UNIVERSITY OF FLORIDA

COLLEGE OF NURSING

COURSE SYLLABUS

SPRING 2012

COURSE NUMBER: NGR 6321C, section 5439

COURSE TITLE: Neonatal Nurse Practitioner II

CREDITS: 6 (4 credits didactic, 2 credits laboratory)

Minimum required contact hours for laboratory/clinical: 96

PLACEMENT: Second clinical course in Neonatal Nurse Practitioner Track

PREREQUISITES NGR 6320C: Neonatal Nurse Practitioner I

PRE/COREQUISITES NGR 6371: Pharmacotherapeutics for Advanced Practice   
 Neonatal Nursing

NGR 6850: Research Methods and I Utilization for Nursing

FACULTY

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|  |  |  |  |
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# COURSE DESCRIPTION This course provides advanced study of neonatal intensive care nursing for high risk and critically ill neonates. Emphasis will be on the health problems of critically ill and high-risk neonates in the neonatal intensive care unit, the advanced nursing management of neonatal problems, and the role of the neonatal nurse practitioner in neonatal critical care.

COURSE OBJECTIVES Upon completion of this course the student will be able to:

1. Integrate theory and current research findings pertaining to neonatal and fetal physiology and pathophysiology, the high risk and critically ill neonate and family, and therapeutic approaches into the management of neonatal health problems.

2. Identify patterns of abnormal embryological and fetal growth and development including the genetic and environmental variables which influence those patterns.

3. Direct the care of the high risk and critically ill neonate in collaboration with other members of the health care team.

1. Analyze the growth and development of selected body structures during gestation identifying common patterns of development.

5. Provide care that is legally, ethically and culturally competent to critically ill and high-risk neonates in neonatal intensive care settings.

6. Facilitate support programs designed to assist the family of the high risk and critically ill neonate.

COURSE SCHEDULE

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Class: Monday 9:00 AM - 1:00 PM on Blackboard Collaborate

Clinical: TBA

Attendance

Students may be expected to attend on-campus or synchronous classes periodically.

Students are expected to participate in the activities and discussions as listed in the course syllabus and on the course web-site. Timeframes for the posting and receiving of materials are listed in the course materials on the course web-site. Make-up exams may not be available in all courses.

**ProctorU**:

* + Major course examinations will be administered via ***ProctorU***, a live proctoring service, to ensure a secure testing environment.
  + Each student computer must be in compliance with Policy S1.04, *Student Computer Policy* and must contain a web cam, microphone, and speakers.
  + Each examination will cost $22.50 per exam.
  + Students go to the website <http://www.proctoru.com/> and click on “How To Get Started”. This will permit students to create an account and test out their system.
  + Once an instructor makes an exam available, students go online to ***ProctorU*** to schedule and pay for the exam session. Students must provide a valid email address and phone number where they can be reached during an exam.
  + CON IT Support office will oversee this process and provide technical assistance.

Students are expected to be present for all scheduled clinical practice experiences and seminars. Students who have extraordinary circumstances preventing attendance should explain these circumstances to the course instructor **prior** to the scheduled clinical practice experience or seminar. Instructors will then make an effort to accommodate **reasonable** requests. A grade penalty may be assigned for unexcused seminar or clinical absences. The faculty member will advise the method of notification for absences to the clinical site e.g. phone, email, and notification of facility.

**Graduate students** are required to submit a written calendar of planned clinical practice dates and times to the course faculty member **prior** to beginning the clinical rotation. Any changes to the calendar (dates and times) must be submitted in writing to the course faculty member **before** the change is planned to occur. **Clinical hours accrued without prior knowledge of the faculty member will not be counted toward the total number of clinical hours required for the course.**

**ACCOMMODATIONS DUE TO DISABILITY**

Each semester, students are responsible for requesting a memorandum from the Disability Resource Center to notify faculty of their requested individual accommodations. This should be done at the start of the semester.

**STUDENT HANDBOOK**

Students are to refer to the College of Nursing Student Handbook for information about College of Nursing policies, honor code, and professional behavior.

TOPICAL OUTLINE

1. Health maintenance and anticipatory care of the immature and intrauterine growth-retarded infant

2. Pharmacologic and nutritional variations related to immaturity

3. Embryology, pathology and advanced nursing management of diseases and

congenital defects related to the respiratory, gastrointestinal, urogenital,

renal, sensory, and neurological systems

4. The high risk perinatal family and their adaptation to the crisis of the birth and

hospitalization of a critically ill neonate

1. Legal and ethical issues concerning neonatal intensive care such as access

to care, regionalization, health care reform, and the development of

technology

# TEACHING METHODS

Lecture, discussion, case studies, faculty supervised clinical practice, written materials, computer assisted instruction and audiovisual materials, and individual conferences.

LEARNING ACTIVITIES

Case studies, discussions, exams

EVALUATION METHODS

Minimum Required Contact Hours: 96

Clinical courses are evaluated using the Clinical Evaluation form. Clinical evaluation will be based on faculty observation, verbal communication with the student, written work, and agency staff reports using a College of Nursing Clinical Evaluation Form. Faculty reserve the right to alter clinical experiences, including removal from client care areas, of any student to maintain patient safety and to provide instructional experiences to support student learning.

Clinical evaluation will be based on achievement of course and program objectives using a College of Nursing Clinical Evaluation form. All areas are to be rated. A rating of Satisfactory represents satisfactory performance and a rating of Unsatisfactory represents unsatisfactory performance. **The student must achieve a rating of Satisfactory in each area by completion of the semester in order to achieve a passing grade for the course.** A rating of less than satisfactory in any of the areas at semester end will constitute a course grade of E. Regardless of the classroom grade, the student receiving an Unsatisfactory evaluation in the clinical component of the course will be assigned a course grade of E or U.

The faculty member will hold evaluation conferences with the student and clinical preceptor, if applicable, at each site visit. The faculty member will document or summarize each conference on the Clinical Evaluation Form or Advisement Record. This summary will be signed by the faculty member and student. Mid-rotation evaluation conferences will be made available to each student. **Final evaluation conferences with the faculty member are mandatory** and will be held during the last week of each course. A student may request additional conferences at any time by contacting the faculty member.

Students enrolled in advanced practice courses with a clinical practice component will use Clinical Experience Form F to document clinical experience including hours, practice location and preceptor for their personal records. Students also assess their learning experiences using Clinical Site Assessment Form G. Form G is submitted online via course website. At the end of the clinical experience the student completes a self-evaluation and the faculty member completes a student evaluation using the College of Nursing Clinical Evaluation Form.

Didactic evaluation will be through written examinations and written assignments.

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| Case Studies | 25% | See schedule below |
| Test I | 25% | Feb 7th (9:00-11:00) |
| Test II | 25% | March 20th (9:00-11:00) |
| Test III | 25% | April 24th (9:00-11:00) |

GRADING SCALE/QUALITY POINTS

A 95-100 (4.0) C 74-79\* (2.0)

A- 93-94 (3.67) C- 72-73 (1.67)

B+ 91- 92 (3.33) D+ 70-71 (1.33)

B 84-90 (3.0) D 64-69 (1.0)

B- 82-83 (2.67) D- 62-63 (0.67)

C+ 80-81 (2.33) E 61 or below (0.0)

\* 74 is the minimal passing grade

Case studies

### Case study schedule

Case study 1 Due Jan 27th

Case study 2 Due Feb 17th

Case study 3 Due March 23rd

Case study 4 Due April 13th

Each patient situation will include History of Present Illness, Past Medical History, Social history, medications (if any), Review of Systems, and Physical Exam, including labs.

For each situation, you will answer the questions asked after the case study. Please keep your answers brief and to the point. Be specific and support your choices with references. If in doubt about how to do any of these case studies, please e-mail me. If there seems to be a common theme in the e-mails I will post to the Main Bulletin Board.

This is NOT a formal paper, however I do expect that you use correct grammar and spelling (points will be deducted if you do not). I do not expect you to write the case studies in APA format. Be concise but thorough in your responses to the questions. Do not include a discussion of the pathophysiologic processes involved in the patient’s disease process. Focus on the pharmacologic and clinical interventions that you have chosen. Your papers are to be brief and to the point. You are to talk your way through your thought processes as you choose a treatment regime for your patient and provide rationale. It is expected that you use several current references. Although you may use neonatal text books for references, it is also expected that you include current references.

1. **Treatment including clinical and pharmacologic treatment**
2. **Provide rationale for the treatment regiments you prescribed. Justify your selection over alternatives.**
3. **If pertinent discuss alternative treatment if the recommended treatment should fail, monitoring for efficacy and side effects of the specified treatment**

You must identify the clinical and laboratory parameters necessary to evaluate the therapy for achievement of the desired therapeutic outcome and for detection and prevention of adverse effects. The outcome parameters selected should be directly related to therapeutic goals, and each parameter should have a defined end point. If the goal was to cure bacterial pneumonia, you should outline the subjective & objective clinical parameters (e.g. decreased oxygen requirement), laboratory tests (e.g. normalization of WBC with diff), and other procedures (e.g. resolution of infiltrate on chest x-ray) that provide sufficient evidence of bacterial eradication and clinical cure of the disease.

**CLASS PARTICIPATION**

You are expected to complete the following assignments.

1. Logs

A weekly log is expected and is due each **Friday by 5:00pm** This log should include:

a. A short description of your patients

b. What care you provided each patient

c. Procedures

d. Ethical dilemmas (if any were encountered)

e. Problems with staff, preceptor, faculty

f. Problems which may need discussion with faculty preceptor

g. Goals for next week

Faculty will respond to each log in an E-mail. **It is expected that you respond via E-mail to All Questions.**

1. You are required to place at least 4 entries per week on the Sakai discussion board. **This is a required aspect of the class participation grade.**
2. The student attendance sheet must be completed and returned prior to **ALL** scheduled evaluations.
3. All clinical experiences need to be scheduled through faculty. If you schedule clinical on an unauthorized day you will not receive credit for those hours.

# REQUIRED TEXTS

Kenner, C. & Lott J.W. (2007). *Comprehensive Neonatal Care. (4th* ed).

Elsevier. **ISBN:** 9781416029427

Gomella, T. L., Cunningham, M.D., & Eyal, F.G. (2009). *Neonatology management, procedures, on call problems, diseases and drugs (6th ed.).* McGraw-Hill Professional Publishing. ISBN: 9780071544313.

Moore, K. Persuad, T.V.D. (2008). *The developing human* (8th ed.). Elsevier. ISBN: 9781416037064.

RECOMMENDED TEXT

Donn, S. M. & Sinha, S. K. (2012). *Manual of Neonatal Respiratory Care* (3rd ed.). Springer. ISBN: 9781461421542.

**WEEKLY CLASS SCHEDULE**

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| **Date** | **Topic** | **Readings** |
| Week 1 and 2  January 9th and 17th  Dr. Hoffman | Advanced Management of Respiratory Problems: PPHN, CDH, Anomalies of the Respiratory Tract. Anomalies of the Respiratory Tract  Human Development:  The beginnings of human development: The first week | Gomella Chapters 6, 11    Shanti. (2008). Cystic lung disease. *Semin Pediatr Surg*, 17(8), 2-8.  Kenner and Lott Chapter 1  Hartman, K.S. (2008). Congenital diaphragmatic hernia. *Advances in Neonatal Care*, 8(2), 107-115  Ganda, (2006). Congenital chylothorax. *Neonatal Network*, 25(5), 371  Moore: Chapter 1 and 2  Steinhorn. (2010). Neonatal pulmonary hypertension. *Pediatr Crit Care Med*. 11(2 Suppl):S79-84. |
| Week 3 and 4  January 23rd and 30th  Dr. Hoffman | Ventilation of the Newborn  Human Development:  Embryology: Formation of the bilaminar embryonic disc and chorionic sac: The second wk | Kenner, Chapter 2 (pg 18-25)  Gomella, Chapter 6  Moore, Chapter 3  Brown, & DiBlasi, (2011). [Mechanical ventilation of the premature neonate](http://go.galegroup.com.lp.hscl.ufl.edu/ps/retrieve.do?sgHitCountType=None&sort=DA-SORT&inPS=true&prodId=AONE&userGroupName=gain40375&tabID=T003&searchId=R1&resultListType=RESULT_LIST&contentSegment=&searchType=AdvancedSearchForm&currentPosition=1&contentSet=GALE%7CA268405183&&docId=GALE|A268405183&docType=GALE&role=). *Respiratory Care,* 56(9). 1298.  Snow, T. (2007). A nurse’s guide to common mechanical ventilation techniques and modes used in infants, *Advances in Neonatal Care,* 7(1), 8-21. |
| Week 5 and 6  February 6th and 13th  Dr. Hoffman | Management of Gastrointestinal Problems  HUMAN DEVELOPMENT:  Formation of germ layers and early tissue and organ differentiation: The third week | De Silva. (2006). Understanding neonatal bowel obstruction: building knowledge to advance practice. *Neonatal Network*, 25(5), 303-318.  Kenner, Chapter 5  Gomella, Chapters 104, 118-120  Donahue, 2007. Spontaneous intestinal perforation, *Neonatal Network,* 26(5), 335-349  Christison-Lagay, Kelleher & Langer. (2011). Neonatal abdominal wall defects. *Semin Fetal Neonatal Med. 16*(3). 164-72.  Birch & Newell. (2009). GER disease in preterm infants: current management and diagnostic dilemmas. *Arch Dis Child Fetal Neonatal Ed*. 94(5), F379-83.  Moore, Chapter 4  Neu & Walker. (2011). NEC. *N Engl J Med*. 364(3), 255-264. |
| Week 7 and 8  February 20th and 27th  Dr. Hoffman | Management of Genitourinary Problems  HUMAN EMBRYOLOGY:  The organogenic period | Kenner Chapter 8  Gomella, Chapter 113,123  Marvin, T. (2007). Cloacal extrophy. *Neonatal Network,* 26(1), 21-30.  Moore, Chapter 5  Subramanian, et al., (2008). Acute renal failure in neonates. *Indian J of Pediatr,* 75(4):385-91.  Lee (2006). Consensus statement on management of intersex. *Pediatrics,* 118, e488-500  Stokowski, L.A.. (2004). Hypospadias in the neonate. *Advances in Neonatal Care*, 4(4). 206-215.  Woods, A.G. & Brandon, D.H. (2007). Prune belly syndrome, *Advances in Neonatal Care,* 7(3), 132-143. |
| Week 9  March 5 | SPRING BREAK |  |
| Week 10 and 11  March 12TH  and 19th  Dr. Parker | Management of Neurologic Problems  HUMAN EMBRYOLOGY:  The Fetal period and The Placental and fetal membranes | Kenner, Chapter 12  Gomella, Chapter 15,70,90,96,105,11,116  Moore Chpt 6  Brand, Sacral Dyspragsm *Advances in Neonatal Care*  Part II: (2006). 6(4), 181-196  Part III. (2007) 7(1), 30-40.  Jensen, (2009). Neonatal seizures: An update on mechanisms and management. [*Clin Perinatol*.](http://www.ncbi.nlm.nih.gov/pubmed/19944840) 36(4):881-900.  Cooper, (2011). [Induced hypothermia for neonatal hypoxic-ischemic encephalopathy: pathophysiology, current treatment, and nursing considerations.](http://www.ncbi.nlm.nih.gov/pubmed/21317095) *Neonatal Netw*. 30(1), 29-35 Bassan, (2009). Intracranial hemorrhage in the preterm infant: understanding it, preventing it. [*Clin Perinatol.*](http://www.ncbi.nlm.nih.gov/pubmed/19944833) 36(4):737-62. |
| Week 12-13  March 26th and April 2rd  Dr. Parker | Problems in Metabolic Adaptation and Uterine Growth  HUMAN ENBRYOLOGY: The Pharyngeal Systems | Kenner, Chapters 6,7  Gomella, Chapters 14, 51, 52, 55, 73, 78, 92, 93, 94, 99, 115  Moore: Chapter 7  Fernandez & Watterberg, (2009). Relative adrenal insufficiency in the preterm and term infant. [*J Perinatol.*](javascript:AL_get(this,%20'jour',%20'J%20Perinatol.');) 29(Suppl 2). S44-9.  Knobel, (2007). Thyroid hormone levels in term and preterm neonates. *Neonatal Network,* 26(4), 253-259 [Committee on Fetus and Newborn](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Committee%20on%20Fetus%20and%20Newborn%22%5BCorporate%20Author%5D), [Adamkin DH](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Adamkin%20DH%22%5BAuthor%5D).(2011). Postnatal glucose homeostasis in late-preterm and term infants. [*Pediatrics*.](http://www.ncbi.nlm.nih.gov/pubmed/21357346) 127(3), 575-9. Moerschel. (2008). A practical approach to neonatal jaundice. [*Am Fam Physician.*](http://www.ncbi.nlm.nih.gov/pubmed/18540490)77(9):1255-62. |
| Week 14  April 9th  Dr. Hoffman | Problems associated with near term infants  HUMAN EMBRYOLOGY: The fetal period | Gomella, Chapter 17  Moore, Chapter 8  Engle, W.A., Tomashek, K.D., & Wallman, C. (2007). Late-preterm infants: A population at risk. *Pediatrics,* 120(6), 1390.  Smith, (2007). An evidence-based review of hyperbilirubinemia in the late preterm infant with implications for practice: management, follow-up and breastfeeding support, *Neonatal Network,* 26(6), 395-405 |
| Week 15  March April 16th  Dr. Hoffman | Genetics | Kenner, Chapter 32  Gomella. Chapter 63.  Shaw, (2008). Trisomy 18. *Neonatal Network,* 27(1), 33-41  Moore, Chapter 8, 6 |
| Week 16  April 23rd  Dr. Hoffman | **TERATOGENS**: Malformations, Deformation, Genetic Counseling, Environment Hazards, Congenital Infections  **Human Development:** Body cavities, mesenteries and diaphragm | Kenner, Chapter 36  Gomella. Chapter 82  Moore: Chapter 9  DeVries. (2007). The ABCs of CMV. *Adv Neonatal Care*. 7(5). 248-55    Wattendorf, D.J. & Muenke, M. (2005). Fetal alcohol spectrum disorders. [*Am Fam Physician.*](javascript:AL_get(this,%20'jour',%20'Am%20Fam%20Physician.');) 72(2):279-82. |
| April 28th finals week |  |  |