

COURSE SYLLABUS

VNSG 1334 (1:1:0)

PEDIATRIC NURSING

VOCATIONAL NURSING

NURSING DEPARTMENT

HEALTH OCCUPATIONS DIVISION

LEVELLAND CAMPUS

SOUTH PLAINS COLLEGE

SPRING 2020

Levelland
Campus

COURSE SYLLABUS

COURSE TITLE: Pediatrics, VNSG 1334

INSTRUCTOR: Janet Hargrove, MSN, RN

OFFICE LOCATION AND PHONE/E-MAIL:

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OFFICE HOURS: By Appointment

SOUTH PLAINS COLLEGE IMPROVES EACH STUDENT'S LIFE

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I. GENERAL COURSE INFORMATION

A. COURSE DESCRIPTION (WECM):

The study of the care of the pediatric patient and family during health and disease. Emphasis on growth and development needs utilizing the nursing process.

B. LEARNING OUTCOMES (WECM):

The student will identify safety principles related to childcare; discuss the primary nursing care of the pediatric patient and family during health and disease; and apply concepts of growth and development to the care of the pediatric patients utilizing the nursing process.

C. COURSE OBJECTIVES (DECS):

1. Assess the relationship of growth and nutrition as it relates to the health-illness continuum.
2. Compare and contrast normal physiology of the body systems with that of a pathological state.
3. Evaluate the effect of hospitalization, treatment modalities, and chemotherapy of the pediatric patient to the adult client.
4. Identify the pertinent medical and surgical conditions of the child from 4 weeks through adolescence.

5. Distinguish between communicable diseases common in children and the related preventative care.
 6. Recognize the uniqueness of the pediatric patient because of the physical, mental, and emotional development processes.
- (C-2, C-4, C-5, C-6, C-7, C-8, C-9, C-10, C-11, C-12, C-13, C-14; F-1, F-2, F-3, F-4, F-5, F-6, F-7, F-8, F-9, F-10, F-11, F-12, F-13, F-14, F-15, F-16, F-17)

D. COURSE COMPETENCIES:

Grading Scale:

A	100-90
B	89-80
C	79-77
D	76-70
F	69 and below

Below 77 is failing

Student must maintain a 77 average to pass this course. The student will be withdrawn from the program for a failing grade (below 77) at the end of this course.

Unit Exams	65%
Child Assessment/Homework/Quizzes	15%
Final Exam	20%

There will be nine unit exams and a comprehensive final at the end of this course. The lowest unit exam score will be dropped before the unit scores are averaged. Since the lowest score is dropped, there will be no make-up exams.

The ATI test result will NOT be eligible to be the lowest grade removed in this course. ATI scores may affect overall test average!

ATI test results will be recorded as follows:

Pediatric ATI scoring:	Level 3 100
	Level 2 93
	Level 1 77
	Below level 1 70

ATI practice tests: Printed results of the ATI practice tests must be submitted to the faculty on the scheduled date. Two tests with passing scores need to be submitted upon request. Students are encouraged to fully utilize provided texts, planning, time management, and practice testing opportunities.

E. ACADEMIC INTEGRITY:

Please refer to SPC Catalog and Vocational Nursing Student Handbook.

F. VERIFICATION OF WORKPLACE COMPETENCIES:

No external learning experiences provided. Successful completion of the NEAC Competency statements at the level specified by the course (Level Objectives) will allow the student to continue to advance within the program. Upon successful completion of the program, students will be eligible to take the state board exam (NCLEX) for vocational nurse licensure.

II. SPECIFIC COURSE/INSTRUCTOR REQUIREMENTS**A. Textbook:**

Textbook: Linnard-Palmer, L. E., & Haile Coats, G. M. (2017). *Safe Maternity and Pediatric Nursing Care*. Philadelphia: F.A. Davis.

B. ATTENDANCE POLICY

Contact hours: 48. See SPC catalogue and Vocational Nursing Student Handbook. Students are expected to attend all classes, arrive on time, and to remain for the entire class period. Attendance will be taken at the beginning of class: a student not present will be marked absent in the attendance record.

If a student misses more than 6 hours of this 48 hour course they will be withdrawn from the course.

C. ASSIGNMENT POLICY:

All class assignments are to be completed during the spring semester. Failure to complete assignments will result in a grade of INCOMPLETE. A grade of incomplete will not permit a student to graduate. Please refer to the Student Handbook for Vocational Nursing.

Assignments turned in after 8:00 a.m. on the assigned due date will have 10 points deducted for each day the assignment is late. If a unit exam is missed, there will be no make-up exam. The student will receive a "O" for that test. Before the exams are averaged the lowest mark received by the student on an exam will be dropped.

III. ACCOMMODATION

No external learning experiences provided. Successful completion of the NEAC Competency statements at the level specified by the course (Level Objectives) will allow the student to continue to advance within the program. Upon successful completion of

the program, student will be eligible to take the state board exam (NCLEX) for vocational nurse licensure.

Diversity Statement

In this class, the teacher will establish and support an environment that values and nurtures individual and group differences and encourages engagement and interaction. Understanding and respecting multiple experiences and perspectives will serve to challenge and stimulate all of us to learn about others, about the larger world and about ourselves. By promoting diversity and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

Disabilities Statement

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements may be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Office at Levelland (Student Health & Wellness Office) 806-716-2577, Reese Center (Building 8) 806-716-4675, or Plainview Center (Main Office) 806-716-4302 or 806-296-9611.

Non-Discrimination Statement

South Plains College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President for Student Affairs, South Plains College, 1401 College Avenue, Box 5, Levelland, TX 79336. Phone number 806-716-2360.

Title IX Pregnancy Accommodations Statement

If you are pregnant, or have given birth within six months, Under Title IX you have a right to reasonable accommodations to help continue your education.

To [activate](#) accommodations you must submit a Title IX pregnancy accommodations request, along with specific medical documentation, to the Director of Health and Wellness. Once approved, notification will be sent to the student and instructors. It is the student's responsibility to work with the instructor to arrange accommodations. Contact the Director of Health and Wellness at 806-716-2362 or [email cgilster@southplainscollege.edu](mailto:cgilster@southplainscollege.edu) for assistance.

Campus Concealed Carry Statement

Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in South Plains College buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and South Plains College policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations and Frequently Asked Questions, please refer to the Campus Carry page at: <http://www.southplainscollege.edu/campuscarry.php>. Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806-716-2396 or 9-1-1.

IV. COURSE OUTLINE

There will be an exam after the completion of each assigned chapter or unit, and a comprehensive final exam at the end of the course. Unit exams will be made up at the direction of the instructor. **The lowest unit exam score will be dropped, therefore, no make-up exams will be given. The Pediatric ATI will count as one unit exam grade that CANNOT BE DROPPED. See above for ATI grading criteria.**

Required reading: Text as stated above with corresponding chapters. It is required that each chapter be read prior to the lecture hour for the chapter. Quizzes may be given at the discretion of the instructor. The student is responsible for an understanding of the objectives and the key terms found at the beginning of each chapter.

Unit	Chpt	Content	Faculty
Unit 1	Chpt 26	The Hospitalized Child	Hargrove
	Chpt 27	the Acutely Ill Children and Their Needs	
	Chpt 28	The Abused child	
Unit 2	Chpt 29	Child with a Neurological Condition	Hargrove
	Chpt 30	Child with a Sensory Impairment	
Unit 3	Chpt 31	Child with a Mental Health Condition	Hargrove
Unit 4	Chpt 32	Child with a Respiratory Condition	Hargrove
	Chpt 33	Child with a Cardiac Condition	
Unit 5	Chpt 34	Child with a Metabolic Condition	Blair
	Chpt 35	Child with a Musculoskeletal Condition	
Unit 6	Chpt 36	Child with a Gastrointestinal Condition	Blair
	Chpt 37	Child with a Genitourinary Condition	
Unit 7	Chpt 38	Child with a Skin Condition	Blair
	Chpt 39	Child with a Communicable Disease	
Unit 8	Chpt 40	Child with a Oncological/Hematological Condition	Blair
Test 9	COMPREHENSIVE FINAL EXAM		

Child Assessment

Assess a child ages 2yrs to 10yrs old.

Follow the growth and developmental milestones handout in your syllabus.

First discuss the textbook growth and development characteristics of a child the same age as the one you have chosen to write your paper over, including the following categories: physical growth, gross motor, fine motor, language, and social/cognition. **ALL** categories must be addressed.

Second, assess the child that you have chosen and compare their abilities to the textbook characteristics. You will need to compare the growth and development of the child you chose to the expected growth and development characteristics discussed in the book. Be sure to include the same areas: physical growth, gross motor, fine motor, language, social/cognition. Remember in order to assess these children you must be creative. Expect to bring supplies such as toys, crayons, paper, etc. You may also need to make time to observe the child at play. The parents may need to be present to answer questions that the child cannot depending on their age. Discuss general tactics used to complete the assessment in order for the child to cooperate with the activities.

Third, you will need to get a brief history such as did Mom have a normal pregnancy and birth, has the child been diagnosed with any physical or learning disabilities, and are they on any medications?

All of this information should be gathered and put into paragraph format. It must be typed. Please use proper grammar and spelling. APA 6th edition format is expected. Two scholarly references other than your text book are required. Please include any drawings or crafts that the child did during the assessment.

Remember this is **CONFIDENTIAL** Please only use initials of the child AND parents. We are not here to criticize anyone, only to learn. And most important HAVE FUN!! Remember that the children will love all of this extra attention so make it special and fun.

Grading Criteria Pediatric Assessment

Textbook discussion of Characteristics	20 Points
Assessment of Child	45 Points
Child's History	15 Points
Spelling, Grammar, Neatness Confidentiality	10 Points
APA format (References and Citations)	10 Points

FINAL GRADE	(100 Points Total)
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GROWTH AND DEVELOPMENTAL MILESTONES - INFANCY/TODDLER

AGE	PHYSICAL	GROSS MOTOR	FINE MOTOR	LANGUAGE	SOCIAL/COGNITION
1 mo.	Primitive reflexes present and strong. Obligatory nose breather (most infants)	Assumes flexed position with pelvis high, but knees not under abdomen when prone. Can turn head from side to side when prone, lifts head momentarily from bed.	Grasp reflex strong. Hand clenches on contact with rattle.	Cries to express displeasure. Makes comfort sounds during feeding	Is in sensorimotor phase Watches parent's face as he/she talks to infant.
2 mos.	Posterior fontanel closed Crawling reflex disappears.	Assumes less flexed position when prone. When prone, can lift head almost 45 degrees off table.	Hands frequently open. Grasp reflex fading.	Vocalizes, distinct from crying. Coos.	Demonstrates social smile.
3 mos.	Primitive reflexes fading.	Able to hold head more erect when sitting, but still bobs forward.	Actively holds rattle but will not reach for it. Grasp reflex absent.	Squeals aloud to show pleasure. Coos, babbles, chuckles.	Displays considerable interest in surroundings. Can recognize familiar faces and objects, such as feeding bottle.
4 mos.	Moro, tonic neck, rooting and Perez reflexes have, disappeared. Drooling begins	Has almost no head lag when pulled to sitting position. Balances head well in sitting position.	Inspects and plays with hands, pulls clothing or blanket over face in play.	Makes consonant sounds k, g, p, b. Laughs aloud	Enjoys social interaction with people.
5 mos.	Growth rate may begin to decline.	Can turn over from abdomen to back.	Able to grasp objects voluntarily.	Squeals	Smiles at mirror image. Discovers parts of body.
6 mos	Birth weight doubled Teething may begin with eruption of two lower central incisors Chewing and biting occur.	When prone, can lift chest and upper abdomen off table, bearing weight on hands. When about to be pulled to sitting position, lifts head. Rolls from back to Abdomen.	Rescuers a dropped Object. Holds bottle.	Begins to imitate sounds. Babbling resembles one-syllable utterances such as ma, mu, da, di, hi. Takes pleasure in hearing own sounds (self-reinforcement).	Recognizes parents; begins to fear strangers. Has definite likes and dislikes. Beginning of imitation. Laughs when head is hidden in a towel. Object permanence beginning. Prefers "Mom".

Growth and Developmental Milestones - Infancy/Toddler (con't.)

AGE	Physical	Gross Motor	Fine Motor	Language	Social/Cognition
7 mos	Eruption of upper central incisors	When supine, spontaneously lifts head off table. Sits, leaning forward on both hands.	Transfers objects from one hand to the other.	Produces vowel sounds and chained syllables- baba, dada, kaka.	Is increasingly fearful of strangers. Plays peekaboo. Looks briefly for toy that disappears.
8 mos	Begins to show regular patterns in bladder and bowel elimination.	Sits steadily unsupported. Begins to crawl.	Releases objects at will. Rings bell purposely.	Makes consonant sounds t d, and w. Combines syllables such as dada, but does not ascribe meaning to them.	Dislikes dressing, diaper change. Stranger anxiety peaks.
9 mos		Crawls. Recovers balance when leans forward but cannot do so when leaning sideways. Pulls self to standing position and stands holding onto furniture.	Uses thumb and index finger in crude pincer grasp. Preferences for use of dominant hand now evident.	Responds to simple verbal commands. Comprehends "no-no".	Increasing interest in pleasing parent. Searches for an object if sees it hidden.
10 mos		Pulls self to sitting position. Stands while holding onto furniture, sits by falling down.	Crude release of an object is beginning.	Says dad, mama with meaning. Comprehends "bye-bye".	Inhibits behavior to verbal command of "no-no" or own name. Imitates facial expressions, waves bye-bye. Repeats actions that attract attention and are laughed at. Plays pat-a-cake.
11 mos.		Creeps with abdomen off floor. Cruises or walks holding onto furniture or with both hands held.	Neat pincher grasp.	Imitates definite sounds.	Experiences joy and satisfaction when a task is mastered. Plays a game "up-down", "so-big".
12 mos.	Birth weight tripled Birth length increased by. 50%. Head and chest circumference equal. Has total of six to eight deciduous teeth. Anterior fontanel almost closed.		Can turn pages in a book, many at a time.	Says two or more words besides dada and mama. Comprehends meaning of several words. Understands simple verbal commands.	Shows emotion. May develop habit of "security blanket". Has unceasing determination to practice locomotor skills. Searches for an object even it has not seen it hidden.

Growth and Developmental Milestones-Infancy/Toddler (con't.)

Age	Physical	Gross Motor	Fine Motor	Language	Social/Cognition
15 mos.	Steady growth in height and weight.	Walks without help. Assumes standing position without help.	Constantly casts objects to floor. Builds tower of two cubes.	Says four to six words, including names. "Asks" for objects by pointing. Understands simple commands. May use head-shaking gesture to denote "no".	Is in sensorimotor phase. Tolerates some separation from parent. Less likely to fear strangers. Beginning to imitate parents. Feeds self using regular cup with little spilling. Realizes that "out of sight" is not out of reach.
18 mos	Anterior fontanel closed	Runs clumsily, falls often. Pulls and pushes toys.	Builds tower of three to four cubes. Turns pages in a book two or three at a time.	Says ten or more words.	Is great imitator ("domestic mimicry"). Takes off gloves, socks, and shoes and unzips. Beginning awareness of ownership. May develop dependency on transitional objects.
24 mo. (2 years)	Chest circumference exceeds head circumference. Adult height approximately double height at 2 years of age. Physiologic systems, except for endocrine and reproductive, stable and mature. May have achieved readiness for beginning daytime control of bowel and bladder.	Goes up and down stairs with two feet on each step.	Builds tower of six to seven cubes. Turns pages of book one at a time. Turns doorknob and unscrews lid.	Has vocabulary of approximately 300 words. Uses two- to three word phrases. Verbalizes need for toileting, food, or drink Talks incessantly.	Is in preconceptual stage-parallel play. Has increased independence from parent. Thinking is characterized by global organization of thought, transductive reasoning, concept of animism, and magical thinking.
30 mo.	Birth weight quadrupled. Primary dentition (twenty teeth) completed. May have daytime bowel and bladder control.	Jumps with both feet. Stands on one foot momentarily. Takes a few steps on tiptoe.	Builds tower of eight cubes.	Gives first and last name. Uses plurals.	Separates more easily from parent. Begins to notice sex differences; knows own sex. May attend to toilet needs without help except for wiping.

GROWTH AND DEVELOPMENTAL MILESTONES-PRESCHOOL YEARS

A G E	Physical	Gross Motor	Fine Motor	Language	Socialization	Cognition	Family Relationships
3	May have achieved nighttime control of bowel and bladder.	Rides tricycle. Jumps off bottom step. Stands on one foot for a few seconds. Goes up stairs using alternate feet.	Builds tower of nine of ten cubes. Copies a circle, imitates a cross, names what he has drawn.	Has vocabulary of about 900 words. Uses complete sentences of three to four words. Talks incessantly regardless of whether anyone is paying attention.	Has increased attention span. Feeds self completely. Likes to "help" entertain by passing around food. Play is parallel and associative. Begins to learn simple games. Able to share toys, although expresses idea of "mine" frequently.	Is in preconceptual phase. Is egocentric in thought and behavior.	Attempts to please parents and conform to their expectations. Boys tend to identify more with father or other male figure. Has increased ability to separate easily and comfortably from parents.
4	Pulse and respiration decrease slightly. Length of birth is doubled.	Skips and hops on one foot. Throws ball overhand. Walks down stairs using alternate footing.	Uses scissors successfully to cut out picture following outline. Can lace shoes. Copies a square, traces a cross and diamond, adds three parts to stick figure.	Has vocabulary of 1500 words or more. Uses sentences of four to five words. Tells exaggerated stories. Knows simple songs. Obeys four prepositional phrases, such as "under," "on top of," "beside," "in back of" or "in front of." Names one or more colors.	Very independent. Tends to be selfish and impatient. Aggressive physically. Boasts and rattles. Tells family tales to others with no restraint. Play is associative. Imaginary playmates are common.	Understands time better. Still believes that thoughts cause events.	Do's and don'ts become important. May have rivalry with older or younger siblings. Identifies strongly with parent of opposite sex.

5 y r s .	Pulse and respiration decrease slightly. Eruption, of permanent dentition may begin. Handedness is established (about 90% are right-handed).	Skips and hops on alternate feet. Jumps rope. Walks backward with heel to toe.	Ties shoelaces. Uses scissors, simple tools, or pencil very well. Adds seven to nine parts to stickman.	Has vocabulary of about 2100 words. Names four or more colors. Asks inquisitive questions.	Is less rebellious and quarrelsome than at 4 years. Is eager to do things right and to please; tries to "live by the rules". Acts "manly" or "womanly". Play is associative. Likes rules and tries to follow them but may cheat to avoid losing.	May notice prejudice and bias in outside world.	Gets along well with parents. May seek out parent more often than at age 4 years for reassurance and security. Strongly identifies with parent of same sex.
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GROWTH AND DEVELOPMENTAL MILESTONES-SCHOOL AGE YEARS

AGE	Physical and Motor	Cognition	Adaptive	Socialization
6 yrs.	Height and weight gain slower. Central mandibular incisors erupt. Active age; constant activity. Likes to draw, print, and color.	Attends first grade. Obeys triple commands in succession. Shows personal right hand and left ear. Reads from memory; enjoys oral spelling game.	At play, cuts, folds, pastes paper toys, sews crudely if needle is threaded. Tries out own abilities.	Can share and cooperate better. Has great need for children of own age. Is often jealous of younger brother or sister. Often has temper tantrums. Has difficulty owning up to misdeeds. Has increased socialization, such as tattling.
7 yrs.	Maxillary central incisors and lateral mandibular incisors erupt. More cautious in approaches to new performances.	Attends second grade. Reads ordinary clock or watch correctly to nearest quarter hour. More mechanical in reading.	Uses a table knife for cutting meat; may need help with tough or difficulty pieces. Brushes and combs hair acceptably without help or "going over".	Likes to help and have a choice. Is less resistant and stubborn. Spends a lot of time alone. Boys take part in group play with boys; girls prefer playing with girls.
8-9 yrs.	Always on the go; jumps; chases, skips.	Attends third and fourth grade. Counts backward from 20 - 1. Is more aware of time. Is afraid of failing a grade; ashamed of bad grades.	Uses household and sewing utensils. Helps with routine household tasks such as dusting, sweeping. Likes school. Great reader. Likely to overdo; hard to quiet down after recess.	Easy to get along with at home; better behaved. Likes the reward system. Dramatizes. Is interested in boy-girl relationships but will not admit it. More critical of self.
10-12 yrs.	Slow growth in height and rapid weight gain. Pubescent changes may begin to appear, especially in females.	Attends 5 th to 7 th grades. Writes occasional short letters to friends or relatives on own initiative. Uses telephone for practical purposes.	Is successful in looking after own needs. Cooks or sews in small way. Raises pets. Writes brief stories.	Likes family; family really has meaning. Likes mother and wants to please her in many ways.. Demonstrates affection. Loves friends; talks about them constantly. Loves conversation. Has beginning interest in opposite sex.

