found [Omit year from subsequent citations after first citation within a paragraph.]

See your APA manual, pp. 209-211 for additional details on citing works with six or more authors, anonymous authors, authors with the same surname, works with no author, and groups as authors.

Note: Dates cited in text should be years only and should never include months.

HOW TO CITE REFERENCES IN YOUR REFERENCE LIST

To a Chapter in an Edited Book:

Keane, A., McMenamin, E. M. & Polomano, R. C. (2002). Pain: The fifth vital sign. In

D. D. Ignatavicius & M. L. Workman (Eds.), *Medical-Surgical nursing: Critical thinking for collaborative care* (4th ed., pp. 61-94). Philadelphia: Saunders.

Order: Authors of chapter, (year of book). Title of chapter. In names of editors (Eds.), title of book (edition, page numbers of chapter). Location: Publisher.

To a Whole Book:

Mitchell, T. R. & Larson, J. R., Jr. (1987). *People in organizations: An introduction to organizational behavior* (3rd ed.). New York: McGraw-Hill.

Australian Bureau of Statistics. (1991). *Estimated resident population by age and sex in statistical local areas, New South Wales, June 1990* (No. 3209.1). Canberra,

Australian Capital Territory: Author.

Order: Author(s) (year). Title of book (edition). Location: Publisher.

When the author and the publisher are the same, simply list the publisher as “Author”

To a Journal, Magazine, Newsletter, or Newspaper:

Saywitz, K. J., Mannarino, A. P., Berliner, L., & Cohen, J. A. (2000). Treatment for

sexually abused children and adolescents. *American Psychologist*, 55(2), 1040-1049.

Order: Author(s) (year). Title of article. Name of journal, volume(issue), page numbers of article.

Note: You may include month or season after the year if available. Ex: (2000, Fall) or (2000, August/September) or (2000, November 10).

Newsletters and newspapers follow this format, with one exception: for newspaper articles you need to list p. or pp. before the page numbers.

To a Brochure (Same Corporation as Author and Publisher):

Research and Training Center on Independent Living. (1993). *Guidelines for reporting*

and writing about people with disabilities (4th ed.). [Brochure]. Lawrence, KS:

Author.

Order: Name of the group. (year). Title of brochure or pamphlet. (edition if available). [Brochure]. Location: Publisher.

To an Encyclopedia or Dictionary:

Miller, B. F. & Keane, C. B. (Eds.). (1987). *Encyclopedia and dictionary of medicine, nursing, and allied health*. (4th ed., Vols. 1-5). Philadelphia: Saunders.

Order: Name(s) of editors (Eds.). (year). Title of work. (edition, volumes [if applicable]). Location: Publisher.

For major reference works with a large editorial board, you may list the name of the lead editor, followed by et al.

To Electronic or Internet Sources:

1) Article downloaded from a database:

Kagan, L. J., Aiello, A. E., & Larson, E. (2002, August). The role of the home environment in the transmission of infectious diseases. *Journal of Community Health*, 27(4), 247-267. Retrieved October 8, 2002, from CINAHL/ProQuest Nursing Journals database.

2) Article in an Internet-only journal:

Fredrickson, B. L. (2000, March 7). Cultivating positive emotions to optimize health and well-being. *Prevention & Treatment*, 3, Article 0001a. Retrieved November 20, 2000, from <http://journals.apa.org/prevention/volume3/pre0030001a.html>

3) Electronic version of a print journal

Makela, M. (1998). Viruses and bacteria in the etiology of the common cold.
[Electronic version]. *Journal of Clinical Microbiology*, 36, 539-542.

4) Multipage document created by a private organization, no date

Greater New Milford (Ct) Area Healthy Community 2000, Task Force on Teen and Adolescent Issues. (n.d.). *Who has time for a family meal? You do!* Retrieved October 5, 2000, from <http://www.familymealtime.org>

5) Document available on a university program or department web site:

Chou, L., McClintock, R., Moretti, F., & Nix, D. H. (1993). *Technology and education: New wine in new bottles: Choosing pasts and imagining educational futures.* Retrieved August 24, 2000, from Columbia University, Institute for Learning Technologies Web site: <http://www.ilt.columbia.edu/publications/papers/newwine1.html>.

Notes: Use n.d. (no date) when a publication date is not available (see example 4).
If the author of a document is not identified, begin the reference with the title of the document.

See pp. 268-281 in APA manual for more details and variations of citing sources off the Internet.

compiled 12/04

Running head: SAMPLE APA TITLE PAGE

Sample APA Title Page
Carrie M. Dameron, MSN, RNC
Ohlone College

1.