



"Exceptional Education for Today's Careers"

TABLE OF CONTENTS

INTRODUCTION.....	4
VOCATIONAL NURSING PROGRAM OVERVIEW	4
NURSING HANDBOOK.....	4
VOCATIONAL NURSING PROGRAM	5
PROGRAM HISTORY.....	5
NURSING PROGRAM PHILOSOPHY.....	5
CONCEPTUAL FRAMEWORK	6
PROGRAM STUDENT LEARNING OUTCOMES (SLO)	6
COURSE INFORMATION.....	7
PROGRAM INFORMATION.....	7
PROGRAM SEQUENCING	7
PROGRAM HOURS	8
PRE-REQUISITES	8
SPECIALTY SITES	8
GENERAL NURSING POLICIES	8
ATTENDANCE POLICY	8
TARDINESS (T)/Leaving Early (LE)	9
ABSENCES AND REQUIRED HOURS.....	9
GRADE DISPUTES.....	10
REMEDICATION for THEORY EXAMS	10
EXPECTATIONS AND CODE OF CONDUCT.....	10
STUDENT CLINICAL EXPECTATIONS.....	10
VN PROGRAM CODE OF CONDUCT.....	12
AMERICAN NURSES ASSOCIATION CODE FOR NURSES	12
PRECEPTING EXPERIENCE.....	13

EXIT PREPARATION	14
APPLICATION FOR LICENSURE and LICENSING FEES.....	14
LICENSURE DOCUMENTS	14
ADENDA	15
BAC NURSING SKILLS LAB CHECK-OFF POLICY.....	16
GRADING CRITERIA	16
OPEN LAB (Times will be posted in Quad at the beginning of each semester).....	16
return demonstration attempts.....	16
SEMESTER I MEDICATION LIST.....	18
semester ii medication list.....	19
SAMPLE MEDICATION CARD.....	22
BENCHMARK EXAMINATION POLICY.....	23
PREPARATION FOR BENCHMARK EXAMINATIONS.....	24
BENCHMARK EXAMINATION GRADING based on cut off scores.....	24
MANDATORY BENCHMARK EXAMINATION REMEDIATION	25
Virtual ATI	25
PN CONTENT MASTERY SERIES PROFICIENCY LEVEL DEFINITIONS*.....	25
MEDICATION ADMINISTRATION.....	26
COMMON CONVERSTIONS	26
MEDICATION ROUNDING.....	27
ROUNDING EXCEPTIONS	27
MEDICATION CALCULATION	27
CODE OF ETHICS – CONFIDENTIALITY/HIPAA.....	29
HOLD HARMLESS ACKNOWLEDGEMENT	31
STUDENT ACKNOWLEDGEMENT STATEMENT	33

INTRODUCTION

VOCATIONAL NURSING PROGRAM OVERVIEW

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

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

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

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

NURSING HANDBOOK

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

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

VOCATIONAL NURSING PROGRAM

PROGRAM HISTORY

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

NURSING PROGRAM PHILOSOPHY

We believe that:

- **Hu(man)s** are a United Organism with physical, psychological and social needs. Nursing the whole person, or holistic health care, is a comprehensive approach and considers biological, intellectual, sociocultural, psychological, and spiritual aspects, the response to illness, and the effect of illness on a person's ability to meet self-care needs.
- **Wellness** is a responsibility, a choice, a lifestyle design that helps maintain the highest potential for personal health. The Health continuum is a way to visualize the range of an individual's health, from conception to death. An individual's place on the continuum is dynamic changing daily or even hourly depending on the physiological response of an individual to internal and external stressors. Wellness incorporates biological, intellectual, sociocultural, psychological, and spiritual wellness.
- **Self-Care**, developed by nurse theorist, Dorthea Orem, is based on a client's ability to perform self-care activities. Self-care is learned behavior and are deliberate actions in response to need. A major focus of this theory is the appraisal of the client's ability to meet self-care needs and the identification of existing self-care deficits resulting from internal and external stressors and the wellness continuum.
- **The Nursing Process** is a scientific model used by the nursing team. The systematic model provides a basis for quality nursing care. The five-step process of assessment, diagnosis, planning and outcome identification, implementation, and evaluation provide client care that is individualized, holistic, effective, and efficient.
- **The Body Systems Model** is used to provide theoretical knowledge of various pathophysiological conditions associated with each body system. This model assists in organizing information and allows for consistent physical assessment expectations. The "Head to Toe" approach utilizing body systems is efficient and effective which is similar to the Medical Model used by physicians which maintains continuity in the health care team.
- **Learning** is the act or process of acquiring knowledge and/or skill in a particular subject. Learning is continuous. This is especially true in the field of nursing science. Nursing

education requires students to apply acquired theory in clinical practice. This approach prepares the student to be a proficient nurse and offers readiness for the NCLEX-PN.

- **Teaching** is an active process wherein one individual shares information with another to facilitate learning and thereby promote Learning. The teacher is the facilitator of learning who uses a variety of goal-directed activities to the transfer of knowledge by assisting the learner to absorb new information. The receiver of new information, the student, is responsible for accepting and integrating the information.
- **Education** is Blake Austin College's mission.

To provide each student a quality training experience in a safe, supportive environment that promotes self-discipline, motivation, and excellence in learning. A hands-on approach supports the student from the introduction of training through the employment process or in the pursuit of career advancement. First and foremost is the dedication to provide education and training that is relevant to current employment demands in the community. The staff is challenged to administer to each student in a manner that is specifically tailored to the learners' needs, ability and capacity to learn. And to help the student succeed with confidence, respect and dignity.

CONCEPTUAL FRAMEWORK

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

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

PROGRAM STUDENT LEARNING OUTCOMES (SLO)

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

Upon completion of your program the graduate will:

1. Function within the VN scope of practice as defined in the statues of the Vocational Nurse Practice Act
2. Provide care to protect the health care worker and client through utilization of Standard Precautions.

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

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

COURSE INFORMATION

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

PROGRAM INFORMATION

Instructional Level:	Certificate
Career Cluster:	Health Science: Therapeutic Services
CIP Code:	51.3901
Total Hours:	1620
Total Length:	3 Semesters (16 weeks/Semester); 48 weeks of instruction

PROGRAM SEQUENCING

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

PROGRAM HOURS

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

PRE-REQUISITES

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

SPECIALTY SITES

Students may be scheduled specialty clinical hours during the weekdays to obtain required hours. This would include flexing of schedule if necessary.

GENERAL NURSING POLICIES

ATTENDANCE POLICY

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

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

1. Call the BAC Campus 707-455-0557 x 223, or if before campus is open leave a message, **AND**
2. Email the Program Director, Administrative Assistant, & Instructor
 - MichaelB@BlakeAustinCollege.edu
 - SarahB@BlakeAustinCollege.edu
 - Instructor Name@BlakeAustinCollege.edu

If your absence results in a missed Written Exam, it is in the best interest of the student to schedule a time to take the exam with your notification of absence.

TARDINESS (T)/LEAVING EARLY (LE)

Specific participation requirements include handling one's affairs in both an adult and professional manner. This includes being to class **on-time** and remain for the length of the scheduled class period. This is for both the BAC Campus and additionally at Clinical sites.

BAC Campus – *Theory & Skills Lab*

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

It is at the discretion of the instructor to require “Tardy” students to wait until the next break period to enter the classroom. Make-up of the missed time will be required.

Off Campus – *Clinical*

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

ABSENCES AND REQUIRED HOURS

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

NOTE: Make up sites are not guaranteed and are very limited which could result in a delay in progressing to the next semester and/or graduating if unable to place for make-up.

2. Students may only miss and make up a total of 16.5 hours of Theory/Critical Thinking each semester.

If more hours are missed in a semester, the student may be dismissed from the program. Extenuating circumstances may be evaluated at the discretion of the Director. **NOTE:** *If you would like your absence(s) to be evaluated for special circumstances or appeal the decision to dismiss based on the violation of policy, please provide all documentation related to EACH absence and a letter explaining why this will not happen in the future. This must be received within 24 hours of the absence that put you over the max allowed. It is your responsibility to initiate your process.*

GRADE DISPUTES

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

REMEDICATION FOR THEORY EXAMS

- Remediation is required for any Theory Exam <75% that MUST be completed by the Friday following Exam.
 - NOTE: In addition to Remediation, A Remedial Take Home Exam will be required for any theory Exam <70% that will be due the following week to Remediation Proctor

EXPECTATIONS AND CODE OF CONDUCT

STUDENT CLINICAL EXPECTATIONS

1. Students must show up at the clinical site with the following equipment/materials:
 - Medication Cards (See Addendum – MEDICATION LIST)
 - a. Semester I: Med Cards are due weekly
 - b. Semester II: Med Cards must be done to pass meds & weekly
 - c. Semester III: Med Cards must be done to pass meds
 - Skills check-off list
 - Stethoscope & Blood Pressure Cuff (BAC supplies)
 - Name Badge (BAC supplies first name badge at no cost)
 - Black Pen (Student supplies)
 - Pen Light (Student Supplies)
 - Scissors (Student Supplies)

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

2. Student must appear at the clinical site in their black BAC scrubs & white Nursing shoes, name badge, and required equipment. **NO EXCEPTIONS.**
3. No Med Passes are to be done until 2nd semester and Drug Cards must be completed and given to your instructor prior to passing medications.
4. Medication Administration must be done with a BAC Instructor.
5. All invasive procedures must be done in the presence of a BAC Instructor.
6. All skills must be demonstrated proficiently in the BAC Skills lab prior to performing in the clinical setting. If the Skills Check list does not have an instructor signature, the skill cannot be performed in the clinical setting. Clinical Instructor will monitor compliance.

NOTE: Those skills that note “C ✓off “will be demonstrated in the Clinical Setting.

7. All students should have their Clinical Paperwork turned in by the first day of clinical the following week or as instructed by their clinical instructor.
8. Orientation is mandatory at ALL clinical sites and may be conducted by the facility or the instructor. This may be scheduled outside of BAC class scheduled hours, however will count towards completed clinical hours in the semester received.
9. Semester I and II Drug Cards
 - If student does not have 7 assigned Drug Cards on Day 1 of clinical each seek for Semester I and II, they will be mandated to attend 2 hours of Open Lab on the First Friday to complete their Drug Cards.

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

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

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

VN PROGRAM CODE OF CONDUCT

VN Program behavior must represent exemplary student conduct at all times. The guidelines that follow outline specific areas of conduct as well as the Rules and Regulations outlined in BAC's Catalog.

A student whose pattern of behavior is found to be inappropriate and unsafe may be terminated from the program at any time and receive a non-passing grade for the course. Again, all school rules apply including, Attendance, Appearance etc. Students must comply with all Blake Austin College rules and regulations.

AMERICAN NURSES ASSOCIATION CODE FOR NURSES

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

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

PRECEPTING EXPERIENCE

The Vocational Nursing Practice Act, California Business and Professions Code, Division 2 Chapter 6.5. Vocational Nursing, Section 2534.1. (b) Clinical Preceptorships states:

“Preceptorship means an optional clinical experience for selected vocational nursing students.” The regulation further states that the preceptorship experience may be conducted in the last 9 weeks of the program for a maximum of 160 hours.

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

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

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

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

EXIT PREPARATION

- Student must attend an exit interview upon completion of the program.
- Student **must** turn in completed skills check off list
 - It is the student’s responsibility to ensure all items have been signed off by their instructor(s). An incomplete skills check list will not be accepted.
- All hours must be confirmed including Make-up Hours, Remediation, etc.
- Student must meet graduation requirements

NOTE: Financial Aide and Career Services Departments will conduct group exits during scheduled class hours.

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

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

APPLICATION FOR LICENSURE AND LICENSING FEES

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

- | | |
|--------------------------------------|----------|
| 1. Application for Licensure (BVNPT) | \$150.00 |
| 2. Live Scan and fingerprinting | \$66.00 |

For more information: http://www.bvnpt.ca.gov/applicants/fingerprint_information.shtml

- | | |
|------------------------|------------------|
| 3. Passport Photo | \$5.00 - \$10.00 |
| 3. NCLEX Testing | \$200.00 |
| 4. License Fee (BVNPT) | \$150.00 |

Note: Fees are approximate and subject to change – Check www.bvnpt.ca.gov & <https://portal.ncsbn.org> for the most up-to-date Board and Testing fees.

NOTE: The BVNPT requires all applicants to complete “Record of Conviction” form. Please begin compiling all court documents if you have a record of conviction see <http://www.bvnpt.ca.gov/pdf/method3.pdf>

LICENSURE DOCUMENTS

- Licensure Documents will be completed as a group during the last few weeks of the Semester.

- All documents must be received to Blake Austin College during the exit process.
 - If documents and fees are not received by the exit, a delay in submission of licensure documents to the BVNPT will occur.
 - **If licensure documents are delayed to the BVNPT more than 3 weeks following the last scheduled day of class, the graduate will need to remediate the Comprehensive Exit Examination and retake their exam.**
 - This will be *at the expense of the student* and must occur prior to submitting licensure documents to the BVNPT.

ADENDA

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

BAC NURSING SKILLS LAB CHECK-OFF POLICY

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

GRADING CRITERIA

	YES	NO
Correctly demonstrated the skill safely and proficiently		
Correctly verbalized ALL assessment, clinical decision points, and opening & closing		
When asked, verbalized unexpected outcomes and interventions		

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

OPEN LAB (TIMES WILL BE POSTED IN QUAD AT THE BEGINNING OF EACH SEMESTER)

- A faculty member or representative will be available to answer questions during Open Lab.
- Remediation must be done during Open Lab time.

RETURN DEMONSTRATION ATTEMPTS

- Each Skill will be allowed three (3) attempts in Semester I; and two (2) attempts Semester II & III.
- If the student is unable to pass the skill after the final attempt the objective for the course will not be met. Therefore, the student will not “pass” the skills course and will not be allowed to proceed in the program.

NOTE: This policy is not to be confused with the requirements for Skill Demonstration during CPE.

SEMESTER I MEDICATION LIST

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

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

Neurological (Due Wk. 15)		Neurological (Due Wk. 16)	
Donepezil (Aricept)	Cholinesterase Inhibitor	Epinephrine (EpiPen)	Sympathomimetic Hormone (Endocrine/Neuro)
Alprazolam (Xanax)	Anti-anxiety, Benzodiazepine	Scopolamine	Cholinergic Blocker
amitriptyline	Anti-depressant, Tricyclic	Carbidopa/levodopa (Sinemet)	Antiparkinsonian, dopaminergic
Phenelzine (Nardil)	Anti-depressant, MAOI	Phenytoin (Dilantin)	Anticonvulsant, hydantoin
Fluoxetine (Prozac)	Anti-depressant, SSRI	Diazepam (Valium)	Anticonvulsant, benzodiazepine
Bupropion (Wellbutrin, Zyban)	Anti-depressant, SSRI	Methylphenidate (Ritalin)	Amphetamine
Lithium (Lithobid)	Mood Stabilizer	Risperidone (Risperdal)	Antipsychotic, atypical

SEMESTER II MEDICATION LIST

70 TOTAL medication cards required by end of semester.

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

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

NAME	DRUG CLASS	NAME	DRUG CLASS
Respiratory		Cardiovascular	
Cetirizine (Zyrtec)	2 nd Gen Antihistamine	Hydrochlorothiazide	Thiazide Diuretic
Oxymetazoline (Afrin)	Decongestant, Nasal	Acetazolamide (Diamox)	Diuretic, CA-Inhibitor
Codeine	Opioid antitussive	Doxazosin (Cardura)	Alpha Blocker
Dextromethorphan (Delsym)	Non-opioid Antitussive	Carvedilol (Coreg)	Beta Blocker/Alpha Blocker
Montelukast (Singulair)	Leukotriene Modifier	Diltiazem (Cardizem)	Calcium Channel Blocker
Fluticasone/salmeterol (Advair)	Long-Acting Beta Agonist; (LABA)/Inhalant; Corticosteroid Combo	Losartan (Cozaar)	Angiotensin II Receptor Antagonist (ARB)
Aminophylline	Methyl-xanthine	Simvastatin (Zocor)	HmG-CoA Inhibitor (Statin)
Cromolyn (Gastrocrom)	Mast Cell Stabilizer	Gemfibrozil (Lobid)	Anti-hyperlipidemic, Fibrate
Tiotropium (Spiriva)	Anticholinergic	Clonidine (Catapres)	Alpha 2 Agonist
Gastrointestinal		Anti-Infective Agents	
Simethicone (Gas-X)	Antiflatulent	Azithromycin (Z-Pak)	Antibiotic, Macrolide
Famotidine (Pepcid)	Histamine H2 Antagonist	Penicillin VK	Antibiotic, Penicillin

Esomeprazole (Nexium)	Proton Pump Inhibitor	Amoxicillin/clavulanate (Augmentin)	Antibiotic, Penicillin Combo
Sucralfate (Carafate)	Acid Reducer, Misc.	Cephalexin (Keflex)	Antibiotic, Cephalosporin 1 st Gen
Ondansetron (Zofran)	Antiemetic, 5-HT Antagonist	Ceftriaxone (Rocephin)	Antibiotic, Cephalosporin 3 rd Gen
Bismuth (Pepto-Bismol)	Antidiarrheal	Doxycycline (Vibramycin)	Antibiotic, Tetracycline
Megestrol (Megace)	Appetite Stimulant, Hormone Antineoplastic, Progestin	Trimethoprim/sulfamethoxazole (Bactrim, Septra)	Antibiotic, Sulfonamide
Senna (Senokot, Ex-Lax)	Stimulant Laxative	Metronidazole (Flagyl)	Antiprotozoal, Amebicide
Polyethylene glycol (Miralax)	Osmotic Laxative	Isoniazid (INH)	Antitubercular Agent
Psyllium (Metamucil)	Bulk-Producing Laxative	Acyclovir (Zovirax)	Antiviral
Glycerin suppository (Fleet)	Hyperosmotic Laxative	Fluconazole (Diflucan)	Antifungal
Hematologic & Pain		Endocrine	
Enoxaparin (Lovenox)	Anticoagulant, LMW Heparin	Sitagliptin (Januvia)	Antidiabetic, DPP-IV Inhibitor
Dabigatran (Pradaxa)	Anticoagulant, Misc.	Pioglitazone (Actos)	Antidiabetic, Thiazolidinedione
Hydrocodone (Zohydro)	Analgesic, Opioid	Desmopressin (DDAVP)	Posterior Pituitary Hormone
Hydrocodone/acetaminophen (Norco, Vicodin)	Analgesic Combination	Teriparatide (Forteo)	Parathyroid Hormone Analog
Oxycodone/acetaminophen (Percocet)	Analgesic Combination	Glucagon (GlucaGen)	Glucose Elevating Agent
Central & Peripheral Nervous System		Skin, Muscle, Bone, joint & Inflammation	
Memantine (Namenda)	NMDA Receptor Antagonist	Triamcinolone (Kenalog)	Systemic Corticosteroid
Haloperidol (Haldol)	Antipsychotic, 1 st Gen (Typical)	Celecoxib (Celebrex)	Analgesic, NSAID (Cox-2)
Aripiprazole (Abilify)	Antipsychotic, Atypical	Methotrexate	Antirheumatic (DMARD), Antineoplastic Agent
Ziprasidone (Geodon)	Antipsychotic, Atypical	Baclofen	Skeletal Muscle Relaxant
Citalopram (Celexa)	Antidepressant, SSRI	Genitourinary, Obstetric & Reproductive	
Duloxetine (Cymbalta)	Antidepressant, SNRI	Oxybutynin (Ditropan)	Urinary Antispasmodic
Amitriptyline	Antidepressant, Tricyclic	Medroxyprogesterone (Depo-Provera)	Contraceptive, Progestin
Phenelzine (Nardil)	Antidepressant, MAOI	Ethinyl estradiol/norgestimate	Contraceptive, Estrogen/Progestin Combo
Diazepam (Valium)	Benzodiazepine, Anticonvulsant	Finasteride (Proscar)	5-Alpha Reductase inhibitor
Valproic Acid (Depakote)	Anticonvulsant, Antimanic	Rh Immune Globulin (RhoGAM)	Immune Globulin

Gabapentin (Neurontin)	Anticonvulsant, GABA Analog	Sildenafil (Viagra)	PDE-5 Inhibitor
Benzotropine (Cogentin)	Anticholinergic		
Immunizations			
Pneumococcal (PCV-13, PPV-23)	Vaccine, Inactivated Bacterial	Varicella (Chickenpox)	Vaccine, Live/Attenuated Viral
Diphtheria, Tetanus, & Acellular Pertussis (DTaP)	Vaccine, Toxoid & Inactivated Bacterial	Herpes Zoster (Shingles)	Vaccine, Live/Attenuated Viral
Hepatitis A * B (Twinrix)	Vaccine, Inactivated Viral	Influenza (FluMist)	Vaccine, Live/Attenuated Viral
Influenza (Afluria)	Vaccine, Inactivated Viral		

SAMPLE MEDICATION CARD

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

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

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

BENCHMARK EXAMINATION POLICY

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

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

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

NOTES:

- Each Exam is worth 100 points
- One (1) attempt for each exam (Goal=Level 2)
 - Below Level 2 will require Remediation and Mandatory Retake w/ 20% Reduction
- Benchmark exam grades are included in final course grade (reference Course Syllabi).
- Conversion Scores are included in this policy (reference Benchmark Examination Grading)

PREPARATION FOR BENCHMARK EXAMINATIONS

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

Prep for ATI Exams

A. Prior to Online Practice “A”

1. Review & Study ATI Book
2. Fill in the blanks with all resource books
3. Test self on questions at the end of each chapter

B. Online Practice “A”

1. Take Exam
2. Create a “Focused Assessment”

C. After Online Practice “A”

1. Study material created in the “Focused Assessment”
2. Continue to study ATI material, fill in blanks with resource books, and self-test with chapter questions.

D. Retake Online Practice “A”

1. **Wait at least 3 days between all exams!!!!**
2. Retake the Online Practice “A” test
3. Your score **must be >75%**.
 - a. **If NO:** compare focused assessments for common mistakes, then retake Online practice “A” **until 75% is achieved.**
 - b. **If YES:** See step “E”.

E. Repeat steps B - D above for Online Practice “B”

To receive **ATI prep points (30 points towards Assignment Points)** all steps must be completed. If you fail to complete one step you will receive ZERO points.

PROCTORED EXAM: If you score **BELOW LEVEL 1** you will be required to **TURN IN** your Focused Assessment Review Notes and **RETAKE** the Proctored Exam. Since you know your score at the completion of the proctored exam, you will be required to **TURN IN** your Focused Assessment Review Notes immediately after the Exam. Your notes will be reviewed and used to develop a plan to improve your test scores.

BENCHMARK EXAMINATION GRADING BASED ON CUT OFF SCORES

PROCTORED ASSESSMENTS (100 points possible per exam)	Level 1	Level 2	Level 3
FUNDAMENTALS (60 items)	63 points	81 points	100 points
PHARMACOLOGY (50 items)	63 points	86 points	100 points
ADULT MEDICAL SURGICAL (90 items)	75 points	87 points	100 points
MENTAL HEALTH (50 items)	70 points	88 points	100 points
NURSING CARE OF CHILDREN (60 items)	71 points	88 points	100 points
MATERNAL NEWBORN (50 items)	68 points	88 points	100 points
MANAGEMENT (50 items)	78 points	88 points	100 points

MANDATORY BENCHMARK EXAMINATION REMEDIATION

Remediation is strongly encouraged following each ATI Specialty examination, **regardless of the students score.** Remediation is available online and is specifically concentrated on the students areas of greatest weakness/s. **Mandatory Remediation** will be required for any Benchmark Exam score for Level 1 or below on each initial content specific benchmark examination. (20% will be deducted off 2nd exam) Student will be given highest of the 2 scores. Success Plans will be created for each student who has scored <Level 2.

ATI PN COMPREHENSIVE PREDICTOR Exit Exam Content Areas (100 points exam)

This 180-item test offers an assessment of the student's comprehension and mastery of basic principles including fundamentals of nursing, pharmacology, adult medical-surgical nursing, maternal newborn care, mental health nursing, nursing care of children, nutrition, and management. The percentage of questions on each assessment correlates with the NCLEX®-PN client needs categories as represented on the 2014 NCLEX-PN, Detailed Test Plan. These major categories include Safe and Effective Care Environment, Health Promotion and Maintenance, Psychosocial Integrity, and Physiological Integrity. This test will generate the following data: Individual Score (% Correct), Predicted Probability to Pass NCLEX-PN, National and Program Means, Individual Scores (% Correct) within Content Topic Categories, Topics to Review and Individual Scores (% Correct) within an Outcome (Thinking Skills, Nursing Process, Priority Setting, NCLEX-PN Client Need Categories, Clinical Areas, and QSEN). Students have 180 min (3 hr.) to complete this assessment.

Virtual ATI

Virtual ATI is implemented one month before graduation. It is specific tailored for each student based on bench mark exams and the comprehensive final. It is an online review module with your own Nurse Educator for any questions you may have. This program has been proven if you complete at least 50% of the program you will have a greater success of passing the NCLEX on the first try.

PN CONTENT MASTERY SERIES PROFICIENCY LEVEL DEFINITIONS*

ELA student meeting the criterion for Proficiency Level 1:
<ol style="list-style-type: none">1. is expected to just meet NCLEX-PN® standards in this content area.2. should demonstrate the minimum level of knowledge in this content area required to support3. academic readiness for subsequent curricular content.4. should meet the absolute minimum expectations for performance in this content area.
A student meeting the criterion for Proficiency Level 2:
<ol style="list-style-type: none">1. is expected to readily meet NCLEX-PN standards in this content area.2. should demonstrate a level of knowledge in this content area that more than adequately supports3. academic readiness for subsequent curricular content.4. should exceed minimum expectations for performance in this content area.
A student meeting the criterion for Proficiency Level 3:
<ol style="list-style-type: none">1. is expected to exceed NCLEX-PN standards in this content area.2. should demonstrate a high level of knowledge in this content area that confidently supports academic3. readiness for subsequent curricular content.4. should exceed most expectations for performance in this content area.

Note that these definitions were based on expertise of the nurse educators who participated in the cut score study. No empirical study was conducted relating NCLEX-PN performance to performance on the Content Mastery Series, nor was any study conducted demonstrating a statistical relationship between Content Mastery Series performance and actual job performance. These Proficiency Level definitions were used by cut score study participants for the purpose of making their empirical ratings of item difficulty.

PN CMS 2014 PROCTORED ASSESSMENTS	Level 1 Cut Scores	Level 2 Cut Scores	Level 3 Cut Scores
Fundamentals (90 items)	48.3%	66.7%	85%
Pharmacology (50 items)	48%	62%	76%
Adult Med Surg (90 items)	50%	62.2%	75.6%
Mental Health (50 items)	44%	64%	76%
Nursing Care of Children (60 items)	61.7%	68.3%	80%
Maternal Newborn (50 items)	44%	64%	76%
Management (50 items)	58%	68%	80%
Note: You must get a minimum of the above individual score to reach that level			

MEDICATION ADMINISTRATION

COMMON CONVERSIONS

1 L : 1,000 ml

1 Tbl : 15 ml

1 gm : 1,000 mg

2.2 lbs : 1 kg

1 Tbl : 3 tsp

1 mg : 1,000 mcg

1 tsp : 5 ml

1 oz : 30 ml

1 inch : 2.54

1 cc : 1 ml

1 gr : 60 mg

1 gm : 1,000 mg

1 Tbl : 15 ml

1 mg : 1,000 mcg

FORMULAS

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

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

MEDICATION ROUNDING

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

ROUNDING EXCEPTIONS

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

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

MEDICATION CALCULATION

BAC Nursing Department utilizes Ratio/Proportion methods with an understanding of the concepts of Means and Extremes to calculate Medication Dosages. Please review the following videos to gather an understanding. Other forms of calculations may be applied as long as the student shows all work and the correct answer is obtained.

Ratio Proportions <https://www.youtube.com/watch?v=wKb31iZBVSI>

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

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

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

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

CONFIDENTIALITY STANDARD:

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

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

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

Student's Name (Print)

Student's Signature

Date

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HOLD HARMLESS ACKNOWLEDGEMENT

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

Printed Name of Student

Signature of Student

Date

Signature of BAC Rep

Date

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STUDENT ACKNOWLEDGEMENT STATEMENT

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

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

Student Name (print)

BAC Representative name (print)

Student Signature

BAC Representative Signature

Date

Date