LICENSED PRACTICAL NURSE PROGRAM

INFORMATIONAL PACKET

CLASS 2014 – 2015
LICENSED PRACTICAL NURSE PROGRAM

WELCOME

Congratulations on your enrollment in the State of Connecticut Licensed Practical Nurse Program. The Licensed Practical Nurse Program is conducted by the State Department of Education with the approval of the Connecticut State Board of Examiners for Nursing.

The Administration and Faculty welcome you and hope that you will have a rewarding experience in your endeavor to become a Licensed Practical Nurse. The following guidelines have been prepared to help you achieve this goal.

MISSION STATEMENT

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program

PURPOSE

The purpose of this document is to establish guidelines to assist faculty and department heads of the Licensed Practical Nurse Programs.

PHILOSOPHY

The faculty of the LPN Program believes that:

Every person is a special being of great worth with inherent rights and possessing commonalities of basic physical, social, emotional and spiritual needs which create cultural diversity and impact the community, defined as a network of interacting individuals, social systems and groups, and extends throughout the life span.

Health is a state which reflects holistic balance allowing the individual to self-actualize and express his / her optimum function. This is seen as a wellness / illness continuum. Wellness is achieved by a balance of body, mind and spirits. Illness is an alteration of this balance.

Nursing is an art and a science which includes maintenance and promotion of health, restorative and therapeutic care through assessment, planning, implementation and evaluation of ever changing patient needs within the wellness / illness continuum. This process is achieved through communication and interactive skills with clients, families, health team members and communities.
There are different levels of nursing practitioners. Practical nursing is an entry level into the nursing field and an integral part of all nursing. The practical nurse performs selected tasks and collaborates in sharing responsibility for total client care under the direction of a registered nurse or advanced practice registered nurse and within the framework of supportive care, restorative care, health counseling, teaching, case finding and referral, and collaborating in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician or dentist.

Education is an ongoing democratic process for assisting people to realize their potential through self-actualization. It is the process of personal enrichment through which the student learns to communicate and interact with others.

Technical education is committed to responding to community needs by producing skilled practitioners with the ability to communicate effectively within the world of work, and attain gainful employment and job satisfaction. Practical nurse education should be offered within the framework of the Connecticut High School System.

The Licensed Practical Nurse Program, with its common core of theoretical knowledge and clinical experience is offered sequentially from simple to complex and provides the necessary skills for the graduate to function as a practical nurse.

Ongoing evaluation of the attainment of curriculum goals is the responsibility of the faculty with input from students, employers and consumers. Continuing education reflects a commitment to professional growth and is the individual’s responsibility.

**CONNECTICUT STATE DEPARTMENT OF EDUCATION NON-DISCRIMINATION POLICY**

“It is the policy of the Connecticut State Board of Education that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program, including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, mental retardation, and past / present history of mental disorders, learning disabilities and physical disability.”

Inquiries regarding Title IX of the Education Amendments of 1972, or Section 504 of the Rehabilitation Act of 1973 may be to the Connecticut State Department of Education, Superintendent of Schools, Connecticut Technical High School System, 25 Industrial Park Road, Middletown, CT 06457.
DEFINITION OF NURSING PER GENERAL STATUTES

Sec. 20-87a. Definitions. Scope of practice.

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program.

Licensure Application

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program.

Conceptual Framework

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program.

Program Objectives

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program.

Organization of the Licensed Practical Nurse Program

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program.

Student Health

Physical Requirements
- Admission physical assessment by a licensed physician, advanced practice registered nurse or physician’s assistant shall be required by each applicant prior to final acceptance.
- Students must submit completed physical examination before the first day of school.

Immunizations
- Immunization and communicable disease history must be submitted on standard adult physical form.
- Immunizations will depend upon requirements of affiliating agencies and state regulations.

Emergency Medical Care:
The Connecticut Technical High School System and clinical facility will make available emergency medical care. The cost of all medical care for illness or injury during the program is the responsibility of the student.
HEALTH FORM AND INFORMATION

Each accepted applicant has received a copy of the required health form which must be completed and returned to the Department Head of the Licensed Practical Nurse Program. This form is due on or before the first day of class. Without this documentation, the student will not be allowed to enter the program.

STUDENT COSTS

Tuition
Tuition and registration fees are set by the Connecticut State Department of Education. Tuition is due on or before the first day of school or according to one of the approved payment plans for tuition. A registration fee is due upon accepting placement into the LPN program. Payment can be made in the form of a money order or bank check made payable to the “Treasurer, State of Connecticut” with the exact amount due and the address and phone number of the paying person. Cash will be accepted only during the normal business hours of the school.

Textbooks
Each Licensed Practical Nurse student is required to purchase texts and supplies for use during the program. A list of required texts, supplies and sources of purchases has been sent to accepted applicants.

Uniforms
Students are responsible for obtaining and wearing the designated program uniform. Information regarding the specific requirements will be provided in writing to the student.

Transportation
Transportation is the responsibility of the individual student.

CPR Certification
Each student is required to maintain CURRENT Infant, Child, Adult CPR Certification. The only acceptable certifications are (1) Healthcare Provider offered by the American Heart Association or (2) Adult, Infant, Child, offered by the American Red Cross or (3) CPR for the Professional Rescuer offered by the American Safety & Health Institute or the National Safety Council.

Additional Fees
Throughout the program the student will have the opportunity to participate in standardized examinations. The cost of testing will be the responsibility of the student. Other expenses arise throughout the program that have a fee associated with it such as the LPN Student Day sponsored by the Connecticut League for Nursing or Alternative Clinical Experiences.

Licensure Exam
This exam may be taken after successful completion of all transcript requirements and graduation. The cost of testing will be the responsibility of the student. Application to test and computerized licensure exam fees are sent respectively by the Department of Public Health and the testing center.
Graduation
At the successful completion of the Licensed Practical Nurse Program, a graduation ceremony will be held. The ceremony may be planned by the LPN faculty and/or a committee consisting of students and LPN faculty. All students will be required to pay a graduation fee, and be expected to wear a white professional uniform. Caps may be worn at the option of the individual student.

A certificate designating the student as a graduate of the Licensed Practical Nurse Program will be presented by the School Principal or his / her designee at this ceremony.

Lab Pack Kit
Each student is required to purchase a lab pack kit for use in the laboratory setting. Some schools may also require an administration of medications kit for practice in the laboratory setting.

Introduction to Psychology (course during Semester 3)
If the student has not completed an Introduction to Psychology course prior to Semester 3 they will be required to pay to take the course on-line or at a local community college at that time.

EVALUATION OF STUDENT PERFORMANCE

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program
WARNING NOTICE

Academic ______________________________       Clinical ___________________________

Course _____________________ Level _____ Rotation ____  Objective ________

Student Name _______________________________________ Date ___________________

Explanation of deficiency:

Objectives for remediation: Due Date: __________________
1. 

2. 

3. 

Instructor Signature Date

I have been counseled on the above objectives for remediation.

Student Signature Date
OBJECTIVE 1  Assess the bio-psychosocial needs of individuals and families within the wellness / illness continuum utilizing related nursing theory and an available database.

GUIDELINES:  

a. Assess for adequate oxygenation by:  
1. identifying depth, rate, rhythm of respiration and skin color (i.e. cyanosis).  
b. Assess for adequate circulation by:  
1. obtain an accurate pulse, heart rate, rhythm and blood pressure  
2. noting flushing, pallor, decubiti, changes in skin temperature, edema and diaphoresis  
c. Assess for adequate nutrition by:  
1. identifying anorexia, nausea, vomiting (quantity and quality)  
3. observing & measuring fluid intake (oral and parenteral)  
4. observing skin condition  
5. maintaining well balanced diet (percentage of food received versus percentage ingested)  
6. identifying weight changes.  
d. Assess for adequate elimination by:  
1. noting color, consistency and amount of bowel and bladder output  
2. noting abdominal distention and time of last bowel movement.  
e. Recognize the phases of normal life cycle by:  
1. identifying the developmental stage of an adult according to Erikson  
2. identifying the needs, emotions, social drives of patients according to Maslow  
3. identifying defense mechanisms used by patient in response to illness  
e. Identify diagnosis, signs and symptoms by:  
1. stating definitions correctly  
2. correlating diagnosis, fundamentals of nursing and human biology information.  

OBJECTIVE 2  Contribute to the patient’s plan of care.

GUIDELINES:  

a. Identify nursing problems by:  
1. collecting relevant data from kardex, chart, treatment list, and written care plan  
2. utilizing data and personal assessment information to provide patient care.  
b. Identifying nursing measures for patient care by:  
1. stating short-term and / or long-term goals  
2. identifying nursing actions for the established nursing goals.  
c. State rationale for nursing actions by:  
1. correlating theoretical knowledge with patient care (i.e., state reasons for actions utilizing principles of elementary bacteriology and human biology).
OBJECTIVE 3

Implement therapeutic nursing measures to maintain, promote, and restore optimum health to individuals and families within the framework or the established care plan.

GUIDELINES:

a. Apply principles of asepsis based on knowledge of elementary bacteriology:
   1. washing hands correctly between each patient and when ever necessary (noting correct hand position and use of faucets)
   2. demonstrating correct measures to prevent spread of disease
   3. maintaining universal precautions at all times
   4. performing isolation technique correctly according to type of organism or condition

b. Practice safety measures at all times by:
   1. providing call light at all times
   2. identifying potential hazards in environment and reporting (i.e.: frayed wires, cluttered walkways, water on the floor)
   3. using caution when transferring patient to / in wheelchairs (i.e., locking wheels)
   4. lowering bed after patient care
   5. checking identification bracelets before performing a procedure
   6. demonstrating knowledge of hospital policies for emergencies (i.e. fire code, disaster code)
   7. obtaining instructor supervision for procedures until checked off by instructor in performance skill book
   8. obtaining instructor supervision for procedures until checked off by instructor.

c. Perform specified nursing skills as taught and according to hospital policy:
   1. stating purpose of procedure
   2. referring to hospital procedure book before performing procedure
   3. gathering equipment prior to asking assistance of instructor
   4. following steps of procedure as taught or adapted by agency
   5. demonstrating manual dexterity
   6. providing privacy for the patient.

d. Utilize proper body mechanics by:
   1. flexing knees and keeping back in straight alignment when moving or lifting
   2. using wide base of support
   3. seeking assistance to move a heavy patient
   4. raising bed to correct working level
   5. facing direction of movement
   6. testing weight before moving
   7. coordinating assistance when moving a heavy patient
   8. moving patient closer to center of gravity when turning or lifting
   9. maintaining correct body alignment of patient
   10. carrying supplies close to body without contaminating uniform or supplies.
e. Utilize time constructively, working in a neat, organized manner by:
   1. accomplishing assignment in a reasonable length of time
   2. assisting other members of the health team
   3. reading charts, reference material when finished
   4. leaving patient and unit tidy after providing care
   5. cleaning and returning equipment as indicated.

f. Adjust personal plan of care according to self-evaluation by:
   1. determining effectiveness of care given
   2. determining if short-term goals were met
   3. noting patient’s response to plan of care and creating a plan of care to better meet needs of patient.

OBJECTIVE IV

Interact with patients, families and health team members effectively through verbal, non-verbal, and written communication.

GUIDELINES:

a. Report and / or record observations with instructor guidance by:
   1. communicating signs and symptoms and changes in patient’s condition to designated persons at the appropriate time
   2. communicating procedures performed and tolerance of patient to procedure
   3. documenting accurately and legibly using logical sequence, correct ink color, terminology, spelling, grammar, and signature format according to institutions’ protocol

b. Communicate in a positive manner with patients by:
   1. using therapeutic verbal and non-verbal communication
   2. identifying patient’s verbal and non-verbal communication
   3. communicating with the patient on the appropriate level of understanding by:
      a. using words and sentences the patient and family can understand
      b. providing patient with explanation of procedures and answers to questions
      c. providing patient instruction necessary to maintain self-care at optimal level.

c. Communicate in a positive manner with instructor, staff and peers by:
   1. utilizing listening skills (i.e., maintaining eye contact, encouraging conversation using reflective questioning)
   2. following directions and seeking clarification from instructor
   3. questioning verbal and written information pertinent to patient care when in doubt
   4. notifying the instructor when absent or tardy according to the policies of the affiliating agencies.
OBJECTIVE V
Demonstrate a commitment to professional development and abides by the policies of the LPN program.

GUIDELINES:
a. Identify student role by:
   1. accepting role of learner
   2. recognizing and admitting when in error
   3. demonstrating ability to benefit from previous errors
   4. demonstrating composure under stress
   5. identifying legal guidelines of the Nurse Practice Act.
b. Seek assistance in making nursing judgments when necessary by:
   1. questioning orders for patient care when in doubt
   2. noting changes in patient’s condition which may require a change in nursing care plan
   3. requesting information from appropriate source.
c. Provide quality care according to The Patient’s Bill of Rights by:
   1. demonstrating the patient’s right to respectful and considerate care regardless of age, race, religion or personal preference.

LPN GUIDELINES FOR CLINICAL EVALUATION -- LEVEL II

OBJECTIVE I
Assess the bio-psychosocial needs of individuals and families within the wellness / illness continuum utilizing related nursing theory and an available database.

GUIDELINES:
a. Assess for adequate oxygenation by:
   1. identifying abnormal respirations associated with disease processses (i.e., retraction, wheezing, nasal flaring, sputum color, consistency, cough)
   2. identifying limitations of daily living
   3. identifying level of consciousness
b. Assess for adequate circulation by:
   1. identifying factors which cause changes in skin temperature
   2. identifying changes in heart rate, rhythm, volumes, using all pulse points identifying abnormal circulation (i.e., petechiae, capillary refill, edema, abnormal blood pressure, etc.)
   3. identifying location and extent of cyanosis.
c. Assess for adequate nutrition by:
   1. properly administering parenteral fluids (drip rate, time-tape, observation site, side effects, proper solution)
   2. correcting dietary components in relation to patient’s diagnosis and condition (i.e., dehydration, sodium retention, edema, congestion)
   3. identifying significance of weight changes and correlation to intake / output
   4. identifying the physiological response to diet.
d. Assess for adequate elimination by:
   1. identifying the functional activity of bowel’
   2. intervening for ineffectiveness of bowel and bladder function (i.e., need for enema, catheterization, medication)
   3. recognizing functional operation of drainage equipment (i.e., indwelling catheter, CBI drainage, supra-pubic)
   4. recognizing need for preventative nursing measures (ambulation, etc).

e. Recognize the phases of normal life cycle by:
   1. identifying the impact of illness on the patient’s developmental stage
   2. recognizing adaptive measures utilized by patient to cope with illness.

f. Correlate signs and symptoms to medical diagnosis by:
   1. analyzing pertinent data

OBJECTIVE II
Contribute to the patient’s plan of care.

GUIDELINES:

a. Identify nursing problems by:
   1. monitoring changes in patient’s orders making periodic assessments of patient’s condition and treatments (i.e., assess IV, drainage, pain)

b. Identify nursing measures for patient care:
   1. based on diagnosis, signs, symptoms and assessment;
   2. based on patient’s identified problems.

c. State rationale for nursing actions by:
   1. correlating theoretical knowledge based on patient’s signs and symptoms, individual needs
   2. evaluating the outcome of nursing action.

OBJECTIVE III
Implement therapeutic nursing measures to maintain, promote and restore optimum health to individuals and families within the framework of the established care plan.

GUIDELINES:

a. Demonstrate principles of asepsis while performing nursing care by:
   (refer to Level I)

b. Demonstrate safety measures at all times by:
   1. observing the six rights in the administration of medications, right patient, drug dose, route, time documentation
   2. identifying potential safety hazards and taking action to prevent injury to patients and / or others.

c. Perform specified nursing skills as taught and according to hospital policy by:
   1. applying principles to practice
   2. transferring previous knowledge gained to perform more complicated procedures
   3. demonstrating ability to adapt to use of equipment.

d. Utilize proper body mechanics by: (Refer to Level I)

e. Utilize time constructively, working in a neat, organized manner by:
   1. establishing priorities, and performing patient care with a multiple patient assignment
   2. demonstrating ability to adapt by applying changes to new patient care situations
3. making effective adaptations and applying changes to new patient situations
4. demonstrating ability to rearrange plan of care when disruption occurs.

OBJECTIVE IV

Interact with patients, families and health team members effectively through verbal, non-verbal, and written communications.

GUIDELINES:

a. Report and / or record information about the patient by:
   1. documenting information at appropriate time to designated individual or the health care team.

b. Assist members of health team in patient teaching related to therapeutic and restorative care by:
   1. identifying patient’s readiness to learn
   2. utilizing patient’s readiness to learn
   3. evaluating patient’s understanding by questions and / or patient feedback
   4. identifying patient’s understanding of their diagnoses, based on patient’s maturational development and level of intelligence
   5. communicating patient information with members of the health team.

c. State feelings and experiences by:
   1. discussing conflicts, anxieties and feelings related to the patient and clinical area
   2. recognizing ethical dilemma
   3. supporting patient’s rights and considering patient’s point of view.

d. Describe patient’s verbal and non-verbal communication in a therapeutic manner.

OBJECTIVE V

Demonstrate a commitment to professional development

GUIDELINES:

a. Identify student role by:
   1. performing self-evaluation to identify strengths and weaknesses
   2. adapting behavior to increase strength and modify weaknesses
   3. identifying legal parameters of practice based on the Nurse Practice Act
   4. demonstrating composure under stress and following appropriate channels when problems arise
   5. seeking instructor assistance when necessary to formulate nursing judgments

b. Identify new experiences and procedures to increase knowledge by:
   1. seeking additional learning experiences.
READMISSION TO THE PROGRAM FOR AN INDIVIDUAL WHO ATTENDED A TECHNICAL SCHOOL – based on availability

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program

ADMISSION TO THE PROGRAM FROM AN INDIVIDUAL WHO PREVIOUSLY ATTENDED AN RN PROGRAM OR A DIFFERENT LPN PROGRAM (i.e.: private in-state or out-of-state LPN program) – based on space availability

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program

TRANSFERS

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program

REMOVAL FROM CLASSROOM / CLINICAL AREA

Students may be removed from the Classroom / Clinical area for health, performance or other reasons which are detrimental to the student, the patient, and faculty or agency personnel. The School Principal and Department Head or designee is to be notified immediately.

DRESS CODE POLICY

Classroom:
Students enrolled in the LPN program are to follow the Connecticut Technical School System dress code.

The standard of dress for the Connecticut Technical School System are based on consideration of the safety and health of students and reflects those standards commonly acceptable in the business world and industry.

Clothing must not impair the health of the student or be a safety hazard. It must not interfere with the educational process or cause a disturbance. Examples are: shirts, blouses, or tee shirts that promote alcohol, drugs, violence, aggression, sexual connotations or profanity, see-through shirts or blouses, or clothing obviously intended to be underwear, worn as outerwear.
Students are reminded that: 1) outer jackets, coats and hats are to be placed in lockers and not worn in classrooms or shops; 2) clothing that may damage school property, such as rivets, heavy buckles, and shoes that leave black marks, should not be worn in school; 3) extreme hair styles may be a safety hazard (covering may be a solution). Common sense and good judgment by all will prevent any problems in these areas.

Clinical

Refer to Full Time Adult Student Handbook – specific section pertaining to Licensed Practical Nurse Program (General Information # 14)
While a member of the Connecticut State Department of Education, Licensed Practical Nurse Program, I will accept the responsibilities of my actions and will abide by the guidelines distributed in this handout. I have read and understood these guidelines.

_________________________________________________  __________________
(Print your Name)                                       (Date)

_________________________________________________
(Sign your Name)

REFUSAL FOR USE OF HEPATITIS B VIRUS VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination at this time. I understand that by declining this hepatitis B vaccination at this time, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can then receive the vaccination series.

NAME: ____________________________________________  DATE: ________________

WITNESS: ____________________________________________  DATE: ________________
**Student Statement of Release**

I hereby authorize *name of educational institution* to release a copy of my health record to clinical site agencies and/or to contact my healthcare provider for clarification of information.

I understand that I must submit a completed Health Assessment form prior to the beginning of school.

I am aware that if during the course of the academic year(s) requiring my participation in clinical experiences, my health status should change in a way that would impact my ability to perform in clinical, I must notify the Director/Administrator of the program. The need for additional clearance will be determined at that time.

______________________________  __________________
Student Name (Please Print)      Date

The following three (3) forms are to be signed and returned to the LPN Department Head on the first day of class.
STUDENT ACKNOWLEDGEMENT LICENSED PRACTICAL NURSE PROGRAM
HANDOUTS

While a member of the Connecticut State Department of Education, Licensed Practical Nurse Program, I will accept the responsibilities of my actions and will abide by the guidelines distributed in this handout. I have read and understood these guidelines.

_________________________________________________  ____________________________________________
(Print your Name)  (Date)

_________________________________________________
(Sign your Name)

REFUSAL FOR USE OF HEPATITIS B VIRUS VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination at this time. I understand that by declining this hepatitis B vaccination at this time, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can then receive the vaccination series.

NAME: ____________________________________________  DATE: ________________

WITNESS: ____________________________________________  DATE: ________________

Student Statement of Release

I hereby authorize name of educational institution to release a copy of my health record to clinical site agencies and/or to contact my Healthcare provider for clarification of information.

I understand that I must submit a completed Health Assessment form prior to participation in any clinical experiences.

I am aware that if during the course of the academic year(s) requiring my participation in clinical experiences, my health status should change in a way that would impact my ability to perform in clinical, I must notify the Director/Administrator of the program. The need for additional clearance will be determined at that time.

_________________________________________________
Student Name (Please Print)

_________________________________________________
Student Name (Signature)  Date