Introduction:
Lone Star College System recognizes its responsibility to protect the rights and privileges of students, employees, clients, and the general public against the contact and spread of infectious diseases. LSCS is also sensitive to the needs and rights of any of its employees or students who have contracted diseases that might be infectious. In recognition of Human Immune deficiency Virus (HIV), Tuberculosis (TB), and Hepatitis B Virus (HBV) as serious public health threats, LSCS has adopted the following procedures.
The faculty of the Health Occupations Programs also believes that with proper education, skills, and immunizations, students in health careers can be reasonably protected from risks of infection while performing clinical activities.

The following procedures relate to:
1. admission of students who have infectious diseases
2. student immunization
3. tuberculosis policies and procedures
4. prevention of exposure to blood and body fluids
5. exposure to blood or body fluids
6. pregnancy/temporary disability/mobility assisted devices
7. impaired students in clinical practice, and
8. invasive campus laboratory activities for EMS students

Revised: August 2008

ADMISSION OF STUDENTS WITH HIV AND OTHER INFECTIOUS DISEASES
Purpose:
Preventing discrimination against students with HIV or other infectious diseases.

No prospective student will be refused admission based solely on a positive diagnosis of an infectious disease. Further, LSCS will not require preadmission screening for infectious diseases as a condition of admission. Once admitted, students with infectious diseases, including HIV positive will not be denied access to usual and normal student activities.

Procedure:
Students will not be required to give information regarding having infectious diseases including HIV or HBV prior to admission into the health occupations programs.

STUDENT IMMUNIZATIONS
Purpose:
To meet the requirements of the Texas Department of State Health Services, and to protect the student and others from the spread of infectious diseases.

Upon admission to the Health Occupations Program, students will be required to have current immunizations as required by the Texas Department of State Health Services. In addition, the hepatitis vaccine series is required to be completed before starting the program. See Appendix C: Documentation of Required Immunizations. A PPD skin test for tuberculosis is required upon admission to the Health Occupations Program and yearly thereafter (see tuberculosis policy).

Procedure:
Students enrolled in health career courses that have or will have direct client contact must show proof of immunizations using the attached form, or they may submit copies of the original immunization record. Students who show serological documentation that they are immune to the Hepatitis B virus are not required to be immunized upon the submission of appropriate medical documentation. These records may be submitted to the division secretary, the clinical instructor, and/or
the clinical facility, as requested. Students will be responsible for keeping their own records and maintaining currency of immunization status.

Students who are not current on immunizations may not be allowed to attend clinical, depending on the discretion of the clinical instructor and/or clinical facility. Without valid documentation, students will receive an absence for each day excluded from clinical due to immunization status.

**TUBERCULOSIS POLICIES AND PROCEDURES**

**Purpose:**
1. To document status regarding tuberculosis exposure, both prior to attending clinical activities and following exposure to tuberculosis.
2. How to prevent spread of tuberculosis.

**TUBERCULIN TESTING**

**Policy:**
All students, excluding those with a history of Bacillus of Calmette and Guerin (BCG) vaccination, must receive a PPD tuberculin skin test (a tine test is NOT acceptable) and proof of results prior to their first day of clinical, unless a previously positive reaction can be documented, or completion of adequate preventive therapy or adequate therapy for active disease can be documented.

Initial and follow-up tuberculin skin tests should be obtained and interpreted according to current CDC guidelines for healthcare workers.

Students with a documented history of a positive tuberculin test or adequate treatment for disease or preventive therapy for infection should obtain a chest x-ray and review the symptoms of TB. They should be exempt from future screening unless they develop symptoms suggestive of tuberculosis. A clinical facility may require documentation of an initial clear chest x-ray within 12 months of attending clinical. Each year, prior to start of clinical, submit the Respiratory Screen form in Appendix C to clinical instructor and Nursing Office.

PPD negative students must have PPDs done according to CDC guidelines. Currently, students must have yearly PPDs, however, CDC guidelines may change. Students whose TB status is not current, as evidenced by documentation, will not be allowed in the clinical agency for the clinical experience of the class.

**Procedures:**
Students are responsible for providing validation of negative TB status. It is the student’s responsibility to provide documentation of negative status to the clinical instructor or facility as well as turn it in to the designated division staff assistant. For clarification, some clinical sites require separate immunization paperwork which is in addition to paperwork submitted to the school. Students who are unable to attend clinical due to incomplete immunizations will receive a clinical absence and no alternative clinical will be provided for make-up.

**EVALUATION OF STUDENTS AFTER UNPROTECTED EXPOSURE TO TUBERCULOSIS.**

**Purpose:**
Students should be evaluated if they have been exposed to a potentially infectious tuberculosis client for whom infection control procedures have not been taken.

Persons with previously known positive skin test reactions who have been exposed to an infectious client do not require a repeat skin test or a chest radiograph unless they have symptoms suggestive of tuberculosis.

**Procedure:**
Unless a negative skin test has been documented within the preceding 3 months, each exposed individual (except those already known to be positive reactors) should receive a PPD tuberculin skin test as soon as possible after exposure and should be managed in the same way as their contacts. If the initial skin test is negative, the test should be repeated 12 weeks after the exposure ended. Exposed persons with skin test reactions of 5mm or with symptoms suggestive of tuberculosis should receive chest radiographs. All diagnostic and treatment related expenses are the sole responsibility of the student.
EVALUATION AND MANAGEMENT OF STUDENTS WITH POSITIVE SKIN TESTS OR SYMPTOMS THAT MAY BE DUE TO TUBERCULOSIS

Students who have positive tuberculin skin tests or skin test conversions but do not have clinical tuberculosis should be evaluated for preventive therapy according to published guidelines. Those with positive skin tests should be evaluated for risk of HIV infection. If HIV infection is considered a possibility, counseling and HIV antibody testing should be strongly encouraged.

All persons with a history of tuberculosis or positive tuberculin tests are at risk for contracting tuberculosis in the future, and must be evaluated further.

Procedure:
These persons should be reminded periodically that they should promptly report any pulmonary symptoms. If symptoms of tuberculosis should develop, the person should be evaluated immediately.

Students who test positive or convert to positive must obtain a letter from their physician stating it is safe for them to return to class and the hospital setting.

ROUTINE AND FOLLOW UP CHEST RADIOGRAPHS

Routine chest films are not required for asymptomatic, tuberculin negative individuals. After the initial chest radiograph is taken, those with positive skin test reactions do not need repeat chest radiographs unless symptoms develop that may be due to tuberculosis. Some clinical sites may have additional specific requirements that would need to be met for attendance there.

Procedure:
Students with a positive skin test reaction will be required to submit evidence of a clear chest film prior to being admitted into the clinical area. A repeat chest film will be required if symptoms develop.

RESTRICTIONS FOR STUDENTS WITH CURRENT PULMONARY OR LARYNGEAL TUBERCULOSIS

Students with current pulmonary or laryngeal tuberculosis pose a risk to clients and other students and staff while they are infectious; therefore, restrictions for these persons are necessary.

Procedure:
Students with current pulmonary or laryngeal tuberculosis should be excluded from the classroom until adequate treatment is instituted, cough is resolved, and sputum is free of bacilli on three consecutive smears. Individuals who discontinue treatment before the recommended course of therapy has been completed should not be allowed to attend class until treatment is resumed, an adequate response to therapy is documented, and they have negative sputum spears on three consecutive days.

RESTRICTION FOR OTHERWISE HEALTHY STUDENTS WHO ARE RECEIVING TREATMENT FOR TUBERCULOSIS

Students who are otherwise healthy and receiving preventive treatment for tuberculosis infection should be allowed to continue usual class activities.

Procedure:
Individuals who cannot take or do not accept or complete a full course of preventive therapy should have their attendance in the classroom/clinical setting evaluated. Restrictions may not be necessary for otherwise healthy persons who do not accept or complete preventive therapy. These persons should be counseled about the risk of contracting disease and should be instructed to seek evaluation promptly if symptoms develop that may be due to tuberculosis, especially if they have contact with high risk clients (i.e., clients at high risk for severe consequences if they become infected).

CONSULTATION
Consultation on tuberculosis surveillance, screening, and other methods to reduce tuberculosis transmission should be available from state health department tuberculosis control programs and infection control employee health affiliates of clinical facilities.

Procedure:
Faculty and students will consult the policies and procedures at the clinical facilities where they have clinical activities. Policies and procedures will be followed for both the facility and the college whichever is more restrictive.

**PREVENTION OF EXPOSURE TO BLOOD OR BODY FLUIDS**

**Purpose:**
To minimize risk of exposure to blood borne pathogens.

Students must follow standard precautions when coming into contact with blood or body fluids.

**Procedure:**
1. Prior to practice in the clinical area, student must be given instructions by the clinical instructor in the following areas:
   a. the most current information on modes of acquiring and transmitting infectious diseases.
   b. thorough instructions in standard precautions.
   c. supervised practice in a skills lab.
2. Prior to practice in the clinical area, the student must demonstrate competency in standard precautions. Also, students will be required to sign a communicable disease statement and waiver of liability form (see attached).

**EXPOSURE TO BLOOD OR BODY FLUIDS:**

**Purpose:**
To protect the student’s health in the event of an exposure to blood and body fluids.

In the event that a student becomes exposed to blood or body fluids, the student must follow the procedures outlined by the college.

**Procedure:**
1. Student must report exposure to clinical instructor, authorities in health care agency and his/her program director at North Harris Montgomery Community College District.
2. The student, instructor and facility representative will collaborate to assess the clinical status of the source client who exposed the student.
3. The clinical facility will test the client for evidence of HIV or Hepatitis B as soon as possible after the exposure. The students will seek out the health care institution’s related policies for additional information and guidance.
4. Current CDC guidelines for exposure to blood and body fluids should be consulted at www.cdc.gov.
5. The student must be re-tested if negative following current CDC guidelines.
6. The student must seek counseling, or be referred to the college counseling service throughout the experience.
7. In order to ensure the confidentiality of student and client medical records, information is shared only on a strict “need to know” basis. Any breaches of confidentiality will be grounds for disciplinary action.
8. Confidential screening for various communicable diseases can be obtained through the local health department.
9. All expenses incurred are the sole responsibility of the student.

**STUDENTS WITH TEMPORARY DISABILITY:**

*Any students who request an accommodation in order to permit them to participate in some or all of the health professions programs because of a disability that is not temporary must contact the Student Disabilities office and initiate a request for accommodation.*

**PREGNANCY OR REQUIRING MOBILITY ASSISTIVE DEVICES:**

**Purpose:**
To establish guidance on a student’s continued performance of published clinical objectives during pregnancy or during any other period when a student is temporarily disabled.

Students who are temporarily disabled shall be entitled to the same rights given other students until such time as their performance is documented to be impeded.

**Procedure:**
1. A student is not required to disclose the fact of pregnancy. For safety for the student and her fetus, it is recommended that the student inform the clinical instructor.

2. A student shall be allowed to continue to perform all program objectives during pregnancy until the student or her doctor communicate that it is no longer safe to do so, or when the student’s performance is documented to be substandard, as described below.

“Other Temporary Disabilities”

1. A temporarily disabled student shall be allowed to continue to perform the published clinical objectives until the student’s performance is documented to be substandard. Some conditions may preclude the student’s ability to perform in the clinical setting. (For example mobility assistive devices such as casts/crutches/canes.)

2. A student who has expressed or has been documented as having difficulty performing the published clinical objectives because of a temporary disability shall be requested to consult with their physician to determine whether the student may safely continue to perform the published clinical objectives.

3. After consultation with their physician, the student shall present to the division a signed statement from the physician indicating whether the student can perform all of the tasks required. If the student’s physician does not give the student an unrestricted release, the faculty member will review the restrictions with the student and determine if the student is able to still meet the clinical objectives of the program. If the necessary accommodations will compromise client or student safety, the student shall be required to withdraw from the program, but shall be entitled to readmission. Reimbursement for fees and tuition will be in accordance with general policy for reimbursements.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

The LSCS faculty subscribes to the Core Performance Standards recommended by the Southern Council on Collegiate Education for Nursing. Nursing students who qualify under the Americans with Disabilities Act are expected to review these core performance standards. If a student believes he or she cannot meet one or more of the standards without accommodations, it is the responsibility of the student to inform nursing faculty of the need for a reasonable accommodation at the BEGINNING of the nursing program or if status changes. Every effort will be made to provide the appropriate assistance and guidance to students who identify potential difficulties meeting these standards. The standards with examples and signature acceptance page are provided in Appendix C.

STATEMENT OF ACADEMIC INTEGRITY

LSCS is committed to a high standard of academic integrity among its faculty and students. In becoming a part of the LSCS academic community, students are responsible for honesty and independent effort. Failure to uphold these standards includes, but is not limited to, the following: plagiarizing written work or projects, cheating on exams or assignments, collusion among students on an exam or project without specific permission from the instructor, or misrepresentation of credentials or prerequisites when registering for a course. **Cheating** includes looking at or copying from another student's exam, communicating or receiving answers during an exam, having another person take an exam or complete a project or assignment for you, using unauthorized notes, texts, or other materials into class with you for an exam, or obtaining or distributing an unauthorized copy of an exam or any part of an exam. **Plagiarism** means the unauthorized use of another's writings without proper documentation and includes copying material from another source without clear documentation of the source or submitting a paper, report, project, or care plan that someone else has prepared. **Collusion** is inappropriately collaborating on assignments designed to be completed independently. These definitions are not exhaustive.

When there is clear evidence of cheating, plagiarism, collusion, or misrepresentation, disciplinary action may be taken, including but not limited to: the student's presenting an oral defense, resubmitting the assignment in question, receiving a zero or an F on the assignment, or being withdrawn from the course or expelled.
LONE STAR COLLEGE – NORTH HARRIS
ASSOCIATE DEGREE NURSING

STUDENT POLICIES FOR CLINICAL AREA

In order to provide for optimal client safety as well as consistency in student learning, the Associate Degree Nursing faculty developed the following guidelines for the clinical experience for students.

The guidelines have been developed in conjunction with hospital personnel and current agency policies. Should a situation arise where an agency's policy is more restrictive than these guidelines, the agency policy will be followed.

Students will report on the status of assigned clients to the designated licensed nurse prior to leaving the unit. In the acute care setting he/she will also document the client’s status and the name and title of the person to whom the report was given in the client record used by the facility.

The student must notify the instructor to be “in attendance” for any initial sterile procedure or other initial skill in the clinical setting. For subsequent times on sterile skills, the student must have specific instructor approval to be independent or be with a designated nurse.

Students may not serve as witnesses for any legal documents such as wills, consent forms, or narcotic waste forms. Students may not co-sign on medications requiring signatures of two licensed personnel such as insulin. For insulin, obtain two licensed signatures in addition to student’s un-licensed signature.

4. Students who work must have adequate sleep to safely care for assigned clients and be able to remain awake and alert during pre conference, clinical, and post conference. Students who are fatigued are impaired and unsafe and should NOT be in the clinical facility providing client care. Students should NOT have worked the 7pm – 7am (“night shift”) prior to coming to clinical rotation.

5. LSCS forbids the use of, or appearance of the influence of, narcotics (opium and derivatives), hallucinogens (LSD, marijuana, and others), and alcoholic beverages while attending clinical or class. See College Catalog under Student Conduct.

6. Students may initiate CPR. It will be relinquished to clinical facility staff as appropriate.

7. Many clinical facilities have implemented zero tolerance for smoking. This may include, but is not limited to, smelling of smoke on entering the facility or smoking in car or on facility premises (garage, parking lot, etc.). Students and faculty must be aware of clinical facility’s policy and adhere to guidelines.

See Code of Conduct in the Student Handbook for further standards.

Any behavior in the clinical area which exposes a client to physical or emotional harm may cause a student to be dropped from the nursing program.

Revised August 2008
MEDICATION POLICY

1. Students are to identify clients for medication administration by following facility policy and cross checking MAR client name and identification with name band.

2. In sub-acute, home, and alternate clinical settings, students are required to follow facility policy when identifying clients for medication administration.

3. The ability of students to administer medications in the clinical setting depends on the course in which they are enrolled. Students in Nursing I may administer oral, topical, rectal, inhalation, otic, ophthalmic, nasal, and feeding tube medications. In addition, students in Nursing II, III, IV and MEEP elective may:
   a) Administer subcutaneous, intradermal, and intramuscular medications.
   b) Administer pre-mixed continuous intravenous solutions such as a primary IV infusion with a potassium additive – after lab value confirmation with the instructor. *See the following for additional restrictions.

   In situations where a physician’s order is questioned (i.e., automatic stop date, legibility, etc.) and cannot be verified with the physician or by agency policy, the student may not carry out the order.

4. Students may not receive verbal or phone orders.

5. Students may not administer medication to a client in a psychiatric hospital or setting.

6. In the acute care setting, students needing to give a medication to a client in an area other than his/her assigned hospital room, i.e., x-ray, etc., must have the nursing instructor present when giving the medication. Students with preceptors must have the preceptor present in this situation.

7. Students may NOT administer:
   a) IV anti-neoplastic agents
   b) Intrathecal medications
   c) Porta-cath meds into ports not previously accessed. For students to administer medication per porta-cath, it must have a continuous IV infusion.
   d) PCA (patient controlled analgesia) IV cassettes

8. Students are NOT to administer blood components that must be typed and/or cross-matched, i.e., RBCs, whole blood, platelets, fresh frozen plasma, cryoprecipitate, and plasma products used for coagulation factor deficiencies. Students may assist in monitoring client responses to such therapies.

   NOTE THAT THE FOLLOWING POLICIES REFER TO CERTAIN MEDICATIONS THAT HAVE RESTRICTIONS OR ARE NEVER GIVEN INDEPENDENTLY BY THE STUDENT

9. If medications are given with a nurse, the instructor will “designate” a particular nurse on a “case by case” basis. In all cases, the nursing instructor reserves the right to require additional restrictions based on the learning level of the individual student and/or specific client situation.
10. THE STUDENT SHOULD VERIFY THE ORIGINAL PHYSICIAN’S ORDER before administering the following:

- Insulin
- Any intravenous push medication
- Lantoxin
- Any primary IV with additives
- Anticoagulants
- Any “one time dose” or stat medication
- Pediatric medications
- Mixed medications (i.e. narcotic and anti-emetic in a syringe)
- Controlled substances
- Oral anti-neoplastic agents

If the original orders cannot be located, the instructor/student will use good judgment based on the individual situation. If in a non-hospital agency, agency policy must be followed.

11. Nursing III and IV students may:

a) Administer IV push medications (including heparin flushes) **ONLY** under the direct supervision of and in the presence of a nursing instructor. Peripheral saline flushes may be administered independently after validation of correct solution with “instructor designated” RN.

b) Administer IVPB medications with instructor or “instructor designated” nurse.

c) The following must be given under the direct supervision of the nursing instructor or “instructor designated” nurse. The instructor must be notified each clinical day for approval and reserves the right to be present for certain drugs. She/he will verify client, dosage, lab values etc. or will designate a staff nurse to do so.

- Lanoxin (Nursing I and II)
- IVPB medications
- TPN solutions
- Narcotics
- Albumin

- d) The following medications are to be verified each time by the nursing instructor (per phone or in person) and additionally by the nurse assigned to the client. The student will show the MAR and actual medication to two licensed nurses prior to administration. The nursing instructor may designate a separate nurse plus the nurse assigned to the client.

- Insulin
- Anticoagulants (Heparin, Coumadin, Lovenox)
- Pediatric meds
- Any med requiring calculation of dosage
- IV with K+ additive
- Mixed meds (i.e. narcotic & anti-emetic in a syringe)
- Oral anti-neoplastic agents
- RhoGam
- IV of NaCl solution above 0.9%

**AUTOMATED DISPENSING SYSTEMS**

The student nurse, professional or vocational, shall be granted **limited** access to the automated medication system of the clinical facility where applicable. **Limited** access shall be defined as access to medications, parenteral fluids, and supplies that are not considered to be controlled substances, i.e. narcotics.

The licensed clinical nursing faculty supervising the students in the clinical facility may be granted full and complete access to the automated medication system for the purpose of facilitating student objectives. The timely administration of medication and treatments to clients will eliminate or reduce the disruption to the nursing staff on units where students are assigned. All access by students and faculty shall terminate at the end of the student’s clinical experience.
CLINICAL DRESS GUIDELINES

To maintain a professional appearance, as well as maintain infection control, the following guidelines have been established.

- White scrub top and scrub jacket with teal scrub pants are the official uniform.
- Uniforms and shoes neat and clean and in good repair. If pants are worn, they must be loose fitting. No contrasting color or pattern should be worn under whites.
- White nurses shoes are recommended. All white leather athletic shoes are also acceptable. No clogs.
- A patch identifying the nursing program is required and firmly attached on the left shoulder of the scrub top and jacket. The jacket is also a fomite and must be clean and neat.
- Hair secured up and off the collar to prevent falling into client wounds and sterile fields.
- Fingernails short (career length), neat and clean. Long unkempt nails can tear skin and introduce pathogens.
- Neutral or clear nail polish is acceptable. Remember pathogens can harbor in cracks of chipped nails.
- No artificial nails.
- Plain wedding bands may be worn. Rings can harbor microorganisms and can tear skin. No rings with gemstones to be worn.
- Earrings should be small (studs), not dangling. Pediatric and confused clients can tear off earrings. Hoop earrings can be caught by stethoscope and tear the ear lobe. **No rings or jewelry will be worn in other conspicuous areas of the body (i.e., nose, lip, tongue, eyebrow, etc). Tongue piercings must be transparent and not interfere with clear speech.**
- Cosmetics should be applied conservatively to present a professional appearance.
- Eating, drinking, or chewing gum in client care areas is **not** acceptable. Food is a fomite and pathogens may be ingested. Chewing gum appears unprofessional.
- Avoid perfumes or after-shave lotions or smoke smell.
- Hair color should be a natural color, not necessarily student’s own natural hair color. Pink, green, blue, or other unnatural colors are not acceptable in the clinical setting.
- Tattoos that are visible outside uniform must be covered while in clinical, either with makeup, bandaid, or a scrub jacket, depending on location of tattoo.
- Facial hair must be well-groomed, clean, and not interfere with the fit of any personal protective equipment (PPE) and cannot interfere with the provision of client care.

DON'T BE A FOMITE! -------------------- LOOK PROFESSIONAL!

LONE STAR COLLEGE SYSTEM
ASSOCIATE DEGREE NURSING

GUIDELINES FOR THE EMPLOYMENT OF NURSING STUDENTS

The faculty of the Associate Degree Nursing Program supports the mandatory Nursing Practice Act of the State of Texas requiring that persons be licensed to perform specific nursing tasks. Therefore the faculty's position regarding employment of unlicensed undergraduate nursing students is as follows:

- Students who accept positions in which they receive compensation for client care, do so as unlicensed individuals and may not wear the Associate Degree Nursing program uniform, name pin or other insignia of their student status.
- Students are advised to familiarize themselves with the State of Texas Nursing Practice Act so that they will recognize the full scope and responsibility of nursing practice. Students must realize that they may be held legally liable for their
actions, and therefore, should not accept responsibilities nor perform nursing actions beyond their knowledge and
skills, nor within the responsibilities of the licensed professional nurse.

- The performance of students when working for compensation is the legal responsibility of the individual student and
  the employing agency.

- Students are responsible for preparation for classroom and clinical experiences and for maintaining the required grade
  point average in the nursing program. The demands of part-time employment upon the student's time and energies
  should be carefully considered.

- Night shift employment and employment beyond twenty hours per week is discouraged.

The Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice state:
"Certain nursing tasks may be delegated to professional nursing students working as unlicensed personnel in
agencies, facilities, or institutions provided the students are currently enrolled in accredited professional nursing
programs or are on semester breaks from such programs, and their course of study has included appropriate
instruction to prepare them to perform the tasks which will be delegated."

Reviewed August 2008

LONE STAR COLLEGE SYSTEM
ASSOCIATE DEGREE NURSING

GLOSSARY OF TERMS USED IN CURRICULUM

Source: Differentiated Entry Level Competencies (DELC) for Texas Nursing Graduates, Sept. 2002

Accountability: State of being answerable for one's actions -- the registered nurse answers to self, the individual, the
profession, the employing institution, and society for the effectiveness of nursing care performed. (Potter)

Adaptation: The ability of the individual to maintain the physiological and psychological balance needed for a state
of well being; the process by which change occurs in any of a person's dimensions in response to stress. (Potter)

Advocate: Being the client's "agent," looking out for his or her rights.

Alterations in Cellular Metabolism: Disruptions in cell growth, reproduction, and repair and the effect this has on the
individual's ability to meet basic needs.

Alterations in Fluid and Electrolyte Balance: Disruptions in the levels of water and the elements it contains, and the
effect this has on the individual's ability to meet basic needs.

Alterations in Perception: Disruptions in the way an individual senses, interprets and understands his environment and
the effect this has on the individual's ability to meet basic needs.

Alterations in Transport: Disruptions in motor sensory function or in the movement of oxygen, nutrients, and wastes and
the effect this has on the individual's ability to meet basic needs.

Articulation: The processes through which nursing programs cooperate to facilitate educational progress of students
with minimum repetition; a seamless curriculum.

Assessment: The first step in the problem solving and/or nursing process; involves gathering, verifying, and
communicating data about a client so that a database is established.

Associate Degree Nurse: A graduate of an associate degree nursing program who is eligible for licensure as a registered
nurse or is currently licensed in the state in which he or she practices. (NLN)
Assistive Personnel: Employees who give and/or support client care as delegated by the registered nurse.

Basic needs: The requirements which are necessary for the individual survival and health according to Maslow. They are: nutrition, digestion and elimination, maintaining body temperature, rest and comfort, oxygenation and circulation, mobility, sexuality, safety and security, love and belonging and self-esteem.

Caring: Conveying, through verbal and nonverbal behaviors, nurturing, supportive feelings for clients and significant others.

Client: Persons who engage the professional advice or services of healthcare professionals; persons who are served by or utilize the services provided by a healthcare agency. The client may be an individual, a family or a group of persons in the community who share a common need and are members of the healthcare team.

Collaborating: Working with other health care professionals and significant others to provide care. A relationship beyond cooperation which uses negotiation to achieve desired outcomes, and creates partnerships. (NLN Vision Project)

Communication: Verbal and nonverbal behavior within a social context. Includes all symbols and clues used by persons in giving and receiving messages. (Potter)

Common health problem: Health problems about which an essential core of knowledge exists and for which standardized diagnostic evaluative and treatment regimes are in most instances used. (NLN)

Community: A group of people who reside in a specific locality, share government, and often have a common cultural and historical heritage; a social, religious, occupational, or other group sharing common interests or a common heritage; the public; society.

Community-based nursing: Nursing activities in a variety of facilities located within the community of service.

Competency: The knowledge, attitudes, skills and behaviors that establish acceptable performance in a particular situation.

Conceptual framework: The conceptual construct, which is the guide for curriculum building; provides the foundation and materials from which the total curriculum structure is devised.

Consumers: Individuals or groups who access or have the potential to access nursing to meet identified or perceived health care needs. (NLN Vision Project)

Coordinator of care: One who organizes and facilitates the delivery of comprehensive services to clients using other provider's services, human and material resources, and collaboration with clients, their support services, and an interdisciplinary health care team.

Critical thinking: Skills in reasoning, analysis and decision making relevant to the discipline of nursing.

Culture: A set of learned values, beliefs, customs, and behaviors that are shared by a group of interacting individuals. Homogenous learned patterns of behavior, values, and attitudes shared by a group of people and passed from one generation to another. (Potter)

Curriculum: The totality of learning activities that are designed to achieve specific educational goals.

Developmental level: The observable aspects of an individual’s behavior and appearance that indicates his/her cognitive, psychosocial and physiological stage of functioning.

Direct supervision: Actual observation of individuals providing nursing care.
Discharge planning: Set of decisions and activities involved in providing continuity and coordination of nursing care when a client is discharged from a health care agency. (Potter)

Educational outcomes: The knowledge, skills, and attitudes demonstrated by the associate degree nurse as the result of associate degree nursing education. Educational outcomes encompass those competencies expected at the time of graduation as well as those anticipated after six months of practice as a registered nurse. (TBON, DELC, 2002; NLNAC 2003)

Empowerment: Providing consumers with tools and/or support to act on their own behalf. (NLN Vision Project)

Environment: All conditions, which make up the internal and external surroundings for the individual.

Ethics: Principles or standards that govern proper conduct as they apply to professional issues or problems.

Evaluation: The step of the nursing process, which involves determining the extent to which the established client goals have been achieved and the effectiveness of nursing interventions.

Evidence-based Practice: Client care determined by data gathered from assessment, clinical expert opinion, research findings, scientific information, practice guidelines, standards of care and evaluation.

Experienced registered nurse: A nurse who has demonstrated expertise in her or his area of practice. Further, the experienced registered nurse is able to supervise and teach the new associate degree graduate in such a way to promote the graduate's growth. (NLN)

Facilitate: To guide without directing; bringing about change without disruption, helping people self discover new approaches and solutions to problems; knocking down walls which have been built between people while preserving structure of value; and above all, appreciating people as people. All of this must be done without leaving fingerprints. (Bob Keisch, Xerox)

Family: Two or more people who may share a residence, who possess common emotional bond and perform/engage in interrelated social positions, roles and tasks.

Goal: Expected outcome or changes in the status of the individual after receiving nursing care; written in terms of what the individual is expected to do, is measurable, attainable and includes a time frame.
   a. Short-term goals are achieved over a relatively short period of time usually less than a week.
   b. Long term goals are achieved over a longer period of time, usually weeks or months.

Health: Dynamic state in which an individual adapts to his internal and external environments so that there is a state of physical, emotional, intellectual, social, and spiritual well-being. (Potter)

Health care consumer: See Client.

Health promotion: Health education programs or activities directed toward maintaining or enhancing the health and well-being of individuals. (Potter)

Homeostasis: The body's tendency to maintain itself in a state of relative constancy and adapt to changes in the internal and external environment; basic needs are met by minimal output of energy.

Implementation: The step of the nursing process which involves initiating and carrying out the nursing interventions that foster achievement of identified goals and that restore, maintain and promote the individual's health.

Knowledge: An idea or a phenomenon to which a nurse has been exposed and which she or he can remember either by recall or recognition; frequently manifested by the capacity to name, describe, list, state, explain, etc. (NLN)
Knowledge deficit: Absence or deficiency of cognitive information related to a specific topic. (Ackley).

Learning: The acquisition of knowledge, skills, and abilities that results in a change in behavior in the learner. (NLN)

Member of profession: Someone who accepts responsibility for the quality of nursing care for clients; applies research findings and identification of further research; is aware of legislative, regulatory, ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values the need for life-long learning.

Multidisciplinary health care team: A group of individuals with varying skills whose cooperative efforts are designed to assist individuals to attain and maintain an optimal level of wellness.

Multiple Entry-Exit Program: A nursing program which grants students credit for specific competencies already achieved and allows them to exit with skills as a Certified Nursing Assistant, Licensed Vocational Nurse, or Registered Nurse with an associate degree.

Need: A fundamental physiological or psychosocial requirement for the well being of an individual. (NLN)

Novice: Beginners who have had no experience of the situations in which they are expected to perform. (Benner)

Nursing diagnosis: The step of the nursing process, which involves identifying actual or potential problems in the individual's health status that the nurse is competent and licensed to treat. A statement of a nursing diagnosis includes:
   a. A problem (according to NANDA)
   b. A description of the etiology or probable cause of the problem
   c. A list of the cluster of subjective and objective data that lead the nurse to pinpoint the problem

Nursing process: A problem-solving approach to the identification of a client's needs and the utilization of nursing interventions designed to maintain, restore, or support health status. The major components of the process are assessment, diagnosis, planning, implementation, and evaluation. (NLN)

Outcome: The result of performance.

Clinical Outcome: The measurable expectation established by the client in collaboration with other members of the healthcare team; the degree to which client care benchmarks are met.

Positive Client Outcome: The result of accomplishing the desired performance and meeting the identified benchmark.

Optimal health/optimal wellness: An individual's perception of the highest level of functioning or well being achievable based on values and capabilities. (NLN Vision Project)

Philosophy: Devised narrative statement on the philosophy of the agency and agreements of the faculty.

Planning: The step of the nursing process which involves identifying individual goals, determining priorities of care and designing nursing strategies which are based on the identified nursing diagnosis and established goals.

Preceptor: A registered nurse who directly supervises a student clinical experience, meets or exceeds the performance standards of the institution and demonstrates an interest and ability to work effectively with students.

Predictable outcome: Results that can generally be anticipated in advance.

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Prevention of illness or injury: Nursing care preceding disease or dysfunction applied to clients considered physically and emotionally healthy (primary); focusing on individuals who are experiencing health problems or illnesses and who are at risk for developing complications or worsening conditions (secondary); occurring when a defect or disability is permanent or irreversible, and involves minimizing the effects of the disease or disability by interventions directed at preventing complication and deterioration (tertiary). (Potter)

Prioritizing: The process of ranking nursing care in order of importance; identifying the order in which nursing interventions will be provided when an individual has multiple problems or alterations, or when there are multiple clients with multiple problems. (Potter)

Provider of care: One who provides nursing care to individual clients using a systematic process of assessment, analysis, planning, intervention, and evaluation.

Rationale: A statement of the scientific principles that provide the nurse with a reason for selecting or performing a certain nursing intervention.

Rehabilitation: Restoring an individual to normal or near normal function following a physical or mental illness, injury, or chemical addiction. (Potter)

Response: Physiological and psychological adaptations that occur with changes in man's environment and grouped in the following four areas: perception, cellular metabolism, transport and fluid/electrolyte balance.

Scientific principles: Comprehensive and fundamental laws, truths, or sets of facts derived from the biological, behavioral and social sciences that form the basis for nursing interventions.

Seamless curriculum: A nursing curriculum which facilitates movement from one nursing educational level to another with minimum repetition.

Significant other: A person or group of people likely to have influence on or a close relationship with the client. (NLN)

Significant Support Person(s): An individual or group considered to be special and have an effect on the client. Support person(s) may include family members, friends, and colleagues.

Society: Community, nation, or broad grouping of people having common traditions, institutions, collective activities, and interests, and organized patterns or relationship through interacting with one another.

Setting: the organizational and physical environment in which nursing care is delivered. (NLN)

Skill: A mode of operation or a generalized technique for dealing with a problem. (NLN)

Structured setting: Geographical and/or situational environment where the policies, procedures, and protocols for provision of health care are established and in which there is recourse to assistance and support from the full scope of nursing expertise.

Teaching-learning process: Interaction between the teacher and learner in which specific learning objectives are presented and met. (Potter)

Therapeutic communication: Planned, deliberate, purposeful communication to form a working relationship with clients to fulfill the purposes of the nursing process. (Potter)

Unpredictable outcome: Results that generally cannot be anticipated in advance.

Unstructured setting: Geographical and/or situational environment, which may not have structured policies, procedures, and protocols and have the potential for variations requiring independent nursing decisions.
**Wellness-illness continuum:** One dimension of human life, which ranges from extreme illness to peak or high level wellness; an individual can be located at any point on the continuum at any time.