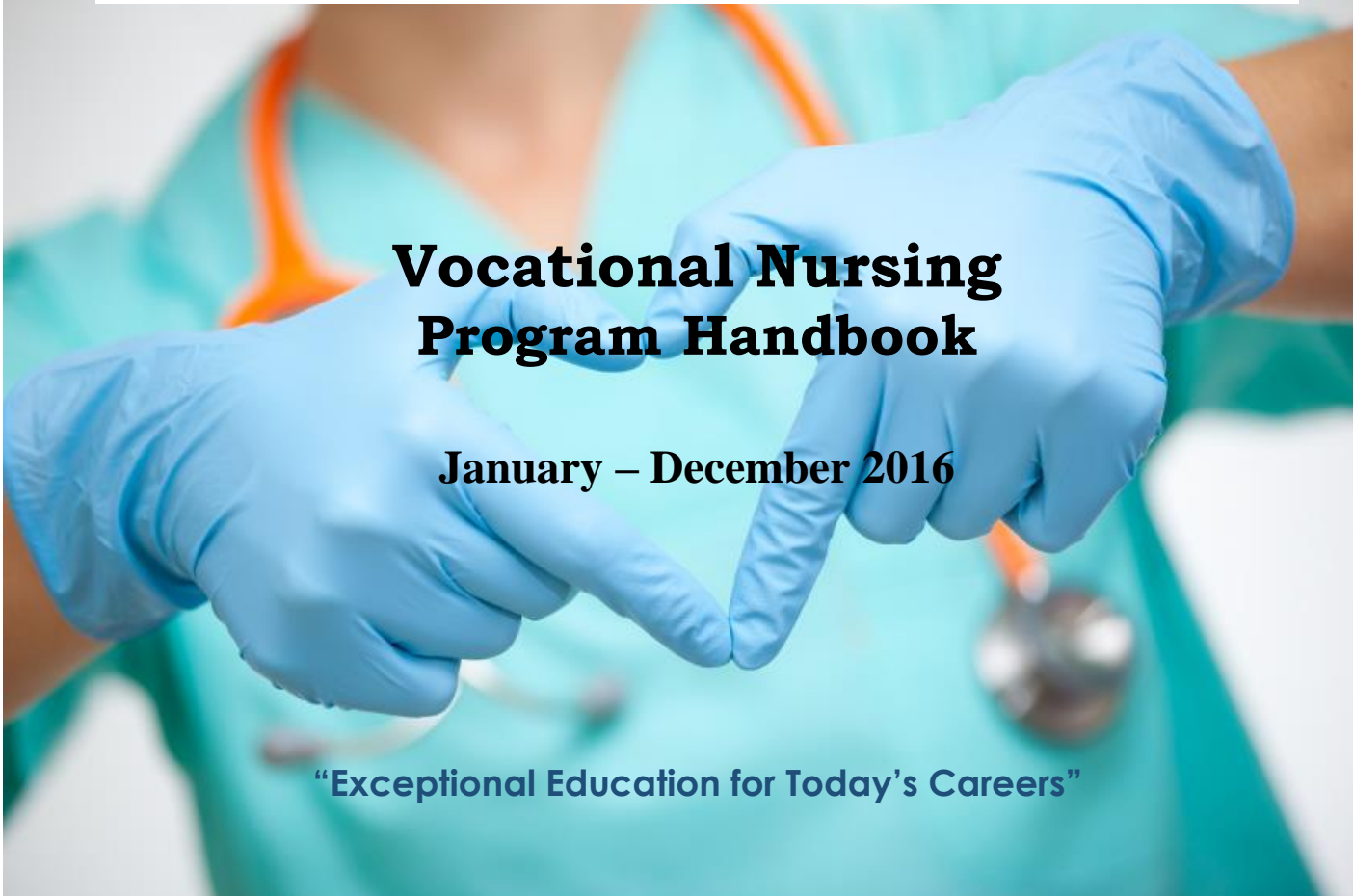




BLAKE | AUSTIN

C O L L E G E



Vocational Nursing Program Handbook

January – December 2016

“Exceptional Education for Today’s Careers”

Table of Contents

INTRODUCTION	3
VOCATIONAL NURSING PROGRAM OVERVIEW	3
NURSING HANDBOOK	3
VOCATIONAL NURSING PROGRAM	3
PROGRAM HISTORY	3
NURSING PROGRAM PHILOSOPHY	4
CONCEPTUAL FRAMEWORK	5
PROGRAM STUDENT LEARNING OUTCOMES (SLO)	5
COURSE INFORMATION	5
PROGRAM INFORMATION	5
PROGRAM SEQUENCING	6
PROGRAM HOURS	6
PRE-REQUISITES	6
GENERAL NURSING POLICIES	6
ADVANCED STANDING (Credit for Nursing Coursework from another institution):	6
ATTENDANCE POLICY	6
TARDINESS	7
ABSENCES AND REQUIRED HOURS	7
GRADE DISPUTES	7
EXPECTATIONS AND CODE OF CONDUCT	7
STUDENT CLINICAL EXPECTATIONS	7
VN PROGRAM CODE OF CONDUCT	8
AMERICAN NURSES ASSOCIATION CODE FOR NURSES	9
PRECEPTING EXPERIENCE	10
EXIT PREPARATION	10
APPLICATION FOR LICENSURE and LICENSING FEES	11
ADENDA	12
BAC NURSING SKILLS LAB CHECK-OFF POLICY	13
GRADING CRITERIA	13
OPEN LAB	13
SEMESTER I MEDICATION LIST	15
SEMESTER II MEDICATION LIST	16
SAMPLE MEDICATION CARD	19
BENCHMARK EXAMINATION POLICY	21
PREPARATION FOR BENCHMARK EXAMINATIONS	22
BENCHMARK EXAMINATION GRADING	23
MANDATORY BENCHMARK EXAMINATION REMEDIATION	23
MEDICATION ADMINISTRATION	25
COMMON CONVERSIONS	25
MEDICATION ROUNDING	25
ROUNDING EXCEPTIONS	25
MEDICATION CALCULATION	25
CODE OF ETHICS – CONFIDENTIALITY/HIPAA	27
HOLD HARMLESS ACKNOWLEDGEMENT	29
STUDENT ACKNOWLEDGEMENT STATEMENT	31

INTRODUCTION

VOCATIONAL NURSING PROGRAM OVERVIEW

Changes in the health care delivery are occurring rapidly and the demand for nurses is expected to continue, especially caring for the geriatric population. In keeping with its vision statement, Blake Austin College (BAC) is dedicated to provide training programs relevant to current employment demands in our community. Therefore, BAC offers this state accredited Vocational Nursing Program. After completion of our Vocational Nursing Program, the graduate will qualify to sit for a national certification exam, the NCLEX-PN. On passing the exam the Vocational Nurse (VN) becomes licensed in the state of California, and received their Vocational Nurse (LVN) license and is then known as a Licensed Vocational Nurse. Reciprocity may be granted for California licensed Vocational Nurses within the continental United States. Please see specific State requirements if looking for licensure in another state.

Employment of LVNs is expected to grow about as fast as the average for all occupations through 2020 in response to the long-term care needs of a rapidly growing elderly population and the general growth of healthcare. The following health care venues are appropriate employment opportunities for a newly graduated Vocational Nurses: Long Term Care Facilities, Skill Nursing Facilities, Sub-Acute/Ventilator Facilities, Assisted Living Facilities, Veterans Clinics, Public Health, School Health, Home Health, Immunization Clinics, Physician Offices, Clinics, and Urgent Care Clinics.

A Licensed Vocational Nurse (LVN) provides basic nursing care to clients under the direction of a physician or registered nurse. The LVN utilizes scientific and technical expertise, critical thinking, and psychomotor skills. Duties within the scope of practice an LVN typically include, but are not limited to, provision of basic hygienic and nursing care; measurement of vital signs; client assessments; documentation; data collection, performance of prescribed medical treatments; administration of prescribed medications; contribution and evaluation of care plan and, performance of non-medicated intravenous therapy and blood withdrawal (requires separate Board certification). For a LVN fact sheet go to:

http://www.bvnpt.ca.gov/licensing/licensed_vocational_nurses.shtml

NURSING HANDBOOK

This Vocational Nursing Handbook provides nursing students with basic information and program policies. The handbook is reviewed and revised annually and as needed, and is designed to provide information that will assist the student in becoming better acquainted with the policies and procedures of the nursing program.

Additional school policies are outlined in the BAC Student Handbook and College Catalog and can be viewed from our website: <http://www.blakeaustincollege.edu/consumer-information/> The student should familiarize themselves with all participation policies and communicate if they require further explanation where necessary. Since Handbooks are revised annually, applicants are responsible for determining how the revisions, if any, would affect their program participation.

VOCATIONAL NURSING PROGRAM

PROGRAM HISTORY

The first class was approved by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) in October 2005 and BAC's first nursing classes began in January 2006. The Nursing Program meets a significant need in this community and this nation, to meet the needs of the increasing number of geriatric clients. This program is a result of the collaborative effort of the College and the community, in particular BAC Nursing Advisory Board and clinical Partners. The Advisory Board meets twice annually to discuss issues such as new program development, curriculum and community involvement. All partners provide valuable feedback regarding current trends and expectations within their respective professional arenas of care.

NURSING PROGRAM PHILOSOPHY

We believe that:

- **Hu(man)s** are a United Organism with physical, psychological and social needs. Nursing the whole person, or holistic health care, is a comprehensive approach and considers biological, intellectual, sociocultural, psychological, and spiritual aspects, the response to illness, and the effect of illness on a person's ability to meet self-care needs.
- **Wellness** is a responsibility, a choice, a lifestyle design that helps maintain the highest potential for personal health. The Health continuum is a way to visualize the range of an individual's health, from conception to death. An individual's place on the continuum is dynamic changing daily or even hourly depending on the physiological response of an individual to internal and external stressors. Wellness incorporates biological, intellectual, sociocultural, psychological, and spiritual wellness.
- **Self-Care**, developed by nurse theorist, Dorthea Orem, is based on a client's ability to perform self-care activities. Self-care is learned behavior and are deliberate actions in response to need. A major focus of this theory is the appraisal of the client's ability to meet self-care needs and the identification of existing self-care deficits resulting from internal and external stressors and the wellness continuum.
- **The Nursing Process** is a scientific model used by the nursing team. The systematic model provides a basis for quality nursing care. The five step process of assessment, diagnosis, planning and outcome identification, implementation, and evaluation provide client care that is individualized, holistic, effective, and efficient.
- **The Body Systems Model** is used to provide theoretical knowledge of various pathophysiological conditions associated with each body system. This model assists in organizing information and also allows for consistent physical assessment expectations. The "Head to Toe" approach utilizing body systems is efficient and effective which is similar to the Medical Model used by physicians which maintains continuity in the health care team.
- **Learning** is the act or process of acquiring knowledge and/or skill in a particular subject. Learning is continuous. This is especially true in the field of nursing science. Nursing education requires students to apply acquired theory in clinical practice. This approach prepares the student to be a proficient nurse and offers readiness for the NCLEX-PN.
- **Teaching** is an active process wherein one individual shares information with another to facilitate learning and thereby promote Learning. The teacher is the facilitator of learning who uses a variety of goal-directed activities to the transfer of knowledge by assisting the learner to absorb new information. The receiver of new information, the student, is responsible for accepting and integrating the information.
- **Education** is Blake Austin College's mission.
To provide each student a quality training experience in a safe, supportive environment that promotes self-discipline, motivation, and excellence in learning. A hands-on approach supports the student from the introduction of training through the employment process or in the pursuit of career advancement. First and foremost is the dedication to provide education and training that is relevant to current employment demands in the community. The staff is challenged to administer to each student in a manner that is specifically tailored to the learners' needs, ability and capacity to learn. And to help the student succeed with confidence, respect and dignity.

CONCEPTUAL FRAMEWORK

The theory of self-care, developed by nursing theorist Dorethea Orem, is based on the belief that the individual has a need for self-care actions and that nursing can assist the person in meeting that need to maintain life, health, and well-being. This is a general theory composed of three related theories; the theory of self-care, the theory of self-care deficit and the theory of nursing systems.

Self-care consists of the activities that individuals carry out on their own behalf. These actions are deliberate, have a pattern and sequence, and are developed from day-to-day living. The ability of the individual to perform self-care is called self-care agency. A person needs nursing when the person has health-related self-care deficits. Three nursing systems wholly compensatory, partially compensatory, and supportive-educative define the degree to which the nurse assists in meeting the self-care needs.

PROGRAM STUDENT LEARNING OUTCOMES (SLO)

The purpose of your Nursing Education is to successfully complete your academic coursework, acquire and demonstrate proficient entry level nursing care, successfully pass your NCLEX examination, and become a Licensed Vocational Nurse. BAC's VN Program is designed to build from a nursing foundation leading through the systems approach of Medical-Surgical Nursing, and finally learning the Specialty Nursing areas and Leadership concepts.

Upon completion of your program the graduate will:

1. Function within the VN scope of practice as defined in the statutes of the Vocational Nurse Practice Act
2. Provide care to protect the health care worker and client through utilization of Standard Precautions.
3. Utilize critical thinking as an approach to inquiry to examine clinical and professional issues and search for more effective answers.
4. Effectively communicate to members of the health care team including accurate and complete documentation of client status and nursing intervention.
5. Effectively utilize the nursing process as an organizational framework to assist the client in meeting his/her self-care needs.
6. Utilize client teaching to maintain or regain the client's ability for self-care.
7. Collaborate with other health care professionals to provide cost effective care that is based on client need.
8. Provide leadership to para-professional members of the health care team.
9. Pass the NCLEX-PN Exam

Once you have successfully demonstrated knowledge of the above Student Learning Outcomes, what is next? As a graduate of an accredited program you will be eligible to take the NCLEX-PN examination.

COURSE INFORMATION

The VN Program consists of three semesters. Successful completion of the course pattern allows the graduate eligibility to take the state licensing examination, the NCLEX-PN. All courses must be completed with a 70% or better AND meet all progression and graduation criteria to receive a passing grade.

PROGRAM INFORMATION

Instructional Level:	Certificate/Diploma
Career Cluster:	Health Science: Therapeutic Services
CIP Code:	51.3901

Total Hours:	1620
Total Length:	3 Semesters (16 weeks/Semester); 48 weeks of instruction

PROGRAM SEQUENCING

Semester I	VN100	Fundamentals of Nursing	540 hours
Semester II	VN200	Medical-Surgical Nursing	540 hours
Semester III	VN300	Nursing Specialties & Leadership	540 hours

PROGRAM HOURS

Semester I	VN100T	Theory Hours	208 hours
	VN100S	Skills Hours	145 hours
	VN100C	Clinical Hours	187 hours
Semester II	VN200T	Theory Hours	208 hours
	VN200S	Skills Hours	60 hours
	VN200C	Clinical Hours	272 hours
Semester III	VN300T	Theory Hours	208 hours
	VN300S	Skills Hours	45 hours
	VN300C	Clinical Hours	287 hours

PRE-REQUISITES

VN100	Pre-Requisite to VN200 and VN300
VN200	Pre-Requisite to VN300

GENERAL NURSING POLICIES

ADVANCED STANDING (Credit for Nursing Coursework from another institution):

Transfer credit may be given for related previous education completed within the last five years. This may include accredited vocational or practical nursing courses, accredited registered nursing courses, accredited psychiatric technician courses, armed services nursing courses, certified nurse assistant courses, or other courses the school determines are equivalent to courses in the program.

Please reference “Acceptance of Credit/Hours” in the BAC Catalog for the process of requesting transfer credit <http://www.blakeaustincollege.edu/consumer-information/>

ATTENDANCE POLICY

Excessive instances and violations of the attendance policy can be grounds for dismissal.

If a student is running late or is going to be absent, the following notifications must be complete 30 minutes prior to the start of class:

1. Call the BAC Campus 707-455-0557, ask for Sarah Brack
2. Email the Program Director, Administrative Assistant & Instructor
 - o Jennifer@BlakeAustinCollege.edu
 - o SarahB@BlakeAustinCollege.edu
 - o Instructor Name @BlakeAustinCollege.edu

If your absence results in a missed Written Exam, it is in the best interest of the student to schedule a time to take the exam when calling in to Sarah Brack.

TARDINESS

Specific participation requirements include handling ones affairs in both an adult and professional manner. This includes being to class **on-time**. This is for both the BAC Campus and additionally at Clinical sites.

BAC Campus – *Theory & Skills Lab*

- Tardy: Three (3) <1-15 minute in the same semester will result in being placed on Attendance “At Risk”. The fourth tardy will result in Attendance “Probation”. (See “Student Success Plan” in the BAC Student Handbook)
- Each Tardy greater than 15 minutes will require a minimum of 60 minutes make up or the total amount of time missed if time exceeds one (1) hour), and will count for one Tardy (see above).
- Make up time will consist of specific assignments to support objectives covered during the time missed (See “Make-Up Time: Clock Hour Programs” in the BAC Student Handbook)

Off Campus – *Clinical*

- Students may be allowed **one** (1) Tardy in the clinical setting and this is at the discretion of the clinical instructor. Discretion factors include: amount of time missed, reason, notification, professionalism, conduct, etc. This is an instructor courtesy not a student expectation.
- **If tardy a second time the student will be sent home.** Tardiness in the clinical setting is comparable to arriving late to work. This would cause overtime for the shift prior, may affect patient care, medication pass, etc. Therefore, BAC supports and encourages professional behavior in the clinical setting. The student should think of their clinical rotation as a hands on interview; most of our clinical sites are employers of our VN graduates.

ABSENCES AND REQUIRED HOURS

1. Students may only miss and make up a total of 13 hours of combined Clinical & Skills hours each semester.
2. Students may only miss and make up a total of 16.5 hours of Theory each semester.

If more hours are missed the student may be dismissed from the program. Extenuating circumstances may be evaluated at the discretion of the Director.

GRADE DISPUTES

Any disputes in grades should be addressed to your instructor first; if the dispute is not resolved the student shall follow the Appeal and Grievance Policy in the BAC Catalog.

EXPECTATIONS AND CODE OF CONDUCT

STUDENT CLINICAL EXPECTATIONS

1. Students must show up at the clinical site with the following equipment/materials:
 - Medication Cards (See Addendum – MEDICATION LIST)
 - a. Semester I: Med Cards are due weekly
 - b. Semester II: Med Cards must be done to pass meds & weekly
 - c. Semester III: Med Cards must be done to pass meds
 - Skills check-off list
 - Stethoscope & Pulse Oximeter (BAC supplies)
 - Name Badge (BAC supplies)
 - Black Pen (Student supplies)
 - Pen Light (Student supplies)
 - Scissors (BAC Supplies)

NOTE: It is at the cost of the student to replace any lost or broken equipment.

2. Student must appear at the clinical site in their black BAC scrubs & white Nursing shoes, name badge, and required equipment. NO EXCEPTIONS.
3. No Med Passes are to be done until 2nd semester and Drug Cards must be completed and given to your instructor prior to passing medications.
4. Medication Administration must be done with a BAC Instructor.
5. All invasive procedures must be done in the presence of a BAC Instructor.
6. All skills must be demonstrated proficiently in the BAC Skills lab prior to performing in the clinical setting. If the Skills Check list does not have an instructor signature, the skill cannot be performed in the clinical setting. Clinical Instructor will monitor compliance.
NOTE: Those skills that note “C ✓off“ will be demonstrated in the Clinical Setting.
7. All students should have their Clinical Paperwork turned in by the first day of clinical the following week or as instructed by their clinical instructor.
8. Orientation is mandatory at ALL clinical sites and may be conducted by the facility or the instructor. This may be scheduled outside of BAC class scheduled hours, however will count towards completed clinical hours in the semester received.

If, at any time, a student’s behavior poses a serious threat to patient safety, as determined by the nursing faculty or facility, direct dismissal from the program may result.

- | | |
|--|--|
| • Misrepresenting self and actions verbally or in writing | • Performing procedures outside the scope of the program objectives. |
| • Medication administration errors | • Falsifying documents |
| • Client abuse | • Stealing narcotics |
| • Client/site desertion | • Leaving a client in an unsafe situation |

A violation will result minimally in the removal of the student from the clinical area.

VN PROGRAM CODE OF CONDUCT

VN Program behavior must represent exemplary student conduct at all times. The guidelines that follow outline specific areas of conduct. A student whose pattern of behavior is found to be inappropriate and unsafe may be terminated from the program at any time and receive a non-passing grade for the course. Again, all school rules apply including, Attendance, Appearance, strict no-cell phone policy etc. Students must comply with all Blake Austin College rules and regulations.

1. **DEFINITIONS:**

- a. **Professionalism:** The student must demonstrate professional behavior which follows the legal and ethical codes of nursing care practices. Examples of unsafe practice may include, but are not limited to the following:
 - 1) Unstable mental, physical or emotional behavior(s) which affect the well- being others.
 - 2) Lack of follow through on suggested referrals or interventions to correct deficit areas that may result in harm to the others
 - 3) Acts of omission/commission in the care of clients, such as (but not limited to): physical, sexual, mental or emotional abuse, financial abuse/coercion and medication errors.
 - 4) Interpersonal relationships with agency staff, coworkers, peers, faculty resulting in miscommunications, disruption of client care and/or unit functioning.
 - 5) Lack of physical coordination necessary for carrying out safe nursing procedures.
 - 6) Unwillingness to perform skills at clinical sites or in the classroom.

- b. **Accountability:** The student's practice demonstrates continuity in the responsible preparation, documentation, and promotion of the continuity of care of clients. Examples of unsafe practice may include, but are not limited to the following:
- 1) Attempting activities without adequate orientation or theoretical preparation or appropriate assistance.
 - 2) Neglecting to complete required documentation of client interactions
 - 3) Dishonesty, including taking credit for work done by peers, cheating, or perceived cheating (reviewing the work or answers of a peer in a test taking environment).
- c. **Human Rights:** The student's conduct shows respect for the individual, client, health team member, faculty, and self: including but not limited to the innate, legal, ethical, cultural realms. Examples of unsafe practice may include, but are not limited to the following:
- 1) Failure to maintain confidentiality of patient interactions.
 - 2) Failure to maintain confidentiality of records.
 - 3) Dishonesty.
 - 4) Use of racial/ethnic pejoratives, or any disdainful or otherwise disrespectful comments to or about patients, other students, and/or college or clinical site employees.
 - 5) Use of profanity.

AMERICAN NURSES ASSOCIATION CODE FOR NURSES

The following Code of Ethics for Nurses was developed by the American Nurses Association (ANA) as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. This Code is being reproduced with the express written consent of the ANA.

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.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
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.
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.
6. The nurse participates in establishing, maintaining, and improving health care 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.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
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.

PRECEPTING EXPERIENCE

The Vocational Nursing Practice Act, California Business and Professions Code, Division 2 Chapter 6.5. Vocational Nursing, Section 2534.1.(b) Clinical Preceptorships states: “Preceptorship means an optional clinical experience for selected vocational nursing students.” The regulation further states that the preceptorship experience may be conducted in the last 9 weeks of the program for a maximum of 160 hours.

Blake Austin College offers preceptor experiences in the last 4 weeks of the program for a total of 83 hours. We attempt to find preceptors for all Semester III students. However, in the event there are insufficient preceptors acquired the following criteria will be used to determine eligibility for preceptorship.

1. If a preceptor asks to precept a specific student the student will be granted the experience.
2. If a student acquires their own preceptor, and the facility is an approved facility, or the facility agrees and completes the Facility Approval Form by Week 6 of Semester III, the student will be granted the experience.
3. The following evaluation will be used to determine which students will be selected for the remaining preceptors:
 - a. Clinical Evaluations including CPE Scores in all previous Semesters
 - b. Benchmark Exam Scores
 - c. Semester Exam Grades
 - d. CGPA
 - e. Attendance

NOTE: A student who meets 1, 2 or 3 above and is currently on At Risk for Professionalism, Accountability, or Attendance; or, on Probation for any reason will NOT be granted a preceptor experience.

A preceptor is a registered nurse or licensed vocational nurse on staff at the clinical facility, who is specially selected and prepared to work with a student during the preceptorship. The preceptor is responsible for the on-site direction of the student’s preceptorship. Nursing Program faculty will be responsible for the overall management of the preceptorship and final student outcomes. The goal of the preceptorship will be the facilitation of the students’ application of newly acquired knowledge, skills and abilities in a realistic setting that simulates actual job performance.

EXIT PREPARATION

- Student must attend an exit interview upon completion of the program. Student will meet with the Nursing, Career Services, & Financial Aid Departments
- Student must turn in a completed skills check off list
- All hours must be confirmed including Make-up Hours, Remediation, etc.
- Student must meet graduation requirements

At the conclusion of the Vocational Nursing program, BAC will complete the *Record of Nursing Program* that includes verification of nursing program hours.

The Director must sign that “[he/she] certifies under penalty of perjury under the laws of the State of California that the forgoing is true and correct.” The form includes the total number of approved hours of the Vocational Nursing Program. **All hours must be complete in order for the graduate to become licensed by the State of California.** Therefore, all absences require make up hours (See “Make-Up Time: Clock Hour Programs” in the BAC Student Handbook) to ensure completion of all approved hours.

APPLICATION FOR LICENSURE and LICENSING FEES

The following fees will be associated with the attainment of licensure, and will be needed during the last weeks of your program:

- | | |
|---|------------------|
| 1. Application for Licensure (BVNPT) | \$150.00 |
| 2. Back ground check and fingerprinting | \$66.00 |
| 3. Passport Photo | \$5.00 - \$10.00 |
| 3. NCLEX Testing | \$200.00 |
| 4. License Fee (BVNPT) | \$150.00 |

Note: Fees are approximate and subject to change – Check www.bvnpt.ca.gov for the most up-to-date fees

NOTE: The BVNPT requires all applicants to complete “Record of Conviction” form. Please begin compiling all court documents if you have a record of conviction. To view the form please see Sarah Brack.

ADENDA

The following addenda contain explicit requirements for the Nursing Program. It is highly suggested that these documents be reviewed continuously throughout the nursing program. These documents may be photocopied and utilized as resources during the program.

BAC NURSING SKILLS LAB CHECK-OFF POLICY

1. Students must read the skill(s) of the week prior to class.
2. Each new skill will be demonstrated during skills lab. Via Instructor or Video (INSTRUCTOR DEMO - ID)
Note: Videos may reference skill numbers that may not correlate with your textbook
3. After demonstration, practice time will be provided. This must be done with your “Buddy”. (BUDDY PRACTICE – BP). Skills may be practiced at home or students may use labs when not in use, however an instructor will only be available during the scheduled “Open Lab” time.
4. Instructor(s) will be available for questions and discussion regarding the new skill.
It is the student’s responsibility to ask questions and use their time wisely to learn the new skill. Remain on task.
5. If the student feels they are not competent in the skill prior to leaving the lab, it is their responsibility to practice at home or during scheduled “Open Lab” time.
6. Once the student has demonstrated proficiency with their “BUDDY”, the “BUDDY” will sign off the student on the Buddy Check Off Form. The student is now ready to demonstrate proficiency.
7. Once the instructor schedules return demonstrations for a particular skill, the student may sign up for RETURN DEMONSTRATION – RD.
8. The student hand to the instructor the “BUDDY CHECK OFF” form prior to completing the RD.
9. Student performs RD.

GRADING CRITERIA

GRADING CRITERIA	PASS	FAIL
Correctly demonstrated ALL Steps of the Skill		
Correctly verbalized ALL Critical Items		
When asked verbalized correct Rationale for Critical Item(s)		

If a student fails a skill, they **MUST** attend Open Lab with their “BUDDY” to remediate. RD will occur in Open Lab.

OPEN LAB Friday, 8:00-10:00. An Instructor will be available to answer questions during this time. Remediation must be done during Open Lab time.

Each Skill will be allowed three (3) attempts in Semester I; and two (2) attempts Semester II & III. If the student is unable to pass the skill after the final attempt the objective for the course will not be met. Therefore, the student will not “pass” the skills course and will not be allowed to proceed in the program. This policy is not to be confused with the requirements for Skill Demonstration during CPE. Only one (1) attempt is allowed during CPE

THIS PAGE INTENTIONALLY LEFT BLANK

SEMESTER I MEDICATION LIST

Seven (7) drug cards are due to the clinical instructor each week beginning Week 7. Be prepared to know these medications, as per instructor preference, quizzes may be given.

NAME	DRUG CLASS	NAME	DRUG CLASS
Respiratory Medications (Due Wk 7)		Cardiovascular Medications (Due Wk 8)	
Diphenhydramine (Benadryl)	1st Gen, Antihistamine	Furosemide (Lasix)	Loop Diuretic
Pseudoephedrine (Sudafed)	Decongestant	Spirolactone (Aldactone)	Potassium Sparing Diuretic
Acetylcysteine (Mucomyst)	Mucolytic, Antidote	Atenolol (Tenormin)	Beta-adrenergic Blocker
Guaifenesin (Robitussin)	Expectorant	Lisinopril (Prinivil)	ACE Inhibitor
Albuterol (Proventil)	Short Acting Beta Agonist	Digoxin (Lanoxin)	Cardiotonic Inotrope
Beclomethasone (QVAR)	Corticosteroid	Atorvastatin (Lipitor)	HMG-CoA Inhibitor (Statin)
Ipratropium (Atrovent)	Cholinergic Blocker	Nitroglycerin	Antianginal, Nitrate
Hematologic/Pain & Inflammation (Due Wk 9)		Endocrine (Due Wk 10)	
Acetylsalicylic acid (Aspirin)	Anti-platelet, Antipyretic	Regular insulin (Humulin R)	Rapid Acting Insulin
Warfarin (Coumadin)	Anticoagulant, Oral	Insulin aspart (Novolog)	Rapid Insulin Analog
Heparin	Anticoagulant, Parenteral	NPH (Humulin N)	Intermediate Acting Insulin
Ibuprofen (Advil, Motrin)	Analgesic, non-NSAID	Insulin glargine (Lantus)	Long Acting Insulin
Acetaminophen (Tylenol)	Analgesic, non-NSAID	Metformin (Glucophage)	Oral Biguanide
Oxycodone (OxyContin)	Analgesic, Opioid	Levothyroxine (Synthroid)	Thyroid Hormone
Naloxone (Narcan)	Opioid antagonist	Prednisone	Glucocorticoid
Gastrointestinal (Due Wk 11)		Vitamins and Minerals (Due Wk 12)	
Cimetidine (Tagamet)	Histamine H2 Antagonist	Ferrous Sulfate (Iron)	Mineral Supplement
Omeprazole (Prilosec)	Proton Pump Inhibitor	Potassium Chloride (K-Dur)	Mineral, Electrolyte
Metoclopramide (Reglan)	GI Stimulant	Calcium Carbonate (Tums)	Mineral, Electrolyte, GI med
loperamide (Immodium)	Antidiarrheal	Folic acid (vitamin B9)	Vitamin, Water Soluble
Docusate (Colace)	Stool Softener/Surfactant	Cyanocobalamin (Vit B12)	Vitamin, Water Soluble
Milk of Magnesia	Antacid/Laxative	Vitamin K	Vitamin, Fat Soluble
Promethazine	Antiemetic	Cholecalciferol (Vitamin D3)	Vitamin, Fat Soluble
Skin, Skeletal Muscle, Bone & Joint (Due Wk 13)		Genitourinary (Due Wk 14)	
Hydrocortisone	Topical Corticosteroid	Tamsulosin (Flomax)	Peripheral Anti-adrenergic
Bacitracin	Topical Antibiotic	Estradiol (Femtrace)	Oral Estrogen
Cyclobenzaprine (Flexeril)	Skeletal Muscle Relaxant	Phenazopyridine (Pyridium)	Urinary Analgesic
Allopurinol (Zyloprim)	Anti-gout	Tolterodine (Detrol)	Urinary Anti-spasmodic
Colchicine (Colcrys)	Anti-gout	Eye (Ophthalmic) & Ear (Otic) (Due Wk 14)	
Alendronate sodium (Fosamax)	Bisphosphonate	Iatanoprost (Xalatan)	Prostaglandin Agonist
PPD Tuberculin Test (Tubersol)	Diagnostic Agent	timolol (Timoptic)	Beta Blocker
		Ofloxacin (Floxin Otic)	Otic Antibiotic
Neurological (Due Wk 15)		Neurological (Due Wk 16)	
Donepezil (Aricept)	Cholinesterase Inhibitor	Epinephrine (EpiPen)	Sympathomimetic Hormone (Endocrine/Neuro)
Alprazolam (Xanax)	Anti-anxiety, Benzodiazepine	Scopolamine	Cholinergic Blocker
amitriptyline	Anti-depressant, Tricyclic	Carbidopa/levodopa (Sinemet)	Antiparkinsonian, dopaminergic
Phenelzine (Nardil)	Anti-depressant, MAOI	Phenytoin (Dilantin)	Anticonvulsant, hydantoin
Fluoxetine (Prozac)	Anti-depressant, SSRI	Diazepam (Valium)	Anticonvulsant, benzodiazepine
Bupropion (Wellbutrin, Zyban)	Anti-depressant, SSRI	Methylphenidate (Ritalin)	Amphetamine
Lithium (Lithobid)	Mood Stabilizer	Risperidone (Risperdal)	Antipsychotic, atypical

SEMESTER II MEDICATION LIST

70 TOTAL medication cards required by end of semester.

Please be aware that in second semester, per BAC clinical guidelines, **you are required to complete medication cards for medications that you will administer to your assigned clinical patients.** This second semester drug list is a resource list of commonly used medications that you MAY use to make drug cards, if you do not have enough medications from patient assignments OR if you are not passing medications at your clinical site.

Semester II and III CPE will pull medications from Semester I and II lists. You must have Medication Cards for your CPE.

NAME	DRUG CLASS	NAME	DRUG CLASS
Respiratory		Cardiovascular	
Cetirizine (Zyrtec)	2 nd Gen Antihistamine	Hydrochlorothiazide	Thiazide Diuretic
Oxymetazoline (Afrin)	Decongestant, Nasal	Acetazolamide (Diamox)	Diuretic, CA-Inhibitor
Codeine	Opioid antitussive	Doxazosin (Cardura)	Alpha Blocker
Dextromethorphan (Delsym)	Non-opioid Antitussive	Carvedilol (Coreg)	Beta Blocker/Alpha Blocker
Montelukast (Singulair)	Leukotriene Modifier	Diltiazem (Cardizem)	Calcium Channel Blocker
Fluticasone/salmeterol (Advair)	Long-Acting Beta Agonist; (LABA)/ Inhalant; Corticosteroid Combo	Losartan (Cozaar)	Angiotensin II Receptor Antagonist (ARB)
Aminophylline	Methyl-xanthine	Simvastatin (Zocor)	HmG-CoA Inhibitor (Statin)
Cromolyn (Gastrocrom)	Mast Cell Stabilizer	Gemfibrozil (Lobid)	Anti-hyperlipidemic, Fibrate
Tiotropium (Spiriva)	Anticholinergic	Clonidine (Catapres)	Alpha 2 Agonist
Gastrointestinal		Anti-Infective Agents	
Simethicone (Gas-X)	Antiflatulent	Azithromycin (Z-Pak)	Antibiotic, Macrolide
Famotidine (Pepcid)	Histamine H2 Antagonist	Penicillin VK	Antibiotic, Penicillin
Esomeprazole (Nexium)	Proton Pump Inhibitor	Amoxicillin/clavulanate (Augmentin)	Antibiotic, Penicillin Combo
Sucralfate (Carafate)	Acid Reducer, Misc.	Cephalexin (Keflex)	Antibiotic, Cephalosporin 1 st Gen
Ondansetron (Zofran)	Antiemetic, 5-HT Antagonist	Ceftriaxone (Rocephin)	Antibiotic, Cephalosporin 3 rd Gen
Bismuth (Pepto-Bismol)	Antidiarrheal	Doxycycline (Vibramycin)	Antibiotic, Tetracycline
Megestrol (Megace)	Appetite Stimulant, Hormone Antineoplastic, Progestin	Trimethoprim/sulfamethoxazole (Bactrim, Septra)	Antibiotic, Sulfonamide
Senna (Senokot, Ex-Lax)	Stimulant Laxative	Metronidazole (Flagyl)	Antiprotozoal, Amebicide
Polyethylene glycol (Miralax)	Osmotic Laxative	Isoniazid (INH)	Antitubercular Agent
Psyllium (Metamucil)	Bulk-Producing Laxative	Acyclovir (Zovirax)	Antiviral
Glycerin suppository (Fleet)	Hyperosmotic Laxative	Fluconazole (Diflucan)	Antifungal
Hematologic & Pain		Endocrine	
Enoxaparin (Lovenox)	Anticoagulant, LMW Heparin	Sitagliptin (Junavia)	Antidiabetic, DPP-IV Inhibitor
Dabigatran (Pradaxa)	Anticoagulant, Misc.	Pioglitazone (Actos)	Antidiabetic, Thiazolidinedione
Hydrocodone (Zohydro)	Analgesic, Opioid	Desmopressin (DDAVP)	Posterior Pituitary Hormone
Hydrocodone/acetaminophen (Norco, Vicodin)	Analgesic Combination	Teriparatide (Forteo)	Parathyroid Hormone Analog
Oxycodone/acetaminophen (Percocet)	Analgesic Combination	Glucagon (GlucaGen)	Glucose Elevating Agent

Central & Peripheral Nervous System		Skin, Muscle, Bone, joint & Inflammation	
Memantine (Namenda)	NMDA Receptor Antagonist	Triamcinolone (Kenalog)	Systemic Corticosteroid
Haloperidol (Haldol)	Antipsychotic, 1 st Gen (Typical)	Celecoxib (Celebrex)	Analgesic, NSAID (Cox-2)
Aripiprazole (Abilify)	Antipsychotic, Atypical	Methotrexate	Antirheumatic (DMARD), Antineoplastic Agent
Ziprasidone (Geodon)	Antipsychotic, Atypical	Baclofen	Skeletal Muscle Relaxant
Citalopram (Celexa)	Antidepressant, SSRI	Genitourinary, Obstetric & Reproductive	
Duloxetine (Cymbalta)	Antidepressant, SNRI	Oxybutynin (Ditropan)	Urinary Antispasmodic
Amitriptyline	Antidepressant, Tricyclic	Medroxyprogesterone (Depo-Provera)	Contraceptive, Progestin
Phenelzine (Nardil)	Antidepressant, MAOI	Ethinyl estradiol/norgestimate	Contraceptive, Estrogen/Progestin Combo
Diazepam (Valium)	Benzodiazepine, Anticonvulsant	Finasteride (Proscar)	5-Alpha Reductase inhibitor
Valproic Acid (Depakote)	Anticonvulsant, Antimanic	Rh Immune Globulin (RhoGAM)	Immune Globulin
Gabapentin (Neurontin)	Anticonvulsant, GABA Analog	Sildenafil (Viagra)	PDE-5 Inhibitor
Benzotropine (Cogentin)	Anticholinergic		
Immunizations		Immunizations	
Pneumococcal (PCV-13, PPV-23)	Vaccine, Inactivated Bacterial	Varicella (Chickenpox)	Vaccine, Live/Attenuated Viral
Diphtheria, Tetanus, & Acellular Pertussis (DTaP)	Vaccine, Toxoid & Inactivated Bacterial	Herpes Zoster (Shingles)	Vaccine, Live/Attenuated Viral
Hepatitis A * B (Twinrix)	Vaccine, Inactivated Viral	Influenza (FluMist)	Vaccine, Live/Attenuated Viral
Influenza (Afluria)	Vaccine, Inactivated Viral		

THIS PAGE INTENTIONALLY LEFT BLANK

SAMPLE MEDICATION CARD

Brand Name (Rx): _____ _____	Generic Name: _____ _____
Classification (File under Classification not Name): _____ _____	What Source was used: _____ _____
Action/Kinetics: (What does Rx do? What does body do with Rx?) _____ _____ _____ _____ _____	Indications/Uses: (What Dx is Rx used for?; see "Outcomes" section) _____ _____ _____ _____ _____
Dosage & Routes (Adult): *Max. dose _____ *Initial dose _____ *Maint. dose _____ *Route(s) _____ _____ _____ *Form(s) supplied: _____ _____	Adverse Reactions/Side Effects: *Common & Severe = _____ _____ _____ _____ _____

Drug Interactions: _____ _____ _____ _____	
Nursing Considerations/Implications: (Monitoring parameters, Implementation..., Assessment, etc.) _____ _____ _____ _____	*PREG CAT: _____ _____
Contraindications/Cautions/Special Concerns: (e.g., ABSOLUTE NO ADMIN.) _____ _____ _____	

USE YOUR PHARMACOLOGY ONLINE DRUG BOOK. Go to your Pharmacology Online Course, Navigation bar on the left all the way at the bottom look for "Library of Assets". Click and use the Drug Handbook.

THIS PAGE INTENTIONALLY LEFT BLANK

BENCHMARK EXAMINATION POLICY

Blake Austin College Vocational Nursing Program has incorporated the use of benchmark examinations throughout its nursing program. In its effort to promote and evaluate student and curriculum performance, BAC has employed the use of content-specific Health Education Systems Incorporated (HESI) examinations based on the National Council of State Boards of Nursing (NCSBN) Testing Blueprint. HESI benchmark exams are computerized, timed, and proctored exams that focus on the nursing student's application of knowledge using critical thinking and clinical reasoning skills. These specialty and comprehensive exams have demonstrated reliability and validity in predicting success on the NCLEX-PN licensing examination and can identify students in need of additional remediation to improve their studying and test taking skills.

Benchmark exams are divided into concept areas equivalent to those on the NCLEX-PN licensure exam. Each nursing student will be assigned an account on the Evolve site. This site offers students preparatory work before examinations, individualized remediation opportunities after each exam, item-by-item diagnostic reports, and comparison between BAC nursing students' scores and the national averages among LVN/LPN programs. The use of benchmark exams throughout the LVN nursing curriculum is as follows:

BAC Semester	Benchmark Exam(s)	Exam Utilization
Semester I	PN Fundamentals	Learning Outcome Evaluation Program Analysis NCLEX Readiness Assessment
Semester II	PN Nutrition PN Pharmacology PN Medical-Surgical	Learning Outcome Evaluation Program Analysis NCLEX Readiness Assessment
Semester III	PN Mental Health PN Maternal/Pediatric PN Geriatrics PN Management PN Exit Examination	Learning Outcome Evaluation Program Analysis NCLEX Readiness Assessment

NOTES:

- Each Exam is worth 150 points, except Nutrition, Geriatrics, and Management are worth 100 pts.
- Two (2) attempts for each exam worth 150 points; One (1) attempt for exams worth 100 pts.
- Recorded score is the highest attempt.
- Benchmark exam grades are included in final course grade (reference Course Syllabi).
- Conversion Scores are included in this policy (reference Benchmark Examination Grading)

PREPARATION FOR BENCHMARK EXAMINATIONS

To ensure that each student is successful in their benchmark assessments, practice quizzes and examinations are made available prior to the formal proctored examination. The following preparation procedure has been developed by the nursing faculty. Please review and follow this procedure in preparing for EACH benchmark exam.

PRACTICE QUIZ

1. **Review** and Study Content utilizing all resources.
2. **Create** a Study Guide (not required, but HIGHLY recommended)
3. Take the **Practice Quiz**.

GOAL: ≥90%.

If NO: Repeat steps 1-3. Practice Quiz can be retaken immediately (content changes with each attempt).

If YES: Move to **Practice Exam**.

PRACTICE EXAM

4. **Review** and Study Content utilizing all resources.
5. Take the **Practice Exam**.

GOAL: ≥90%.

If NO: **Create a study guide** detailing content for each missed question. (required)
Repeat steps 4-5.

If YES: Move to **Assignment Quiz** (must be opened by your instructor)

ASSIGNMENT QUIZ

Repeat steps 1-3 & then steps 4-5

****Failing to complete the above steps as directed will result in a 10% reduction in Benchmark Exam Score****

DUE: 0800 the day before the scheduled benchmark exam, unless otherwise specified by your instructor

BENCHMARK EXAMINATION GRADING

1. An acceptable performance is to score at least 850 on each content-specific Benchmark Exam. Two proctored exams will be administered for each Benchmark Exam to provide the opportunity for each student to achieve this objective.
2. Students who score less than 850 on the initial proctored exam will be required to remediate. (See "Mandatory Remediation" section below).
3. All students may take the second proctored exam during the scheduled examination time.
4. The applicable course point score will be the higher of the two proctored benchmark examination scores using the following "Point-Percentage Exchange" table:

--Point-Percentage Exchange--			
Benchmark Exam Score	Exchange Percentage	BAC VN Course Points	
		150 pt Exams	100 pt Exams
1101-1200	100%	150	100
1050-1100	95%	143	95
1001-1049	90%	135	90
950-1000	85%	128	85
901-949	80%	120	80
850-900	75%	113	75
801-849	70%	105	70
750-800	65%	98	65
701-751	60%	90	60
650-700	55%	83	55
601-649	50%	75	50
550-600	45%	68	45
501-549	40%	60	40
450-500	35%	53	35
401-449	30%	45	30
350-400	25%	38	25
301-349	20%	30	20
250-300	15%	23	15
201-249	10%	15	10
150-200	5%	8	5
0-149	0%	0	0

Please note: The HESI Benchmark Exam point score is used to calculate BAC Course Points, as research has shown this score is highly accurate in predicting NCLEX-PN success. The HESI score is a better predictor of NCLEX success than the conversion score, because it reflects the application of the HESI Predictability Model (HPM) in its calculation, whereas the conversion score does not (Elsevier, 2015).

MANDATORY BENCHMARK EXAMINATION REMEDIATION

Remediation is strongly encouraged following each HESI Specialty examination, **regardless of the students score.** Remediation is available online and is specifically concentrated on the students areas of greatest weakness/s. **Mandatory Remediation** will be required for any Benchmark Exam score <850 on each initial content specific benchmark examination. Success Plans will be created for each student who has scored <850.

THIS PAGE INTENTIONALLY LEFT BLANK

MEDICATION ADMINISTRATION

COMMON CONVERSIONS

1 L : 1,000 ml	1 Tbl : 15 ml	1 gm : 1,000 mg
2.2 lbs : 1 kg	1 Tbl : 3 tsp	1 mg : 1,000 mcg
1 tsp : 5 ml	1 oz : 30 ml	1 inch : 2.54
1 cc : 1 ml	1 gr : 60 mg	1 gm : 1,000 mg
	1 Tbl : 15 ml	1 mg : 1,000 mcg

FORMULAS

Celsius to Fahrenheit: $^{\circ}\text{C} \times 9/5 + 32 = ^{\circ}\text{F}$

Fahrenheit to Celsius: $(^{\circ}\text{F} - 32) \times 5/9 = ^{\circ}\text{C}$

IV Formulas		
Drops per Minute	=	(Total volume x drip factor) ÷ time in minutes
Milliliters per Hour	=	Total volume in mL ÷ number of hours
Infusion Time	=	Total volume to be infused ÷ mL per hour to be infused
Tubing Drip Factors		
Adult Drip Factor	=	20 gtts/minute (or drops per minute)
Pediatric Drip Factor	=	60 gtts/minute (or drops per minute)

MEDICATION ROUNDING

Medication administration calculations are usually rounded to the nearest 10's place, but some test questions will ask for different rounding parameters. For example, if the drug is being administered in micrograms, the test question may ask you to round it to the nearest 100's place.

ROUNDING EXCEPTIONS

There are also rounding exceptions that exist in standard clinical practice. Common exceptions to the 10ths place rounding standard include IV drip rates (in which the answer is rounded to the nearest whole drop per minute), and some pediatric and most neonatal medications doses (in which the dose is so small that it is rounded to the 100ths place)

MEDICATION CALCULATION

BAC Nursing Department utilizes Ratio/Proportion methods with an understanding of the concepts of Means and Extremes to calculate Medication Dosages. Please review the following videos to gather an understanding. These methods MUST be mastered by the student and demonstrated on the Med Calculation Examination.

Ratio Proportions <https://www.youtube.com/watch?v=wKb31iZBvSI>

Means and Extremes <https://www.youtube.com/watch?v=R2tFUQSMom8>

THIS PAGE INTENTIONALLY LEFT BLANK

CODE OF ETHICS – CONFIDENTIALITY/HIPAA

One of the cardinal concepts in all codes of ethics relating to health care relates to the confidentiality of information. The information provided to a student nurse is not legally privileged but student nurses are often privy to conversations between patients and their physicians, as well as to confidential information contained in patient charts. They often witness circumstances where patients are unable to preserve their dignity and may behave in ways which might cause them shame or embarrassment if known to friends or family. Many patients do not want it known that they are ill or have been hospitalized. Some may wish to keep their diagnosis confidential. Information that may seem of no consequence to you may constitute a very sensitive issue for the patient. Any breach of confidence, even if no names are mentioned, may rightly be interpreted by others as an indication that the nurse does not respect professional confidence. Betrayals of confidence because individuals lose faith in the health care team and may result in their hesitation to reveal facts that are essential to their care.

The patient's right to confidentiality is not violated by appropriate communications among health care workers when the information is pertinent to the patient's care. It is justifiably assumed in such a case that the transfer of information is for the patient's benefit and that all personnel involved are bound by the ethics regarding confidentiality. Appropriate communications are those directed privately to those who have need of the information.

Conversations about patients must never be held in public areas such as waiting rooms, elevators, cafeterias, or outside the clinical facility.

CONFIDENTIALITY STANDARD:

I will not discuss personal information about the patients that I come in contact with in clinical observations and/or clinical experiences, except with authorized medical and/or clinical personnel.

I will not put patients' names (only initials) on papers handed in for class or lab and will remove any signs of patient identification from information/chart that I bring to class or lab to share or as part of an assignment.

I have read, understand and agree to abide by the standards set forth concerning patient confidentiality.

Student's Name (Print)

Student's Signature

Date

THIS PAGE INTENTIONALLY LEFT BLANK



HOLD HARMLESS ACKNOWLEDGEMENT

I understand that due to my occupational decision to enroll and work in the health field, I may incur injury or be exposed to potential infection; e.g., Hepatitis B, Tuberculosis. With my signature below, I am releasing and will hold harmless Blake Austin College of any responsibility due to my work exposure to, or infection of, potential infectious contacts, allergy causing agents, chemicals or injuries.

Printed Name of Student

Signature of Student

Date

Signature of BAC Rep

Date

THIS PAGE INTENTIONALLY LEFT BLANK



STUDENT ACKNOWLEDGEMENT STATEMENT

***VOCATIONAL NURSING PROGRAM
STUDENT POLICIES AND PROCEDURES***

Having read all of Blake Austin College Vocational Nursing Program Student Handbook with care, I both understand and accept the responsibilities of my role as a Vocational Nursing student at Blake Austin College.

Student Name (print)

BAC Representative name (print)

Student Signature

BAC Representative Signature

Date

Date