

ALTERNATE CLINICAL ACTIVITIES

These pages describing the rules & guidelines for clinical experiences apart from the instructor MUST be on the student's clipboard at all times.

During the first week of the pediatric course, you will be introduced to the alternate clinical activities that may be possible during your pediatric rotation. These activities are designed to complement the acute care (stable & non-stable) setting at SCVMC. These are mostly NOT observational experiences but are hands-on learning experiences. Alternate activities will be assigned by the instructor in order to provide a more comprehensive pediatric experience for each student and to maintain a manageable group of students at SCVMC each clinical day. Students may not request a change in the assignment except in the case of illness or emergency. The instructor may alter a student's schedule, as needed, based on that student's progress in the pediatric course and his/her learning needs.

There are no excused absences for clinical days. **No student may be at any of these sites without the instructor's permission.** Once a student is scheduled for an activity, attendance is mandatory. If illness occurs, the instructor must be notified ASAP at SCVMC (408-885-5255) **and** the DAC pediatric office (408-864-5529). The instructor has weekly contact with all agencies.

The following list is a description of the alternate clinical activities and expected guidelines. The guidelines were developed by the instructor and each facility manager to outline which activities would best enhance the student experience. These guidelines **must** be followed closely. Except where indicated, the student must wear the official uniform and nametag to all sites. Hair and jewelry must always be appropriate for working with young children. Pediatric students may be allowed to give medications appropriate to Q3 with 'constant supervision' of their staff nurse, if daily permission is given by De Anza instructor. If there is a problem at a clinical site, the SN should call the instructor at SCVMC – 408-885-5255. The SN may return to SCVMC Pedi Unit if released by the alternate clinical site. It is best to call the instructor first.

****Keep these guidelines on your clipboard/binder at all times. You may need to show the agency nurse your guidelines and immunizations for the day. Post-conference is required each clinical day for all students. It will always be at SCVMC from 1300-1430. **All students must be present on the Pedi Unit at 1250 each day.** Location of post-conference at SCVMC will be determined by the instructor on a daily basis. Report to the instructor the events of your alternate activity, along with any suggestions for future students. The instructor cannot control for changes in staffing or for an experience which does not a student's expectations. **The student is responsible for making each clinical day a positive learning experience and for representing the De Anza College Nursing Program well.**

Please allow enough time to get back to SCVMC, to park and to be on the unit by 1245. Although most of the alternate clinical facilities are close to SCVMC, you cannot discount traffic and the time it takes to find a spot in the parking structure.

1. BURN UNIT 0630-1245 M/T 1 (possibly 2) Full days Hands-on

FLOOR 4 of West Wing at SCVMC

Return to Pedi Unit @ 1245

One day experience (as possible) with 1 pediatric patient; no charting. Do as much as allowed by RN. **Pediatric students may be allowed to give medications (Q3 level) with 'constant supervision' of their staff nurse.** Work closely with RN, ask questions, be helpful.

If time/ staff permits, try to watch a major burn dressing change or burn bath (with staff/patient permission ONLY!).

Review Burn chapter (pix) in Wong text after having this experience.

You may use this assigned patient for your Pediatric Development assignment, so get the required information from the computer while you are there.

**2. PEER RESOURCE NURSE (PRN) 0630 – 1300 M or T Hands-on
1 SN each clinical day Full Day**

BEGINNING LEADERSHIP SKILLS – one of the threads of the Nursing Program;

Act as a peer consultant, giving guidance, aiding decisions, supporting and organizing students; Keep SNs on schedule with frequent reminders & help. Get them help if needed.

Do focused/ comprehensive assessment with each SN on their client, allowing the assigned student to be the lead (and liaison with family)

Examples of what the PRN does: research dx, procedures, hx, labs

Confirm & question physical assessment/data collection;

Communicator between students; reminders to students

Extra hands on a busy day!

CHECK: charting = **focus assessment**

I/O done every 2 hours

Bag/tubing: expiration times, bag replacements

V.S. charted **early**; check IV sites & pumps early

0630 review & assist peers in getting information from computer (hx, labs, MD parameters, tests), assist with checking math

0700 check daily PEDI worksheets NO blanks allowed; emphasis on med/treatment times & all appointments = diet & feeding times

0900 confirm focused assessments documented

0900 monitor rounds and ensure students present at their own patient rounds

1000 start student lunches (they sign up, but reinforce getting away on time)

1200 confirm QSEN and Nursing Dx. documented

1245 check that students reported off to RN, stocking/cleaning of bedside, collect patient identifiers and dispose in secure receptacle, distribute ETOH wipes for stethoscopes. Round up students

1250 Help set up chairs for post-conference. Return med keys (4)

3. **DVDs** ½ day TBA With instructor permission

Do this only as make-up for a clinical day absence

Observational

View and critique DVDs on pediatric topics. Write a paragraph on each. Please view the DVDs in groups to save wear on the tapes. 20 min. per DVD for writing review. Designed for the student who temporarily unable to be in an agency with children.

Check with instructor to see what videos/DVDs would be the best learning topics.

4. **PEDIATRIC ICU 0630 – 1300 M or T Full Day Hands-on**
Return to Pedi Unit @ 1245

Student helps with much of care; **Pediatric students may be allowed to give medications (Q3 level) with ‘constant supervision’ of their staff nurse.**

No charting; Do as much as allowed by RN with their supervision

Work closely with RN, ask questions, be helpful, but don't get in the way if busy.

You may use this assigned patient for your Pediatric Development assignment, so get the required information from the computer while you are there.

5. **SHORT STAY 0630 – 1300 M or T Full Day Hands-on**
Return to Pedi Unit @ 1245

Mostly observational. **Pediatric students may be allowed to give medications (Q3 level) with ‘constant supervision’ of their staff nurse.** Do as much as allowed by RN (Q3 level). Work closely with RN, ask questions, be helpful, but don't get in the way.
Unit staffed by PICU RNs.

6. **PARKWAY CHILD DEVELOPMENT CENTER 0800-1200 M or T**
1800 Fruitdale Avenue, San Jose 95128 Return to Pedi Unit @ 1245
Must park on the street. Be careful of the parking restrictions.

Mostly observational. This is a Santa Clara County subsidized preschool for 2-5 year olds. The children who are admitted are cognitively intact, with varying degrees of physical disability. This will be a good facility to observe the growth and development of toddlers and preschool age children who may or may not be meeting their milestones due to their physical problems. Take your Growth & Development sheets with you!

Wear official uniform & name tag; take bag lunch/coffee/beverage. (Copy of immunizations must be on clipboard at all times. *Extra* copy of flu shot should be available in case they want to collect it). There might be a sign-in book....ask your reference person.

You may be asked to assist with feeding, changing, brushing teeth or playing with the children. **Unless you are working with an RN under his/ her ‘constant supervision’, you may not be allowed to give medications, or suction a tracheostomy.**

7. CHILDREN'S RECOVERY CENTER (CRC) 0630 – 1200 M or T Observation Only
3777 South Bascom Ave., San Jose (see map) Return to Pedi Unit @ 1245

Go directly to CRC at 0630 – look at medical charts until assigned a client/ or staff member to follow. You may use an assigned patient for your Pediatric Development assignment, so get the required information from the charts/ computer while you are there. The off going night shift request that you **do not** take the Kardex or current flowsheet before they have completed their documentation. The medical record kept in the burgundy colored binders may be used to read the clinical history.

These guidelines were developed by the De Anza Nursing Instructor and the Director of the CRC. They must be followed. Day Charge Nurse is usually Brooke, RN or Cassey, RN.

Designed for the **stronger** student, capable of **following** guidelines, being **proactive** in learning and demonstrating **excellent** communication skills.

Wear official uniform & name tag & SCVMC badge; take bag lunch/coffee/beverage.

This sub-acute facility is unique in that it is a home/sub-acute hospital for **children who are technology dependent**. This means that many of the children are ventilator dependent and require excellent respiratory care. Many are also GT fed. The staff members are RNs/LVNs/RTs/therapists. These children usually are **not** sick, but live with conditions that most families cannot handle at home.

You will observe under the guidance of a RN/LVN. **Is observational only!** *The nurse may allow you to **assist** with procedures that are not invasive.* The instructor will be available by telephone at SCVMC. Introduce self with name, title, & guidelines to all staff & parents. Be respectful of quiet times, privacy & confidentiality.

(Copy of immunizations must be on clipboard at all times. *Extra* copy of flu shot should be available in case they want to collect it).

****** May observe several clients but must concentrate data-gathering on one client.**

Shadow RN/LVN:

Observe the general physical exam and detailed focus assessment.

Observe the medication administration- most are via GT. (Please do not interrupt during medication administration- this is a safety risk).

Observe tracheostomy care, and ventilator management.

Observe the suctioning of patients.

Observe the GT management and tube feeding procedures.

Observe the role of the nurse and other allied health personnel involved in the care of the children.

You may play with the children, console them, and certainly assess their developmental levels in relation to expected norms. You may ask questions of the staff, but please take into consideration that they are extremely busy, and may not have a lot of time.

**** Park behind the Valero gas station across the street. You will have a parking pass- make sure it is in the car or you will get a ticket! You must bring it back to post- conference.**

8. SUB-ACUTE SARATOGA CHILDREN'S HOSPITAL (SASH) M & T Hands-on
13425 Sousa Lane, Saratoga, CA 95070 (see map)
408-378-8875 (nurse's station: 408-340-1540)
0630 – 1200 Return to Pedi @ 1245

Go directly to SASH at 0630 – look at medical charts until assigned a client, there may be a list of appropriate clients (cared for by SNs). Make a worksheet to follow both days. You may use an assigned patient for your Pediatric Development assignment, so get the required information from the chart/ computer while you are there.

These guidelines were developed by the De Anza Nursing Instructor and Bob Opp (Director, SASH). They must be followed. Day Head Nurse usually LaChong Tran, RN

Designed for the **stronger** student, capable of **following** guidelines, demonstrating good judgment, being proactive in learning and demonstrating **excellent** communication skills. Wear official uniform & name tag; take bag lunch/coffee/beverage.

This sub-acute facility is unique in that it is a home/sub-acute hospital for **children who are technology dependent**. This means that many of the children are ventilator dependent and require excellent respiratory care. Many are also GT tube fed. The staff are RNs/LVNs/RTs/therapists. These children usually are **NOT sick**, but live with conditions that most families cannot handle at home.

Will work under the guidance of a RN/LVN. Do as much as allowed. **Pediatric students may be allowed to give medications with 'constant supervision' of their staff nurse.** The instructor will be available by telephone at SCVMC. Introduce self with name, title, & guidelines to all staff & parents. Be respectful of quiet times, privacy & confidentiality. No charting done. (Copy of immunizations must be on clipboard at all times. *Extra* copy of flu shot should be available in case they want to collect it).

****** May help with several clients but must concentrate time on 1 client (assignment for the 2 days). The first day will involve much learning, the second day should be more hands-on care.**

Shadow RN/LVN and be helpful as possible. Do general PE and detailed focus assessment, verify med procedures & math for practice. May do finger sticks for blood glucose levels **only with the direct guidance of the staff LVN or RN**. Students **must** do procedures under the direction/instruction of RN/LVN. Ask for a **demonstration** of suctioning **this specific** client or **tube feeding** this specific client then **you demonstrate** the procedure to the RN/LVN. You should then be able to continue these procedures as needed throughout the 2 days. Must *ask questions when unsure* of procedures or standards.

Must be in frequent contact with responsible RN/LVN; will report *all concerns or changes* in child's status. Must actively seek learning experiences; must demonstrate strict **safety principles** at all times.