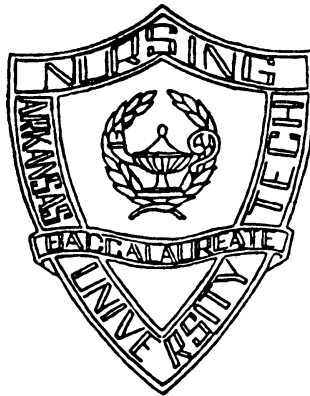


ARKANSAS TECH UNIVERSITY

DEPARTMENT OF NURSING



HEALTH ASSESSMENT

NUR 3304 (001) (002)

**FALL
2009**

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CONTENTS OF SYLLABUS

1. SYLLABUS
2. Health History Worksheet Sample - 1 set
3. Health History Test Set - 1 set
4. Evaluation Recording of Health History - 1 set
5. Comprehensive Physical Exam Test Set - 1 set
6. Evaluation of Comprehensive Physical Exam - 1 set
7. Recording Physical Findings - 1 set

ARKANSAS TECH UNIVERSITY

DEPARTMENT OF NURSING

COURSE: NUR 3304

TITLE: HEALTH ASSESSMENT

CREDIT HOURS: FOUR (4) HOURS

CONTACT HOURS: THEORY AND PRACTICE 4 HOURS

PLACEMENT: SUMMER, FALL or SPRING SEMESTER JUNIOR YEAR

INSTRUCTORS:

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COURSE DESCRIPTION:

The student uses the nursing process to assess the client by the utilization of observation, palpation, percussion, and auscultation skills. The language of Health Assessment is taught and methods of proper documentation are emphasized. The course provides guidance in specific assessment techniques and enables the student to recognize normal findings throughout the life cycle. The student collaborates with members of the health care team in the sharing of health findings in order to make a specific nursing diagnosis. Activities are provided which include the community as an aggregate client.

Instructional Resources:

Required textbooks:

Jarvis, C. (2008). Physical Examination and Health Assessment (5th Ed.). Philadelphia: W. B. Sanders.

Optional:

Jarvis, C. (2008) Student Laboratory Manuel for Physical Examination and Health Assessment (5th Ed.).

Auto-tutorial materials are available in the student Learning Laboratory.

Justification/Rationale for the Course

By the completion of this course the student will progress toward program goals/outcomes 1, 2, 3, and 4.

This upper division professional nursing course provides opportunities for the student to apply knowledge and skills from the general education component and from nursing courses to the care of individuals.

Course Objectives:

On successful completion of this course, the nursing student will be able to:

1. Accurately document a health history.
2. Use appropriate techniques to assess the client through the utilization of inspection, palpation, percussion, and auscultation skills.
3. Use inspection, palpation, percussion, and auscultation to assess clients as a basis for nursing diagnosis.
4. Specify abnormal physical assessment findings through recognition of the normal.
5. Consistently utilize the language of physical assessment in describing health findings when documenting or describing the client's health status.
6. Apply theory, critical thinking, and communication skills to the assessment of assigned clients in the clinical laboratory.
7. Use the criteria of growth and developmental norms in order to assess the current physical status of the client.

Evaluation:

1. Grading Scale

A = 90 - 100

B = 80 - 89

C = 75 - 79

D = 68 - 74

F = 67 and below

2. A grade of "C" or above must be achieved in every nursing course in order to progress in the Nursing Program. Any grade below 75% will not be rounded up.
3. A grade of "I" may be recorded for a student whose work is incomplete due to circumstances beyond the student's control. The student must remove the "Incomplete" from his or her record before progressing to the next nursing course.
4. Examinations will be taken at designated times. If a student cannot take the examination at the scheduled time, he or she is responsible for contacting the instructor as soon as possible to make up the examination. Make-up examinations will be given at the convenience of the instructor of the course and scheduled at a specific time. The make-up examination may be a different exam from scheduled exam.

Course Grade:

Exams:

Unit Test (4) 15% x 4..... 60%

*75 % cumulative grade required on the 4 unit exams to pass course and to proceed to the Physical Exam

History

Recording..... 10%

Physical Exam

Performance..... 10%

Recording..... 10%

*75% cumulative grade required on Physical Exam to pass the course

Other

Lab/ Quizzes..... 10%

100%

Student Role: Learner, Communicator, Assessor, Advocator, Researcher, Teacher, and Documenter.

Teaching-Learning Strategies:

Lecture and discussion, role play, demonstrating return demonstration, simulation, anatomical models, charts, diagrams, family pedigree, and audiovisual materials.

Teacher Role: Demonstrator, Evaluator, Facilitator, Resource Person, Role Model, Supporter, and Communicator.

CONDUCT OF THE COURSE

Class Attendance:

1. Regular class and lab attendance is considered essential if the student is to receive maximum benefit from the course. The student is responsible to meet all classes as scheduled and on time. Control of class attendance is vested in the teacher. Please refer to the section on class absences in the Arkansas Tech University Department of Nursing Student Handbook for further information.

If a consistent pattern of absences from class or practicum develops, the situation will be dealt with by the faculty.

2. Only registered students and officially invited guests are to attend nursing classes.
3. Planned learning experiences outside the classroom are an integral part of the nursing course. All students are expected to participate.

Dress and Behavior:

1. The nursing student is expected to dress appropriately for class.
2. Drinking and eating are allowed in the classroom but not in the skills lab. Tobacco use is not allowed in any part of the building.
3. Wear lab coat or uniform when dealing directly with the public and when performing health history and final physical examination.
4. All students will be expected to practice physical examination skills on each other.
5. In order to facilitate the rapid acquisition of these skills, practice will be continued in the skills laboratory, clinical practicum or in other areas outside of the regular class time.

Demonstration of a Physical Examination and Documentation:

1. Students will secure a nonpregnant adult subject (18 years of age or older) for the scheduled dates and times. If a subject fails to participate for any reason the student's grade will be reduced by 5%. If a student does not appear at the appropriate scheduled time for return demonstration without prior notification to the assigned instructor or course coordinator, a grade of "0 pts" will be given for the Health Assessment check-off performance and recording.
2. Because of the difficulties of fitting this observed examination into the regular class schedule, it may be planned at another time.
3. **Thirty minutes is allotted for the return demonstration and thirty minutes for the write-up. The demonstration must start at the designated time and be completed at the end of the scheduled time period.**
4. Genital examination will not be a part of the physical examination.
5. A copy of the physical exam evaluation may be used during the physical exam demonstration. Excessive use of notes may result in up to a 10 point deduction.
6. Students will be responsible for room set-up prior to performing physical exam demonstrations.

Health History Write Up

Each student will select a client (well adult) to interview for the Health History. The student will use the Health History Test set for the Health History write up and submit to the course coordinator for grading on the date indicated on the calendar.

NUR 3304 HEALTH ASSESSMENT
FOCUS: Interviewing and the Health History

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>The student will:</p> <ol style="list-style-type: none"> 1. Discuss the purposes of an interview. 2. Describe appropriate techniques for conducting an interview. 3. Explore the phases of an interview 4. Discuss the purpose of a nursing health history. 5. Describe the essential elements of a nursing history. 6. Conduct an interview to obtain a health history using appropriate communication techniques. 7. Record a health history using appropriate techniques. 8. Develop appropriate nursing dx based upon collected data. 	<ol style="list-style-type: none"> A. Provide a suitable environment B. Clearly communicate the purpose of the interview, and the role and status of the interviewer. C. Demonstrate an interested unhurried, non-judgmental attitude through verbal and non-verbal communication. D. Utilize appropriate communication techniques to collect data. <ol style="list-style-type: none"> A. Biographical Information B. Chief Complaint C. Present Illness or Present Health Status D. Personal History and Patterns of Living E. Previous Illness F. Family History G. Review of Systems H. Client profile or summary I. Holism J. Dietary History <p>The history should be:</p> <ol style="list-style-type: none"> A. Organized B. Clear C. Concise D. Documented using accepted abbreviations and terminology. 	<p><u>Before class read:</u> Jarvis, Chapt. 4, 5, and 7</p> <p>Activity: Perform a health history (pp. 61-67). Use form provided in syllabus. <u>An example is provided in your syllabus.</u></p>

NUR 3304 HEALTH ASSESSMENT
FOCUS: Culture in Health Assessment

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Describe the concept of culture 2. Identify characteristics and universal attributes of culture 3. Identify social characteristics to all ethnic/cultural groups that health care providers must consider. 4. Identify problems unique to ethnic minorities in the provision and use of health care services. 5. Relate the incidence of specific diseases to certain ethnic or cultural groups. 6. Identify specific characteristics and values of selected cultural groups that may influence nursing assessment and intervention. 7. Relate health-related beliefs and practices to economic status 8. Contrast values of the health care culture and selected minority ethnic cultures. 	<p>Male-female roles Language and communication patterns Time Orientation Personal Space Family Nutritional Practices</p> <p>Sickle-cell Hypertension Diabetes Mellitus Cancers Alcohol Metabolism Dermatologic Conditions</p> <p>Native American Black American Asian Americans Chinese Americans Japanese Americans Vietnamese Americans Filipino Americans Hispanic Americans Arab Americans Mennonites</p>	<p><u>Before Class Read:</u> Jarvis Chapter 3.</p> <p><u>A-V:</u> MISC 3021 – Cultural Diversity in the Hospital Setting</p> <p>HA – I’m Normal, You’re Weird! Understanding Other Cultures</p> <p>MISC 3036 – Communicating with Clients from Different Cultures</p>

NUR 3304 HEALTH ASSESSMENT
FOCUS: Introduction to Physical Assessment

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>The student will:</p> <ol style="list-style-type: none"> 1. Explain the 4 basic techniques used in performing a physical assessment. 2. Compare and contrast the 2 main methods used for completing a systematic physical assessment. 3. Identify equipment that is essential for performing a complete physical assessment. 4. Discuss methods of relieving anxiety and ways of expressing caring during a physical assessment. 5. Describe the elements of general survey (general impression) 	<p>Inspection Palpation Percussion Auscultation</p> <p>Head to toe Major body systems</p> <p>Thermometer Scale Watch Stethoscope Sphygmomanometer Ophthalmoscope Otoscope Nasoscope Eye chart Penlight Sterile gauze pads Cotton swabs Tuning forks Tongue depressor Exam gloves Reflex hammer Tape measure Safety pin or paper clip</p> <p>Establish an appropriate environment Patient education Therapeutic communication</p> <p>Provide privacy State of consciousness Age/Race/Sex Development Nutritional state-Obesity, Anorexia, & Cachexia General state of health Gross abnormalities Striking features Height, weight, Vitals</p>	<p><u>Before Class Read:</u> Jarvis, Chapter 8, 10, and 11. Review Chapter 9.</p> <p><u>Activity:</u> Participate in a scavenger hunt of the lab area to locate the equipment that is essential for performing a physical assessment.</p>

NUR 3304 HEALTH ASSESSMENT
FOCUS: Introduction to Physical Assessment (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>6. Discuss safety measures for Performing a physical assessment.</p> <p>7. Discuss professionalism, confidentiality and HIPPA in relation to nursing and health assessment.</p> <p>8. Evaluate the appropriateness of the weight for height or a client using a standard chart of guidelines for body weight</p> <p>9. Discuss Pedigree</p>	<p>Chapter 8</p>	<p>Construct a Pedigree</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Skin, Hair & Nails

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Review the anatomy and physiology of the skin. 2. Describe the functions of each layer of skin. 3. Differentiate between sebaceous, endocrine, and exocrine glands. 4. Utilize correct terminology to describe anatomical lesions. 5. Describe the grouping configurations in skin assessment. 6. Define and give examples of different kinds of lesions: primary, secondary, and vascular. 	<ol style="list-style-type: none"> 1. Characteristics 2. Exudates 3. Pattern of arrangement 4. Location and distribution <p>A. Configurations</p> <ol style="list-style-type: none"> 1. Linear 2. Annular 3. Clustered <p>A. Primary lesions</p> <ol style="list-style-type: none"> 1. Macule 2. Papule 3. Plaque 4. Nodule 5. Tumor 6. Wheal 7. Vesicle 8. Bulla 9. Pustule 10. Cyst 11. Telangiectasia 12. Patch <p>B. Secondary lesions</p> <ol style="list-style-type: none"> 1. Erosion 2. Crust 3. Ulcer 4. Scale 5. Fissure 6. Lichenification 7. Atrophy 8. Excoriation 9. Scar 10. Keloid 	<p><u>Before Class Read:</u> Jarvis, Chapter 12.</p> <p><u>Recommend:</u> Perform and record a skin assessment upon a client in the clinical setting.</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Skin, Hair and Nails (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>6. Define and give examples of different kinds of lesions: primary, secondary, and vascular.(continued)</p>	<p>C. Vascular Skin Lesions</p> <ol style="list-style-type: none"> 1. Purpura 2. Petechiae 3. Ecchymosis 4. Spider angioma 5. Venous star 6. Hemangiomas <ol style="list-style-type: none"> a. capillary b. immature c. nevus flammeus 	
<p>7. Discuss the variations in skin color.</p>	<ol style="list-style-type: none"> A. Brown B. Blue (Cyanosis) C. Red (Erythema) D. Yellow E. White (Albinism) F. Pallor G. Ashen/Gray 	
<p>8. Demonstrate the techniques of examination of the skin.</p>	<p>A. Inspection and palpation</p> <ol style="list-style-type: none"> 1. Color 2. Vascularity 3. Moisture 4. Temperature 5. Texture 6. Thickness 7. Mobility and turgor 8. Edema 9. Hygiene 	
<p>9. Discuss the normal appearance of the hair and abnormal findings.</p>	<ol style="list-style-type: none"> A. Distribution B. Pubic and axillary C. Eyebrows and eyelashes D. Hypertrichiasis E. Absence of hair 	
<p>10. Describe normal and abnormal variations in the nails.</p>	<ol style="list-style-type: none"> A. Normal <ol style="list-style-type: none"> 1. Color 2. Shape B. Abnormal <ol style="list-style-type: none"> 1. Early clubbing 2. Late clubbing 3. Curved nails 4. Koilonychia (spoon nails) 5. Beau's lines 6. Paronychia 7. Splinter hemorrhages 	

NUR 3304 HEALTH ASSESSMENT**FOCUS: The Nurse Examines the Skin, Hair and Nails (Continued)**

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
11. Discuss life cycle changes of the skin and hair that occur.	A. Jaundice B. Mongolian spots C. Acrocyanosis D. Lanugo E. Erythema toxicum F. Acne G. Hyperpigmentation of pregnancy-pregnancy mask H. Cherry angiomas I. Wrinkles J. Senile lentiginos K. Seborrheic Keratoses L. Actinic Keratoses M. Sebaceous Hyperplasia N. Acrochordons	
12. Compare and contrast the 3 main types of skin malignancies and identify risk factors.	Basal cell carcinoma Squamous cell carcinoma Malignant melanoma	
13. Perform and record an assessment of the integument.		
14. Develop appropriate nursing diagnoses based upon collected data.		

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Head, Neck and Lymph

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Review pertinent facts concerning the anatomy and physiology of the head, face, and neck. 2. Review the anatomy and physiology of the lymphatic system. 3. Perform general inspection of head. 4. Perform palpation of head and scalp. 5. Perform inspection of client's face. 6. Perform palpation of client's face. 7. Palpate temporomandibular joint. 	<p>Structure Characteristics Changes through the life span</p> <ol style="list-style-type: none"> A. Size B. Shape C. Symmetry D. Condition of hair and scalp. <ol style="list-style-type: none"> A. Fontanelles B. Common deviations C. Hair texture <ol style="list-style-type: none"> A. Expression B. Symmetry C. Color D. Movement E. Features <ol style="list-style-type: none"> A. Skin texture B. Skin temperature C. Pain/tenderness <ol style="list-style-type: none"> A. Range of motion B. Crepitus 	<p><u>Before Class Read:</u> Jarvis, Chapter 13.</p> <p><u>Recommend:</u> Perform and record an assessment of the head, neck and lymph on a patient in the clinical setting.</p> <p><u>A-V:</u> HA 21 & 28</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Head, Neck, and Lymph (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>8. Describe the lymph nodes of the head and neck by area of anatomical placement and direction of lymph flow.</p>	<p>A. Occipital B. Preauricular C. Post auricular D. Tonsillar E. Sub mandibular F. Sub mental G. Supra clavicular H. Posterior cervical chain I. Deep cervical chain J. Superficial cervical K. Interference with lymph flow, causation and result.</p>	
<p>9. Describe the location of specific nodes in acceptable physical assessment language.</p>	<p>A. Position B. Size (metric) C. Degree of sensitivity</p>	
<p>10. Describe the characteristics of the lymph nodes throughout the life cycle.</p>		
<p>11. Inspect the neck.</p>	<p>A. Symmetry B. Size C. Position of trachea D. Visibility of thyroid E. Visibility of venous pulsation and distention. F. Range of motion.</p>	
<p>12. Locate the thyroid, palpate it, and outline its margin.</p>	<p>A. Palpation from front. B. Palpation from the back. C. Size D. Shape E. Consistency F. Nodules G. Tenderness</p>	
<p>13. Develop appropriate nursing diagnosis based upon collected data.</p>		

NUR 3304 HEALTH ASSESSMENT
FOCUS: The Nurse Examines the Eye

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Describe the anatomy and physiology of the eye. 2. Describe physiologic changes in the eye that occur through the life span. 3. Perform inspection and palpation of the structures of the eye. 4. Demonstrate the technique for assessing visual acuity. 5. Demonstrate the use of the ophthalmoscope 6. Conduct the ophthalmoscopic examination. 7. Describe common abnormalities found on ophthalmoscopic exam. 8. Develop appropriate nursing diagnosis based upon complete data. 	<p>Orbit area Lacrimal apparatus Eyelids and eyelashes Conjunctiva Sclera Cornea Pupils/Reaction to light Equality Consensual reaction Accommodation Extraocular muscles Intraocular pressure Anterior Chamber</p> <p>Snellen Eye Chart Visual Fields</p> <p>Lens Retina Optic disk Arteries Veins Macula</p> <p>Diabetic Retinopathy Glaucoma Cataracts Papilledema Hemorrhage Cotton wool patches</p>	<p><u>Before Class Read:</u> Jarvis, Chapter 14.</p> <p><u>A-V:</u> HA 21</p> <p>Demonstration, Practice, and Return Demonstration</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Nose, Mouth, and Pharynx

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Review anatomy and physiology of the nose, mouth, and pharynx. 2. Identify the techniques used in examining the nose. 3. Skillfully perform and record examination of the nose. 4. Identify the frontal and maxillary sinuses. 5. Identify techniques used in examining the mouth and pharynx. 6. Skillfully perform and record an examination of the mouth and pharynx. 	<p>Inspection Palpation Percussion Transillumination</p> <p>External nose - Inspect & Palpate Nares - patency Shape, size, color Nasal Cavity Mucosa Septum Turbinates</p> <p>A. Palpate for tender areas B. Transilluminate the sinuses.</p> <p>Inspection Palpation</p> <p>Lips Color Symmetry Cracking Lesions Gums Swelling Bleeding Color Lesions Teeth Number Cavities Type of occlusion Color</p>	<p><u>Before Class Read:</u> Jarvis, Chapter 16</p> <p><u>View:</u> HA 28</p> <p>Demonstration, Practice, and Return Demonstration</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Nose, Mouth, and Pharynx (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>6. Skillfully perform and record an examination of the mouth and pharynx (continued).</p>	<p>Buccal mucosa</p> <ul style="list-style-type: none"> Color Ulcerations Irritations Lesion Nodules <p>Palate</p> <ul style="list-style-type: none"> Soft Hard Uvula Lesions <p>Tongue</p> <ul style="list-style-type: none"> Color Texture Deviation Size Symmetry ROM <p>Lesions</p> <p>Oropharynx</p> <ul style="list-style-type: none"> Uvula <p>Wall of oropharynx</p> <ul style="list-style-type: none"> Color Exudate <p>Tonsillar areas</p>	
<p>7. Develop appropriate nursing diagnoses based upon collected data.</p>		

NUR 3304 HEALTH ASSESSMENT
FOCUS: The Nurse Examines the Ear

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>On completion of this focus, the student should be able to:</p> <ol style="list-style-type: none"> 1. Review pertinent facts concerning the anatomy and physiology of the ear. 2. Designate the appearance of the normal ear on inspection of its external parts; helix, antihelix, tragus, entrance to the ear canal, the lobule, and the mastoid process. 3. Describe nodules found in and around the ears. 4. Designate pathways of hearing. 5. Assess the auditory acuity of a client. 6. Describe the component parts of the eardrum which provide landmarks for ear examination. 	<p>A. Lateralization test - Weber Test B. Air and bone conduction test – Rinne's Test C. Whisper Test</p> <p>Pars tensa Umbo Cone of light Handle of the malleus The anterior fold Short process of the malleus The posterior fold.</p>	<p><u>Before Class Read:</u> Jarvis, Chapter 15.</p> <p><u>A-V:</u> HA 21</p> <p>Demonstrations, Practice, and Return Demonstration</p>

NUR 3304 HEALTH ASSESSMENT
FOCUS: The Nurse Examines the Ear (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
7. Discuss the function of control of balance effected by the inner ear.		
8. Skillfully use the otoscope.		
9. Practices inner ear examination by utilizing the examination techniques involved in examining a young child or an older person.	A. Auricle pulled up and back for the child < 3 years. B. Auricle pulled down and back for the infant.	
10. Recognize the appearance of a normal eardrum in order to differentiate it from abnormal findings.	Abnormal findings: A. Fungal Infection B. Normal drum C. Retracted drum D. Serous otitis media E. Otitis externa F. Bulbous ear drum	
11. Develop appropriate nursing diagnoses based upon collected data.		

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Lungs and Thorax

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Identify specified structures of the thorax and lungs from a given diagram. 2. Explain how the chest is divided by imaginary lines. 3. Locate anatomical landmarks in the chest wall by learning how to count ribs and rib interspaces. 4. Observe the shape of the client's chest, the way it moves and the anterior/posterior diameter. 5. Note any deformities of the thorax. 	<ol style="list-style-type: none"> A. Manubrium B. Sternal body C. Suprasternal notch D. Angle of Louis E. Costal angle F. Costochondral junction G. Costal margins H. Xiphoid process <ol style="list-style-type: none"> A. Midsternal line B. Left and right midclavicular lines C. Left and right anterior axillary lines D. Left and right midaxillary lines E. Left and right posterior axillary lines F. Left and right scapular lines G. Vertebral line <ol style="list-style-type: none"> A. Rate/rhythm B. AP: transverse diameter <ol style="list-style-type: none"> A. Pectus excavatum (funnel chest) B. Pectus carinatum (pigeon chest) C. Thoracic kyphoscoliosis D. Barrel chest 	<p><u>Before Class Read:</u> Jarvis, Chapter 18.</p> <p>Lecture, demonstration, and practice on peer group members. Applying techniques in clinical practice.</p> <p>Demonstration, Practice, and Return Demonstration.</p> <p><u>A-V:</u> HA 022</p> <p><u>Listen:</u> C. V. Mosby - Lung Sounds: A Practical Guide</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Lungs and Thorax (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
6. Observe the width of the client's costal angle.	Usually less than 90° in normal individuals unless very short and stocky	
7. Define the terms that describe respiratory patterns.	<ul style="list-style-type: none"> A. Normal breathing B. Bradypnea C. Tachypnea D. Hyperventilation E. Sighing respirations F. Cheyne-Stokes G. Kussmaul H. Biot's breathing I. Ataxic 	
8. Discuss the differences between thorax characteristics in the life cycle changes between infancy and adulthood.		
9. Demonstrate the use of the assessment technique of palpation.	<ul style="list-style-type: none"> A. Elicit areas of tenderness B. Assess observed abnormalities C. Respiratory Excursion 	
10. Become familiar with the accepted pathway of percussion across, and down the thorax.		
11. Learn to identify five percussion notes.	<ul style="list-style-type: none"> A. Flatness B. Dullness C. Resonance D. Hyperresonance E. Tympany 	
12. Identify, describe, and localize any area of abnormal percussion notes.		

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Lungs and Thorax (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
13. Differentiate between vesicular, bronchial, and bronchovesicular breath sounds.	<ul style="list-style-type: none"> A. Character B. Origin C. Where normally heard 	
14. Note pitch, intensity, and duration of breath sounds in inspiratory and expiratory phases.		
15. Differentiate between adventitious breath sounds.		
16. Check for abnormal characteristics which would indicate a difficulty in gas exchange.	<ul style="list-style-type: none"> A. Retraction of the interspaces B. Retraction of the supraclavicular fossa C. Grunting respirations in infants D. Flaring of the nostrils with respirations E. Obvious air hunger F. Increased respirations G. Restlessness and anxiety H. Cyanosis 	
17. Discuss physical signs in selected abnormalities of the bronchi and lungs.	<ul style="list-style-type: none"> A. Asthma B. Atelectasis C. Bronchitis D. Emphysema E. Pleural effusion or thickening F. Pneumonia G. Pneumothorax H. Congestive heart failure 	
18. Develop appropriate nursing diagnoses based upon collected data.		

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Heart and Pulses

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Review the anatomy and physiology of the heart, pressure, and pulses. 2. Describe, in detail, the course of circulation of blood through the heart. 3. Review the stethoscope and the nature of the sound frequency that the bell or diaphragm transmits. 4. Demonstrate the techniques of examination in cardiovascular assessment. 	<ol style="list-style-type: none"> A. Chambers, Valves, vessels B. Impulse conduction C. Cardiac cycle <p>The stethoscope:</p> <ol style="list-style-type: none"> A. Bell <ol style="list-style-type: none"> 1. Low frequency sounds 2. Placed lightly against the chest B. Diaphragm <ol style="list-style-type: none"> 1. High frequency sounds 2. Placed firmly against the chest <ol style="list-style-type: none"> A. General Inspection <ol style="list-style-type: none"> 1. Distortions in the thoracic cage 2. Apical impulse 3. Skin <ol style="list-style-type: none"> a. temperature b. color c. edema d. nail beds e. neck veins B. Palpation <ol style="list-style-type: none"> 1. Point of maximum impulse 2. Apical thrust 3. Base pulsation 4. Thrills C. Percussion <ol style="list-style-type: none"> 1. Delineate left border of cardiac dullness (LBCD) D. Auscultation of heart sounds <ol style="list-style-type: none"> 1. Position of client 2. Environment 3. Use of stethoscope 	<p><u>Before Class Read:</u> Jarvis, Chapters 19 and 20.</p> <p><u>RECOMMEND:</u> <u>A-V</u> HA 023 & 024</p> <p>Practice assessing the heart by inspection, percussion, palpation, and auscultation techniques.</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Heart and Pulses (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>5. Locate the point of apical impulse.</p>	<p>A. 5th interspace, medial to the mid-clavicular line B. 7-9 centimeters from the mid-sternal line C. Sometimes called PMI (point of maximum intensity) D. May be palpated in about one half of the adult population E. Felt as a localized tap 1 cm or less in diameter F. The high diaphragm of pregnancy changes the sign location to the lateral part of the midclavicular region. G. Increased in anxiety, anemia fever, and in hyperthyroidism.</p>	
<p>6. Explain events which produce the first heart sound (S1), second heart sound (S2), third heart sound (S3), and the fourth heart sound (S4).</p>	<p>A. S1 - closure of atrioventricular valves B. S2 - closure of the semilunar valves - aortic and pulmonic C. S3 - period of rapid ventricular filling D. S4 - atrial contraction summation gallop rhythm</p>	
<p>7. Describe one method of distinguishing S1 and S2 heart sounds.</p>	<p>A. Palpate the carotid at the same time auscultating the heart B. Carotid pulsation and S1 are nearly synonymous conditions.</p>	
<p>8. Designate auscultatory of the heart in which sound are heard best.</p>	<p>Aortic valve - 2nd RICS at RSB Pulmonic valve - 2nd LICS at LSB Second pulmonic - 3rd LICS at LSB Tricuspid valve - 4th LICS at LSB Mitral valve - 5th LICS at MCL</p>	
<p>9. Isolate each part of the cardiac cycle in order to explain how the heart beats in response to the electrical stimulus and the pathway that it follows.</p>	<p>A. P wave B. Q wave C. R wave D. S wave E. T wave</p>	

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Heart and Pulses (continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>10. Explain the difference between systolic and diastolic heart murmurs and the related causes of each.</p>	<p>A. Murmurs</p> <ol style="list-style-type: none"> 1. Causes 2. Characteristics 3. Systolic murmur <ol style="list-style-type: none"> a. aortic stenosis b. pulmonic stenosis c. mitral regurgitation d. tricuspid insufficiency 4. Diastolic murmurs <ol style="list-style-type: none"> a. mitral stenosis b. tricuspid stenosis c. aortic regurgitation d. pulmonic regurgitation 	
<p>11. Describe the criteria of the index used to document the loudness or severity of a murmur.</p>	<ol style="list-style-type: none"> A. Grade I B. Grade II C. Grade III D. Grade IV E. Grade V F. Grade VI 	
<p>12. Identify terms associated with extra heart sounds.</p>	<ol style="list-style-type: none"> A. Ejection clicks B. Opening snaps C. Friction rubs D. Bruits E. Thrills 	
<p>13. Explain the techniques of accurately assessing pulses.</p>	<p>Arterial Pulses</p> <ol style="list-style-type: none"> A. Carotid B. Brachial C. Radial D. Femoral E. Popliteal F. Dorsalis pedis G. Posterior tibial <p>Pulse Characteristics</p> <ol style="list-style-type: none"> A. Rate B. Rhythm C. Contour D. Amplitude (0-4) 	

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Heart and Pulses (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
14. Delineate characteristics which affect blood pressure readings.	A. Cardiac output B. Elastic recoil of aorta and large arteries C. Peripheral resistance D. Volume of blood E. Viscosity of blood	
15. Perform an organized and thorough assessment of heart and pulses.		
16. Record the results of the heart and pulses assessment.		
17. Develop appropriate nursing diagnosis based upon collected data.		

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Clients Abdomen

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Review the anatomy and physiology of the pertinent parts in order to locate abdominal organs and designate their function. 2. Describe the method of partitioning off the abdomen in order to designate certain areas. 3. Name the internal structures located in each quadrant. 4. Locate the costovertebral junction as a landmark. 5. Describe the general techniques in abdominal examination. 	<ol style="list-style-type: none"> A. Right upper quadrant B. Right lower quadrant C. Left upper quadrant D. Left lower quadrant <ol style="list-style-type: none"> A. Formed by 12th rib cage and vertebral column B. Useful as a clinical landmark for kidney location. <p>The client should:</p> <ol style="list-style-type: none"> A. Have an empty bladder B. Be comfortable, with arms folded at sides, knees slightly flexed. C. Point to the area of pain if present <p>The nurse should:</p> <ol style="list-style-type: none"> A. Have a good light, a relaxed client and full exposure of the client's abdomen B. Have warm hands, war stethoscope and short fingernails C. Approach slowly and avoid unexpected movements D. Monitor the examination by watching the client's face E. Examine tender areas last F. Mentally visualize each organ in the examined area 	<p><u>Before Class Read:</u> Jarvis, Chapter 21</p> <p><u>Recommend:</u> Perform and record an abdominal assessment on a client in the clinical setting.</p> <p><u>A-V:</u> HA 025</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Client's Abdomen (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
6. Discuss the order of the assessment techniques used in assessment of the abdomen and the rationales for this order.	<ul style="list-style-type: none"> A. Inspection B. Auscultation C. Percussion D. Palpation <ul style="list-style-type: none"> Light Deep 	
7. Describe elements examined during inspection of the abdomen.	<ul style="list-style-type: none"> A. Skin <ul style="list-style-type: none"> Pigmentation Lesions Stria Scars B. Umbilicus <ul style="list-style-type: none"> Contour Location Inflammation Herniation C. Abdominal contour <ul style="list-style-type: none"> Flat, rounded Protruburant or Scaphoid D. Symmetry E. Surface Motion <ul style="list-style-type: none"> Peristalsis Pulsation F. Respiratory movements 	
8. Describe the elements examined during auscultation of the abdomen.	<ul style="list-style-type: none"> A. Peristaltic sounds all quadrants <ul style="list-style-type: none"> Increased Decreased B. Vascular sounds <ul style="list-style-type: none"> Arterial (bruits) Venous (hums) C. Peritoneal friction rub 	
9. Describe elements examined during percussion of the abdomen.	<ul style="list-style-type: none"> A. General distribution of tympany and dullness B. Percussion of Liver C. Percussion of Stomach D. Percussion of Spleen E. Costovertebral Angle 	
10. Describe the elements examined during palpation of the abdomen.	<ul style="list-style-type: none"> A. General distribution of quadrants with tips of fingers <ul style="list-style-type: none"> 1. tenderness 2. muscle tone 3. surface characteristics 	

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Client's Abdomen (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>10. Describe the elements examined during palpation of the abdomen. (Continued)</p>	<p>B. Moderate palpation of all quadrants with flat and sides of hands.</p> <ol style="list-style-type: none"> 1. tenderness 2. masses 3. general tone 4. location of major structures <p>C. Deep palpation of all quadrants with distal flat portion of fingers or bimanually.</p> <ol style="list-style-type: none"> 1. tenderness 2. masses 3. ascites <p>D. Specific organs:</p> <ul style="list-style-type: none"> liver spleen kidneys appendix inguinal nodes ballotment 	
<p>11. Describe common deviations found during abdominal assessment.</p>	<p>A. Pain (rebound tenderness rigidity, grimacing)</p> <p>B. Rashes and lesions</p> <p>C. Inflammation</p> <p>D. Bulges or masses</p> <p>E. Diminished, absent or hyperactive bowel sounds</p> <p>F. Bruits or hums</p> <p>G. Deviation in size or other characteristics of organs.</p>	
<p>12. Designate common findings which may be observed and confuse the examiner.</p>	<p>Common findings:</p> <p>A. Stool filled colon</p> <p>B. Sacral promontory</p> <p>C. Distended bladder</p> <p>D. Pregnant uterus</p>	
<p>13. Perform an organized and thorough assessment of the abdomen.</p>		
<p>14. Record the results of the abdominal assessment.</p>		
<p>15. Develop appropriate nursing diagnosis based upon collected data.</p>		

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Client's Musculoskeletal System

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Review the anatomy and physiology of the musculoskeletal system. 2. Identify descriptions that characterize anatomical range of motion. 3. Describe examination techniques of the musculoskeletal system. 	<ol style="list-style-type: none"> A. Neutral position B. Radial and ulnar deviations C. Extension D. Flexion E. Supination F. Pronation G. Internal rotation H. External rotation I. Dorsiflexion J. Plantar flexion K. Inversion L. Eversion M. Hyperextension N. Adduction O. Abduction <ol style="list-style-type: none"> A. General Approach <ol style="list-style-type: none"> 1. Function 2. Structure 3. Symmetry B. Determine anatomical integrity <ol style="list-style-type: none"> 1. Inspection 2. Palpation 3. Purpose of M.S. exam <ol style="list-style-type: none"> a. Look for deviation b. Joint Swelling c. Crepitation or grating d. Strength e. Condition of surrounding tissue C. Head and Neck <ol style="list-style-type: none"> 1. Palpate temporomandibular joint 2. Inspect neck 3. Palpate for tenderness of cervical spine, paravertebral and trapezius muscles 4. Test ROM D. Hands and Wrist E. Elbows 	<p>Before Class Read: Jarvis, Chapter 22</p> <p>A-V: HA 026</p>

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>3. Describe examination techniques of the musculoskeletal system. (Continued)</p>	<p>F. Shoulders</p> <p>G. Feet and Ankles</p> <p>H. Knees</p> <p>I. Spine</p>	
<p>4. Recognize the normal curvature of the spine.</p>	<p>A. Cervical concavity</p> <p>B. Thoracic convexity</p> <p>C. Lumbar concavity</p>	
<p>5. Begin to utilize assessment skills in examining various parts of the musculoskeletal system.</p>	<p>A. Hands and feet</p> <p>B. Waist, elbows, and shoulders</p> <p>C. Hips, knees, and ankles</p>	
<p>6. Examine client for nodules, tenderness or swelling in various bones and joints.</p>		
<p>7. Utilize "ballotment" techniques to note fluid accumulation around joints.</p>		
<p>8. Designate conditions which might cause pain or tenderness when palpation or percussion techniques are utilized in survey of the musculoskeletal system.</p>	<p>A. Kidney infection in cost-vertebral tenderness</p> <p>B. Spinal tenderness in osteoporosis, malignancy and infection.</p>	
<p>9. Note pain, tenderness, limitation of motion, fluid accumulation, and evidence of crepitation when examining the musculoskeletal system.</p>		

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Client's Musculoskeletal System (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
10. Describe how special maneuvers may elicit symptoms which are characteristic of specific abnormalities conditions.	<ul style="list-style-type: none"> A. Displacement, or instability of knee ligaments B. Torn meniscus C. The "click" of the McMurray test D. Herniated lumbar disc 	
11. Designate etiology, signs, symptoms age factors, treatment plan, and prognosis for the condition of scoliosis.		
12. Describe the client with abnormalities of the spine.	Compare to normal curvature: <ul style="list-style-type: none"> A. Flattening of the lumbar curve B. Lumbar lordosis C. Kyphosis D. Gibbus E. Spinal list F. Kvphosis 	
13. Describe signs and symptoms of abnormalities which restrict movement or cause discomfort in the client with dysfunctions of the neck, hands, shoulders, knees or feet.	<ul style="list-style-type: none"> A. Arthritis B. Gout C. Tendinitis D. Synovitis E. Tendon rupture F. Spondylitis G. Trauma 	
14. Identify any change of the musculoskeletal system associated with aging.		
15. Perform an organized and thorough assessment of the musculoskeletal svstem.		
16. Record the results of the musculoskeletal assessment.		
17. Develop appropriate nursing diagnosis based upon collected data.		

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines Mental Ability of the Client

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <p>1. Assess the following factors regarding the emotional status of clients:</p> <p>General Appearance and Behavior</p> <p>Speech and Language</p> <p>Mood</p> <p>Thought Processes and Perception</p> <p>2. Develop appropriate nursing diagnoses based upon collected data.</p>	<p>Dress, Grooming and Personal Hygiene</p> <p> Appropriateness for age, sex, culture, season, setting</p> <p>LOC</p> <p>Facial Expression</p> <p>Posture and Motor Activity</p> <p>Quality</p> <p>Rate</p> <p>Volume</p> <p>Fluency</p> <p> Check Abnormal Patterns</p> <p>Appropriateness to the situation</p> <p>Anxiety level</p> <p>Fearful</p> <p>Depressed</p> <p>Thought Processes</p> <p>Thought Content</p> <p>Perceptions</p> <p> illusions</p> <p> hallucinations</p> <p>Insight and Judgement</p> <p>Memory</p> <p> immediate</p> <p> recent</p> <p> remote</p> <p>Cognition</p> <p> orientation</p> <p> attention span</p> <p> vocabulary</p> <p>Abstract Thinking</p> <p>Altered Thought Processes</p> <p>Altered Sensory Perception</p>	<p>Jarvis, Chapter 6</p>

NUR 3304 HEALTH ASSESSMENT
FOCUS: The Nurse Examines the Neurological System

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Organize own thinking into six categories; mental status and speech, cranial nerves, the motor system, the sensory system, and reflexes. 2. Designate safety factors that are necessary for the client when doing neurological testing. 3. Define the term for descriptions of abnormalities of consciousness. 4. Differentiate between the abnormal postures assumed by client who is comatose. 5. Define the terms for descriptions of abnormalities of speech. 6. Demonstrate an ability to direct the client to perform tests for muscular strength. 	<p>Consciousness Levels</p> <ol style="list-style-type: none"> A. Confusion or disorientation B. Lethargy C. Delirium D. Coma <p>Posturing in the comatose patient:</p> <ol style="list-style-type: none"> A. Hemiplegia B. Decorticate rigidity C. Decerebrate rigidity <p>Speech Abnormalities</p> <ol style="list-style-type: none"> A. Aphasia B. Aponia or dysphonia C. Dysarthria D. Palatal paralysis E. Cerebellar dysarthria F. Parkinsonism <p>Muscular strength graded on a 0-5 scale.</p>	<p><u>Before Class Read:</u> Jarvis, Chapter 23</p> <p><u>A-V</u> HA 021 & 027</p> <p><u>Activity:</u> Perform and record neurological assessment upon client in lab setting as assigned.</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Neurological System (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
7. Differentiate between the various tremors.	Tremors A. Resting or static tremors B. Postural tremor C. Intention tremor D. Asterixis - "liver flap" E. Tics F. Choreiform movements G. Athetosis H. Dystonia I. Fasciculation J. Myoclonus K. Oral - facial dyskinesias	
8. Explain how lesions at different points in the sensory pathways delineate loss of specific sensations.	A. Light touch B. Superficial pain C. Vibration D. Position of joints	
9. Describe how the examiner would test for discriminative sensations.	A. Stereognosis - ability to recognize an object placed in the client's hand. B. Number identification as drawn on the palm. (graphesthesia) C. Two-point discrimination D. Point location	
10. Describe the Romberg Sign.		
11. Describe abnormalities of gait which characterize certain diseases.	Gait abnormalities A. Spastic hemiparesis (stroke) B. Scissor's gait associated with bilateral spastic paresis of the legs (cerebral palsy) C. Steppage gait - lower motor neuron disease D. Sensory ataxia associated with loss of position sense E. Cerebellar ataxia associated with loss of position sense F. Parkinsonian gait associated with basal ganglia defects G. Gait of old age	

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Neurological System (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
12. Describe the maneuvers of neurologic testing by demonstrating rapid rhythmic, alternating movements and point to point testing.		
13. Demonstrate how to elicit basic reflexes.	Muscle stretch reflexes A. Biceps B. Triceps C. Brachioradial D. Abdominal reflex E. Knee jerk responses F. Ankle reflex G. Plantar response	
14. Describe the classification of reflex grading.	Reflexes graded 0-4+ scale 4+ very brisk, hyperactive, often associated with clonus (rhythmic oscillations between reflection and extension) 3+ brisker than average, possibly but not necessarily indicative of disease. 2+ average, normal 1+ somewhat diminished but normal 0 no response.	
15. Describe hyperactive reflexes and sustained clonus.	Abnormalities A. Hyperactive reflexes suggest upper motor neuron disease. B. Sustained clonus confirms severe neurological disease.	
16. Demonstrate the techniques for eliciting superficial or cutaneous reflexes.	A. Abdominal B. Planter reflex	
17. Explain how to elicit special maneuvers which suggest meningeal irritation.	Meningeal irritation	
18. Describe and elicit neurologic reflexes of the newborn.		

NUR 3304 HEALTH ASSESSMENT
FOCUS: The Nurse Examines the Neurological System (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>19. Stipulate the name and function of the twelve pairs of cranial nerves.</p>	<p>Cranial Nerves N1 – Olfactory - smell N2 – Optic - vision N3 – Oculomotor - pupillary constriction, elevation of upper eyelid, most extraocular movements N4 – Trochlear - downward and inward movements of the eye N5 – Trigeminal - motor, temporal and masseter muscles, also lateral movements of the jaw N6 – Abducens - lateral deviations of the eye N7 – Facial - muscles of the face including those on the forehead and around the eyes and mouth. Taste on anterior third of the tongue N8 – Acoustic - hearing (cochlear division) And balance (vestibular division) N9 – Glossopharyngeal - posterior portion of the ear canal pharynx and posterior tongue including taste N10 - Vagus - sensory - pharynx and Larynx motor - pharynx N11 - Spinal Accessory - motor – the sternomastoid and upper portion of the trapezius N12 - Hypoglossal - motor tongue</p>	
<p>20. Define the various aspects of nystagmus.</p>	<p>Nystagmus A. Quick and slow components B. Plane of movements C. Field of gaze D. Rotary nystagmus</p>	
<p>21. Perform an organized and thorough assessment of the neurological system.</p>		
<p>22. Record the results of the neurological assessment.</p>		
<p>23. Develop appropriate nursing diagnosis related to the neurological system.</p>		

NUR 3304 HEALTH ASSESSMENT
FOCUS: The Nurse Examines the Breast

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Describe the anatomy and physiology of the breast. 2. Discuss changes in the breast through the life cycle. 3. Identify the lymphatic system associated with the breasts and discuss lymphatic drainage patterns. 4. Identify client positions for examination of the breasts. 5. List inspection criteria associated with the examination of the breast. 6. List palpation criteria associated with examination of the breasts. 	<p>General Breast Assessment:</p> <ol style="list-style-type: none"> 1) Size 2) Symmetry 3) Contour 4) Appearance of Skin (color, venous patterns) <p>Areolar area:</p> <ol style="list-style-type: none"> 1) Size 2) Shape 3) Surface characteristics <p>Nipples:</p> <ol style="list-style-type: none"> 1) Position 2) Size and shape 3) Color 4) Surface characteristics 5) Discharge 	<p><u>Before Class Read:</u> Jarvis, Chapter 17.</p> <p><u>A-V:</u> HA 22</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Breast (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
6. List palpation criteria associated with examination of the breasts. (Continued)	Lymphatic Assessment: 1) Supraclavicular and infraclavicular nodes (brachial) 2) Central and lateral axillary nodes 3) Pectoral and subscapular nodes	
7. Describe the following common deviations from normal breast tissue:	Asymmetry Hyperpigmentation Edema (orange peel appearance) Retraction, dimpling, fixation Abnormal amount or distribution of hair Focal vascularity Lesions Masses Discharges Gynecomastia	
8. Discuss the assessment criteria used to describe masses.	Location Size Shape Consistency Discreetness Mobility Tenderness Erythema Dimpling over the mass	
9. Demonstrate instructional techniques in teaching self examination of the breast.	Include: appropriate intervals and timing of self-examination of the breast.	Teach and demonstrate breast self-exam to client during Health Assessment check offs.
10. Demonstrate an organized and thorough assessment of the male and female breast and axillae.		
11. Record the results of the breast axillae assessment.		
12. Develop appropriate nursing diagnosis based upon collected data.		

FOCUS: The Nurse Examines the Female Genitalia

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Identify major structures of the female reproductive system. 2. Discuss the physiology of female reproductive system. 3. Discuss changes in the anatomy and physiology of the female genitalia through the life span. (SMR) 4. Describe elements of a thorough sexual history performed prior to physical examination of the genitalia. 5. Identify specific examination behaviors that will minimize client discomfort and enhance effectiveness of the pelvic examination. 6. Discuss the elements of an examination of the female genitalia. 7. Identify the appropriate and effective procedures for using a vaginal speculum. 	<p>External and internal Anatomical structures</p> <p>Infancy Childhood Adolescence Adulthood During Pregnancy Aging Female</p> <p>Sexual Activity Contraceptive Use STD Contact STD Risk</p> <p>Explain the procedure: Wash hands Don gloves Position client Warm speculum Perform inspection of external genitalia Examine internal genitalia Obtain specimens Perform rectovaginal exam</p>	<p><u>Before Class Read:</u> Jarvis, Chapter 26.</p> <p><u>A-V:</u> HA 28</p>

NUR 3304 HEALTH ASSESSMENT
FOCUS: The Nurse Examines Female Genitalia (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>8. Identify observable and palpable characteristics of a normal external genitalia and perineum.</p>	<p>Mons pubis Hair distribution and texture Labia Minora Color Symmetry Size Perineum Consistency Vestibule Urethral Orifice Color Vaginal Orifice Hymen Changes with parity Clitoris Size Color Bartholin's Glands Skene's Glands</p>	
<p>9. Identify observable and palpable characteristics of normal internal structures.</p>	<p>Vagina Tone Surface characteristics Color Secretions (color, odor, consistency) Cervix Symmetry Size Texture of surface Position Secretions (color, odor, and texture, Os configuration) Uterus Fundus location Contour Shape Size Mobility Tenderness Ovaries Position Size Tenderness Mobility</p>	
<p>10. Identify the characteristics of normal vaginal discharge.</p>	<p>Color Consistency Odor Amount</p>	

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Male Genitalia (Anus, Rectum)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Identify major structures of the male reproductive system. 2. Discuss changes in the anatomy and physiology of the male genitalia through the life span.(SMR) 3. Identify specific examiner behaviors that will maximize client's modesty and enhance effectiveness of the examination. 4. Describe elements of a thorough sexual history performed prior to physical examination of the male genitalia. 5. Identify appropriate teachings for male genitalia assessment. 6. Describe abnormalities of the penis which would indicate a pathologic process. 7. Describe abnormalities of the scrotum which indicate a pathologic process. 	<p>External and Internal Anatomical Structure</p> <ol style="list-style-type: none"> A. General approach B. Warm hands of the examiner C. Confidence of the examiner D. Position of the client E. Privacy <ol style="list-style-type: none"> A. Penis B. Scrotum (TSE) C. Inguinal lymph nodes <ol style="list-style-type: none"> A. Hypospadias B. Epispadias C. Syphilitic discharge D. Genital herpes E. Ventral warts F. Carcinoma of the penis <ol style="list-style-type: none"> A. Hydrocele B. Scrotal hernia C. Testis tumor D. Spermatocele E. Tuberculous epidymitis F. Sebaceous cyst G. Acute orchitis H. Acute epidymitis I. Torsion of the cord J. Small testis K. Empty scrotal half L. Scrotal edema 	<p><u>Before Class Read:</u> Jarvis, Chapters 24 & 25.</p> <p>Review pertinent anatomy and physiology from any pertinent source.</p> <p><u>A-V:</u> HA 29</p>

NUR 3304 HEALTH ASSESSMENT

FOCUS: The Nurse Examines the Male Genitalia (Anus, Rectum) (Continued)

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>8. Demonstrate and teach Testicular Self-Examination (TSE)</p> <p>9. Describe the steps of the examination of the rectum in both males and females.</p> <p>10. Describe abnormalities of the rectum which would indicate a pathologic process.</p> <p>11. Describe palpation of the prostate.</p> <p>12. Discuss physical examination findings which would indicate the presence of parasites in the area of genital examination.</p> <p>13. Discuss physical examination findings which would indicate the presence of parasites in other areas of the body.</p> <p>14. Develop appropriate nursing diagnosis based upon collected data.</p>	<p>Health Teaching Procedure T - timing, once a month S - shower, warm water E - examine, changes</p> <p>Inspect Scrotal Sac Size Asymmetry</p> <p>Palpate Scrotum Firmness and Shape Palpate Epididymis Firmness and Smoothness</p> <p>Rectal examination A. Reassurance of the client B. Reduction of discomfort C. Position of the client D. Complete examination E. Collection of specimens</p> <p>A. Pilonidal cyst B. Anal fissure C. Anorectal fistula D. External and internal hemorrhoids E. Polyps of the rectum F. Carcinoma of the rectum</p> <p>Size Consistency Shape Mobility Surface Sensitivity</p> <p>A. Scabies B. Pediculosis pubis</p> <p>A. Pediculosis capitis B. Pediculosis corporis</p>	<p>Demonstrate and teach TSE to a client during Health Assessment check offs.</p>

NUR 3304 HEALTH ASSESSMENT
FOCUS: Initial Assessment

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Identify the components of an initial assessment. 2. Describe the components of a primary assessment. 3. Identify potential life threatening conditions with each component of the primary assessment. 4. Describe the components of a secondary assessment 5. Describe the steps in completing a head to toe assessment. 6. Develop appropriate nursing diagnoses based upon collected data. 7. Perform an organized and thorough initial assessment. 8. Identify the correct way to document the findings of an initial assessment. 	<p>Primary assessment Secondary assessment</p> <p>Airway Breathing Circulation Deficit (Neuro)</p> <p>Expose Fahrenheit Get VS Cardiac Monitor Pulse Ox Foley Gastric Tube Lab</p>	<p>Chapter 1 Handouts will be provided.</p>

NUR 3304 HEALTH ASSESSMENT
FOCUS: Overview

OBJECTIVES	CONTENT	LEARNING ACTIVITIES
<p>Upon completion of this unit, the student should be able to:</p> <ol style="list-style-type: none"> 1. Perform physical examination on client on all areas except genitalia, anus, and rectum. 2. Teach and demonstrate SBE and TSE on a client with use of models. 3. Develop appropriate nursing diagnosis based upon collected data. 	<p>Review</p>	<p><u>Before Class Read:</u> Jarvis, Chapter 27</p> <p>Perform physical examination on a client.</p> <p>View Video on Health Assessment Performance.</p> <p>Record physical examination on a client.</p>

Teaching Self Breast Exam

I. Cognitive

1. Explain
 - A. Breast examination
 - (1) in the shower
 - (2) before a mirror
 - (3) supine with a pillow under side of breast being examined
 - B. Who should perform breast exam
 - C. Frequency of breast exam
 - D. Best time of month to perform breast exam and rationale
2. State the area of the breast where lumps are commonly located
3. Give two (2) reasons a person may not report significant findings to their health care provider

II. Performance

1. Explain to client need for SBE
2. Instruct on technique of SBE
 - A. Inspect and compress breast in front of mirror
 - B. Palpate breast in systemic manner
 - C. Palpate tail of spence and axilla
 - D. Compress nipples
3. Instruct client to report unusual findings to physician at once

Teaching Testicular Self Exam

I. Cognitive

1. Explain
 - A. Why testicles are examined
 - B. Who should perform TSE
 - C. Frequency of testicular exam
2. Describe the technique

II. Performance

1. Explain to client need for TSE
2. Instruct client on technique of TSE
 - A. Method of palpating testicles
 - B. Describe normal finding
 - C. Describe abnormal finding to look for
3. Instruct client to report unusual findings promptly