



# Student Policies & Procedures Manual for the Administration of the Nursing Program

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Revised July 2022  
Revised August 2023

NORTHEAST IOWA COMMUNITY COLLEGE ABIDES BY ALL STATE AND FEDERAL EQUAL OPPORTUNITY AND NON-DISCRIMINATION REGULATIONS.

# Welcome

On behalf of our nursing faculty, staff, and administration at Northeast Iowa Community College, we welcome you to the NICC nursing program! We are pleased you have selected NICC for your nursing education. Our PN and ADN Nursing programs consistently rank in the upper tier within the State of Iowa.

The NICC Nursing programs have a long tradition of providing an exceptional nursing education for both Practical Nursing (PN) and Associate Degree Nursing (ADN) students and are designed to provide excellent career potential. Upon completion of the first two semesters of the core nursing program, students have the choice to apply for graduation as a Practical Nurse, and complete the National Council Licensure Exam (NCLEX) for Practical Nurse Licensure. Students may exit the program and practice as a Licensed Practical Nurse once the NCLEX-PN exam is passed. The majority of students continue into the ADN program. Upon successful completion of three additional terms (one year) of the ADN program, students earn an Associate in Applied Science (AAS) degree. Upon graduation, you are eligible to complete the National Council Licensure Exam (NCLEX-RN) for Registered Nurse Licensure.

Additional career options for both a Practical Nurse and/or Associate Degree Nurse graduates are:

1. **Advanced Standing Program** – Practical Nurse to Associate Degree Nurse. This program provides an opportunity for those licensed as a Practical Nurse to complete the Associate Degree Nursing Program. These students enter the program as ADN Sophomores.
2. **Baccalaureate Degree in Nursing** – Associate Degree Nursing to Bachelor of Science in Nursing (RN to BSN). NICC supports lifelong learning and strongly encourages all ADN graduates to continue their education and obtain a BSN in Nursing. Approval from the Iowa Board of Nursing to participate in the Statewide Articulation Plan for Nursing Education is in place at NICC. This plan facilitates mobility of graduates from RN to BSN education. Generally, the Associate Degree Nursing graduate enters the junior year of the Bachelor of Science in Nursing Program and can obtain a degree in an additional two years. Information for these programs can be obtained from academic advisors or counselors. NICC has articulation agreements with many BSN programs and information can be found on the website: [nicc.edu/nursing/transfer](http://nicc.edu/nursing/transfer) information.
3. Concurrent Enrollment Programs (CEP)
4. NICC has partnered with Upper Iowa University (UIU) to provide the first program in Iowa to provide students the opportunity to work toward their bachelor's degree in Nursing (BSN) at the same time they are achieving their PN and ADN Nursing education through NICC. Students must meet admission requirements and be accepted by each institution. The BSN coursework is completed in an online format. Students who are successful in the program are able to complete their BSN within six to eight months after completion of their ADN.
5. Since 2006, NICC has partnered with Emmaus Bible College to provide students the opportunity to earn their LPN diploma or ADN degree in Nursing simultaneously with earning their undergraduate degree from Emmaus. Students must meet admission requirements and be accepted into each institution.
6. In 2019, our partnership articulation with Loras College in Dubuque began. This was designed in a 3 + 2 format; whereby students enroll at Loras and major in Spanish or Kinesiology, then transfer to NICC for their ADN program.

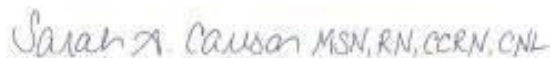
For further information, go to [www.nicc.edu/nursing](http://www.nicc.edu/nursing).

Both the Practical Nursing and Associate Degree Nursing Programs are approved by the Iowa Board of Nursing (IBON), (515) 281-3255, [www.nursing.iowa.gov](http://www.nursing.iowa.gov) and by the Iowa Department of Education (DOE). All academic programs at NICC are accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools. Both the PN and ADN Nursing programs are nationally accredited by the National League for Nursing Commission for Nursing Education Association (NLN-CNEA) located at 2600 Virginia Avenue, NW, Washington, DC, 20037. This was achieved in Spring 2019 and is valid for a six (6) year period.

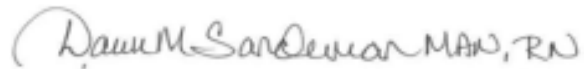
Northeast Iowa Community College Nursing Program graduates historically pass the NCLEX exam at or above state and national averages. NICC Nursing graduates are consistently recognized as excellent and safe practitioners by employers. Graduates frequently express appreciation for a quality education which supports having rewarding careers, with diverse employment opportunities. Many NICC Nursing graduates continue to earn undergraduate, graduate, and doctorate degrees.

This Student Policy and Procedure Manual is intended to provide information and guidance regarding program curriculum and policies. Please familiarize yourself with the content and keep it available as a reference manual. **Students are recommended to keep their manual, course guides and course syllabi in a permanent file for future reference when continuing their education or moving to another licensure jurisdiction.** If you have additional questions or need clarification pertaining to your role as a nursing student at NICC, please contact your Nursing Program Chair at your campus or advisor for assistance. Please remember this manual pertains to NICC Nursing Programs only, so students are reminded to also refer to NICC college policies and procedures found in the NICC College Catalog and Student Planner. Make sure you have copies of these important and useful resources. The NICC College Catalog is located on the NICC web site. Any changes necessitated by the COVID-19 pandemic restrictions will be communicated to students in a timely manner in order to maintain the highest level of safety for all.

Again, welcome, and thank you for choosing Northeast Iowa Community College for your nursing education! We wish you all the best in your education and your future professional career!



Sarah A. Carlson, MSN, RN CCRN CNL  
Dean of Nursing



Dawn M. Sanderman, MAN, RN  
Associate Dean of Nursing

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# Nursing Program Administration

## General College Information:

Peosta Campus  
1-844-642-2338  
563-556-5058 (fax)

Calmar Campus:  
1-800-642-2338  
563-562-4357 (fax)

## District-Wide Dean of Nursing:

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## Compliance:

*Executive Director for Risk Management and Title IX, ADA /504 and Equity Coordinator:*

Kelly McMahon (*District*) Ext. 2477 [mcmahonke@nicc.edu](mailto:mcmahonke@nicc.edu)

*Compliance Coordinator:*

Danielle White (*District*) Ext. 2236 [whited@nicc.edu](mailto:whited@nicc.edu)



# Student Resources

## Calmar Campus

|  |           |
|--|-----------|
| <u>Counseling Services</u> .....               | Ext. 1378 |
| <u>Learning Center</u> .....                   | Ext. 1394 |
| Learning Resources Coordinator (Library) ..... | Ext. 1257 |
| <u>Accessibility Services</u> .....            | Ext. 1258 |

## Peosta Campus

|  |           |
|--|-----------|
| <u>Counseling Services</u> .....               | Ext. 2215 |
| <u>Learning Center</u> .....                   | Ext. 2331 |
| Learning Resources Coordinator (Library) ..... | Ext. 2269 |
| <u>Accessibility Services</u> .....            | Ext. 2280 |

## Academic Support and Resources

Instructors are available by appointment, to assist with questions regarding study materials. The NICC Learning Center is available for students who wish to improve their reading, writing, and language skills or study habits. Tutoring may also be available through the Learning Center. These services are provided at no cost to students. Please visit the student resources tab for more information:

<https://www.nicc.edu/academic-support/learning-center/>

## Counseling

Students who experience personal, family, financial, or emotional problems during the academic year are encouraged to seek private & confidential support from the college's counseling services within the Student Services Department. It is vitally important for you to resolve issues before they impact your school performance. There is no charge for this service. Please visit the counseling tab for more information: <https://www.nicc.edu/counseling/>

# About This Manual

## Purpose

This manual is intended to provide information and guidance regarding your chosen program curriculum and policies. Please familiarize yourself with it and keep it available as a reference throughout the year. If you have additional questions or need clarification on any topic pertaining to your role as a student at NICC, please contact your Program Director. No policy or statement in this manual is intended to discriminate.

## Student Responsibilities

Each student is responsible to review information presented in this handbook and comply with the departments policies and procedures. This manual builds upon the college policies and procedures found on the NICC website in the College Catalog. The College catalog is available at [www.nicc.edu/catalog](http://www.nicc.edu/catalog).

## Northeast Iowa Community College Catalog

Prior to program entrance, students are strongly advised to review the following policies contained within the College Catalog or website links:

- [Drug-Free Policy](#)
- [Tobacco-Free Policy](#)
- [Communicable Disease Policy](#)
- [Discrimination, Harassment or Retaliation Policy](#)
- [Sex Offender Notification Policy](#)
- [Campus Emergencies](#)
- [Campus Security](#)
- [Financial Aid](#)
- [Academic Policies and Information](#)
- [Student Services and Resources](#)
- [Student Rights and Responsibilities](#)
- [Student Conduct Code](#)

## Student Responsibility for Catalog Changes

Students are responsible for familiarizing themselves with the information and policies appearing in the [college catalog](#). Northeast Iowa Community College reserves the right to change policies or procedures or revise the information contained in the catalog at any time. Students should refer to the online catalog for the most current college policies and procedures.

Should the institution feel obligated for reasons including, but not limited to, low enrollment or financial constraints, the college reserves the right to terminate any courses or programs from its offerings. The college also reserves the right to change policies or revise curricula as necessary due to unanticipated circumstances.

# General College Information

## NICC Mission Statement

### NICC is Student Driven and Community Focused

Northeast Iowa Community College provides in-demand education and training focused on improving lives, driving business success and advancing community vitality. For more information visit [About NICC](#)

## NICC Accreditation

Northeast Iowa Community College (NICC) is a public community college approved by the State Board of Education. Curricula are also approved by the State Board of Education, with additional approval through the Veteran's Education Unit of the State Department of Education for the Veterans Administration. Northeast Iowa Community College is accredited by the Higher Learning Commission (HLC) and participates in the Standard Pathway. For more information visit [NICC Accreditation](#)

Higher Learning Commission contact information: 230 South LaSalle Street, Suite 7-500  
Chicago, Illinois 60604-1411  
312-263-0456; 800-621-7440  
[Hlcommission.org](http://Hlcommission.org)

## NICC Vision Statement

Northeast Iowa Community College will be the premier source for in-demand education, workforce training and partnerships, through innovative thinking and talent development.

**Service:** We listen, identify and respond to the needs and expectations of our internal and external communities.

**Respect:** We show consideration for one another and encourage diverse perspectives to build trust, cooperation and accountability.

**Stewardship:** We use our resources in a responsible, impactful and sustainable manner.

**Innovation:** We foster the development and advancement of ideas through individual and team creativity.

**Integrity:** We are ethically accountable to ourselves and others.

**Resiliency:** We learn from our experiences, refocus and seize the opportunity to improve and persist.

## NICC's Common Learning Outcomes (CLOs)

Common Learning Outcomes (CLOs) define the expectations of a Northeast Iowa Community College education and provide the benchmarks against which the College holds itself accountable. The following four (4) areas and corresponding performance indicators have been established through faculty input. For each [CLO](#) a definition is provided to establish a common understanding.

Additionally, performance indicators are provided that serve to provide greater specificity (and context) for student performance. These indicators are often parallel if not the same as the criteria used on a rubric to assessment learning progress.

### 1. Critical Thinking:

*Definition:* Critical thinking is a process of actively and skillfully reviewing, analyzing, synthesizing, comparing, and interpreting information. Conclusions are drawn from relevant and/or missing information and connections are identified between issues. With these skills, multiple problems can be solved simultaneously. Inductive and deductive reasoning are required to perform skills sufficiently.

- a. Performance indicator one: Locate, interpret, and use information effectively.
- b. Performance indicator two: Use intellectually disciplined processes (conceptualizing, applying, analyzing, synthesizing, and evaluating) to solve problems.

### 2. Communicate Effectively:

*Definition:* Effective communication is the process of using appropriate techniques to facilitate the clearest possible understanding between the communicator and a target audience.

- a. Performance indicator one: Organization/Structure: The student will employ appropriate organizational/structural techniques throughout a message.
- b. Performance indicator two: Support: The student will be able to support a message.
- c. Performance indicator three: Technique: The student will construct a message free of technical/conventional errors.
- d. Performance indicator four: Purpose/Effect: The student will be able to communicate a message with a clear purpose.

### 3. Lifelong Learning:

*Definition:* The lifelong learner identifies, plans, self-evaluates and works toward achieving growth in knowledge, skills and attitudes.

- a. Performance indicator one: Demonstrates initiative.
- b. Performance indicator two: Demonstrates adaptability.
- c. Performance indicator three: Demonstrates awareness.

### 4. Diversity:

*Definition:* Respecting and embracing others and their differences.

- a. Performance indicator one: Work cooperatively as a member of a team.
- b. Performance indicator two: Appreciate difference and its benefits.
- c. Performance indicator three: Make ethical decisions that respect the rights, values, and beliefs of others.

## Statement of Principles of Sound Ethical Practice

The standards and curricula of NICC's Nursing program are formulated and implemented to promote excellence in caring for the public. The following practices shall be adhered to by NICC administration and faculty:

1. During recruitment activities, objectivity and presentation of accurate information shall be the goal.
2. The college website ([www.nicc.edu](http://www.nicc.edu)) will provide accurate information about requirements for admission, promotion and graduation, cost of the program and curriculum.
3. The candidate will be notified promptly regarding his/her eligibility for admission.
4. The educational program will ensure that all students have the opportunity to participate and/or share in like experiences.
5. The provisions of the Civil Rights Act shall be adhered to.
6. Those with access to confidential information regarding a student will respect the confidential nature of such data.
7. The school shall acquaint the student with written policies for dismissal, promotion and graduation and shall abide by its written policies.
8. Students will be informed in writing of changes in program policy as these changes become effective.
9. Students will be notified promptly of pending dismissal for any reason. Students seeking
10. to appeal a dismissal are to follow the college's approved process.
11. The student shall not be prohibited from graduation and making application for the licensing examination provided all requirements are met.

## Continuous Notice of Nondiscrimination

It is the policy of Northeast Iowa Community College not to discriminate in its programs, activities or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental or marital status.

If you have questions or complaints related to compliance with this policy, please contact:

Executive Director of Human Resources, 1625 Highway 150 South, Calmar, IA 52132 or the Executive Director for Risk Management, 8342 NICC Drive, Peosta, IA 52068, 844.642.2388, [equity@nicc.edu](mailto:equity@nicc.edu) or the Director of the Office of Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604, Telephone: 312.730.1560, Facsimile: 312.730.1576, TDD: 800.877.8339, Email: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov).

# Admission Policies and Procedures

## College Admission

Northeast Iowa Community College (NICC) operates under an open [admission standards](#) and admits any person who can benefit from a program of study. Acceptance to the College, however, does not necessarily mean acceptance to all courses or academic programs.

[International students admission policy.](#)

Please review the Selective Admissions Program policy below. Applicants may be required to take preparatory coursework, participate in a program interview or satisfy a minimum placement test score prior to entering specific college courses or programs.

NICC reserves the right to evaluate requests for admission and to refuse admission to applicants when considered to be in the best interest of the College. NICC may require an applicant to provide medical documentation from their attending physician for admission to a specific program, or when it is otherwise in the best interest of the student and/or the College.

## Entrance Testing

All applicants must complete entrance requirements prior to being accepted to the college. Acceptable entrance [requirements](#) may include ACCUPLACER, ALEKS, ACT, SAT, or Compass testing or completion of approved college coursework. Students must submit exam scores and official academic transcripts to the Admissions Office for consideration of entrance.

### Pre-Admission Assessment Activities

The following minimum placement test scores are required to enter the program.

|            | <u>Reading</u> | <u>Math</u> |
|------------|----------------|-------------|
| ACCUPLACER | 70             | N/A         |
| ALEKS      | N/A            | 15          |
| ACT        | 19             | N/A         |
| COMPASS    | 83             | N/A         |
| HESI A2    | 80             | 80          |

Applicants scoring below minimal requirements have the following options.

### Alternative to the Reading Test

If a student earns a C- or better in one (1) of the following courses, the reading requirement for acceptance into the program will be waived: Introduction to Sociology, Introduction to Psychology, or Developmental Psychology.

### Alternative to the Math Test

If a student earns a C- or better in Applied Math, Pre-Algebra or a higher-level math course, or has a high school GPA at a 2.00 or above, the math requirement for acceptance into the program may be waived.

Test scores are valid for five (5) years from the date of testing.

Those applicants scoring below the math requirements may have several options:

- Work with NICC [Learning Center](#) instructors to improve test taking skills and reviewing subject material. Learning Centers are located at the Calmar and Peosta campuses and at the Dubuque Center.
- Participate in independent study with review packets provided by the [NICC Testing Center](#). These packets can be requested in the Testing Center or by calling one of the Testing Center Assessment Technicians. These packets can be sent to those who request them.
- Applicants unable to participate in these activities are encouraged to be involved in self- directed content review. Sources for assistance include another local community college, the local public library (for review materials), the local K-12 school district (contact with former teachers and/or those who may be willing to provide review advice or tutoring), private tutoring, and other sources that may be available locally.

Test scheduling is arranged by contacting the college's Testing Center Assessment Technicians. A first retest may be administered two (2) weeks after the date of the original test.

If scores on the first retest are not at or above passing criteria, applicants must wait at least six (6) weeks from the original testing date before taking their second retest. Approval for the second retest will be at the discretion of the Vice President of Learning and Student Success. Approval will be based upon the determination that the student has a reasonable opportunity to qualify for a higher-level course.

If the student is unsuccessful after the second retest, a one (1) year waiting period from the original test date is required.

#### Previous College Experience

Admission assessment requirements may be waived based on courses taken (successful completion of Basic Math or above and College Comp I), credits earned, and grades received. Please have official transcripts sent to the College Admissions Office for a determination of any requirement waivers.

#### Credit Transfers

Coursework completed at another institution may be evaluated for [transfer](#). Transfer students requesting credit for previous coursework taken must submit official transcript(s) to the college's Admissions Office.

- A. No academic credit will be granted for non-academic experiential training.
- B. Request for transfer of credits must occur prior to determination of program entrance eligibility.
- C. The Allied Health Department accepts passing CLEP exams scores in lieu of transfer credit in the courses listed below. For CLEP subject exams, a minimum score has been established by the college to award degree credits. Please consult with a College Admissions representative for further information.

| CLEP Exam | Courses   |                                      | Credits |
|-----------|---|--------------------------------------|---------|
|           | Psychology  | PSY-111 - Introduction to Psychology | 3       |
|           | Human Growth & Development<br><i>(if computer based &amp; taken after 7/1/2001)</i> | PSY-121 - Developmental Psychology   | 3       |
|           | Sociology   | SOC-110 - Introduction to Sociology  | 3       |
|           | English Composition   | ENG-105 - Composition                | 3       |

## Selective Program Admissions Requirement

In addition to the college's admission procedures, academic programs may have specific admission requirements. These requirements are located on the individual program pages within the College catalog. Program admission requirements ensure that students possess the potential to complete programs successfully. Once all college and program admission requirements have been satisfied, applicants will be considered for acceptance to the program on a first-come, first-served basis. An applicant not meeting the requirements for a specific academic program may become eligible upon completion of appropriate coursework or re-testing entrance assessments. Many career programs have limited enrollment so applicants are advised to apply well in advance of the semester they wish to enroll. For more information visit the [Practical Nursing](#) and [Associate Degree Nursing](#) program pages.

## Remediating Status

Students who have completed the NICC application for admission, but have not completed one or more of the program admission requirements outlined above, are classified as "remediating." Students with a remediating status are not ranked on the program waitlist until all college and program admission requirements have been satisfied.

## Waitlisted Status

Students who have met all college and program admission requirements and are waiting for acceptance into the program are placed on a program waitlist. A waitlist is necessary due to limited enrollment capacity of many programs. Students are ranked on the waitlist by the date in which they satisfy all college and program admission requirements.

## Accepted Status

Students at the top of the waitlist will be offered entry into the program and are required to respond by the deadline date provided by the Admissions Office if they plan to enroll in order to avoid cancellation of their application. Students who decline an acceptance offer will be removed from the program waitlist. Students who do not reply to the confirmation request sent out by the college's Admissions Department by the deadline date to do so will be moved to the bottom of the program waitlist.

## Health Programs Affiliated Sites

Northeast Iowa Community College (NICC) reserves the right to deny acceptance to any health care program, per NICC policy. Students in health care programs are required to comply with any and all policies and procedures created and implemented by NICC and its clinical affiliates. Students are advised that any and all health care facilities associated with NICC may deny admission to or removal of any student placed in the facility if, at the discretion of the health care facility, the admission of the student or the continued presence of the student would present or continue a risk to the health care facility or any of its patients or employees.



# NICC College Policies and Procedures

## Accommodations

Northeast Iowa Community College is [committed to and complies](#) with the Americans with Disabilities Act (ADA). Students with declared disabilities are encouraged to contact the campus [Coordinator of Accessibility Services](#) for assistance. A [handbook](#) is available from Accessibility Services that explains disability accommodations. Students' needs or requests are processed in a private and confidential manner, as required by the ADA.

***Students receiving accommodations for exams must submit [written documentation](#) from the college's Coordinator of Accessibility Services to their course instructor at least two (2) business days prior to any scheduled exams.*** This documentation must be [delivered to each](#) instructor who is administering exams.

It is the [student's responsibility](#) to schedule exams in the Testing Center if they chose to utilize their accommodations. Students are strongly encouraged to take their exams at the same time the rest of the class is testing. Students who qualify for extended exam time are encouraged to start thirty to sixty (30-60) minutes earlier than the scheduled class time in order to be completed when class resumes. In addition, students are not allowed to leave the testing area until the classroom exam period has started. Students testing at different times during the scheduled class exam may receive a different exam. Students are not allowed extended their exam time beyond the accommodation prescription. Students are not allowed to take breaks during accommodation testing.

## Activity Restrictions

Students with documented activity restrictions are advised according to Iowa Core Performance Standards for Health Professionals. ***Students must be able to lift thirty-five (35) pounds without restriction while enrolled in an NICC Allied Health programs. Students who require the use of temporary assistive devices due to injury may not be able to participate in clinical activities due to safety concerns.*** Students unable to meet their program performance standards may be required to withdraw from a course or program. This withdrawal would be considered as medical in nature and would not count as a re-entry into the program.

## APA Reference Style

APA format is used for health program assignments that include resource documentation. The current APA citation manual can be found in [MyCampus/Library/Research/Citing/Citing Styles](#). Register within this site if you are a new NICC student. There are no fee/charges for this platform. An NICC computer log in is required.

## Program Assignments

It is a student's responsibility to submit assignments by dates/times, according to the class syllabus. Students who are absent from class must make missed assignment arrangements directly with their instructors.

## Behavior

Students are expected to comply with all policies established by Northeast Iowa Community College. Examples of expected behaviors for students in the classroom, lab, and clinical setting include:

Students are expected to exhibit mature and professional behavior at all times. Examples of this expectation include:

- Active participation in class activities.
- Offering assistance to others without prompting.
- Speaking to others in a calm, courteous, polite manner.
- Encouraging others.
- Listening quietly and attentively in class, lab, and clinical conference.
- Being quiet during testing.

Examples of behaviors that are disrespectful of others and/or unprofessional include:

- Arriving late to class/clinical or leaving when class is in session.
- Talking to classmates during lecture, presentations and conferences.
- Use of cell phones during class – text messaging, receiving and/or making calls.
- Making rude or sarcastic comments.
- Using profanity anywhere on campus or at clinical sites.
- Displaying hostility.
- Using confrontational words or body language.
- Invading the personal space of other.
- Following a student in their car, home, etc. uninvited.
- Threatening or stalking an individual.

Students displaying disrespectful and/or unprofessional behaviors will be removed from the instructional area and referred to the Program Director and/or the Dean of Allied Health and Human Service Education for determination of program continuation.

## Blood-Borne Pathogen Training

Each student will receive [Blood-Borne Pathogen training](#). Students must submit these documents to the [Compliance Department](#) via [mycb.castlebranch.com](http://mycb.castlebranch.com) as part of their program requirements.

## Campus Closures

NICC makes every effort to announce [school delays or cancellations](#) by broadcasting **on news and radio stations** in a timely manner.

The NICC Emergency Team utilizes [Rave Mobile Safety](#) to provide an emergency notification service. Our goal is to communicate vital information to each member of our community within minutes of an emergency. The College provides this emergency alerting service free of charge to all members of the NICC community; However, please note that your cellular phone provider may charge a per-text message fee for the delivery of emergency notifications to your phone. This fee is the student's responsibility. Alerts are automatically generated when a message is sent. All students enrolled at NICC will receive alerts unless they request to stop them by using the "STOP" feature on the first message. Once they opt out the account is inactive until they request to receive messages again.

Listen to most local radio or television stations in your campus area or check the NICC website under Announcement for official delays or closure of Northeast Iowa Community College campuses or centers. Each campus or center will be identified specifically in the broadcast. Radio and TV stations will continue to announce cancellations at frequent intervals. Please do not call the stations or NICC during inclement weather, as all are busy receiving other calls. If a campus or center opening delay occurs, do not come to campus early. The doors will remain locked until immediately before the stated opening time. Continue listening for future announcements as the College may further delay or cancel a campus or center opening if a storm worsens, winds pick up, etc. Instructors will notify students of decisions regarding adjusted class delivery or clinical hours when the college delays or closes campus or centers.

### Radio Stations:

**Dubuque:** KDTH, KATFM, KGRR, WVRE, WJOD, WDBQ (FM & AM), KLYV

**Maquoketa:** KMAQ (FM & AM)

**Cedar Rapids:** WMT Waterloo: KWLO, KFMW

**Oelwein:** KOEL (FM & AM)

**Elkader:** KCTN

**Manchester:** KMCH

**Dyersville:** KDST

### Television Stations:

**Cedar Rapids:** KGAN 2, KCRG 9

**Waterloo:** KWWL 7

**Students are always advised to use their own discretion before venturing out when road conditions may be hazardous.**

## Cell Phones and Devices

Unauthorized use of cell phones, cameras and other electronic devices (including but not limited to Apple Watches, other wrist wearable devices, and audio devices) is prohibited in the classroom, lab and clinical internship/externship settings. All cell phones/devices must be set to silent or turned off and put away in a backpack or bag during all classroom, lab and clinical internship/externship times. Students may not use cell phones/unauthorized devices for exams. Having cell phones/unauthorized devices on during testing may be considered cheating.

**Cell phones/devices may not be used during assigned clinical internship/externship shifts.** Students are not to make or receive any cell phone/device messages or notifications (voice, text, social media, etc.) during these hours (cell phones need to be silenced and kept in a bag or locker). Students are allowed to use cell phones/devices ONLY during scheduled break times, provided the usage is not disruptive to site staff, patients or visitors. Unauthorized use of cell phones/devices may result in loss of clinical points, clinical internship/externship dismissal from the assigned shift and could result in dismissal from the program. The student will not receive credit for competencies not obtained or hours not completed after a dismissal. Any hours missed for this reason may be made up at the discretion of the Clinical Coordinator.

**Exceptions to this policy will only be granted for short-term, emergency situations and will require prior approval by the instructor or clinical preceptor in advance.**

## Children

Children are [not allowed](#) in the classroom, testing center, lab, or clinical areas. Children who are left unattended in any environment on campus grounds are considered unsupervised and at risk. Legal intervention may occur on the part of the College. Students having difficulty arranging childcare around school responsibilities may be referred to an NICC counselor for assistance.

## Theory (Lecture) Attendance and Absence

Students are expected to attend theory since many practical applications and activities are used in the classroom to facilitate and broaden learning. Theory experiences are interrelated with lab and practical experiences, and absence from one area will make the student less effective in other areas. If a student must be absent from a theory session, the student is responsible for obtaining the information missed. If a student misses an assignment or exam, arrangements to make-up the assignment or exam must be made with your instructor. The course syllabus will address each instructor's assignment and exam make-up policy. Students are expected to call or email their instructors prior to the start of class if they are going to be late or absent.

Daily attendance/tardy records are maintained for all theory, lab, and practical sessions. Attendance records are also used for financial aid information, and attendance is a crucial component of financial aid qualifications.

Consistent attendance is strongly correlated with student success. Repeated absences and tardiness can jeopardize a student's status in the program and interfere with financial aid disbursements.

## Computer Usage

Students must have access to a reliable computer for communication and coursework. NICC computers are available for student use in the library or computer labs.

## Conflict Resolution

There may be times when students have concerns regarding testing, clinical/field evaluation, program/course policies, faculty or staff or conditions of the learning environment that are adversely affecting learning. When students and/or faculty are under stress or in conflict, a nonproductive learning environment result. It is important for students to use a timely and professional process to resolve concerns or conflict in a constructive manner. Problems must be addressed promptly at the time the concern becomes evident. Most issues are relatively easy to resolve when two individuals sit down to discuss issues in a private and professional manner. As the issue moves up the chain of command, all persons involved will be included in decision-making processes. Students are expected to adhere to college, program, and course guidelines to assist with conflict resolution:

1. Identify the essence of the concern/conflict, clearly stating objective facts as well as subjective information.
2. First attempt: Approach the person(s) who is/are directly involved in the concern/conflict privately and in a manner in which you would like to be approached.
3. If the concern/conflict remains unresolved, students may schedule an appointment to meet privately with an instructor or program director.
4. For conflicts that remain unresolved after meeting with instructors of the program chair, a meeting with the Dean of Nursing/Associate Dean of Nursing may be scheduled.
5. If the concern continues to be unresolved to your satisfaction, procedures exist at NICC for resolving serious issues (refer to College Catalog). At this stage, the student is directed to complete an Incident of Concern report using the form found on the NICC website.

## Course Related Problems

Students are encouraged to maintain open, on-going professional communication with course, clinical/field, and lab instructors. Students experiencing problems with an instructor are to discuss the problem with the instructor. Students experiencing course problems must discuss their concerns with the instructor who is involved in the course in which the student is enrolled. If further assistance is needed to resolve the issue, the student and involved faculty member(s) may meet with the Dean of Nursing/Associate Dean of Nursing. If the problem continues to remain unresolved, the student will be informed of further options within the College.

## Emergencies

In the event of an emergency during school hours, students may be reached by calling 844- 642-2338. Department personnel will obtain needed information and contact the program instructor who will reach the student. Students assigned clinical/field hours beyond regular business hours may be contacted by calling their assigned site.

## Fundraising

This [policy](#) establishes the procedural guidelines governing all fundraising and solicitation activities, both internally and externally, for the NICC community. All such activities must support the mission of NICC and comply with all College policies and procedures.

## Gifts

Due to the professional nature of clinical, classroom, and lab experiences, students are not to give, or receive any [gifts](#) to/from faculty, staff, patients and/or patients family members.

## Graduate Job References

NICC faculty and staff work closely with students and get to know their abilities, skills, and character. *Upon written requests from students*, faculty and staff may provide letters of recommendation or verbal references for employment, based upon their personal observation and knowledge of the student. Written or verbal references will not contain any information found in the student's educational record, e.g. grades, GPA, discipline records, etc.

## Graduation Requirements

Credit students are eligible to graduate when the following [requirements](#) are satisfied:

1. Complete all program requirements.
2. Maintain a cumulative grade point average of 2.0 or better within the Program.
3. Complete all required courses with a minimum grade of "C-" or above.
4. Pay all fees and other financial obligations to NICC.
5. Return all library materials.
6. File a [Graduation Application](#) form by the posted deadline.

Students who are within eight (8) credit hours of earning their degree or who are registered in their last term of a program sequence are also eligible to participate in commencement activities.

## Hazardous Materials/Waste

Proper handling, storage, and disposal of hazardous materials and waste products is everyone's responsibility. Students should contact the instructor immediately if they suspect exposure to or contact with a hazardous material. Instructors will provide the following information for any areas in which hazardous materials are in use:

- Safety Data Sheets.
- Protective clothing/equipment required for handling the materials.
- Proper disposal of used or unwanted materials and waste.
- Due to restrictions created by the COVID-19 pandemic, NICC is closely following the recommendations of the Centers of Disease Control (CDC) and Iowa Department of Public Health (IDPH) in relation to social distancing, use of masks and protective equipment, and disinfection equipment specific to COVID during the pandemic.

## Health and Liability Insurance

Mandatory Health Insurance: All Nursing and Allied Health students must submit proof of current health insurance coverage and NICC's Health Insurance Verification form. Students must submit these documents to the [Compliance Department](#) via [mycb.castlebranch.com](http://mycb.castlebranch.com) as part of their program requirements. Nursing and Allied Health students must comply with College requirements for the duration of the program and/or at any time they are in an educational clinical setting. Students are responsible for maintaining continuous health insurance coverage through the duration of their time in a health program and presenting documentation of any changes to the Compliance Department via CastleBranch.

In the event that a student is injured during class, lab or clinical/field, the student must notify their instructor or preceptor immediately and prior to leaving the area in which the injury occurred. The instructor or preceptor will assist the student with initial first aid and in completing the facility and College forms ([NICC's Report It! Form](#)). The Report It! Form must be submitted within twenty-four (24) hours. **In the event of an injury, the student's personal health insurance will be the primary carrier responsible.**

The college shall maintain general liability insurance which shall provide coverage for its faculty and students while participating in the program. The following related to NICC's liability insurance:

- Although an incident may be covered by NICC's liability insurance, students still have an obligation to act responsibly. NICC's liability insurance coverage is for "good faith conduct" and will not apply if students act irresponsibly, maliciously, recklessly, or fail to conform to program and health care agency standards, procedures, and/or policies.
- Participation in the program refers to performance while in the NICC student role. No other employment/work or situation is covered.
- NICC's liability insurance does not cover travel in a non-NICC vehicle.
- NICC's liability insurance does not replace the need for personal health insurance coverage.

## Health Related Issues

Specifically: [Pregnancy](#), Trauma, Surgery, [Communicable Diseases](#) and Immuno- compromised conditions. If a student is subject to one or more of the listed conditions, the College strongly recommends the student submit a healthcare provider's written recommendation as soon as possible for continuation in the classroom, lab or clinical settings. NICC is not responsible for illness, injuries or infectious contacts in these settings.

**Infectious Diseases:** Students who have symptoms of a possible infectious disease should immediately contact their health care provider. Students with diagnosed infectious diseases must notify program faculty immediately to facilitate notification to appropriate agencies by program administrators. Arrangements will be made for clinical make-ups for students who have documented infectious diseases. Students with documented infectious diseases must obtain a release from their health care provider prior to returning to class/lab/clinical setting.

The following guidelines are enforced by clinical agencies:

- **Coronavirus disease (COVID 19)** – Follow CDC's guidelines on quarantine and isolation.
- **Diarrhea** – Use good hand washing technique. Must be fever free (below 100.4 ° F or 38° C) and diarrhea free for twenty-four (24) hours.
- **Influenza (flu)** – Must be fever free for twenty-four (24) hours before returning to clinical setting/work. Temp must be below 100.4° F, or 38°C.
- **Pink Eye (conjunctivitis)** – Must be on antibiotics for twenty-four (24) hours and show improvement in symptoms.
- **Respiratory infections** – Requiring medical treatment – must be fever free for twenty- four (24) hours before returning to clinical setting/work. Temp must be below 100.4° F, or 38°C.
- **Skin infections (shingles, skin rashes, impetigo)** – Requires a doctor's diagnosis and release before returning to clinical setting/work.
- **Strep throat** – Must be on antibiotics and fever free (below 100.4 °C, or 38°C) for twenty- four (24) hours prior to returning to clinical setting/work.

**Students who are aware of, or have reason to believe that they have an infectious disease, and intentionally expose health care workers and clients without their knowledge may be immediately terminated from the program.**

## Health Status

It is the student's responsibility to report changes regarding their health status while enrolled in the program. It is the student's responsibility to immediately report any personal injuries or client injuries (those under the student's care) that occurred during theory sessions, lab, clinical or field rotations to their instructor or preceptor. The instructor or preceptor will then assist the student in completing required facility/agency and [NICC reports](#).



## HIPAA Awareness Education

The Health Information Portability and Accountability Act of 1996 is a federal law dealing with privacy and security of health information. Complying with the HIPAA rules is mandatory.

- a) There are fines for each violation of HIPAA privacy (and security) safeguards.
- b) There are possible criminal penalties.

It is Northeast Iowa Community College's responsibility to provide HIPAA Awareness training for all health care students. Students in any health-related program are required to complete HIPAA Awareness training (as mandated by the HIPAA Act of 1996) prior to their first clinical or field course. Violation of confidentiality guidelines, outlined in this training, is a critical incident and may be grounds for termination in the program. Each student will receive HIPAA information at the beginning of the semester. Go to [NICC MyCampus/HIPAA & Bloodborne Pathogens Training - Students](#).

## HIPAA/Confidentiality

As a student in a health program, contact with confidential and protected health information will occur. This information may be personal, clinical, financial or other. Information may be computerized (electronic health record), hard copy, or verbal in nature.

Examples of confidential information may include, but is not limited to health records, employee records, financial records, reports, information distributed to work areas, or any other information found in the course of business. Confidential information also includes information learned through discussion in clinical practice on and off campus from employees and medical/dental staff, patients, and patient families or friends.

Students of Northeast Iowa Community College enrolled in a health program shall maintain all aspects of confidentiality. Students are accountable for being aware of the legality regarding patient privacy and confidentiality rights as per HIPAA guidelines and regulations. The following is required:

- Confidentiality of patient information must be protected by the student.
- Access to patient information that you are not assigned to for care and/or research is prohibited, **including your own personal health information.**
- Patient, family or health related information may not be photocopied or removed from the healthcare setting.
- Security guidelines for accessing and documenting in electronic medical records must be followed.

As a student, it is your responsibility to protect the confidential and private information you have contact with. You must protect information from loss, destruction, tampering and inappropriate access and use, including inappropriate disposal.

Any breach of confidentiality or privacy practices represents a failure to meet legal, professional, and ethical standards and constitutes a violation of this standard. A breach may include any unnecessary, unauthorized, unintentional, or intentional use or disclosure of confidential information due to carelessness, curiosity or concern, for personal gain or malice, and including informal discussion both in the healthcare facility, outside the healthcare facility or at the college. Such breaches will result in disciplinary action, which may include program termination and civil or criminal penalties from the college, individuals or affiliated organizations.

## Housing

Student housing near the Peosta Campus is available via [College Suites](#). This housing is not owned by NICC, so please use the link to obtain additional information. There are no dormitory facilities on the school campus. Housing arrangements are the students' responsibilities.

## Incident/Accidents Reporting Procedures

All incidents (i.e. drug errors, client falls, etc.) and accidents or injuries involving instructors and/or students must be reported according to the following procedure. All incidents are reported using the [NICC Report It!](#) Form. This form can also be found through [mycampus.nicc.edu](http://mycampus.nicc.edu).

### Instructor Reporting Procedure at NICC:

- Emergency guidelines are to be followed for emergent care needed.
- Dean of Nursing/Associate Dean of Nursing is to receive verbal notification of the incident.
- The NICC Incident Report Form is to be completed by the student and instructor/preceptor or supervising facility personnel prior to leaving the area.
- The completed [NICC Report It!](#) Form (found by going to the [mycampus.nicc.edu](http://mycampus.nicc.edu) dashboard, search 'Report It!' click on the task and fill in the form) is to be submitted by the instructor/preceptor to the Dean of Allied Health and Human Service Education for review within twenty-four (24) hours of the incident.
- The completed NICC Report It! Form is then forwarded from the Dean of Nursing/Associate Dean of Nursing office to the Business Office in Calmar within twenty-four (24) hours of receipt.

### Instructor Reporting Procedure at Clinical Site:

- Emergency guidelines are to be followed for emergent care needed.
- The Dean of Nursing/Associate Dean of Nursing receives verbal notification of the incident immediately.
- A facility Incident Report Form and [NICC Report It!](#) Form are to be completed by the instructor/preceptor of the supervising facility personnel immediately prior to leaving the assigned shift.
- A copy of the Facility Incident Report Form (if available), and the NICC Incident Report Form are to be submitted to the Dean of Nursing/Associate Dean of Nursing for review within twenty-four (24) hours of the incident.
- The NICC Report It! Form is forwarded to the Business Office in Calmar by the Dean's office within twenty-four (24) hours.

### Student Responsibilities in Reporting

- The student is responsible for reporting all student or client accident/injuries that occur during class, lab or clinical immediately and prior to leaving the area.
- Instructors, preceptors, or supervising facility personnel will assist the student in completing correct forms and taking corrective actions as indicated by the clinical facility and NICC policy.

## Internet and Email

Northeast Iowa Community College provides computing and networking resources to students. Students are expected to use computers, software packages, and electronic mail (e-mail) for educational or college-related activities and to facilitate efficient exchange of useful information. Use of equipment and networks must conform to [policies and procedures](#) of the college and access may be denied to any student who fails to comply with these requirements. Social networking sites (i.e. Facebook, Snapchat, Instagram, and Twitter) are useful avenues for student communication and study groups and can be used to access the latest medical news. NICC supports the responsible use of these resources and expects all users to demonstrate the same level of ethical and professional conduct that is required in face-to-face or written communications. When accessing social media, you represent, warrant and agree that materials of any kind submitted through your account will not violate or infringe upon the rights of any third party, including copyright, trademark, privacy, publicity or other personal or proprietary rights; or contain libelous, defamatory or otherwise unlawful material. Any violation of these types of usage terms involving an NICC Nursing or Allied Health program may result in appropriate disciplinary action, which may include removal from the program.

**Potential employers routinely check [social media](#) postings prior to interviews and hiring of employees. Students must recognize that postings on social networking sites may be copied and sent by other individuals who have shared access to personal sites. Therefore, deleted personal postings will continue to circulate and are considered to be permanent postings.**

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

| <b>Capability</b>    | <b>Standard</b>   | <b>Some Examples of Necessary Activities<br/>(Not all Inclusive)</b>  |
|----------------------|---|---|
| Cognitive-Perception | The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.   | <ul style="list-style-type: none"> <li>● Identify changes in patient/client health status</li> <li>● Handle multiple priorities in stressful situations</li> </ul>  |
| Critical Thinking    | Utilize critical thinking to analyze the problem and devise effective plans to address the problem.   | <ul style="list-style-type: none"> <li>● Identify cause-effect Relationships in clinical situations</li> <li>● Develop plans of care as required</li> </ul>   |
| Interpersonal        | Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences. | <ul style="list-style-type: none"> <li>● Establish rapport with patients/clients and members of the healthcare team</li> <li>● Demonstrate a high level of patience and respect</li> <li>● Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>● Nonjudgmental behavior</li> </ul>   |
| Communication        | Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.  | <ul style="list-style-type: none"> <li>● Read, understand, write and speak English competently</li> <li>● Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>● Explain treatment procedures</li> <li>● Initiate health teaching</li> <li>● Document patient/client responses</li> <li>● Validate responses/messages with others</li> </ul> |
| Technology Literacy  | Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.  | <ul style="list-style-type: none"> <li>● Retrieve and document patient information using a variety of methods</li> <li>● Employ communication technologies to coordinate confidential patient</li> </ul>  |

| Capability         | Standard  | Some Examples of Necessary Activities<br>(Not all Inclusive)  |
|--------------------|---|---|
| Mobility           | Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client. | <ul style="list-style-type: none"> <li>● The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>   |
| Motor Skills       | Gross and fine motor abilities to provide safe and effective care and documentation   | <ul style="list-style-type: none"> <li>● Position patients/clients</li> <li>● Reach, manipulate, and operate equipment, instruments and supplies</li> <li>● Electronic documentation/ keyboarding</li> <li>● Lift, carry, push and pull</li> <li>● Perform CPR</li> </ul>   |
| Hearing            | Auditory ability to monitor and assess, or document health needs  | <ul style="list-style-type: none"> <li>● Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>  |
| Visual             | Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination   | <ul style="list-style-type: none"> <li>● Observes patient/client responses</li> <li>● Discriminates color changes</li> <li>● Accurately reads measurement on patient client related equipment</li> </ul>  |
| Tactile            | Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture   | <ul style="list-style-type: none"> <li>● Performs palpation</li> <li>● Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>   |
| Activity Tolerance | The ability to tolerate lengthy periods of physical activity  | <ul style="list-style-type: none"> <li>● Move quickly and/or continuously</li> <li>● Tolerate long periods of standing and/or sitting as required</li> </ul>  |
| Environmental      | Ability to tolerate environmental stressors   | <ul style="list-style-type: none"> <li>● Adapt to rotating shifts</li> <li>● Work with chemicals and detergents</li> <li>● Tolerate exposure to fumes and odors</li> <li>● Work in areas that are close and crowded</li> <li>● Work in areas of potential physical violence</li> <li>● Work with patients with communicable diseases or conditions</li> </ul> |

## Lab Equipment

No supplies are to be removed from the lab, clinical, field or classroom area without instructor permission. Classroom and lab supplies are the property of the college and clinical/field supplies are the property of the clinical/field setting. Taking supplies without permission may be considered theft and is a breach of contract between the college and the health care facility. If a student is aware of the illegal use of supplies or unethical conduct of another student, it is the student's professional responsibility to [report](#) the incident to the instructor or the program director. Failing to report is considered condoning the action and may result in disciplinary action.

Mistreatment of any equipment or supplies while in the lab setting may result in immediate suspension, pending an investigation. No credit will be awarded for any assessment or evaluation taking place that day. Disciplinary action may occur, up to and including dismissal from the program.

## Latex Allergy

The Centers for Disease Control (CDC) and Prevention reports that the amount of latex exposure needed to produce sensitization is not known (<https://www.cdc.gov/niosh/docs/98-113/default.html>). The CDC reports that increasing exposure to latex proteins increases the risk of developing allergic symptoms. Health Care providers may be at risk of developing latex allergies due to frequent use of latex gloves. Latex proteins can become fastened to the lubricant powder used in some gloves. When workers change gloves, the protein/powder particles become airborne and can be inhaled. It is recommended to use **non-latex** gloves for activities that are not likely to involve contact with infectious materials. If latex gloves are used, exposure to latex can be reduced by wearing **powder-free** gloves. Always perform hand hygiene after removing gloves. Students who have a known latex sensitivity or allergy must notify NICC's Compliance Coordinator and their program director.

## Continued Theory (Lecture) Attendance with a Clinical/Field Failure

Students who have received a clinical or field failure and are therefore unable to attend clinical/field are encouraged to continue attending the theory (lecture) portion of the class to facilitate future course success. Students should meet with a financial aid counselor to determine the effect of doing so on their financial aid package. Students attending theory (lecture) are encouraged to participate in all related theory activities.

## Name/Address Change

Students who have a name or address change while a student at NICC are required to complete a form with [Student Services staff](#) as soon as possible and also notify the program director. This must be done in a timely manner, as changes in student name and address affect clinical site computer clearance, background checks and licensure applications.

## Needle-stick Policy

Northeast Iowa Community College is committed to providing a safe environment in relation to the usage of “sharps”.

In order to prevent injury in the lab:

1. Needles are to be recapped only using the “scoop” technique.
2. Needles that have been used for manikin practice are not to be recapped and are to be immediately discarded into approved sharps containers, which are available throughout the lab.
3. Students are to work with needles in the lab only under the direct supervision of faculty.
4. Needleless injection systems and needle guards are to be utilized whenever possible.
5. Students are not to remove needles from the lab.

If a needle-stick injury occurs in the lab when it does not involve the potential of blood- borne pathogen transmission, the following steps are taken:

1. Immediately wash the affected area thoroughly with antimicrobial soap and water.
2. Contact faculty who will assist with completion of an NICC Report It! Form.
3. Individuals are instructed in the signs/symptoms of infection and encouraged to seek medical advice as appropriate.
4. Faculty will route the accident form through proper administrative channels.

If a needle stick injury occurs on campus which *does* involve potential exposure to blood or body fluids of a second individual, the NICC OSHA Bloodborne Pathogens Standard Precautions Policy will be followed.

In a clinical or field setting, agency policies will also be followed. In addition, the instructor, preceptor, or supervising facility personnel are to be notified immediately. An [NICC Report It!](#) Form along with a copy of the agency incident form must be completed and filed with the program’s academic Dean’s office within twenty-four (24) hours of the occurrence.

## NICC Messages

Students are expected to check their NICC [mycampus.nicc.edu/](http://mycampus.nicc.edu/), their NICC email account and their Brightspace Learning Management System daily for messages. NICC email will be the primary means of communication between the college and students for all students enrolled in NICC's Nursing and Allied Health Programs.

## Program Orientation

Program orientation sessions are held to provide incoming students with essential information to succeed in your program. Program orientation sessions are mandatory in order for students to progress in their program. Immunizations and background checks must be current and submitted to [CastleBranch](#) prior to attending clinical orientations. Students will not be allowed to progress into clinical or field rotations if they are delinquent in immunization documentation or background checks. Students missing mandatory program or clinical/field orientations for extenuating circumstances may progress in the program with program director approval only.

The following orientation sessions are held at NICC:

**NICC New Student Orientation:** Designed to provide a smooth start to the semester. For students who are new to Northeast Iowa Community College or would like a refresher. Visit resource tables, get questions answered, find classrooms, and get student ID pictures taken.

**Mandatory Program Orientation:** Completed prior to the start of the program. Program policies and procedures, as well as compliance requirements, are reviewed.

**Clinical/Field Site Orientation:** Specific clinical or field sites may require students to complete an orientation. If applicable, this would be held prior to the start of any clinical/field hours.

## Performance Improvement Plans

A Performance Improvement Plan (PIP) is initiated by program faculty when a student is at risk for course or program failure. Students will meet with program faculty to review program or course objectives that are not being met and remediation that is required.

Students are required to fulfill the remediation outlined in their plan. Students must successfully meet all the remediation objectives in their plan in order to pass the course or advance in the program. Students will receive a copy of their PIP for their files. A copy will also be maintained in the program director's office through the duration of the student's program of study. Students who are placed on a Performance Improvement Plan are considered to be on probationary status. **Probationary status is a warning to students that their continued status in the program may be in jeopardy and that either academic or professional improvement is needed.**



## Plagiarism

When completing any assignment, if you obtain information from a resource it is expected you cite the reference. When using a reference, you may NOT copy from the source. You need to paraphrase the information in your own words. Plagiarism is addressed according to the NICC [Student Conduct](#) Policy. NICC faculty utilize turnitin.com to identify students who have plagiarized work. Plagiarizing is a serious offense and may result in course failure or program termination. Plagiarizing on an assignment occurs when students:

- Use direct quotes without quotation marks and textual citation of the material.
- Paraphrase without crediting the source.
- Present another's ideas as their own without citing the source.
- Submit material developed by someone else as their own (this includes purchasing or borrowing a paper or copying a disk).
- Submits a paper or assignment for which so much help has been received that the writing is significantly different from their own.

Students are encouraged to visit [plagiarism.org](http://plagiarism.org) to learn more about plagiarism.

## Pregnancy

Under the Department of Education's (DOE) Title IX regulations, an institution that receives federal funding "shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student's [pregnancy](#), childbirth, false pregnancy, termination of pregnancy or recovery therefrom." According to DOE, appropriate treatment of a pregnant student includes granting the student leave "for so long a period of time as is deemed medically necessary by the student's physician," and then effectively reinstating the student to the same status as was held when the leave began.

Students are encouraged to work with their faculty members and Northeast Iowa Community College's support systems to devise a plan for how to best address the conditions as the pregnancy progresses, anticipate the need for leaves, minimize the academic impact of their absence and get back on track as efficiently and comfortably as possible. The Title IX Coordinator will assist with plan development and implementation as needed.

**The student has the option of whether or not to inform program officials of a pregnancy.** If the student chooses to inform the Program of pregnancy, it must be in writing and indicate the expected date of delivery. In the absence of this voluntary written disclosure, a student cannot be considered pregnant.

If the student chooses to voluntarily declare the pregnancy, the following options will be provided:

- a. Continue both the didactic and clinical education courses without modifications.
  - All clinical and didactic coursework must be fulfilled according to the Educational Plan at Northeast Iowa Community College.
  - Student will be assigned to the same clinical rotations as a non-pregnant student.
- b. Leave of Absence from the Program
  - Discontinue didactic and clinical education courses.
  - Re-enter program based on program readmission criteria.
- c. Discontinue Program
  - The student may withdraw their pregnancy declaration at any time.

## Refund Policy

Please visit [www.nicc.edu/finance-office/tuition-refund-policy/](http://www.nicc.edu/finance-office/tuition-refund-policy/) for the Tuition and Course Refund Policy.

## Smoking Policy

NICC and all clinical/field sites are [smoke and tobacco-free](#) in compliance with the 2008 Iowa Smoke Free Air Act (H.F.2212). Iowa law and the Board of Trustees Policy prohibit smoking or use of tobacco products within college buildings, on college grounds, in vehicles, as well as on clinical facility grounds or during off-campus classroom and field experiences. In addition to traditional tobacco products, e-cigarettes and vaping are also prohibited.

Students who do so will be penalized according to college or to facility protocols.

## Social Media

Students must adhere to program guidelines when using Facebook, Twitter, Instagram, YouTube, LinkedIn, Snapchat, blogs, along with any other emerging social media.

- Any and all patient information obtained during patient care experiences is completely confidential without exception.
- Organizational information you may see or hear during your clinical and field shifts is considered confidential.
- Photos must not be taken anywhere on a health facility campus.
- Educational activities conducted at the clinical/field sites are not to be audio or video recorded.

Students are fully responsible and liable for anything posted to social media sites, including any comments in such postings that may be deemed defamatory, profane, obscene, proprietary, libelous or otherwise illegal. Sharing information considered confidential may result in immediate dismissal from the program.

When participating in social media, the following best practices are recommended:

- Think twice before posting: Privacy does not exist in the world of social media.
- Strive for accuracy: Get the facts before posting to social media.
- Be respectful: Opposing views may produce hurtful comments and should be avoided.
- Remember your audience: Future employers, schools, colleagues, etc.
- Personal sites: Identify your views as your own, per the NICC Student Conduct Code, and not as an NICC student.

## NICC Student Conduct

### Civility Statement

As an academic institution, Northeast Iowa Community College, exists for the transmission of knowledge, the pursuit of truth, the development of students and the general well-being of society. Membership in this academic community places a special obligation on all members to preserve an atmosphere conducive to the [freedom to teach and to learn](#).

Freedom to teach and to learn depends on opportunities and conditions in and outside the classroom that foster respect, integrity, honor and civil conduct. Northeast Iowa Community College defines civility as the art of treating others, as well as ourselves, with respect, dignity and care. Civility is demonstrated when we are sensitive to the impact that our communications, practices and behaviors have on others and when we acknowledge each person's self-worth and unique contributions to the community as a whole. All members of the College community, students, faculty, staff and visitors have the right to work and learn in a safe environment, that is civil in all aspects of human relations.

## **Student Conduct**

Students are expected to obey College policies, rules and regulations and not violate municipal, county, state or Federal law. Through voluntary entrance to the College, students indicate a willingness to adhere to the policies, rules and regulations of the College and acknowledge the right of the College to initiate appropriate disciplinary actions. Instructors are responsible for maintaining a classroom environment conducive to teaching and learning and therefore, may remove any student from class for disruptive behavior or other disciplinary reasons.

NICC students are responsible for knowing the information, policies and procedures outlined in this document. NICC reserves the right to make changes to this [Student Conduct Code](#) as necessary. Once changes are posted online, they are in effect. Students are encouraged to check online at [www.nicc.edu/catalog](http://www.nicc.edu/catalog) for current versions of all college policies and procedures. Hard copies of the Student Conduct Code may be available to students upon request.

Although emphasis is placed on education and guidance in cases of misconduct, the College may take disciplinary action and/ or civil and criminal actions against a person disrupting College business or processes in order to ensure the collective good of the community and to protect the rights of its members. The scope of authority of the College includes dismissing a student or visitor whose conduct is unsuited to the purpose of the College.

NICC retains the authority to immediately remove a student from an on-the-job training site, clinical or field area, an observation or job shadow, a class offered through any format, a student organization or College property when a student's grades, performance, conduct or health may have a detrimental effect on the student, the College, other students, faculty or staff, customers, clients or patients of a cooperating agency.

## **Transportation**

Students are responsible for his/her own transportation to various clinical/field agencies utilized and any expenses incurred to attend clinical/field experience. No client is ever to be transported in student vehicles. Students are not to be transported in a faculty vehicle at any time.

## Withdrawal Procedure

NICC recognizes that unforeseen circumstances may result in a student needing to take time off from their program. Non-progression in the program may result in difficulty with content retention and application upon re-entry and financial aid. Therefore, the following policy is implemented to promote student awareness of the need to proceed in program sequence as expediently as possible.

1. A student who chooses to [withdraw](#) from the program for any reason must discuss these intentions with their program advisor. Students must complete the Withdrawal and Clearance form at the [NICC Advising Office](#) prior to the designated withdrawal deadline date for the term. It is the student's responsibility to work with the NICC Advising office to withdraw from coursework. Students failing to complete the NICC withdrawal process by the deadline date will receive an "F" in the courses they remain enrolled in.
2. Tuition refund eligibility is based upon the length of enrollment and number of credit hours for which the student is registered. Students who must withdraw for reasons of personal health, as verified by a physician, may receive a "W" for the term and the standard tuition refund policy applies.
3. Students who drop after three-fourths length of the course (the withdrawal date) will receive a failing grade on their records for work not completed satisfactorily.
4. Students who withdraw from the program are subject to the program rules that are in effect at the time of program re-entry.
5. An [administrative withdrawal](#) may be implemented according to criteria listed in the college catalog.

## Compliance

PRIOR TO ATTENDING CLINICAL ORIENTATION (OR CLINICAL FOR ONGOING STUDENTS); STUDENTS MUST MEET ALL REQUIREMENTS:

Please click [here](#) for NICC's Health Program Clinical/Field Requirements.

# Nursing Program Introduction

## Mission Statement

In order to meet our community's needs for high-quality health care, the mission of Northeast Iowa Community College's Nursing Program is to remain on the forefront of nursing practice and assist individuals to successfully complete requirements for a Practical Nursing Diploma and/or an Associate Degree in Nursing, to be eligible for licensure and employment as Licensed Practical Nurses and Registered Nurses.

## Philosophy of Nursing Education

Nursing faculty believe, support, and function according to the overall stated philosophy of Northeast Iowa Community College.

We believe in the inherent worth of the individual, without discrimination of age, religion, creed, ethnic origin, social, economic, marital status, race, sexual orientation, or special needs which do not interfere with attainment of program objectives.

We believe in the holistic health of the individual, universal and unique, and recognize that each adapts to his/her environment. We believe our faculty assist students in perceiving the holistic curriculum and developing their interests, understanding, skills and abilities. The Associate Degree Nursing education builds upon the Practical Nursing education. Both curriculums are systematically evaluated by faculty, students, graduates, consumers, and the health care community.

We believe the objective of the Practical and Associate Degree nursing curriculum is unique to nursing, derived from physical, biological, social and behavioral sciences, as well as nursing. We believe each individual is a unified whole, merging physiological, psychological, sociocultural, developmental and spiritual dimensions. We believe each individual is in continuous interactions with his or her environment and when interaction results in a relatively steady state of internal operation in the living system, health exists.

The curriculum integrates and correlates theory, practice and educational experiences. Treating each course as a part of the given whole, students' progress toward completion of the Practical Nursing or Associate Degree program.

We believe skills required in nursing practice have varying degrees of scope and complexity and thus need different levels of preparation, as outlined in the program outcomes for LPN and ADN. We believe the Practical Nurse is prepared to provide entry level care under guidance of a Registered Nurse. The Associate Degree Nurse is prepared to assess, analyze, plan, implement and evaluate health care needs of clients. We believe both practical and associate degree nurses provide quality care utilizing interventions to help clients capitalize on their strengths to facilitate outcomes of health promotion, restoration, maintenance or a peaceful death.

We recognize both Practical and Associate Degree nursing students function under established policies and procedures of clinical settings and the Nurse Practice Act of Iowa.

We believe as members of the community in which the students receive their education, they are stakeholders in the health and welfare of their community.

We believe the role and responsibility of nursing faculty is to maintain competencies, continue professional development, reflect responsible citizenship and facilitate life-long learning.

## Theoretical Framework

The philosophy of Nursing reflects beliefs of nursing faculty in regard to nursing practice and recognizes uniqueness of the individual enrolled in the practical and associate degree educational programs. The philosophy of Nursing provides the basis for the theoretical framework of the nursing program and incorporates Maslow's hierarchy of needs, NANDA nursing diagnoses and Bloom's taxonomy of education.

Curriculum is based on core nursing concepts of person, environment, health, and nursing. The concept of nursing encompasses the sub-concepts of the nursing process and the roles for provider of care, manager of care and member within the discipline of nursing.

Core concepts are integrated throughout the curriculum, with classroom and clinical learning experiences increasing knowledge, comprehension, and application to analysis, synthesis, and evaluation. The curriculum integrates concepts from liberal arts and sciences with nursing theory. It is designed to assist students in acquiring knowledge, skills and attitudes necessary for application of nursing processes. We recognize students learn at different rates and by various methods. We believe an environment conducive to learning, promotes intellectual curiosity, self-discipline and accountability of the student and facilitates self-motivated study. Students are prepared to assume nursing roles to promote, restore and maintain optimal health of individuals or groups throughout the life-span and at time of death.

Curriculum is organized into two (2) levels, practical and associate degree nursing. Knowledge, skills and attitudes of the Practical Nursing level are prerequisites for Associate Degree level. The curriculum facilitates articulation between the levels.

Core concepts are defined and integrated in the curriculum, per below:

### **PERSON:**

The philosophy views and values each person as a universally unique, holistic being. The person consists of inter-related physiological, psychological, socio-cultural, developmental and spiritual dimensions. All dimensions of the person are acknowledged in the nursing curriculum.

Persons have the same basic needs and progress through universal life-stages. Each person is a social being who has the capacity to communicate and adapt to his/her environment.

As persons develop and mature, they are capable of moving between dependency and interdependency. Understanding of self, facilitates understanding of others. Cultural and societal beliefs influence development and behavior.

### **ENVIRONMENT:**

The environment is dynamic, incorporating internal and external components. Internal environment is composed of physiological, psychological, and spiritual components of the individual. The external environment is composed of biological, physical, socio-economic and cultural components which influence the individual state of being. The individual's mind, body, feelings and spirit are in continual interaction with his/her environment. Through a complex feedback system, individuals continually adapt to and are influenced by their environment. Environmental manipulation of resources is used to enhance and promote health.

The learning environment is a dynamic, interactive process utilizing a culture of continuous improvement in theoretical instruction and clinical practice. We believe the role of an educator within this environment is to facilitate the learning process. This is accomplished by establishing a climate of respect and utilizing creative teaching methods. Students within this environment are accountable for their own learning.

**HEALTH:**

Holistic health is the state of wellness as identified by the individual. One's health state is ever changing and is influenced by past and present interactions and adaptations to their environment.

**NURSING:**

Nursing is an art and applied science involving a dynamic therapeutic process between nurse, client, family and community. The nursing process is utilized in promoting, restoring, and maintaining an individual's health. Health promotion includes activities which cultivate and enhance a healthy lifestyle. Health restoration includes activities which reinstate an individual to his/her former level of functioning. Health maintenance includes activities which sustain the individual's current health status. Allowing a peaceful death includes end-of-life care by providing comfort measures and assisting with decision-making.

# Practical Nursing Student Outcomes

Upon completion of the PN program, a graduate is able to demonstrate the following outcomes:

## **Role as Provider of Care**

As provider of care, a graduate uses the nursing process as their primary method of decision-making, as evidenced by the ability to:

- I. Integrate knowledge of mathematics, biological and psychosocial sciences.
  - Demonstrate knowledge, comprehension, and application of social and scientific principles in a variety of settings.
- II. Prioritize client needs integrating individual cultural values.
  - Implement the nursing process to provide trans culturally congruent care.
- III. Establish client outcomes and plan care focusing on health promotion and disease prevention.
  - Utilize the nursing process in formulating individualized nursing care plans under supervision of a registered nurse.
  - Assist in implementation of the nursing process to promote, restore and maintain health for clients across the lifespan and at the time of death.
- IV. Implement holistic nursing care, according to an established plan, including principles of therapeutic communication, safety, health teaching and current technology.
  - Demonstrate computer literacy.
  - Reinforce teaching plans of other health professionals.
  - Deliver nursing care to groups of clients, with specific health needs, across the life span in a variety of health care settings.

## **Role as Manager of Care**

As manager of care, a graduate assumes responsibility for nursing care of an individual client or a group of clients, as evidenced by the ability to appropriately:

- V. Demonstrate critical and creative thinking while collaborating with other members of a multidisciplinary health care team.
  - Identify resources and health care providers to meet the individualized client, family and significant others needs in a variety of health care settings.
  - Function as a team member utilizing personal strengths.
- VI. Delegate, supervise and evaluate client care and modify as needed.

## **Role as a Member of the Discipline of Nursing**

As a member of the nursing discipline, a graduate assumes professional responsibility, as evidenced by the ability to:

- VII. Demonstrate accountability for professional behavior and growth, while practicing self- evaluation and seeking guidance as needed.
  - Strive for personal and professional holistic wellness.
  - Participate in reflection and self-evaluation.
- VIII. Adhere to legal and ethical principles according to standards of practice for the Practical Nurse.



# Associate Degree Nursing Student Outcomes

Upon completion of the ADN program, a graduate is able to demonstrate the following outcomes:

## **Role as Provider of Care**

As provider of care, a graduate uses the nursing process as their primary method of decision-making, as evidenced by the ability to:

- I. Integrate knowledge of mathematics, biological and psychosocial sciences.
  - Demonstrate knowledge, comprehension, and application of social and scientific principles in analysis and synthesis of data in a variety of settings.
- II. Prioritize client needs integrating individual cultural values.
  - Utilize the nursing process to prioritize and deliver trans culturally congruent care.
- III. Establish client outcomes and plan care focusing on health promotion and disease prevention.
  - Utilize the nursing process in formulating individualized nursing care plans.
  - Implement the nursing process to promote, restore and maintain health for clients across the lifespan and at time of death.
- IV. Implement holistic nursing care according to an established plan including principles of therapeutic communication, safety, health teaching and current technology.
  - Demonstrate computer literacy.
  - Plan, implement and evaluate the teaching-learning process to meet individualized learning needs of clients, families and significant others.
  - Manage delivery of nursing care to groups of clients with multiple health needs across the life span in a variety of health care settings.

## **Role as Manager of Care**

As manager of care, a graduate assumes responsibility for nursing care of an individual client or group of clients as evidenced by the ability to appropriately:

- V. Demonstrate critical and creative thinking while collaborating with other members of the multidisciplinary health care team.
  - Collaborate and coordinate with other health care providers to meet individualized client, family and significant others needs in a variety of health care settings.
- VI. Delegate, supervise and evaluate client care and modify as needed.
  - Demonstrate and continue to develop leadership skills based upon personal and professional strengths.

## **Role as a Member of the Discipline of Nursing**

As a member of the discipline of nursing, a graduate assumes professional responsibility as evidenced by the ability to:

- VII. Demonstrate accountability for professional behavior and growth, while practicing self- evaluation and seeking guidance, as needed.
  - Strive for personal and professional holistic wellness.
  - Participate in reflection and self-evaluation.
- VIII. Adhere to legal and ethical principles according to standards of practice for the Registered Nurse.

# Practical Nurse Program Outcomes

1. Provide effective education in nursing and related areas to produce graduates competent to practice at the beginning level of practical nursing and who participate in personal and professional development.

## **EVALUATION CRITERIA:**

- Passing rates on NCLEX exam
- Employer and student surveys
- Employment and placement data

2. Provide flexible programming to meet individual needs in completing the practical nursing program.

## **EVALUATION CRITERIA:**

- Admission data
- Graduation rates
- Enrollment data

3. Provide transferable education to allow students to continue their education at the associate degree level.

## **EVALUATION CRITERIA:**

- Post-graduate survey results

4. Upon completion of the Practical Nursing Program, a graduate demonstrates the ability to carry out the following roles of the Practical Nurse: provider of care, manager of care and member of the discipline of nursing.

## **EVALUATION CRITERIA:**

- Student portfolios

# Associate Degree Program Outcomes

- Provide effective education in nursing and related areas to produce graduates competent to practice at the beginning level of registered nursing and who participate in personal and professional development.

## **EVALUATION CRITERIA:**

- Passing rates on NCLEX exam
- Employer and student surveys
- Employment and placement data
  
- Provide flexible programming to meet individual needs in completing the Associate degree in nursing program.

## **EVALUATION CRITERIA:**

- Admission data
- Graduation rates
- Enrollment data
  
- Provide transferable education to allow students to continue their education at the Undergraduate level.

## **EVALUATION CRITERIA:**

- Articulation agreements with BSN programs
- CEP
  
- Upon completion of the Associate Degree Nursing Program, a graduate demonstrates ability to carry out the following roles of the Registered Nurse: provider of care, manager of care and member of the discipline of nursing.

## **EVALUATION CRITERIA:**

- Student portfolios

# Iowa Board of Nursing Licensure Requirements

## Background Checks

Iowa law requires nursing education programs to conduct criminal, child and dependent adult abuse record checks. If a person has been convicted of a crime or has a record of founded child or dependent adult abuse, the Department of Human Services performs an evaluation to determine whether the crime or founded child or dependent adult abuse warrants prohibition of participation in a clinical education experience. Criminal convictions or documented history of abuse may delay or prevent students from participating in clinical education experiences. Students unable to participate in clinical education are unable to complete the nursing program.

## Clinical Participation

Students who have previously been licensed in nursing and are now entering a nursing program must be in good standing and not on probation with the Board of Nursing where licensed. 655 Iowa Administrative Code 2.8(5) requires the nursing program shall notify students and prospective students that nursing courses, with a clinical component, may not be taken by a person:

- a. who has been denied licensure by the Board.
- b. whose license is currently suspended, surrendered or revoked in any U.S. jurisdiction.
- c. whose license/registration is currently suspended, surrendered or revoked in another country due to disciplinary action.

Individuals seeking enrollment or currently enrolled in nursing programs who are not eligible to take a course with a clinical component because of disciplinary action in any state should contact the Iowa Board of Nursing Enforcement Unit at 515-281-6472, as soon as possible.

## Instructor/Student Ratio

One instructor will supervise 8 or fewer students in the clinical setting in accordance with Iowa Board of Nursing guidelines.

## Nursing Licensure

Iowa Code requires applicants for licensure

- a. **“Be a graduate of an accredited high school or equivalent”** (Iowa Code 152.7) in order to apply for nursing licensure
- b. Pass an examination as prescribed by the Board of Nursing.
- c. Complete a course of study approved by the Board pursuant to section 152.5.

The Iowa Board of Nursing has expressed authority to review the criminal conviction of an applicant (a person who has filed an application with the Board and who possesses all statutory requirements for granting of license). The Board may deny licensure to any applicant who has been convicted of a crime, which relates to the practice of nursing.

## Iowa Code 147.3 Qualifications

An applicant for a license to practice a profession under this subtitle is not ineligible because of age, citizenship, sex, race, religion, marital status, sexual orientation, or national origin, although the application form may require citizenship information. A Board may consider a past criminal record of an applicant, only if the conviction relates to the practice of the profession for which the applicant requests to be licensed.

Applicants are required to report any and all criminal offenses and convictions, even if it has been expunged or deferred. All charges will show up on DCI and FBI reports, even if the applicant has been told it is expunged or deferred. This will expedite the review process and avoid delays due to non-reporting.

Applicants who have a criminal conviction(s), other than minor traffic violations (speeding or parking tickets), must submit a copy(s) of the sentencing order(s) when submitting application materials. This expedites the review process and avoids delays due to non-reporting. In order for an individual to become a licensed nurse in Iowa, the person must first graduate from a State Board approved Nursing program.

Information pertaining to individual criminal records, prior to completion of an education program, cannot be obtained from the Iowa Board of Nursing. Questions concerning acceptance into a Nursing program, due to history of a criminal conviction(s), are addressed by the Nursing program.

At time of application, the Iowa Board of Nursing reviews each individual application and criminal record. The Board of Nursing makes the final decision regarding licensure.

If you have a criminal conviction or are convicted of a crime while a nursing student at NICC, completion of the Nursing program at NICC does not guarantee you will be able to sit for the NCLEX exam and a license to practice will be issued by the Board of Nursing. It is, for this reason, that all students considering a nursing career are informed of this matter prior to entering the program.

Should you have questions or concerns, please contact the Department Dean or your Academic Advisor.

**THE BOARD WILL NO LONGER REVIEW CRIMINAL HISTORY PRIOR TO THE PERSON BECOMING AN APPLICANT FOR LICENSURE. THE INDIVIDUAL MUST HAVE COMPLETED REQUIREMENTS FOR LICENSURE, INCLUDING COMPLETION OF THEIR NURSING PROGRAM AND FILING AN APPLICATION WITH THE BOARD.**

Because the Iowa Board of Nursing no longer reviews criminal history prior to your application for licensure, **you will not know until you finish your program and make application for your nursing license**, if you will be allowed by the Iowa Board of Nursing to sit for the NCLEX exam.

The following is quoted directly from the Law of Iowa As It Pertains To The Practice of Nursing, so nursing students may become aware of the seriousness of the contents herein quoted and may be informed prior to submitting an application for licensure in the state of Iowa.

## Grounds for Denial, Revocation, or Suspension of License\*

### CHAPTER 147.4 AND 147.55

Grounds for refusing: the board may refuse to grant a license to practice a profession to any person otherwise qualified upon any of the grounds for which a license may be revoked or suspended.

A license to practice a profession shall be revoked, suspended or the licensee otherwise disciplined by the board for that profession, when the licensee is guilty of any of the following acts or offenses:

1. Fraud in procuring a license.
2. Professional incompetence.
3. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.
4. Habitual intoxication or addiction to the use of drugs.
5. Fraud in representations as to skill or ability.
6. Use of untruthful or improbable statements in advertisements.
7. Willful or repeated violations of the provisions of this chapter, 272C, or a Board's enabling statute.
8. Other acts or offenses as specified by board rule.

\* *Code of Iowa (2022)*

### Mandatory Reporting

Licensed nurses are required by Iowa law to report other licensed nurses whose actions (or omissions to act) violate State law or Board of Nursing rules. Unethical, incompetent, unprofessional or behavior harmful (or potentially harmful) to the health, safety and/or welfare of the client are examples. Students enrolled in the second level who are licensed as LPNs fall under this requirement. The Nursing program will report continued or egregious unsafe student behavior. Students will be informed of this action.

Licensees also have a duty to report their own drug/substance abuse involvement or that of other licensees of which they are aware. Reporting is not optional, but mandatory and failure to comply may result in discipline to the non-reporter or program. A Mandatory Reporter course is available via Department of Human Services website <https://dhs.iowa.gov/child-welfare/mandatoryreporter> for completion by students prior to starting Nursing Concepts. Students must submit proof of completion through CastleBranch.

### Policy Related to Affiliate Health Care Facilities

Students are advised that any and all healthcare facilities associated with NICC may deny admission to or remove any student placed in the facility if, at the discretion of the health care facility, the admission of the student or the continued presence of the student would present or continue a risk to the health care facility or any of its patients or employees. NICC Nursing faculty schedule clinical assignments. Students may not contact clinical facilities to request site placement.

## Policy Regarding Academic Dishonesty

Academic dishonesty will not be tolerated in any course at NICC. Plagiarism and other forms of cheating are examples of academic dishonesty and are subject to review and possible sanctions as outlined in the NICC Student Conduct Code. For a detailed explanation of plagiarism, please visit the Plagiarism Library Guide at <https://library.nicc.edu/citingsources>. Only original work from the current course(s) and current semester may be submitted. Submitting assignments from a previous semester or that were completed by another student is a form of Academic Dishonesty and will be treated as such. A student's computer browsing history may be assessed if Academic Dishonesty concerns arise. Erasing a computer's browsing history during or after an exam is a form of Academic Dishonesty and will be treated as such. Honorlock online proctoring service will be utilized to uphold academic integrity for computerized testing in the classroom, home or testing center environment.

If Academic Dishonesty is found, all involved parties will receive a zero for the assignment, assessment, quiz, exam, etc. A single instance of Academic Dishonesty may be cause failure. In addition, an occurrence of Academic Dishonesty may be cause for course failure and/or program dismissal, at the discretion of the nursing faculty and department Dean/Associate Dean.

# Practical and Associate Degree Program Admission

**PROCEDURES:** The following procedures are established for processing applicants into the Northeast Iowa Community College Nursing Program.

**PROCEDURES:** Admission to Northeast Iowa Community College, official acceptance for program enrollment and placement on a numbered program/class list will be granted upon successful completion of the required admission procedure as follows:

- Submit a completed application for admission, and indicate possession of a highschool diploma or equivalent.
- Successful completion of the College entrance testing requirements.
- Successful completion of the following classes with a C- or higher. Courses must have been completed within five (5) years of the date of program application.
- Anatomy and Physiology I with lab (BIO:168) *Prerequisite:* grade of C- or better, for one year of high school Biology or Chemistry or college equivalent OR a minimum of a C- in one of the following BIO:112, BIO:157, CHM:110, OR SCI:001. High school transcripts are required to document high school coursework.
- Anatomy and Physiology II with lab (BIO:173) *Prerequisite:* Completion of BIO:168
- Introduction to Nutrition (PNN:270)
- Dosage Calculations (PNN:200) *Prerequisite:* qualifying math score.
- All nursing students must take a HESI admission assessment exam (A2) and achieve a minimum qualifying score of 80 in Reading Comprehension and Math sections. Students are strongly encouraged to study and prepare for the exam utilizing resources in the Learning Center, Library or online. There are many free online quizzes students may take to help prepare for the exam. Students who don't meet the qualifying scores must wait a minimum of two (2) weeks to re-test. Students who do not meet qualifying scores after two (2) attempts are required to wait three (3) months to re-test. It is strongly suggested students complete at least half of the Dosage Calculations course to take advantage of the math review covered in the course. Information and testing dates are available on the NICC website at [NICC.edu/hesi](http://NICC.edu/hesi). For further information contact the Nursing Department.

**Remediating Status:** Students who have submitted an application to the Nursing program, but have not completed one or more of the nursing admission requirements outlined above. Students with a remediating status are not ranked on the nursing waitlist until requirements are satisfied.

**Waitlisted Status:** Students who have admission requirements completed and are waiting for acceptance into the nursing program are placed on a wait list. A wait list is necessary due to limited capacity for enrollment in the program. Students are ranked on the waitlist based on the date they completed all admission requirements. Students are strongly encouraged to use this time to take remaining general education courses for the program.

**Accepted Status:** Students at the top of the waitlist are offered entry into the program and are required to respond to the Admissions Office, whether they are interested in enrolling, in order to avoid cancellation of their application. Students declining an acceptance offer are placed at the bottom of the waitlist, as of the date Admissions receives notice of their intent not to enroll. Students who do not reply to the confirmation request, by the designated date, are moved to the bottom of the waitlist.



All accepted Introduction to Nursing Concepts (PNN:183) students are required to participate in the **MANDATORY** Nursing Concepts orientation held prior to the start of the Nursing Concepts course. Without exception, students forfeit their seat in the program if they do not attend orientation in full.

Applicants meet with a counselor/advisor who provides information and assistance regarding entrance requirements, academic planning, and scheduling. Transfer students requesting credit for previous coursework must provide the Admissions Office an official transcript from each college and/or university attended.

## Continuation in NICC Nursing Program

It is important for students to build a strong foundation of nursing knowledge beginning with pre-requisite courses. Progression through the PN and ADN levels of the program further builds upon that foundation. Students must prepare for NCLEX licensure examination(s) in order to pursue a career in the nursing profession. If a student exits the program, they must re-enroll in a nursing core course within one (1) year. A student who doesn't re-enroll within one (1) year, needs to restart the nursing program over at the level they exited.

**Progression from Practical Nurse Program to Associate Degree Nurse Program** Students must successfully complete the first-year curriculum as outlined in the educational plan. Students must attain a GPA of 2.2 in the five (5) core nursing courses in order to progress to the second year of the program.

Students who do not meet progression criteria are required to exit the program, prepare for, and pass LPN boards. In the event a PN student does not achieve the progression criterion for entrance into the ADN program, the student must meet with the Nursing Program Chair to discuss the student success plan. After achieving licensure, students are encouraged to work as an LPN to gain nursing experience and to focus on areas of needed improvement prior to returning to entering the ADN program. Students are strongly encouraged to stay in communication with the program chair during this time.

Students may reapply to enter the ADN program by following the LPN to ADN policy and returning to the Nursing program as an ADN Sophomore (Advanced Placement student) one (1) year after leaving the PN program. For example, a student who does not meet the progression criterion in May of 2022 would be able to enter as an ADN student in May of 2023. The student needs to initiate the return and follow the policy six (6) months before anticipated re-entry (follow the policy on the next pages).

# Licensed Practical Nurse (LPN) Admission into Associate Degree Nursing Program

## Advanced Placement/Sophomore ADNs

**POLICY:** The following procedures are established for processing applicants into the Northeast Iowa Community College Nursing Program.

**PROCEDURES:** Admission to Northeast Iowa Community College, official acceptance for program enrollment and placement on a numbered program wait list is granted upon successful completion of the required admission procedure as follows.

**Applicants must:**

1. Submit a completed online application for admission.
2. Submit a current, unencumbered LPN nursing license.
3. Meet with the Dean of Nursing/Associate Dean of Nursing to review transcripts and discuss required coursework.
4. Attendance at a mandatory general orientation in person or online session.
5. Complete PNN:200 Dosage Calculations at NICC.
6. Complete the HESI LPN to ADN Entrance Examination with a minimum score of 850. Testing dates and information are available through the Nursing department and online at [www.nicc.edu/HESI](http://www.nicc.edu/HESI).
7. Complete compliance requirements.
8. Complete ADN:232 Transitioning from Practice into Associate Degree Nursing.

Applicants must be a graduate of an accredited Practical Nurse program and submit an official transcript from their prior educational institutions for evaluation of comparability to NICC PN curriculum. The Registrar evaluates general education courses (listed below) for transfer credit approval.

Anatomy and Physiology and General Psychology courses are considered valid for ten (10) years, if the applicant has been working as an LPN.

\*\*\* Transferring LPN students are placed on a waiting list and start program coursework when above prerequisites are met and space available. Current NICC students are given priority over transferring students. Students who transfer within the college from campus to campus are transferred based on campus availability.

**Waitlisted Status:** Students who have submitted transcripts and LPN license are notified to meet with the Dean of Nursing/Associate Dean of Nursing to review required coursework prior to program acceptance. Students are placed on a waitlist based on the meeting date with the Dean of Nursing/Associate Dean of Nursing. A waitlist is necessary, due to limited capacity for enrollment.

Students are ranked on the waitlist based on the date all required coursework completed and date of meeting with the Dean of Nursing/Associate Dean of Nursing.

**Accepted Status:** Students are offered entry into the program in order of ranking, when seats become available. Seat availability is determined in October and April each year. Students accepting a seat, must complete ADN:232 Transitioning from Practice into Associate Degree Nursing, prior to entering ADN:332 Introduction to Associate Degree Nursing.

Students who accept a seat and start ADN:232 have committed to the program and are expected to stay in sequence in the program. Students who are assigned a seat in the ADN:232 must progress directly into ADN 332 at course completion or will need to repeat ADN:232.

**Northeast Iowa Community College**  
**Practical Nursing (Diploma) /Associate Degree Nursing (AAS)**  
**Fall Entry**  
 Educational Plan  
 2023-2024

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

H.S. Grad/GED/HiSET \_\_\_\_\_ Note: If home schooled, GED or HiSET must be obtained.

Courses on this educational plan may not be offered every term or every academic year. Please discuss course availability with an academic advisor or faculty member. It is the student’s responsibility to understand and complete all degree requirements. Graduation requirements for the Practical/Associate Degree Nursing programs are listed below along with any prerequisites. To graduate from these programs, students must complete all required coursework with a "C-" grade or above and earn a minimum 2.0 grade point average. A minimum 2.2 GPA in the core nursing courses is required for students completing the Practical Nursing program to qualify to progress into the Associate Degree Nursing program.

**Nursing admission requirements:**

- BIO:168 Human Anatomy and Physiology I (4 credits)
- BIO:173 Human Anatomy and Physiology II (4 credits)
- PNN:200 Dosage Calculations (1 credit)
- PNN:270 Introduction to Nutrition (2 credits) or BIO:151 Nutrition (3 credits)
- HESI A2 Admission Assessment with a minimum score of 80 in reading and mathematics

**Needs to be completed prior to term 1**

Certification of successful completion of a minimum 75-hour Nurse Aide (CNA) course or equivalent from a community college or an approved CNA course provider.

Documentation of completion of the written and skill competency tests for the CNA state registry.

*For all practical nurses applying to complete the Associate Degree program (Sophomore ADNs):*

- 1) *Academic transcripts will be reviewed by the Director of the Nursing program for practical nursing program equivalency. Students will be required to take courses not aligned with the NICC Practical Nursing curriculum. General rules for alignment review include:*
  - a) *A developmental Psychology course which covers the entire life span;*
  - b) *Human Anatomy and Physiology I and II with a lab component; (8 credits total) completed within 5 years of application to the program (10 years if working full-time as a PN);*
  - c) *Introduction to Psychology course completed within 10 years of application to the program;*
  - d) *Credit hours equivalency for Nutrition, Pharmacology Medications and Composition I;*
- 2) *Students must successfully complete the PN to ADN Admission Assessment with a minimum score of 850.*
- 3) *In addition, all students must take the NICC Dosage Calculations course within one year of admission as a sophomore transfer and ADN:232 Transitioning from Practice into Associate Degree Nursing.*

Reading requirement for all programs: The ability to read and comprehend information is a core value of Northeast Iowa Community College. A base reading assessment score or evidence of appropriate course completion will satisfy this requirement.

\*Course may be taken before beginning Introduction to Nursing Concepts.

**Term 1 (Fall Semester)**

| Course # | Course Title                             | Cr. | Term/Yr. | Grade | Prerequisites  |
|----------|--|-----|----------|-------|--|
| ENG:105  | *Composition I                           | 3   |          |       | ENG:021 or qualif. placement score   |
| PNN:179  | Introduction to Nursing Care of Adults I | 3   |          |       | PNN:183  |
| PNN:183  | Introduction to Nursing Concepts         | 6   |          |       | BIO:173, PNN:200, PNN:270, successful completion of 75-hr. nurse aide course. Pre/coreqs: ENG:105, PNN:204 |
| PNN:204  | *Pharmacology Medications                | 1   |          |       | BIO:173  |
| PSY:121  | *Developmental Psychology                | 3   |          |       |  |
| SDV:179  | *The College Experience                  | 3   |          |       |  |

**Term 2 (Spring Semester)**

| Course # | Course Title                              | Cr.  | Term/Yr. | Grade | Prerequisites             |
|----------|---|------|----------|-------|---------------------------|
| PNN:191  | Introduction to Nursing Care of Adults II | 6    |          |       | PNN:179, PNN:204, PNN:270 |
| PNN:242  | Introduction to Maternal Child Health     | 3.5  |          |       | PNN:191, PSY:121          |
| PNN:246  | Application of the Practical Nurse Role   | 3.25 |          |       | PNN:242                   |

\*\*After successfully completing Term 2, students are eligible for PN diploma and licensure as a Practical Nurse

**Peosta Campus**

| Course # | Course Title                             | Cr. | Term/Yr. | Grade | Prerequisites   |
|----------|--|-----|----------|-------|---|
| ADN:332  | Introduction to Associate Degree Nursing | 3.5 |          |       | PNN:246, 2.2 GPA in core nursing PN courses, identified testing score (if indicated) or ADN:232 |
| BIO:186  | *Microbiology                            | 4   |          |       | BIO:112, BIO:157, BIO:168 or CHM:110  |
| PSY:111  | *Introduction to Psychology              | 3   |          |       |   |

**Term 3 (Summer Semester) – Second Year****Term 4 (Fall Semester)**

| Course # | Course Title                                     | Cr.  | Term/Yr. | Grade | Prerequisites         |
|----------|--|------|----------|-------|-----------------------|
| ADN:470  | Advanced Nursing Care of the Childbearing Family | 3.75 |          |       | ADN:332               |
| ADN:472  | <b>AND</b>                                       |      |          |       |                       |
| ADN:478  | Advanced Nursing Care of Children                | 3.75 |          |       | ADN:332               |
|          | <b>AND</b>                                       |      |          |       |                       |
|          | Psychiatric Nursing Care                         | 5    |          |       | ADN:332, PSY:111      |
| ENG:106  | *Composition II                                  | 3    |          |       | ENG:105 or equivalent |

**Term 5 (Spring Semester) – Graduation in May**

| Course # | Course Title                    | Cr.   | Term/Yr. | Grade | Prerequisites   |
|----------|---------------------------------|-------|----------|-------|---|
| ADN:525  | Advanced Nursing Care of Adults | 10.25 |          |       | Successful passing of NCLEX LPN boards, ADN:470, ADN:472, ADN:478 Pre/coreqs: BIO:186, ENG:106, SOC:110 |
| SOC:110  | *Introduction to Sociology      | 3     |          |       |   |

Total Credits 71

\*\*After successfully completing Term 5, students are eligible for AAS in Nursing and to apply for RN licensure exam.

Note: Calmar and Peosta Terms 3, 4, & 5 differ based on clinical specialty availability.

## Calmar Campus

### Term 3 (Summer Semester) – Second Year

| Course # | Course Title                                     | Cr.  | Term/Yr. | Grade | Prerequisites   |
|----------|--|------|----------|-------|---|
| ADN:332  | Introduction to Associate Degree Nursing         | 3.5  |          |       | PNN:246, 2.2 GPA in core nursing PN courses, identified testing score (if indicated) or ADN:232 |
| ADN:470  | Advanced Nursing Care of the Childbearing Family | 3.75 |          |       | ADN:332   |
| ADN:472  | <b>OR</b><br>Advanced Nursing Care of Children   | 3.75 |          |       | ADN:332   |
| PSY:111  | *Introduction to Psychology                      | 3    |          |       |   |

### Term 4 (Fall Semester)

| Course # | Course Title                                     | Cr.  | Term/Yr. | Grade | Prerequisites                        |
|----------|--|------|----------|-------|--------------------------------------|
| BIO:186  | *Microbiology (or term 5)                        | 4    |          |       | BIO:112, BIO:157, BIO:168 or CHM:110 |
| ENG:106  | *Composition II                                  | 3    |          |       | ENG:105 or equivalent                |
| ADN:472  | Advanced Nursing Care of Children                | 3.75 |          |       | ADN:332                              |
| ADN:478  | <b>AND</b>                                       |      |          |       |                                      |
| ADN:470  | Psychiatric Nursing Care                         | 5    |          |       | ADN:332, PSY:111                     |
| ADN:478  | <b>OR</b>  |      |          |       |                                      |
|          | Advanced Nursing Care of the Childbearing Family | 3.75 |          |       | ADN:332                              |
|          | <b>AND</b>                                       |      |          |       |                                      |
|          | Psychiatric Nursing Care                         | 5    |          |       | ADN:332, PSY:111                     |

### Term 5 (Spring Semester) – Graduation in May

| Course # | Course Title                    | Cr.   | Term/Yr. | Grade | Prerequisites   |
|----------|---------------------------------|-------|----------|-------|---|
| ADN:525  | Advanced Nursing Care of Adults | 10.25 |          |       | Successful passing of NCLEX LPN boards, ADN:470, ADN:472, ADN:478 Pre/coreqs: BIO:186, ENG:106, SOC:110 |
| BIO:186  | *Microbiology (or term 4)       | 4     |          |       | BIO:112, BIO:157, BIO:168 or CHM:110  |
| SOC:110  | *Introduction to Sociology      | 3     |          |       |   |

Total Credits 71

Note: Calmar and Peosta Terms 3, 4, & 5 differ based on clinical specialty availability.

**Northeast Iowa Community College**  
**Practical Nursing (Diploma) /Associate Degree Nursing (AAS)**  
**Spring Entry**  
 Educational Plan  
 2023-2024

Name: \_\_\_\_\_

Student ID # \_\_\_\_\_

H.S. Grad/GED/HiSet \_\_\_\_\_ Note: If home schooled, GED or HiSet must be obtained.

Courses on this educational plan may not be offered every term or every academic year. Please discuss course availability with an academic advisor or faculty member. It is the student’s responsibility to understand and complete all degree requirements.

Graduation requirements for the Practical/Associate Degree Nursing programs are listed below along with any prerequisites. To graduate from these programs, students must complete all required coursework with a "C-" grade or above and earn a minimum 2.0 grade point average. A minimum 2.2 GPA in the core nursing courses is required for students completing the Practical Nursing program to qualify to progress into the Associate Degree Nursing program.

**Nursing admission requirements:**

- BIO:168 Human Anatomy and Physiology I (4 credits)
- BIO:173 Human Anatomy and Physiology II (4 credits)
- PNN:200 Dosage Calculations (1 credit)
- PNN:270 Introduction to Nutrition (2 credits) or BIO:151 Nutrition (3 credits)
- HESI A2 Admission Assessment with a minimum score of 80 in reading and mathematics

**Needs to be completed prior to term 1**

Certification of successful completion of a minimum 75-hour Nurse Aide (CNA) course or equivalent from a community college or an approved CNA course provider.

Documentation of completion of the written and skill competency tests for the CNA state registry.

*For all practical nurses applying to complete the Associate Degree program (Sophomore ADNs):*

- 1) *Academic transcripts will be reviewed by the Director of the Nursing program for practical nursing program equivalency. Students will be required to take courses not aligned with the NICC Practical Nursing curriculum. General rules for alignment review include:*
  - a) *A Developmental Psychology course which covers the entire life span;*
  - b) *Human Anatomy and Physiology I and II with a lab component; (8 credits total) completed within 5 years of application to the program (10 years if working full-time as a PN.);*
  - c) *Introduction to Psychology course completed within 10 years of application to the program;*
  - d) *Credit hours equivalency for Nutrition, Pharmacology Medications and Composition I;*
- 2) *Students must successfully complete the PN to ADN Admission Assessment with a minimum score of 850.*
- 3) *In addition, all students must take the NICC Dosage Calculations course within one year of admission as a sophomore transfer and ADN:232 Transitioning from Practice into Associate Degree Nursing.*

Reading requirement for all programs: The ability to read and comprehend information is a core value of Northeast Iowa Community College. A base reading assessment score or evidence of appropriate course completion will satisfy this requirement.

\*Course may be taken before beginning Introduction to Nursing Concepts.

**Term 1 (Spring Semester)**

| Course # | Course Title                             | Cr. | Term/Yr. | Grade | Prerequisites  |
|----------|--|-----|----------|-------|--|
| ENG:105  | *Composition I                           | 3   |          |       | ENG:021 or qualif. placement score   |
| PNN:179  | Introduction to Nursing Care of Adults I | 3   |          |       | PNN:183  |
| PNN:183  | Introduction to Nursing Concepts         | 6   |          |       | BIO:173, PNN:200, PNN:270, successful completion of 75-hr. nurse aide course. Pre/coreqs: ENG:105, PNN:204 |
| PNN:204  | *Pharmacology Medications                | 1   |          |       | BIO:173  |
| PSY:121  | *Developmental Psychology                | 3   |          |       |  |



|         |                         |   |  |  |  |
|---------|-------------------------|---|--|--|--|
| SDV:179 | *The College Experience | 3 |  |  |  |
|---------|-------------------------|---|--|--|--|

**Term 2 (Fall Semester)**

| Course # | Course Title                              | Cr.  | Term/Yr. | Grade | Prerequisites             |
|----------|---|------|----------|-------|---------------------------|
| PNN:191  | Introduction to Nursing Care of Adults II | 6    |          |       | PNN:179, PNN:204, PNN:270 |
| PNN:242  | Introduction to Maternal Child Health     | 3.5  |          |       | PNN:191, PSY:121          |
| PNN:246  | Application of the Practical Nurse Role   | 3.25 |          |       | PNN:242                   |

\*\*After successfully completing Term 2, students are eligible for PN diploma and licensure as a Practical Nurse

**Peosta Campus**

**Term 3 (Spring Semester) – Second Year**

| Course # | Course Title  | Cr.  | Term/Yr. | Grade | Prerequisites   |
|----------|---|------|----------|-------|---|
| ADN:332  | Introduction to Associate Degree Nursing                              | 3.5  |          |       | PNN:246, 2.2 GPA in core nursing PN courses, identified testing score (if indicated) or ADN:232 |
| ADN:470  | Advanced Nursing Care of the Childbearing Family                      | 3.75 |          |       | ADN:332   |
| ADN:472  | Advanced Nursing Care of Children                                     | 3.75 |          |       | ADN:332   |
| ADN:478  | Psychiatric Nursing Care  | 5    |          |       | ADN:332, PSY:111  |
|          | <b>OR</b><br><i>For students with Intro. to Psychology completed:</i> |      |          |       |   |
| ADN:470  | Advanced Nursing Care of the Childbearing Family                      | 2    |          |       | ADN:332   |
| ADN:472  | Advanced Nursing Care of Children                                     | 2    |          |       | ADN:332   |
| ADN:478  | Psychiatric Nursing Care  | 2.5  |          |       | ADN:332, PSY:111  |
| PSY:111  | *Introduction to Psychology   | 3    |          |       |   |

**Term 4 (Summer Semester)**

| Course # | Course Title                                     | Cr.  | Term/Yr. | Grade | Prerequisites                        |
|----------|--|------|----------|-------|--------------------------------------|
| ADN:478  | Psychiatric Nursing Care                         | 2.5  |          |       | ADN:332, PSY:111                     |
| ADN:470  | <b>OR</b>  |      |          |       |                                      |
| ADN:472  | Advanced Nursing Care of the Childbearing Family | 1.75 |          |       | ADN:332                              |
|          | <b>AND</b>                                       |      |          |       |                                      |
|          | Advanced Nursing Care of Children                | 1.75 |          |       | ADN:332                              |
| BIO:186  | *Microbiology                                    | 4    |          |       | BIO:112, BIO:157, BIO:168 or CHM:110 |
| ENG:106  | *Composition II                                  | 3    |          |       | ENG:105 or equivalent                |

**Term 5 (Fall Semester) – Graduation in December**

| Course # | Course Title                    | Cr.   | Term/Yr. | Grade | Prerequisites   |
|----------|---------------------------------|-------|----------|-------|---|
| ADN:525  | Advanced Nursing Care of Adults | 10.25 |          |       | Successful passing of NCLEX LPN boards,<br>ADN:470, ADN:472, ADN:478<br>Pre/coreqs: BIO:186, ENG:106, SOC:110 |
| SOC:110  | *Introduction to Sociology      | 3     |          |       |   |

Total Credits 70

\*\*After successfully completing Term 5, students are eligible for AAS in Nursing and to apply for RN licensure exam.

Note: Calmar and Peosta Terms 3, 4, & 5 differ based on clinical specialty availability.

## Calmar Campus

### Term 3 (Spring Semester) – Second Year

| Course # | Course Title                                     | Cr.  | Term/Yr. | Grade | Prerequisites   |
|----------|--|------|----------|-------|---|
| ADN:332  | Introduction to Associate Degree Nursing         | 3.5  |          |       | PNN:246, 2.2 GPA in core nursing PN courses, identified testing score (if indicated) or ADN:232 |
| ADN:470  | Advanced Nursing Care of the Childbearing Family | 3.75 |          |       | ADN:332   |
| ADN:478  | <b>AND</b>                                       |      |          |       |   |
| ADN:472  | Psychiatric Nursing Care                         | 5    |          |       | ADN:332, PSY:111  |
| ADN:478  | <b>OR</b>  |      |          |       |   |
|          | Advanced Nursing Care of Children                | 3.75 |          |       | ADN:332   |
|          | <b>AND</b>                                       |      |          |       |   |
|          | Psychiatric Nursing Care                         | 5    |          |       | ADN:332, PSY:111  |
| PSY:111  | *Introduction to Psychology                      | 3    |          |       |   |

### Term 4 (Summer Semester)

| Course # | Course Title                                     | Cr.  | Term/Yr. | Grade | Prerequisites                        |
|----------|--|------|----------|-------|--------------------------------------|
| BIO:186  | *Microbiology (or term 5)                        | 4    |          |       | BIO:112, BIO:157, BIO:168 or CHM:110 |
| ENG:106  | *Composition II                                  | 3    |          |       | ENG:105 or equivalent                |
| ADN:470  | Advanced Nursing Care of the Childbearing Family | 3.75 |          |       | ADN:332                              |
| ADN:472  | <b>OR</b>  |      |          |       |                                      |
|          | Advanced Nursing Care of Children                | 3.75 |          |       | ADN:332                              |

### Term 5 (Fall Semester) – Graduation in December

| Course # | Course Title                    | Cr.   | Term/Yr. | Grade | Prerequisites  |
|----------|---------------------------------|-------|----------|-------|--|
| ADN:525  | Advanced Nursing Care of Adults | 10.25 |          |       | Successful passing of NCLEX LPN boards, ADN:470, ADN:472, ADN:478<br>Pre/coreqs: BIO:186, ENG:106, SOC:110 |
| BIO:186  | *Microbiology (or term 4)       | 4     |          |       | BIO:112, BIO:157, BIO:168 or CHM:110   |
| SOC:110  | *Introduction to Sociology      | 3     |          |       |  |

Total Credits 70

Note: Calmar and Peosta Terms 3, 4, & 5 differ based on clinical specialty availability.

## Nursing Program Testing Policy and National Council Licensure Examination (NCLEX)

The NICC Nursing program utilizes supplemental teaching materials and standardized testing preparation materials to assist student learning and help prepare for NCLEX boards. ATI is a standardized testing series utilized in conjunction with testing in the program. Students utilize tools in these packages and take standardized tests at specific times in the curriculum. The results enable the faculty and student to assess individual strengths and weaknesses throughout the program, in order to verify students are progressing toward program competency attainment. Students will be fully updated by faculty and are required to follow guidelines outlined in ATI policy. The cost of the ATI testing and remediation materials are charged to students as a course fee. If a student needs to repeat a course, the fee is again charged. At this time, we will continue to use the HESI entrance exam products of A2 and LPN to ADN entrance exam until further notice.

**There is no refund for ATI materials. The package is not transferable between students.** Students who are re-entering courses, where they have already taken the ATI test correlated with a course, are required to pay course fees associated with the course. There is no refund allowed for any portion of materials not used.

### Success and Remediation Policy

#### ATI Success and Remediation

ATI (Assessment Technologies Institute, LLC) will be used throughout the Northeast Iowa Community College Nursing Program as a supplement to the nursing curriculum. This program aids in preparing students for the NCLEX® licensure exam by systematically strengthening their knowledge base throughout the nursing program. ATI assessments provide data regarding a student's mastery of concepts in relation to specific nursing content areas. Students will complete a Focused Review and remediation of content that was not learned or not fully understood. Remediation tools are intended to help empower the student to address their own unique challenges and strengths. This program is designed to increase pass rates on the NCLEX® and to lower program attrition.

The tests that are administered in the program are listed below:

| ATI Assessment               | Nurse Core Course  |
|------------------------------|--|
| PN Fundamentals - Practice A | Upon completion of Introduction to Nursing Concepts          |
| PN Fundamentals - Practice B | During Introduction to Nursing Care of Adults I              |
| PN Fundamentals              | During Introduction to Nursing Care of Adults I              |
| PN Pharmacology              | During Introduction to Nursing Care of Adults II             |
| PN Adult Medical Surgical    | Upon completion of Introduction to Nursing Care of Adults II |
| PN Maternal Newborn          | Upon completion of Introduction to Maternal Child Health     |
| PN Nursing Care of Children  | Upon completion of Introduction to Maternal Child Health     |
| PN Mental Health             | During Application of the Practical Nurse Role               |

|                             |   |
|-----------------------------|---|
| PN Comprehensive Predictor  | Upon completion of Application of the Practice Nurse Role           |
| RN Community Health         | During Introduction to ADN  |
| RN Leadership               | During Introduction to ADN  |
| RN Nursing Care of Children | Upon completion of Advanced Nursing Care of Children                |
| RN Mental Health            | Upon completion of Psychiatric Nursing Care                         |
| RN Maternal Newborn         | Upon completion of Advanced Nursing Care of the Childbearing Family |
| RN Nutrition                | Within first two months of Advanced Nursing Care of Adults          |
| RN Pharmacology             | Within first two months of Advanced Nursing Care of Adults          |
| RN Adult Medical Surgical   | Upon last two months of Advanced Nursing Care of Adults             |
| RN Comprehensive Predictor  | Within last month of Advanced Nursing Care of Adults                |

Remediation activities are listed below:

| Practice Assessment  |  |   |   |
|--|--|---|---|
| Complete Practice Assessment A   |  | Complete Practice Assessment B  |   |
| Strongly Recommended Remediation:<br>For each content category that scores below 75%, complete an active learning template and/or identify three critical points to remember.  |  | Strongly Recommended Remediation:<br>For each content category that scores below 75%, complete an active learning template and/or identify three critical points to remember. |   |
| Standardized Proctored Assessment  |  |   |   |
| Level 3  | Level 2  | Level 1   | Below Level 1   |
| Required Remediation:<br>Total of four (4) pieces of remediation.  | Required Remediation:<br>Total of six (6) pieces of remediation. | Required Remediation:<br>Total of eight (8) pieces of remediation.  | Required Remediation:<br>Total of ten (10) pieces of remediation. |
| Proctored Assessment Retake  |  |   |   |
| No retake required   | No retake required   | Retake required/<br>recommended based<br>on course syllabus   | Retake required/<br>recommended based on<br>course syllabus       |
| * Each student's focused review materials are created based upon the questions the student missed. Review materials can include but are not limited to links to ATI books, media clips, active learning templates (ALTs), and Three Critical Point worksheets. |  |   |   |

| Proctored Comprehensive Predictor Assessment   |   |  |   |
|--|---|--|---|
| 95% or above Passing predictability  | 90% - 94% Passing predictability                                  | 85% - 89% Passing predictability                                   | 84% or below Passing predictability                               |
| Required Remediation: Total of eight (8) pieces of remediation.  | Required Remediation: Total of twelve (12) pieces of remediation. | Required Remediation: Total of sixteen (16) pieces of remediation. | Required Remediation: Total of twenty (20) pieces of remediation. |
| Proctored Comprehensive Predictor Assessment Retake  |   |  |   |
| No retake required   | No retake required  | Retake required  | Retake required   |
| * Each student's focused review materials are created based upon the questions the student missed. Review materials can include but are not limited to links to ATI books, media clips, active learning templates (ALTs), and Three Critical Point worksheets. |   |  |   |

Nursing instructors may give a maximum of two (2) points for completed remediation. It is strongly encouraged for nursing instructors to have a rubric outlining how points are earned for remediation.

The remediation requirements must be submitted to faculty by the assigned due date and time. Students who do not complete remediation activities as outlined by the course instructor will receive no points and are referred to the Nursing Program Chairs for counseling and potential Incomplete grade until completion of remediation or potential withdrawal from the program.

Senior Practical Nursing (PN) and Associate Degree in Nursing (ADN) Students must achieve the benchmark of 90% Probability of Passing (PoP%) on a Comprehensive Predictor Assessment. If the benchmark is not attained, the student must retake the second version of the Comprehensive Predictor Assessment. Faculty will determine the amount of time between retests.

A senior PN and ADN students will have their final course grade released at the completion of the second Comprehensive Predictor Assessment, if it is required. If a senior PN and ADN student is required to take the second Comprehensive Predictor based on their PoP% and the student doesn't complete retesting, they will receive an "F" in their course. They will then be required to retake their course if they are eligible for reentry.

## NCLEX Licensure Exam

Entry into the practice of nursing in the United States is regulated by a licensing authority within each state. To ensure public protection, each state requires a candidate for licensure to pass an examination (NCLEX) that measures competencies needed to perform safely and effectively as a beginning licensed entry-level nurse. There are two (2) entry-into-practice levels, NCLEX-PN and NCLEX-RN. Each exam is based upon job analysis studies. This helps to guarantee the examination is reflective of entry-level demands expected of new nursing graduates.

Exams are computerized (CAT – Computerized Adaptive Testing). Nursing program graduates may not practice nursing, under any conditions, until they have passed NCLEX and issued a license by the state where they are practicing. ADN graduates, who are currently licensed in Iowa as an LPN, may work as an LPN while awaiting NCLEX-RN results. Other states may have different requirements. Students receive NCLEX application materials toward the end of their program(s). Fingerprinting is required for licensure by the State of Iowa and is the responsibility of the student.

**Completion of the Nursing Program at NICC does not guarantee you will be allowed to sit for the NCLEX exam, that you will pass the exam, or that you will be granted a license to practice nursing.**

### NCLEX Success

The degree of difficulty for the NCLEX exam has continually risen to reflect the higher level of required performance for entry level practice. With increased passing standards, failure rates on the NCLEX exam have risen. It is important for graduates to pass NCLEX the first time, as the success rate when retaking the exam is much lower, than that of first-time test takers. School passing rates can be found on the web under:

<https://nursing.iowa.gov/education/nursing-education-program-statistics/nclex-quarterly-reports>

### Preparation

The best preparation for success on the NCLEX exam is to maximize learning opportunities and test taking skills throughout the program. The nursing program has designed many opportunities for this learning, but cannot learn for students. Coming prepared to class and getting involved in collaborative learning and other projects will promote development of a knowledge base and critical thinking skills. Students should strive to learn the maximum, rather than just skimming by with minimum knowledge and preparation for class and clinical activities. The nursing program provides tests and evaluation situations that encourage application and analysis of knowledge. These are similar to knowledge tested on the NCLEX exams. Students need to attend all course test review sessions to improve understanding of testing and development of test taking skills. Study groups also offer support and assist in development of test taking skills. Taking a review course and planning study review sessions prior to the exam are also crucial for building confidence and preparation. The NCLEX exam should be taken within three (3) months of graduating.

### Processing

There is at least a two (2) week delay between graduation and release of official NICC transcripts needed to apply for and schedule the NCLEX exam. For most graduates, this means an average time of one (1) to two (2) months from graduation to employment. Graduates are encouraged to review their individual NCLEX exam schedule with potential employers. This assists employers to project a feasible date of hire. Your Program Chair will provide thorough information on NCLEX application and testing procedures prior to graduation.

The Iowa Board of Nursing phone number is (515) 281-3255, e-mail [ibon@bon.state.ia.us](mailto:ibon@bon.state.ia.us), and website <http://www.nursing.iowa.gov>. The National Council of State Boards of Nursing website is <http://www.ncsbn.org/>.

## Grading

Nursing students are evaluated in theory and clinical areas. The evaluation is combined from both areas. Courses having a clinical lab component are graded as follows:

- Theory component is assigned a letter grade, based on the Nursing Department scales described below.
- Clinical laboratory component is based on a PASS/FAIL basis utilizing clinical competencies.
- Theory and clinical lab components are interdependent co-requisites, i.e., if a student receives a failing grade in either component, the grade recorded for the course is an "F".

### GRADING SCALE: (Theory) Cumulative:

|             |            |          |
|-------------|------------|----------|
| 94-100% = A | 93 % = A-  |          |
| 91-92% = B+ | 87-90% = B | 86% = B- |
| 83-85% = C+ | 79-82% = C | 78% = C- |
| 75-77% = D+ | 71-74% = D | 70% = D  |
| 0-69% = F   |            |          |

- Theory grades are based upon examinations and/or other assignments.
- Number of examinations given during a term is decided by individual instructors.
- Students must earn a grade of at least a "C-" on all courses to be eligible for graduation. All prerequisite courses must be passed with a minimum of a "C-" to progress in the program.
- Students are encouraged to keep track of their own grades by adding the total points from each test that are correct and dividing it by the total possible points.

Example: Total test points = 50

Your score = 45

45 divided by 50 = 90%

There is no rounding on grades. A student who earns a grade of 77.8% is awarded a D+ grade, as he/she has not earned 78% in entirety. If a student is at 80% or below, the student should initiate a conference with the instructor. **There are no options for extra-credit work or repeating exams or paperwork to raise course grades.**

In 2023, the NCSBN instituted new question types referred to as [NextGen](#). These test item types are included throughout the NICC nursing program curriculum. Item scoring is aligned with NCSBN NCLEX standards:

## Next Generation NCLEX Question Item Scoring

| Question Type                            | Scoring Method    | Maximum Points Allowed |
|--|-------------------|------------------------|
| <i>Item Style Types</i>                  |                   |                        |
| Drag-and-drop Cloze                      | 0/1 Scoring       | 1 point                |
| Drag-and-drop Rationale                  | Rationale Scoring |                        |
| Drop-down Cloze                          | 0/1 Scoring       |                        |
| Drop-down Rationale                      | Rationale Scoring |                        |
| Drop-down Table                          | 0/1 Scoring       |                        |
| Highlight Text                           | 0/1 Scoring       |                        |
| Highlight Table                          | 0/1 Scoring       |                        |
| Matrix Multiple Choice                   | 0/1 Scoring       |                        |
| Multiple Response Grouping               | 0/1 Scoring       |                        |
| Multiple Responses Matrix                | 0/1 Scoring       |                        |
| Multiple Responses Select All That Apply | +/- Scoring       |                        |
| Multiple Responses Select "N"            | 0/1 Scoring       |                        |
| <i>Stand Alone Items</i>                 |                   |                        |
| Bow-Tie                                  | 0/1 Scoring       | 1 point                |
| Trends                                   | 0/1 Scoring       |                        |



## Program Failure

Students may be failed out of the program as a result of a single critical incident(s) in the program. A student who fails the **same** core nursing course twice (whether a theory or lab/clinical failure) will not be allowed to continue in the program (Introduction to Nursing Concepts through Advanced Nursing Care of Adults). Students are strongly encouraged to meet with their faculty and advisor if underperforming academically. Tutoring is available in the Learning Center. Failure in or withdrawal from any core course results in a re-entry attempt for the student. For example, if a student is not successful in Advanced Nursing Care of Children and also Advanced Nursing Care of the Childbearing Family, it will require two re-entry attempts, even if the courses are taught in the same semester.

There is a limit of two re-entries in the NICC Nursing program. Students who exceed the two re-entry attempts will be failed from the program. Students who fail out of the program as a result of theory grades may re-apply to the program in three (3) years from the semester of program failure. Students who fail out of the program as a result of behavioral issues do not have this option. Withdrawal from a course constitutes a re-entry. Students who return to the NICC Nursing program after the three (3) year time period must enter the Nursing program at the beginning of the program they were attempting, regardless of how far they had progressed in that program. For example, a student failing the program in the process of attaining their PN diploma, will return to the beginning of the PN program. A student failing the program in the process of their ADN will need to start at the ADN level of the program. **Any student not achieving success in the math exam of any core Nursing course after three (3) attempts will receive a failure in the course. This failure will require the student to use a re-entry to return, provided the student has not exceeded the number of re-entries.**

## Program Re-entry

Attendance in the Nursing program, in sequence, creates the strongest possibility for success.

**Circumstances that require a student to start and stop in sequence requires a re-entry. Re-entry is an option, not a guarantee.** Students are strongly encouraged to remain in program sequence once they enter into core nursing coursework. Students who do not progress through the curriculum on a continuous basis are considered a re-entry student. Although it is recognized that there are times it is in the student's best interest to exit out of the program sequence, there is also an association with NCLEX failure and student non-progression. Students are allowed only two (2) re-entries into the program, **provided they have not had behavioral/critical incident issues while in the program. Students who stop for longer than one (1) year are required to repeat nursing courses.**

Students are required to follow the Re-entry Guidelines to obtain re-entry approval.

## Guidelines for Re-Entry

Students are allowed only two (2) re-entries in the program, provided they are not entering the same nursing course more than two (2) times and have not failed two (2) lab and/or clinical components in the program. A minimum of 4-6 weeks is needed for completion of the Student Success Plan requirements. Students who decline an opportunity to re-enter or do not follow through with re-entry requirements to start the next semester are moved to the bottom of the re-entry list. **Students are not allowed to take any core nursing course more than two (2) times.**

Approval to re-enter the program is based on the number of re-entries a student has, the date the success plan is completed and space availability in the desired course. First time re-entry students have priority (provided they have not turned down a re-entry opportunity). When two equally ranked students are competing for the same slot, the Dean of Nursing/Associate Dean of Nursing draws the student names randomly with a witness present.

There is no guarantee when a seat becomes available in a course; therefore, students are strongly encouraged to accept the first available seat for re-entry. If a seat is not available due to high course enrollment in the semester the student has completed re-entry requirements for, the student will be moved to the re-entry list for the next semester. Students who are not offered a program seat and are unable to complete the program within the identified time limits, are required to re-apply to the program and repeat nursing coursework.

Students who have been out of the program one (1) year or more, must purchase the CastleBranch.com package. **Students who have exhausted their re-entries, may re-apply to the program three (3) years from the date of last attendance, provided there are no behavioral performance improvement plans initiated during their previous coursework.**

Students who are unsuccessful in completing the program after two (2) re-entries, may re-apply to the program three (3) years after the last date of program attendance, provided they have not had behavioral issues in the program or received two (2) clinical failures. Transcripts are evaluated for course expiration at the time the student re-applies to the program. All nursing core coursework needs to be repeated in this case.

### Nursing Re-Entry Procedure

Students who have exited the nursing program and no behavioral concerns in the program, are eligible to apply for program re-entry utilizing the following guidelines:

Materials should be received a minimum of six (6) weeks prior to the start of the next course.

1. Submit a professionally typed letter to the Dean of Nursing/Associate Dean of Nursing stating the request to re-enter and explaining the reasons why re-entry into the program should be granted. The letter and Student Success Plan should be emailed.
2. Complete a Student Success Plan form and include it with the letter. The Student Success Plan form is found in this Policy & Procedure manual under Forms, with specific activities to increase student success.
3. Once items are submitted, the Compliance Auditor reviews the Student Success Plan form and determines any outstanding program requirements (immunizations, background checks etc.) with the student.
4. The Nursing Program Chair makes an appointment with the student to review the student's Success Plan. The Student Success Plan form may be revised, based upon instructor feedback with previously attempted nursing courses. Remediation activities are determined by the Nursing Chair and assigned to the student.
5. Students work with the Program Chair to verify completion of activities on the Student Success Plan form. Plan an average of 4-6 weeks to complete assigned activities.
6. Students must submit outstanding program requirements to the Nursing Program Chair for approval.
7. Upon completion of Steps 1-6, the student is granted re-entry when a seat becomes available and approval to register is given. Students re-entering the program for the first time, are given priority over students re-entering the program for the second time. Students are ranked by the date of receipt of their letter and Student Success Plan to the Dean of Nursing/Associate Dean of Nursing.

## Nursing Program Withdrawal Procedure

The college recognizes unforeseen circumstances may result in a student needing to take time off from the program. Non-progression in the program may result in difficulty with content retention and application upon re-entry and financial aid considerations. The following policy is implemented to promote student awareness of the need to proceed in program sequence, as expediently as possible.

- A. A student who chooses to withdraw from a course should discuss these intentions with their nursing advisor, their lead nursing faculty, and financial aid advisor. **The student must complete the Withdrawal form at the Advising Office, prior to the designated withdrawal date for the term. It is the student's responsibility to work with Advising to withdraw from coursework. Students failing to complete the withdrawal process will receive an "F" in the courses they remained enrolled in.**
- B. Tuition refund eligibility is based upon length of enrollment and number of credit hours for which the student is registered. Students who must withdraw for reasons of personal health, as verified by a physician, may receive a "W" for the term in which they are registered and follow the standard tuition refund policy.
- C. Students who drop after three-fourths length of the course (the withdrawal date) receive a failing grade on their records for the work not completed satisfactorily.
- D. Students who withdraw from the program are subject to the program policies as provided in Nursing Policies and Procedures Manual in effect at time of program re-entry.

## Workload

A full-time nursing student should plan on attending classes on campus and clinical experiences at local health agencies for approximately 25 to 30 hours per week.

Nursing students who must be employed for income and who are enrolled in more than **9 credit hours per term** are advised to work no more than **8** hours per week. Students are expected to arrange their work schedules around their class schedules.

## Clinical and Lab Policies and Procedures

### Safe and Ethical Practice

Integrity and moral conduct are crucial to the practice of nursing. Behaviors of a health care provider must demonstrate acceptable moral, ethical and legal values. Students will fail a course or be subject to other action when academic, clinical or personal performance is determined to be inconsistent with the responsibility and accountability for upholding ethical and professional standards. As a professional program, it is the responsibility of faculty to determine if action is indicated.

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses prevention of illness, alleviation of suffering, and protection, promotion and restoration of health in care of individuals, families, groups and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession, but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

**To function within the parameters of safe and ethical practice the student must:**

1. Comply with the Patient's Bill of Rights;
2. Comply with the ANA Code of Ethics;
3. Complete or provide for completion of planned care;
4. Provide a safe environment for the patient;
5. Maintain confidentiality of all information/HIPAA;
6. Function within the parameters of the student roles outlined in the NICC Nursing Policy and Procedure Manual.

## **Patient Bill of Rights**

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his/her physician complete, current information concerning his/her diagnosis, treatment and prognosis, in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf. He/She has the right to know, by name, the physician responsible for coordinating his/her care.
3. The patient has the right to receive from his physician information necessary to give informed consent, prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
5. The patient has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be discussed discreetly. Those not directly involved in his/her care must have permission of the patient to be present.
6. The patient has the right to expect all communications and records pertaining to his/her care should be treated as confidential.
7. The patient has the right to expect that within its capacity, a hospital must make reasonable responses to requests of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. The patient has the right to obtain information as to any relationship of his/her hospital to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him/her.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care. He/She has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect the hospital will provide a mechanism whereby he/she is informed by his/her physician or a delegate of the physician of the patient's continuing health care requirements following discharge.
11. The patient has the right to examine and receive an explanation of his/her bill regardless of source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his/her conduct as a patient.

## The American Nurses Association Code of Ethics for Nurses

1. The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community or population.
3. The nurse promotes, advocates for and strives to protect the rights, health and safety of the patient.
4. The nurse has authority, accountability and responsibility for nursing practice; makes decisions and takes action, consistent with the obligation to promote health and to provide optimal care. 5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal and professional growth.
5. The nurse, through individual and collective effort, establishes, maintains and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
6. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development and generation of both nursing and health policy. 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy and reduce health disparities.
7. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession and integrate principles of social justice into nursing and health policy.

American Nurses Association (2015) *Code of Ethics for nurses*. Washington, DC

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>

## American Nurses Association Standards

### Standards of Professional Performance

1. Quality of Practice – The registered nurse systematically enhances the quality and effectiveness of nursing practice.
2. Education – The nurse attains knowledge and competency that reflects current nursing practice.
3. Professional Practice Evaluation – The nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes and regulations.
4. Collegiality – The nurse interacts with and contributes to the professional development of peers and other health professionals as colleagues.
5. Collaboration – The nurse collaborates with the patient, family and significant others in the conduct of nursing practice.
6. Ethics – The nurse integrates ethical provisions in all areas of practice.
7. Research – The nurse integrates research findings in practice.
8. Resource Utilization – The nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of nursing services.
9. Leadership – The nurse provides leadership in the professional practice setting and profession.

### Standards of Practice

1. Assessment – The nurse collects comprehensive data pertinent to the patient's health or situation.
2. Diagnosis – The nurse analyzes the assessment data to determine the diagnoses or issues.
3. Outcomes Identification – The nurse identifies expected outcomes for a plan individualized to the patient or the situation.
4. Planning – The nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.
5. Implementation – The nurse implements the identified plan of care.
6. Evaluation – The nurse evaluates progress toward attainment of outcomes.

### Safe Practice

In addition to upholding ethical and moral standards, nursing students are required to care for their clients in a safe, professional and responsible manner. Students who are beginning the nursing program are in the process of learning how to deliver care in a safe and efficient manner. As students' progress, they should evidence greater accountability and consistency in their ability to deliver care in a safe and efficient manner. **As students progress, they are held accountable for previously learned skills in the program.**

Patterns of substandard/borderline clinical and lab performance and patterns of clinical incidents are taken into account when evaluating student progression

### Examples of unsafe practices include but not limited to:

1. Failing to check an ID band;
2. Leaving side rails down;
3. Failing to recognize and report any abnormal assessment;
4. Attending clinical not fully prepared, upset or ill;
5. Carrying out a procedure or treatment without instructor's permission;
6. Failing to adhere to guidelines when carrying out a procedure or treatment;
7. Not checking physician orders in a routine manner;
8. Administering a medication, without full knowledge of medication;
9. Failing to follow the Six Rights of Medication Administration;
10. Patient abandonment.

## Critical Incidents

A critical incident is **a situation or behavior that evidences immoral, illegal or unethical behavior.**

**Persistent errors in safety and judgment are also considered critical incidents.** Critical incidents will result in a review of the incident by the Dean of Nursing/Associate Dean of Nursing prior to determination of consequences. Critical incidents may result in immediate and permanent termination from the program.

### **Examples of Infractions of Moral and Ethical Conduct include, but not limited to:**

1. Disruptive classroom or clinical behavior;
2. Threatening, intimidating or coercing faculty or facility personnel on school or clinical premises;
3. Attending clinical with a communicable disease (COVID, mumps, shingles etc.);
4. Failure to respect policies of health agencies used for clinical learning;
5. Breach of patient confidentiality/accessing unauthorized client records including your own;
6. Lying;
7. Falsifying client information;
8. Academic dishonesty (cheating, plagiarism, etc.);
9. Stealing supplies from the nursing lab or clinical facilities;
10. Willful neglect or abandonment in care of patients/abusive treatment of clients or visitors;
11. Illegal gain and distribution of drugs;
12. Use of client's medications for self or family;
13. Failing to report a student or health care worker who exhibits one of the above behaviors.

### **Additional examples of Critical Incidents include, but not limited to:**

1. Attending clinical with minimal preparation;
2. Leaving the clinical area with no communication;
3. Lying about care delivered
4. Impaired judgment or behavior that indicates possible use of drugs and/or alcohol before or during class, lab or clinical learning activities;
5. Persistent judgmental errors in performance of care;
6. Administering medication without faculty supervision;
7. Deliberately physically or verbally harming a person.

When a student's performance is deemed unsafe by nursing faculty or site staff in the clinical area, the student may be removed from that portion of the course and program. The clinical instructor works with the Dean of Nursing/Associate Dean of Nursing to determine disciplinary action warranted.

Program administrators reserve the right to require a medical examination or counseling of any student whose behavior may compromise or does compromise client care and/or safety. Such an examination may provide data concerning physical and/or mental ability to perform satisfactorily.

Cost of such an examination is the responsibility of the student. The College shall retain the right to prescribe the type and extent of examination and to specify who shall perform it. Should the prescribed type and extent of examination be performed by the student's own physician, the College may request a second opinion. This medical examination may be required to continue, progress and/or re-enter the program.



Students must conduct themselves in a professional manner in the clinical settings. This includes no gum chewing in the clinical area. Smoking is not allowed on clinical properties or in the clinical area. Students are asked to not smoke before or during the day of clinical, as clients often find the smell of smoke intolerable. Students will be asked to leave the clinical area if they smell of smoke. This is counted as a clinical absence for the day.

**The hospital and/or clinical agency has the right to request a drug screen related to a violation in client safety.**

**The hospital and/or clinical agency has the right to remove a student from their clinical setting for any breach in safety, confidentiality or professionalism.**

## Clinical Protective Health Policy

Physical and mental health are essential components of well-being and are imperative components for successful performance in the Nursing program. An alteration or limitation in physical or mental functioning has the potential to influence client/nurse safety and affect quality of care provided by the nursing student.

To ensure client safety is not compromised and to avoid increased risk of student injury, the nursing instructor, using professional knowledge and judgment, may request the student leave the clinical setting, if the student's physical or mental status is impaired. Physical and mental impairment that potentially may affect student performance in the clinical setting may include, but not limited to:

- contagious conditions (i.e. chicken pox, influenza, herpes simplex, COVID 19)
- immune-suppressed conditions (i.e. chemotherapy)
- physical limitations (i.e. back/neck injury, fracture, sprain, surgery)
- impairment of judgment/mental functioning (i.e. prescription drug, drug or alcohol use/abuse)
- cognitive impairment (i.e. anxiety disorder, panic disorder, depression)
- uncorrected visual/hearing impairment.

When the instructor becomes aware of any identified or similar conditions, the following procedure is initiated:

1. After gathering sufficient information concerning the physical and/or mental status of the student, the instructor will determine feasibility of the student remaining in the clinical setting. If it is determined the student is not able to perform at expected levels, due to physical illness or limitations and/or mental impairment, the student is dismissed from the clinical setting.
2. The student is notified that dismissal from the clinical setting will result in a clinical absence or absences that will be addressed as specified in the program policy manual.
3. The instructor notifies the Dean of Nursing/Associate Dean of Nursing or Nursing Chair of the student's health status and action taken within twenty-four (24) hours.
4. Documentation of student's status and instructor's action are completed within twenty-four
5. (24) hours and a copy provided to the Dean of Nursing/Associate Dean of Nursing within forty- eight (48) hours.
6. A signed medical release by a health care provider is required, at the discretion of the instructor and in consultation with the Dean of Nursing/Associate Dean of Nursing, before the student can return to the clinical setting. Information provided by the physician must include a statement confirming the student's condition is resolved and no longer presents a client/student safety concern. The student must be able to resume functioning at a level compatible with meeting clinical requirements.

## Suspicious Behavior

Behavior consistent with influence of alcohol or drugs – “under the influence” means the student is affected by a drug or alcohol in any detectable manner; whereby safety of the student, peers, patients or members of the public or student’s clinical/class performance or safe and efficient operation of the facility or property of the facility, are threatened or impaired. For purposes of this policy, a student who emits an odor of alcohol or illegal drugs shall be considered “under the influence”. Under no circumstances, should a student who delivers patient care, meets the public or performs essential services, consume alcoholic beverages and/or mind altering drugs before reporting to class or clinical.

Students who demonstrate behaviors consistent with the influence of alcohol or drugs will immediately be removed from the setting. The student will not be allowed to drive themselves home and will be required to arrange their own transportation. Students are responsible for costs of any medical evaluations or drug testing requested by the Dean of Nursing/Associate Dean of Nursing or clinical facility, prior to returning to the clinical area.

## Attendance and Absence

Students are expected to attend all lab and clinical practicum. These experiences are interrelated and absence from one area makes the student less effective in other areas. Repeated absences and tardiness jeopardize status in the program and be reflected on employment recommendations. Course syllabi addresses policies for tardiness and clinical absence.

## Orientations

Orientation sessions are held to provide students with essential information to succeed in the program and clinical areas. Clinical orientation sessions are mandatory and required for students to progress in the program. Immunizations and background checks must be current for students to attend clinical orientations. Students are not allowed to progress into clinical, if orientations are missed due to delinquent immunization or background checks, resulting in clinical failure for the course. Students missing mandatory orientations for other reasons may progress into clinical with the Dean of Nursing/Associate Dean of Nursing approval only.

The following **mandatory** orientation sessions are held:

**General Pre-Nursing program Orientation Information:** Must be completed prior to the start of the nursing program and should be attended as early as possible.

**Introduction to Nursing Concepts Orientation:** Held prior to start of Nursing Concepts (*two days*) **Nursing Clinical Orientations:** Held prior to start of clinical rotation in each nursing course **Additional Clinical Site Orientations:** orientations mandated by specific clinical sites

## Lab/Clinical

Students are expected to attend the clinical/lab portion of each course, since this is where students gain competency in applying principles learned in the classroom and lab. Students may be required to stay overnight for lab or clinical. Travel and lodging are at the student's expense. **Students not dressed in professional attire are not allowed to remain in the lab or clinical setting and will receive an absence for the lab or clinical day. Students are expected to remain in the clinical setting during break and lunch times. Students assigned to a care experience, who leave the clinical setting without approval, are dismissed from the program, as this constitutes patient abandonment.**

**Students are not to be in the clinical setting outside of scheduled hours**, unless special arrangements are approved by faculty. Students are expected to remain at their clinic site for the duration of scheduled time. Students may not leave the site without communication to course faculty.

## Clinical Absence

Students are required to notify clinical faculty prior to the start of the clinical shift. **“No-call, No-show” behavior exists when students do not report for clinical at the designated time and fail to contact the instructor.**

**No-call, no-show behavior constitutes patient abandonment and is a very serious situation. Students who are absent and fail to call in by the start of the shift may fail the clinical rotation.**

## Leaving Clinical Early

Students are not allowed to leave the clinical area prior to the end of the scheduled clinical day for non-emergent personal reasons (work, babysitters etc.), as this is not acceptable in practice. Students who cannot attend for the scheduled shift are considered absent for the shift.

## Tardiness

Each nursing course syllabus addresses lab and clinical tardy policies. **Required make-up work is determined by the course instructor and is based on the activities missed.** Any student exhibiting a pattern of tardiness or absenteeism in the program, is placed on a Performance Improvement Plan and risks their future in the nursing program.

## Clinical/Lab Cancellations

NICC makes every effort to post school delays or cancellations broadcasting on **news and radio stations in a timely manner**. Due to the early hours of clinical rotations, this information may be broadcast after the student is en route to their location. Therefore, **students are advised to use their own discretion before venturing out when road conditions may be hazardous**. Students and clinical instructors will establish preferred communication processes for each clinical rotation. Course/clinical cancellation announcements will be posted in Brightspace. Students are expected to call their clinical instructor/site if they are going to be late to clinical due to inclement weather. Students are strongly encouraged to register for RAVE alerts delivered to phone and/or email. Be aware that weather conditions may vary widely within the District. Stay in communication with your clinical or classroom faculty.

These guidelines apply to College cancellations, related to inclement weather, for clinical rotations **in your District:**

1. If NICC cancels classes, clinicals are canceled for that day. Classroom lectures may occur online.
2. If NICC cancellation occurs after the clinical day has started, the clinical instructor will work to release students, in a timely manner, without disruption to client care and in the best interest for student safety.
3. Students may be required to make-up a canceled clinical day, at the discretion of the lead theory instructor. Clinical hours may be made-up using one of the following methods:
  - a. Re-schedule date to complete an additional clinical shift at the clinical site;
  - b. Schedule a lab day at the College;
  - c. Written assignments based upon clinical objectives for the course.
  - d. Online virtual simulation exercise.

**In the event a student is unable to attend clinical due to weather, the student is required to follow instructor guidelines for clinical absence.**

**NOTE:** College cancellations due to inclement weather may not apply to weather conditions in clinical locations that are not within the College District (Waterloo, Des Moines, Iowa City, Lacrosse, Wisconsin, etc.). It is up to the clinical instructor and Dean/Associate Dean/Program Chair discretion, if students are on-site and clinical may be held. It is also up to the clinical instructor and Dean/Associate Dean/Program Chair to cancel clinical, due to inclement weather, for clinical sites out of the District. In the event of cancellations, the clinical day is made-up according to #3 above.

### Instructor Absence

When the clinical instructor is absent from the assigned clinical area, the following procedure is followed:

1. The instructor notifies the clinical site that the clinical experience has been canceled for the day. The instructor may notify students in advance, if the absence is expected.
2. In the event the instructor was not able to notify students, facility personnel will deliver the message to nursing students upon arrival to the clinical site.
3. **Students may not remain in the clinical area without instructor supervision.** Every attempt is made to re-assign students to an alternative assignment to meet the clinical objectives. Alternative assignments include:
  - a. Attending an outlying area;
  - b. Join another clinical group;
  - c. Complete an alternate independent assignment;
  - d. Learning activities assigned on campus.
4. Students who do not attend or complete alternative assignments are considered absent from clinical.
5. If arrangements have not been made for an alternative assignment, students are to return home and will make up the clinical hours, upon review by the lead theory instructor. Clinical hours may be made-up using one of the following methods:
  - a. Re-schedule date to complete an additional clinical shift at the clinical site;
  - b. Schedule a lab day at the College;
  - c. Written assignments based upon clinical objectives for the course.
6. In the event an instructor is absent for a prolonged period of time, a qualified substitute is assigned to the clinical site or students are reassigned to other clinical groups.

## Lab Requirements

### Dress Code

The health lab setting must be an environment that promotes professional student interaction and respect as students strive to meet established competencies. Students may be required to wear clinical uniforms. No jeans or open toed shoes may be worn.

The nursing lab replicates the clinical environment. As such, students are expected to adhere to the same requirements related to gum chewing, smoking, and professional conduct.

### Lab Equipment

Students are responsible for purchasing required lab kits prior to the beginning of each program (PN and ADN). The cost of the lab kit is included in your course fee. Students not prepared for lab are documented as absent for that lab day. Purchasing used lab kits is not acceptable, as students must have equipment required to successfully demonstrate skill competencies.

### Clinical Appearance:

1. Hair must be worn back (cannot be falling in the student's face or patient care field), clean, neatly styled and be a conservative style and color. Extreme hair colors or styles are not permitted. Beards and mustaches must be kept clean and neatly trimmed, cut close to the face. Hair covers may be required in some clinical areas.
2. Students that elect to be fit tested for an N95 mask cannot have a beard.
3. Nails should be clean and short so as not to injure the patient. No acrylic nails or nail polish is allowed.
4. Necklaces and bracelets may not be worn with uniforms. Hospital policy may designate areas where no rings may be worn. One plain band or low-profile ring or wedding set is the only hand jewelry that is allowed.
5. Small post earrings are acceptable. Hoop earrings and posts with decorations or dangling objects are not permitted. Only one (1) pair of earrings may be worn. Pierced jewelry in the nose, tongue, eyebrow or other visible areas is not permitted.
6. Tattoos are not encouraged, but if present, must not be offensive. If staff or patients report concern of a possible offensive tattoo the student will be asked to cover it if possible.
7. NICC photo ID is to be worn at all times when in the role of a nursing student.
8. On days students go to the clinical area for assignments, they must wear the long sleeve uniform lab coat and NICC photo ID over professional-looking attire. Jeans are not acceptable in the clinical setting. No open-toed shoes or sandals are allowed.
9. Students must be professionally dressed when going to and from clinical locations. No jeans are allowed.
10. A student who is an LPN functions in the clinical area as a nursing student. You will sign your name with the initials N.S. behind it.

### Clinical Attire

Uniforms are worn during clinical experiences only. Do not wear outside of clinical settings to avoid pathogen transmission. Uniforms must be clean, without wrinkles, and must be made of a fabric which properly conceals undergarments. Uniforms must be in good repair at all times and replaced before evidence of wear detracts from the overall general appearance of the student. Uniforms must fit in a manner which allows freedom of movement, without evidence of excessive pulling or wrinkling.

### **A complete uniform consists of:**

1. NICC Nursing students wear the NICC uniform. Order information is shared with students upon registration for Nursing Concepts. The uniform top is gray and the pants are navy blue. The uniform top has NICC Nursing embroidered on it. Uniform skirts may be worn, if preferred. Students must stay in uniform and may not substitute other apparel.
2. Barrettes/headbands - Simple, to match hair color or uniform.
3. Shoes must be enclosed, black or navy blue, predominantly one color, and professional in appearance. Crocs or slip on shoes are not appropriate. Shoe laces must be clean, if applicable. Shoes must be in good repair at all times and be replaced regularly to meet standards of appropriate grooming. In order to reduce the risk of disease transmission, it is strongly recommended that healthcare workers wear a dedicated pair of shoes while working in the healthcare setting.
4. Visible tattoos do not need to be covered. Tattoos are not encouraged, but if present, must not be offensive. If staff or patients report concern of a possible offensive tattoo the student will be asked to cover it if possible.
5. Socks or stockings must be worn.
6. Professional-looking watch capable of counting seconds.
7. Students must bring the following supplies to clinical: bandage scissors, black pen, pocket size notebook, stethoscope, penlight, and goggles.
8. NICC photo ID badge.

### Charting Signature

When charting, students sign their full name followed by NICC N.S. (Northeast Iowa Community College Nursing Student).

### Clinical Records

**No part of a patient's record should be copied**, whether permitted by the clinical institution or not. Including copies of portions of patient records in your care plan violate HIPAA guidelines.

### Consent Forms

Students are not allowed to sign/witness patient consent forms in the clinical settings.

### Exposure Incidents

Students are to adhere to Standard Precautions and OSHA Bloodborne Pathogen Standards. This includes wearing protective eyewear in high risk situations (suctioning, extubating, codes, etc.), safe handling and disposing of sharps and contaminated material and adherence to agency exposure control policies, including use of personal protective equipment and timely reporting of exposure incidents. If stuck with a needle or sharp object or exposed to blood or body fluids during lab, clinical or program activities, the following steps should be taken:

- **IMMEDIATELY** wash the affected area with soap and running water (or appropriate first aid) and contact your nursing instructor. Contact the Program Chair or Dean of Nursing, if the instructor cannot be reached. The instructor or program administrative personnel then contact the appropriate infection control personnel at the Agency to verify recommendations for adherence to current Center for Disease Control (CDC) Standards for follow-up testing and post exposure prophylaxis (PEP) treatment.
- Follow immediate infection control recommendations of the agency in which the exposure occurred.
- Fill out the [NICC Report It!](#) Form and the agency incident report form. The original NICC Report It! Form, along with a copy of the agency incident form must be filed at NICC within twenty-four (24)

hours of the occurrence.

- Follow Agency guidelines for follow-up testing and post exposure prophylaxis (PEP) treatment. Students should also notify their health care provider.

**It is vital action be taken immediately, as delays beyond four (4) hours may affect treatment outcomes.**

For further information, see [www.cdc.gov](http://www.cdc.gov) or <http://www.osha.gov/OSHDoc/data/BloodborneFacts/index.html>

#### Evaluation

Clinical evaluation is based upon performance, according to course objectives. Grading is on a PASS/FAIL basis. It is mandatory for a student to Pass clinic to Pass the course. Each student is evaluated according to the Clinical Proficiency tool and given a written evaluation if he/she is doing unsatisfactory work in any area. A Performance Improvement Plan is initiated for a student exhibiting patterns of performance/behavior **that could** lead to clinical failure. Any student who consistently receives an **overall** unsatisfactory evaluation or been involved in a **critical incident**, is considered unsafe and may receive an "F" for the course. **Failure in clinical or theory results in repeating both components of the course concurrently.**

#### Grading

Nursing students are evaluated in theory, lab and clinical areas. The evaluation is combined from all areas. Courses having a clinical/lab component are graded as follows:

Theory component is assigned a letter grade based on the Nursing Department scale.

Clinical laboratory component is based on a PASS/FAIL basis, utilizing clinical competencies. Theory and clinical and lab components are interdependent co-requisites, i.e., if a student receives a failing grade in either component, the grade recorded for the course is an "F".

### Incident Reports

Hospital and/or clinical agency incident reports, involving any student and a client, are to be described in full and signed by the student and clinical instructor. Access [REPORT IT!](#) through [My Campus](#) to complete the required report. **The Dean of Nursing/Associate Dean of Nursing must be notified immediately.**

### Medication and Treatment Policies and Guidelines

The following guidelines are written to ensure students understand their responsibilities and limitations in administration of medication and delivery of treatments in the clinical settings. **Students must adhere to all guidelines of the clinical facility. Failure to follow is considered unsafe practice.**

#### General Medication Information

- A. Students administer medications to assigned clients during clinical hours at the discretion of the clinical instructor.
  1. Students administer medications, with clinical instructor supervision. The instructor is responsible for communicating with floor personnel and students regarding medication administration. With approval, second level students, assigned to nursing preceptors, may be allowed to carry out medication administration.
  2. The clinical instructor directly observed the medication has been prepared and is ready for



administration according to the six (6) rights: right drug, right dose, right time, right route, right client and right documentation. The student may deliver oral medications to the client, without supervision, after the clinical instructor verifies the client's ID check has taken place and the student is competent in this area.

3. Prior to administration, all medications are checked with doctor's orders.
- B. STAT and PRN medications may be given after the student checks with both the assigned staff nurse and clinical instructor.
- C. Students may not administer any medication which had been prepared by another person. There are no exceptions to this rule.
- D. Prior to administration of a medication, students are responsible for evidencing fundamental medication knowledge: trade and generic name, usual dosage, action, use, side effects, nursing implications and reason the client is receiving.
- E. Students are responsible for charting all medications given, immediately after administration. The clinical instructor or nursing preceptor will co-sign all entries according to facility policy.
- F. Students must report all medication errors immediately to the clinical instructor/ nursing preceptor and assigned staff nurse for appropriate intervention. The student will work with the clinical instructor/nursing preceptor to complete the facility incident report form and the NICC Incident Report.
- G. Students are responsible to review related lab values prior to administration of medication.
- H. Students are to follow medication administration procedures of the institution.

#### Narcotic Medication

- A. Students may administer narcotics, under the direct supervision of the clinical instructor.
- B. Narcotics must be signed out before being given. Students can only sign out narcotics, with the clinical instructor present. At no time, is the student to carry keys or passwords to the narcotic area.
- C. "Wasted" narcotics must be witnessed and co-signed by the student, clinical instructor/nursing preceptor and assigned staff nurse.
- D. Students are responsible for reviewing related site rotations and lab values prior to administration of the medication.

#### Injections

- A. Students may administer injections, with clinical instructor/nursing preceptor's approval and direct observation.
- B. Medications must be **prepared and administered under direct supervision** of the clinical instructor/nursing preceptor to verify correct type, dosage, time and site placement.
- C. Students are responsible to review related site rotations and lab values prior to administration of the medication.

#### Parenteral Medications

- A. Students may administer parenteral injections, with clinical instructor/nursing preceptor's approval.
- B. Medications **must be prepared and administered under direct supervision** of the clinical instructor/nursing preceptor to verify correct type, dosage, time and site placement.
- C. Students are responsible to review related site rotations and lab values prior to administration of the medication.

### Intravenous Therapy

- A. PN students may only monitor, discontinue and add plain IV solutions (no medications added).
- B. ADN students may start IVs, monitor, discontinue and add IV solutions, under instructor supervision.
- C. All pertinent data regarding IV therapy is documented on the appropriate form and co-signed by the clinical instructor/nursing preceptor.
- D. All IV medications must be given under the direct supervision of the clinical instructor/nursing preceptor.

### General Procedure Information

- A. Invasive procedures or procedures involving sterile technique, must be performed under direct supervision of the clinical instructor or designated staff nurse.
- B. Procedures performed must be within the scope of practice of an LPN/ADN.
- C. Procedures such as dressing changes may be done independently by the student after, the clinical instructor has verified competency and given approval.
- D. Students are responsible for documentation immediately following the procedure. The clinical instructor must co-sign all entries.

### Needle Stick Policy

The nursing department is committed in providing a safe environment in relation to usage of “sharps”.

In order to prevent injury in the nursing lab:

- 1) Needles are recapped and are immediately discarded into approved sharps containers, which are available throughout the nursing lab.
- 2) Students work with needles in the lab with direct supervision by the nursing faculty only.
- 3) Needleless injection systems and needleless guards are utilized whenever possible.
- 4) Students may not remove used needles from the lab.

In the lab, if a needle stick injury occurs, when it does not involve the potential of bloodborne pathogen transmission, the following steps are taken:

- 1) Immediately wash the affected area thoroughly with antimicrobial soap and water.
- 2) Contact nursing faculty who will assist with completion of the NICC Accident Form.
- 3) Individuals are instructed in the signs/symptoms of infection and encouraged to seek medical advice, as appropriate.
- 4) Faculty route the Accident Form through administrative channels.

If a needle stick injury occurs on campus which *does* involve potential exposure to blood or body fluids of a second individual, the NICC OSHA Bloodborne Pathogens Standard Precautions Policy will be followed.

In a clinical or field setting, agency policies will also be followed. In addition, the instructor, preceptor, or supervising facility personnel are to be notified immediately. An [NICC Report It!](#) Form along with a copy of the agency incident form must be completed and filed with the program’s academic Dean’s office within twenty-four (24) hours of the occurrence.

## Observational Experience

Throughout the nursing program, students are assigned to observational experience in schools, hospitals, physician's offices and community clinics. Unless otherwise indicated by the instructor, the student wears their school uniform.

## Preceptorship Experiences

In the second year, students may be assigned to preceptorship experiences.

## Pregnancy

Pregnancy is considered a healthy state. It is a common expectation and practice for women to continue working during pregnancy. The Nursing Program encourages students who are pregnant to continue their program of studies in the nursing area.

Under the Department of Education's (DOE) Title IX regulations, an institution that receives federal funding "shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student's pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom." According to DOE, appropriate treatment of a pregnant student includes granting the student leave "for so long a period of time as is deemed medically necessary by the student's physician," and then effectively reinstating the student to the same status as was held when the leave began.

Students are encouraged to work with their faculty members and Northeast Iowa Community College's support systems to devise a plan for how best to address conditions as pregnancy progresses, anticipate the need for leave, minimize the academic impact of their absence and return as efficiently and comfortably as possible. The Title IX Coordinator can assist with plan development and implementation, as needed.

**Students have the option of whether or not to inform program officials of a pregnancy.** If the student chooses to inform the Program of pregnancy, it must be in writing and indicate the expected date of delivery. In absence of this voluntary written disclosure, a student cannot be considered pregnant.

If the student chooses to voluntarily declare a pregnancy, the following options are provided:

- a. Continue both the didactic and clinical education courses, without modifications.
  - All clinical and didactic coursework must be fulfilled according to the Educational Plan at Northeast Iowa Community College.
  - Student are assigned the same clinical rotations as a non-pregnant student.
- b. Leave of Absence from the Program
  - Discontinue didactic and clinical education courses.
  - Re-enter program based on program readmission criteria.
- c. Discontinue Program

Students may withdraw their pregnancy declaration at any time.

**Note:** Students who are not immune for MMR and are unable to get a booster during pregnancy, are not eligible for clinical.

Under all circumstances, it is necessary the student meet the course objectives. If at any time the student must be limited in activities, as determined jointly by their healthcare provider and student, this limitation must be documented for the nursing faculty and Dean of Nursing. In such event, the Dean determines if the limitation permits satisfactory achievement of course objectives. Any conditions, including those of pregnancy, that prevent the student from meeting course objectives will necessitate the student's withdrawal from the course.

# Northeast Iowa Community College Simulation Labs Policy & Procedures Manual

## Introduction/Philosophy

The goal of the simulation lab at NICC is to provide a safe learning environment. In which participants may practice and improve, application of knowledge gained through coursework and/or experience.

Simulations are designed to help with problem-solving and decision-making skills. Faculty and staff involved in simulation attempt to include environmental factors that help make the experience realistic and authentic.

Participants are expected to come prepared. Faculty facilitate the simulation scenario and provide a debriefing experience to provide constructive feedback in a positive and safe atmosphere. Participants use a reflective process to help them self-analyze and critically think about their performance.

The following policies and procedures are designed to provide an optimal and safe learning environment for the simulation process. Participants, faculty and staff are expected to adhere to these requirements.

## General Information

The simulation lab at Calmar is located on the second floor of the Max Clark building, Rooms 214 A – 215 C. Entrance is located inside the atrium, upper level on the northwest side.

The simulation lab at Peosta is located in HSAL wing Room 155, in the lower level of the main campus building.

Both labs have high fidelity SimMan<sup>®</sup>, a medium fidelity pediatric manikin, a high fidelity SimNewB<sup>®</sup>, neonatal manikin and a medium fidelity birthing mother manikin, Noelle<sup>®</sup>.

Each campus has a calendar posted by the Simulation Technician. Make-up days and remediation are addressed through the instructor, who then contacts the simulation technician. The simulation lab is not used to replace clinical rotation.

## Simulation

The word simulation means to re-create or imitate a real-world setting or experience. The intent of simulation in healthcare education, is to replicate essential aspects of a clinical situation in order for the participant to experience the situation. Then, through a reflective process, better understand and manage that situation when it occurs in real clinical practice. This simulation setting is conducive to building clinical knowledge, critical thinking and reasoning skills. The probability these skills will be transferred to a real-life clinical situation increases with the number of opportunities students have to participate in simulated clinical scenarios.

Active participation is required. Manikins are treated with the same respect, as if they were live patients. Simulation scenarios are used as a learning tool. It is required for no discussion of fellow participant's performance takes place outside the lab setting. You will sign a Confidentiality Statement regarding this. A debriefing session follows each simulation. You can expect the length of a debriefing session to be at least as long as the length of the scenario, but it could easily be much longer. Please plan on allowing sufficient time, as it is not acceptable to leave before the session is over.

Debriefing is perhaps the most important part of simulation. This is where participants have the opportunity to reflect on what happened and determine what went well and what benefits from a change of action. This debriefing process is active and all participants are expected to join in the discussion. A faculty member is there to help guide the discussion, but won't be doing all the talking.

## General Policies

### Lab Conduct/Behavior

1. Lab users are expected to act in a manner that does not disturb academic activities occurring in the lab.
2. No lab participant shall infringe on the privacy, rights, privileges, health or safety of other lab users.
3. Faculty, staff and participants must complete lab orientation prior to using equipment.
4. No eating, gum chewing or drinking allowed in the simulation lab.
5. Computers in the simulation lab are for assigned simulation work and are not for personal or non-simulation activities.
6. Equipment is not to be used for any other purpose than specified. Those who fail to comply with this will be asked to leave the lab.
7. Please report any equipment malfunction or abuse to the lab coordinator immediately.
8. Compliance with the dress code is expected. NICC students must wear their uniforms and participants from other facilities must wear their work uniforms.
9. All beds should be lowered to the lowest position after each use. The manikin should be covered after use as if caring for a real patient.
10. Do not remove the manikin from the bed unless instructed to do so.
11. Electronics such as cell phones, cameras, and cell phone cameras are prohibited during simulations.
12. ABSOLUTELY NO ink pens, felt-tipped markers or betadine products may be in use near the manikins as these items PERMANENTLY stain.

## Confidentiality

To provide both a safe and a realistic environment, all participants will be required to sign confidentiality agreement. Most scenarios will be recorded, so an agreement to and understanding the parameters for that recording will included in the confidentiality agreement. Participants are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA). Participants agree to report any violations to the faculty or staff of the simulation lab.

## Dress Code

All participants will adhere to the clinical dress code of their respective disciplines. NICC clinical students will adhere to the dress code for the clinical setting. A NICC name badge, stethoscope, pen light, and watch with a second hand will be necessary and required. Some disciplines, such as nursing, may require other tools.

## Equipment Use

1. All students and faculty who use the lab must have proper orientation to the equipment.
2. Students wishing to use the lab other than scheduled class scenario times must notify the simulation technician. All participants using the simulation lab must sign the attendance book.
3. Supplies and equipment must not be taken out of the lab unless approved by the simulation technician.
4. When working with manikins, all students, faculty, and staff must wash their hands immediately before beginning the scenario or otherwise working with the manikin. The manikin is easily stained by oils and dirt on hands.
5. Equipment should be disposed of properly (sharp's containers, biohazard trash containers).
6. Simulation lab computers and video equipment are for simulation purposes only.
7. ABSOLUTELY NO ink pens, felt-tipped markers, or betadine products may be in use near the manikins as these items PERMANENTLY stain.

## Communication

Electronics, such as cell phones, are prohibited during simulation lab experiences. All faculty are expected to schedule class simulation scenario events before the semester begins.

## Inventory and Supplies

Personal clinical supplies such as stethoscope, penlight, watch, and calculator are the responsibility of the participant and will not be provided. All other supplies for each simulation will be provided, however if special equipment or supplies are needed you may be asked to provide these items. If it is noticed that a certain supply is running low, please notify the simulation technician. All supplies should be returned to the same cabinet in which they were found. All linens should be folded and put back on the linen supply shelf, unless they are soiled. If linens are soiled, they should be placed in the linen hamper for washing. Supplies that are reusable should be repackaged and put back where they belong after being used. Needles/sharps should never be reused and must be disposed of in sharps containers. Supplies obtained for the lab may have expired expiration dates, however, students should still be expected to check for expiration dates.

## Clean-up

The simulation technician will be accountable for manikin clean-up. Faculty can assist by straightening up the room and attending to folding linen and repackaging reusable supplies. Beds should be left in the lowest position, the manikins are to be in the beds and properly attired, and chairs and bedside tables are to be in their designated places. Bedpans, urinals, and basins are to be washed, dried, and placed in the bedside drawers. Any injection pads used should be squeezed out and left to dry. All disinfection protocols will be followed, especially if COVID-19 restrictions remain in place.

## Media

There are multiple cameras and microphones set up in every room. Recordings will be made for most scenarios. All users of the simulation lab need to conduct themselves professionally as all interactions may be overheard, if not recorded. The recordings are intended for educational and debriefing use only with appropriate faculty, staff, and students. Recordings will be saved to a backup hard drive and will be kept on file at the simulation lab. Forty-five days after the semester has been completed student recordings will be deleted. Recordings for outside companies will be deleted after debriefing has occurred.

## Faculty preparation before scenario simulation

As stated prior, faculty are required to schedule class scenario times with the simulation technician a semester in advance.

Faculty is expected to fill out a detailed scenario template and then schedule a time with the simulation technician to discuss and do a trial run of the scenario. A copy of the scenario template will be given to the simulation technician. This meeting and trial run of the scenario needs to be completed no later than a week before the scenario is to be presented to students. This trial run is very important as it allows for a chance to become familiar with the equipment needs, rough spots in the scenario, and to gain an understanding of what the student might experience. For outside companies we ask for a four-week lead time with a minimum of two-week notice.



## Safety Guidelines

### Infection Control

It is expected that participants in simulated scenarios are mindful of all standard precautions and transmission specific precautions (contact, droplet, airborne). Anything that comes into contact with simulated body fluids is considered contaminated and needs to be handled in an appropriate manner.

### Latex Warning

Some of the equipment in the simulation labs may contain latex. Individuals with a latex sensitivity or allergy to latex need to contact the lab coordinator or their instructors. Those with a latex sensitivity/allergy need to wear non-latex gloves when handling the latex parts.

### “Clean” Needle Stick Guidelines

In the event of a “clean” needle stick, lab faculty needs to be notified immediately. An incident report form needs to be filled out and reported to the appropriate dean or program Dean.

### Physical Safety

All participants should have had instruction on safe handling techniques. All persons should use caution when practicing lifting skills. A manikin or heavy object should not be lifted without assistance. All equipment that has wheels should be locked both during practice and after use. Any accident or injury needs to be reported immediately to faculty, along with a completed incident report form (See form for instructions on completion of medical incident form).

# Forms & Acknowledgements

Northeast Iowa Community College Allied Health Programs  
Policy and Procedure Manual Acknowledgement Form

I, \_\_\_\_\_ (**print name**), hereby acknowledge I have obtained a current copy of the Northeast Iowa Community College Program Policy and Procedure Manual (“the Manual”). In relation to the Manual, I hereby acknowledge the following:

1. It is my personal responsibility to read and review the Manual.
2. I have read the provisions of the Manual. Without limiting the importance of any provision of the Manual, I acknowledge that I have read the following sections (please initial each line):
  - \_\_\_\_\_ State Board Licensure or Certification Requirements
  - \_\_\_\_\_ Iowa Core Performance Standards for Health Careers
  - \_\_\_\_\_ Program Specific Policies and Procedures
  - \_\_\_\_\_ Safe and Ethical Practice
    - *Patient’s Bill of Rights*
    - *Program Specific Code of Ethics*
    - *HIPAA / Confidentiality*
  - \_\_\_\_\_ *Clinical Requirements*
    - Background Checks
    - Physical and Immunizations
    - Training
  - \_\_\_\_\_ NICC’s Student Conduct Code (<https://www.nicc.edu/catalog/>)
  - \_\_\_\_\_ Policies Related to Substance Use and Testing
3. I shall be required to adhere to and act in compliance with the provisions of the Manual.
4. Any action or statement made in violation of the Manual may result in corrective action up to and including removal from the program.
5. In the event that I have questions regarding the Manual and/or any provision therein, I am responsible for directing my specific questions to a program faculty member or the Dean of Allied Health and Human Service Education.
6. In the event I do not direct questions regarding the manual and/or any provision therein, then it shall be understood that I understand the Manual and any and all provisions therein as set out in the Manual.
7. I am required to obtain and adhere to any and all updated and revised versions of the Manual for each academic year I am enrolled in the program.

Student Name (**please print**): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date (**please indicate Month, Day, and Year**): \_\_\_\_\_

Northeast Iowa Community College  
Simulation Lab Manual Acknowledgement Form

I, \_\_\_\_\_, hereby acknowledge I have obtained a current copy of the  
**(print name)**  
Policy and Procedures Manual for the Northeast Iowa Community College Simulation Labs ("the Manual").  
In relation to the Manual, I hereby acknowledge the following:

1. It is my personal responsibility to read and review the Manual.
2. I have read the provisions of the Manual. Without limiting the importance of any provision of the Manual, I acknowledge that I have read the following sections (please initial each line):

**General Policies:**

- \_\_\_\_\_ Lab conduct/behavior
- \_\_\_\_\_ Confidentiality
- \_\_\_\_\_ Dress Code
- \_\_\_\_\_ Equipment Use
- \_\_\_\_\_ Communication
- \_\_\_\_\_ Inventory and Supplies
- \_\_\_\_\_ Clean up
- \_\_\_\_\_ Media: Videos, CD's, and DVD's
- \_\_\_\_\_ Safety Guidelines

3. I shall be required to adhere to and act in compliance with the provisions of the Manual.
4. In the event that I have questions regarding the Manual and/or any provision therein, I am responsible for directing my specific questions to a program faculty member or the Dean of Nursing.
5. In the event I do not direct questions regarding the manual and/or any provision therein, then it shall be understood that I understand the Manual and any and all provisions herein as set forth in the Manual; and
6. I am required to obtain and adhere to any and all updated and revised versions of the Manual for each academic year I am enrolled in the program.

Student Name **(please print)**: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date **(please indicate Month, Day, and Year)**: \_\_\_\_\_

Northeast Iowa Community College  
Simulation Lab Confidentiality and Equipment Usage Agreement

I understand the significance of confidentiality with respect to information concerning simulated patients and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my facilitator or instructor.

**I agree to adhere to the following guidelines:**

- All patient information is confidential and any inappropriate viewing, discussion or disclosure of this information is a violation of Northeast Iowa Community College policy.
- This information is privileged and confidential, regardless of format: electronic, written, overheard or observed.
- I may view, use, disclose or copy information only as it relates to the performance of my educational duties. Any inappropriate viewing, discussion or disclosure of this information is a violation of College policy and may be a violation of HIPAA and other state and federal laws.
- The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. The student running the scenario should have everyone's respect and attention. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.

**Usage of Equipment**

- The simulation manikins are to be used with respect and be treated as if they were live patients.
- Report any Latex allergies or sensitivities to your instructor.
- No Betadine or ink pens near the mannequins.
- Please keep hands clean at all times.
- Only use 22g IV or smaller for IV starts.

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date (Month/Day/Year): \_\_\_\_\_

**PERMISSION FOR USE OF PHOTOS/IMAGES NOTIFICATION**

- I acknowledge and understand that photographs and/or video may be made during my training and I consent to being photographed or videotaped.
- I, further, understand that my photograph may be used in advertising or training literature or videos.

***I consent for use of my image/photograph/video being used. (Initial)*** \_\_\_\_\_

***I decline use of my image/photograph/video being used.(Initial)*** \_\_\_\_\_

**ACKNOWLEDGEMENT**  
Regarding  
Iowa Board of Nursing Licensure Requirements

I, \_\_\_\_\_ (**please print**) , hereby acknowledge I have reviewed the nursing licensure information included in the Northeast Iowa Community College Nursing Program Policy and Procedure Manual updated October, 2019 (“the Manual”). In relation to the Iowa Board of Nursing regulations, I hereby acknowledge the following:

Iowa Code 152.7 states, nursing licensure applicants must “Be a graduate of an accredited high school or equivalent”; It is my personal responsibility to establish proof of this requirement upon application for licensure to the Board of Nursing. I acknowledge I have the option of satisfactory completion of the GED or Hi Set if I have not graduated from an accredited high school or equivalent.

The Board of Nursing has the authority to review the felony conviction of an applicant and may deny licensure to any applicant who has been convicted of a felony, which relates to the practice of nursing. An applicant is a person who has filed an application with the Board and possesses all of the statutory requirements for the granting of a license. Persons who have not yet completed the pre- requisites for filing an application, such as completion of a course of study approved by the Board, are not applicants.

The Board has a statutory authority to review the felony conviction of a nursing student who has neither completed the nursing program approved by the Board nor filed an application with the Board.

The Board is not authorized to preliminary review of felony convictions prior to program entrance or prior to licensure application.

In the event that I have questions regarding these Board of Nursing guidelines, I may contact the NICC Dean of Nursing, or the Iowa Board of Nursing at:

**Iowa Board of Nursing**  
RiverPoint Business Park  
400 S.W. 8th Street Suite B  
Des Moines, IA 50309-4685  
Tel: (515) 281-3255  
Fax: (515) 281-4825

I have read the above policies and fully understand I may be denied licensure by the State Board of Nursing, if I have a felony record. With this understanding, it is my decision to enter into the NICC Nursing Program.

Student Signature: \_\_\_\_\_

Date (Month/Day/Year): \_\_\_\_\_

Northeast Iowa Community College

Student Success Plan

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Program: \_\_\_\_\_

Advisor \_\_\_\_\_ Student I.D.# \_\_\_\_\_ ATI cohort group# \_\_\_\_\_

Class re-entry and term \_\_\_\_\_

**I have initiated this Student Success Plan in the following areas of concern:**

- |               |                          |                 |                          |                   |                          |                     |                          |
|---------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|---------------------|--------------------------|
| Attendance    | <input type="checkbox"/> | Assignments     | <input type="checkbox"/> | Classroom Conduct | <input type="checkbox"/> | Class Participation | <input type="checkbox"/> |
| Exams/Quizzes | <input type="checkbox"/> | Grades          | <input type="checkbox"/> | Time Management   | <input type="checkbox"/> | Critical Thinking   | <input type="checkbox"/> |
| Test Anxiety  | <input type="checkbox"/> | Health Concerns | <input type="checkbox"/> | Financial         | <input type="checkbox"/> | Other _____         | <input type="checkbox"/> |

**To strengthen these areas, I plan to do the following prior to becoming eligible for re-entry into the program.**

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**The following activities are available to assist your success in class:**

- Learning Center/Writing Center:**  
 Calmar - Student Center; 844-642-2338 X 1256/1394  
 Peosta - Room 228; 844-642-2338 X2330/2331/2360
- Smarthinking** (Online tutoring can be accessed through My Campus – Login and select a class from “My Classes”, select Smarthinking. (Information about Smarthinking can be found in My Campus under Academics/Distance Learning/Smarthinking.)
- Office of Accessibility Services:**  
 Calmar - Student Center Room 123; 844-642-2338 X 1258  
 Peosta - Room 228E; 844-642-2338 X 2280
- Counseling Services:**  
 Calmar - Student Center; 844-642-2338 X 1263  
 Peosta - Room 227P; 844-642-2338 X 2215

## Outstanding Program Requirements

DOCUMENTATION MUST BE CURRENT PRIOR TO BEING GIVEN A SEAT IN THE CLASS.

| Requirement | Date Expired |
|-------------|--------------|
|             |              |
|             |              |
|             |              |
|             |              |
|             |              |

\_\_\_\_\_

Compliance Coordinator Signature Date

In addition to meeting the above requirements, I agree to keep all program requirements current.

The decision of admission into the program will be based upon the date on this tracking form. Your name will be placed on the Re-track list. Please contact the Program Director to determine your status and entry date. In addition, you are encouraged to visit the Financial Aid Office for assistance in applying for financial aid eligibility due to your student status on this tracking form.

**Plan of Success Reviewed:**

**(Please do not sign until meeting with Program Director)**

\_\_\_\_\_

Student Signature Date

\_\_\_\_\_

Program Director Signature Date

**Plan of Success Completed:**

\_\_\_\_\_

Student Signature Date

\_\_\_\_\_

Program Director Signature Date



NORTHEAST IOWA COMMUNITY COLLEGE  
REPORT IT! Accident, Injury, Illness, Property Damage/Loss, Theft, etc.

Please use the link below to complete an Accident Report and click on the START button.

[https://cm.maxient.com/reportingform.php?NortheastIowaCC&layout\\_id=6](https://cm.maxient.com/reportingform.php?NortheastIowaCC&layout_id=6)



**REPORT IT!**  
**Accident, Injury, Illness,**  
**Property Damage/Loss, Theft, etc.**

If the incident threatens the health and/or safety of an individual or the College community or emergency medical care is necessary, call 911 IMMEDIATELY.

The REPORT IT! form is to be used to report employee, student and visitor ACCIDENTS, INJURIES, ILLNESS, PROPERTY DAMAGE or LOSS, THEFT, etc. This form replaces the First Report of Injury (work comp), Emergency Form/Non-Medical Report & the Medical Incident Report Form.

\*\*\*This form is to be completed within 24 hours of the incident.\*\*\*

If you have questions regarding the use of this report, please email Kelly McMahon, Executive Director for Risk Management at [mcmahonke@nicc.edu](mailto:mcmahonke@nicc.edu)

**Reporter's Information**

Your full name:

Your phone number:

Your email address:

# Appendices

# Appendix A: Nursing Math Guidelines

## Northeast Iowa Community College Nursing Math Guidelines

### General Guidelines for Testing

- You may only use the basic blue calculator.
- The correct unit of measurement must be included in the answer.
- Express a fraction answer in lowest terms or as a mixed number when applicable.
- When writing Roman numerals, use either upper- or lower-case letters without mixing them (e.g., xii or XII, but not Xii).
- Write a zero (0) to the left of the decimal for numbers with a value less than one (e.g., 0.45).
- Eliminate trailing zeros to the right of the decimal (e.g., Write 1.30 as 1.3)
- State time in hours and minutes (e.g., 1 hour 20 minutes).
- Write military time without a colon or a.m./p.m. (e.g., 0914 or 1925).

### Rounding

- When rounding: 5 or greater, round up (e.g., 3.67 rounds to 3.7 when rounding to tenths); 4 or less, round down (e.g., 6.42 rounds to 6.4 when rounding to tenths).
- Most answers to calculations will be rounded to the **tenths**. A few examples include:
  - Weights
  - Temperature
  - Drug dosages (mg, mcg, etc.)
  - Oral liquid medications
  - IV solutions
  - Injectable medications in a syringe with a volume greater than 1 mL (e.g., 1.8 mL)
- Exceptions to rounding to the tenths are as follows:
  - Round to the **whole number** for:
    - **Units** (e.g., 720 units; 850 units per hour).
    - **Drops** (gtt or gtts) (e.g., 21 gtt per minute, not 20.7 gtt per minute because you can't have a partial drop).
- When to round to the hundredth:
  - **Injectable medications in a syringe with a volume of less than 1 mL (e.g., 0.76 mL)**
  - **Body surface area (BSA) (e.g., 0.57 m<sup>2</sup>)**
- When calculating multiple step problems, always round the weight to tenths first. Then, do not round any more until arriving at the final answer.

### Abbreviations

- Use only approved abbreviations (e.g., mL, L, mcg, mg, g, kg, mm, cm, m)
- No periods after abbreviations (e.g., write mL, g, mg, mcg, kg, L – not mL., g., mg., mcg., kg., or L.)
- “units” should always be written out

Common equivalents to be used on NICC quizzes & tests:

|                 |              |                 |                  |                  |
|-----------------|--------------|-----------------|------------------|------------------|
| 1 inch = 2.5 cm | 1 oz = 30 mL | 1 pint = 480 mL | 1 quart = 960 mL | 2.2 pound = 1 kg |
|-----------------|--------------|-----------------|------------------|------------------|

**Best Practice**

- If giving partial tablets, write as a fraction (e.g.,  $\frac{1}{2}$  tab, not 0.5 tab).
- Write numbers with greater than three digits with a comma (e.g., 1,250 mg)
- Generally, a maximum of three tablets or capsules are given per dose. Double check larger quantities.
- Critical medications will be identified in the problem early in the program. As your knowledge base increases you will be expected to identify critical care medications which include heparin, digoxin, steroids, antidysrhythmic, chemotherapeutic, anticoagulant, and vasoactive medications.

**Examples of problems on nursing math tests:**

Calculating:

- Converting between household and metric systems
- Converting temperatures from one system to another
- Intake and output
- Percentages of IV solutions or tube feedings
- Oral or injectable drug dosages
- Reconstituting injectable medications
- Insulin dosages
- IV infusion rates by gravity (gtt/min) and infusion pump (mL/hr)
- Infusion times
- Recalculation of an IV infusion rate to readjust rate or time
- Critical medication concentrations for titration
- Drug dosages utilizing body weight
- Safe ranges of drugs based upon weight
- Drug dosages by body surface area (by nomogram or formula)

There may be other types of problems included on the tests, at instructor discretion.

## Math Worksheets

### Math Worksheets PN General Practice

- 1) A patient with congestive heart failure is given a fluid restriction of 2.1 liters per day. Using a household measuring cup, how many cups will the nurse advise this patient to drink daily?
- 2) The nurse providing care to a home bound patient needs to take milk of magnesium 20 mL po three times daily. How many teaspoons should the nurse instruct the patient to take for this dose?
- 3) An order for ergocalciferol (vitamin D) 225,000 units po is to be given daily to a patient. The drug is provided as 7,500 units per 5 mL. What is the correct dose for this patient?
- 4) An order for levothyroxine 150 mcg po daily is received. Provided is levothyroxine 0.05 mg scored tablets. How many tablets should be given?
- 5) The nurse must administer enoxaparin (Lovenox) 1 mg per kg subcutaneously to a patient who had an MI. What is the correct dose for this patient if the weight is 175 lbs and the drug is provided as 100 mg per 1 mL?
- 6) Each acetaminophen (Tylenol) #3 capsule has 325 mg of acetaminophen and 30 mg of codeine. The patient has been taking 2 capsules every 4 hours daily. How much acetaminophen is the patient taking each day?
- 7) Calculate the following eight hour intake for a patient (a glass is 6 oz and a cup is 8 oz).
  - 1 glass of juice 4 oz of milk
  - 1 sandwich
  - 5 oz of pudding 2 cups of coffee 2 cups of water
  - ½ cup of jello
  - IV fluid at 30 mL per hour
- 8) Levothyroxine (Synthroid) is ordered for the hypothyroid patient each day. The dose ordered is 125 mcg. Available is 0.25 mg scored tablets of Synthroid. How many tablets will the patient receive?
- 9) The nurse must administer atropine 400 mcg. Provided is atropine 0.2 mg per mL. How much atropine will the nurse administer?
- 10) Order: Psyllium (Metamucil) 15 mg in 180 mL of water. How many ounces should the patient receive for this dose?

- 11) A new order is received for 250,000 units of Nystatin, swish and swallow po every 4 hours. The medication is available from pharmacy at 25,000 units per mL. How many mL will the patient receive of Nystatin daily?
- 12) The physician writes a new order for Ativan 1 mg every night prn for sleep. The capsules available are 500 mcg. How many capsules will the patient receive for one dose?
- 13) Phenytoin 300 mg po daily is ordered. The capsules available are 0.1 g. How many capsules should the patient receive each dose?
- 14) A patient has an order for 200 mg po bid of acyclovir suspension. The medication is provided at 200 mg per mL. How many mL should be given per dose?
- 15) An order is written for acetaminophen (Tylenol) 240 mg po for a patient. The nurse has 80 mg acetaminophen oral liquid in 0.8 mL. How many mL should be administered per dose?
- 16) The physician orders amoxicillin/clavulanate (Augmentin) 20 mg per kg per day po in 4 divided doses to a child weighing 110 pounds. The pharmacy sends 250 mg tablets. How many tablets will the nurse administer each dose?
- 17) Acyclovir (Zovirax) 0.6 grams po is ordered every 4 hours. Available tablets are 200 mg each. How many tablets should be administered per dose?
- 18) The physician has ordered 2,500 units of heparin subcutaneously bid. Available from the pharmacy is 10,000 units per mL. How many mL of heparin will the patient receive each day?
- 19) The safe dose range for ibuprofen is 20-40 mg/kg/day. What is the daily safe range for a child weighing 30 lbs?
- 20) The safe dosage for cefaclor is 20mg/kg/day. The physician orders cefaclor 300 mg tid for a patient weighing 60 lbs. What is the safe dosage for this patient? Was the ordered dose safe?
- 21) The label on 10 g vial of ampicillin reads to reconstitute with 45 mL of sodium chloride to provide a total volume of 50 mL. This will provide a concentration of how many mg per mL?

22)  $102^{\circ}\text{F} = \underline{\hspace{2cm}}^{\circ}\text{C}$

23) 17 inches =            cm

24) 9 lbs =            kg

25) 75 mcg =            mg

26) 6,000 mcg =        mg

27) The physician ordered digoxin (Lanoxin) 0.25 mg po daily to a patient. Available is digoxin 0.125 mg scored tablets. How many tablets should the patient get each day?

28) The physician orders Tagamet 300 mg po daily. Use the label below to find the correct dosage (tablets are scored). Dosage:



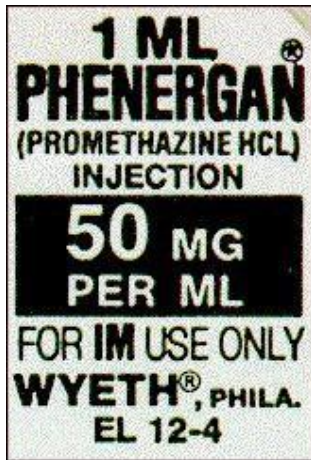
29) The physician orders 200 mg of Solu-Medrol IVP bid. Once the medication is mixed with 8 mL of bacteriostatic water, how many mL of medication will the nurse draw up to give the correct dose?



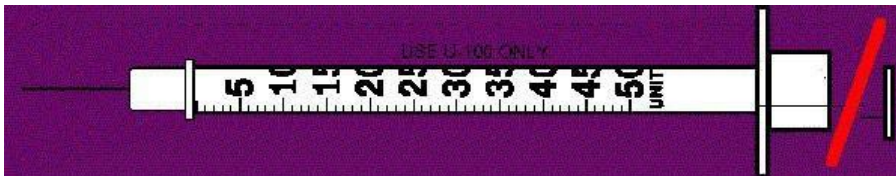
30) Using the label below, what is the correct dose and time to give another dose of Toradol to the patient who has had 60 mg IM of Toradol at 1300 for abdominal pain. Dose = \_\_\_\_\_ Time= \_\_\_\_\_

|   |              |      |            |          |
|---|--------------|------|------------|----------|
| 264147  | TORADOL      | 60MG | SYRINGE    | 15:00    |
| PRN   | <b>60 MG</b> |      | IM PRN     |          |
| GIVE 60MG FOR BREAKTHROUGH PAIN X1 DOSE THEN 30MG Q6H/PRN |              |      |            | 09/11/11 |
| 264148  | TORADOL      | 60MG | SYRINGE    | 15:00    |
| PRN   | <b>30 MG</b> |      | IM Q6H/PRN |          |
| GIVE 6 HOURS AFTER 60MG DOSE FOR BREAKTHROUGH PAIN.       |              |      |            | 09/11/11 |

31) The physician has ordered 35 mg Phenergan IM for nausea. How many mL will be given?



32) The physician has ordered 12 units of NPH and 12 units of Regular insulin subc for a patient. Shade in the total insulin dose for this patient.



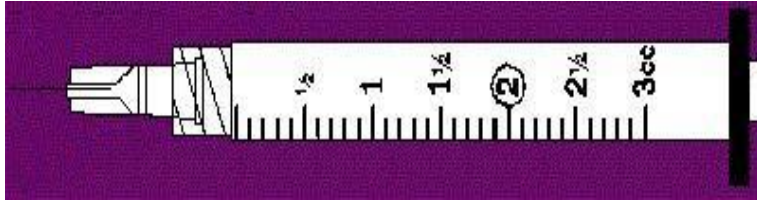
33) The physician has ordered the following insulin order: Give NPH 10 units plus the following sliding scale for the corresponding current blood sugar. Shade in the total insulin dose for this patient if the a.m. blood sugar is 372 mg/dl.

| Blood Sugar | Regular insulin |
|-------------|-----------------|
| 0-150       | 0 units         |
| 151-200     | 2 units         |
| 201-250     | 4 units         |
| 251-300     | 6 units         |
| 301- 350    | 8 units         |
| 351- 400    | 10 units        |
| 400         | Call Physician  |



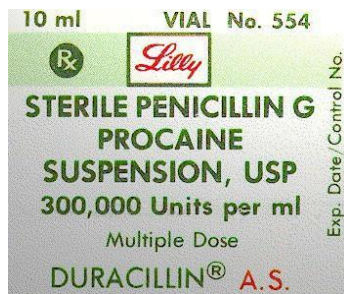


34) The Physician orders diazepam 2 mg via NG tube tid. The available medication is 3 mg per 2mL. Shade in the following syringe for the correct dose for this patient.



35) The patient has a new order for furosemide 60 mg slow IVP BID. The available medication is labeled 20 mg per 2 mL. How many mL will the patient be given each day?

36) The Physician has ordered 500,000 units of Penicillin to be given IV daily. How many mL will be drawn up the syringe using the label below?



37) The Physician has ordered Digoxin 250 mcg IVP daily for a patient in CHF. Using the label below, how many mL will the patient receive with each dose?



38) The Physician has ordered Normal Saline to infuse at 150 mL per hour using tubing with a drop factor of 10 gtt/mL. What is the gtt/min for this IV?

39) Determine the infusion time for the following IV using standard military time. The order is for 1,000 mL of Dextrose 5% in water to infuse at 90mL per hour. What is the length of time the bag will run\_\_\_\_. The IV was started at 2:00 a.m. When will it be complete?\_\_\_\_\_.

40) Calculate in mL the 8 hour Intake and Output for a patient with strict I and O. (cup = 8 oz, juice glass= 4 oz, popsicle = 3 oz, milk carton = 240 mL)

½ glass of orange juice 1 cup of tea  
 ¾ carton of milk  
 ham sandwich  
 popsicles 800 mL of IVF 725 mL emesis  
 525 mL of urine in catheter

41) Demerol 25 mg IM every 4 hours is ordered for a patient with total knee replacement. The pharmacy has provided the Demerol as 50 mg in 5 mL. How many mL will the patient receive? Is this a safe dose to be given in the ventrogluteal muscle?

42) A patient has a respiratory rate of 8 breaths per minute. The physician has ordered Narcan 200 mcg IVP stat. The drug is provided as 0.4 mg per mL. How many mL will the patient receive?

43) A patient is high risk for DVT's after a surgery. The physician has ordered Lovenox 80 mg SQ every 12 hours. Available is Lovenox 120 mg per mL. How many mL will the patient receive?

44) Calculate the 24 hour I and O for the following patient.

| Intake      | 0600-1800 | 1800-0600 | 24 hour total |
|-------------|-----------|-----------|---------------|
| Oral        | 0         | 1,250 mL  |               |
| IV          | 1,800 mL  | 900 mL    |               |
| Shift Total |           |           |               |
| Output      |           |           |               |
| Foley       | 1,100 mL  | 0         |               |
| Void        | 75 mL     | 450 mL    |               |
| NGT         | 200 mL    | 0         |               |
| Emesis      | 0         | 375 mL    |               |
| Shift Total |           |           |               |

45) The physician orders Epinephrine 0.15 mg subcutaneous, stat to a patient with asystole. The drug is provided as 1,000 mcg per 1 mL. How many ml will be given for this dose? Shade in the syringe provided.



- 46) The new order reads: 1,500 ml of D5LR to run over 8 hours. If the drop factor is 10, how many gtt per minute will the patient receive?
- 47) An antibiotic is ordered to be given every 6 hours. The medication is 150 mg in 45 mL and is to be given over 45 minutes. How many ml/hr will the pump be programmed at?
- 48) The patient is being prepped for surgery has the following order: Valium 4 mg IM, Atropine 0.2 mg IM, and Emetecon 50 mg IM on call to surgery. The nurse has the following available: Valium 5 mg/mL. Atropine 0.4 mg/mL and Emetecon 0.05 g/mL. What is the total volume of medication in mL that the nurse will give prior to surgery?
- 49) The physician orders Ancef 375 mg IVP every 12 hours. The pharmacy sent up a vial labeled Ancef 1g per 5 mL. How many mL will the patient receive?
- 50) A patient is receiving procainamide 1 g in 500 mL at 75 mL per hour. How many mg per hour is the patient receiving?
- 51) The patient has an order to receive 60 mg Maalox-plus ac and hs prn. The drug provided is 30 mg per 1 oz. When the nurse provides this dose, how many mL will the patient receive?
- 52) The patient has a new order to give 75% Ensure via G tube. The hourly rate is 50 mL per hour. In an 8 hour shift, how much water and how much Ensure will the patient receive?  
H<sub>2</sub>O = \_\_\_\_\_ mL  
Ensure = \_\_\_\_\_ mL
- 53) The nurse has a new order to give 15 mg of morphine IV push stat. It is supplied as 7 mg per mL. How many mL will the nurse administer?
- 54) A patient with an Aminophylline drip running at 25 mL per hour. How many drops per minute will the infusion be set at using microdrip tubing (microdrip tubing drop factor of 60 gtt/mL)?
- 55) A patient has an IV antibiotic that is to infuse in 20 minutes. Rocephin 500 mg is provided in 50 mL and the tubing has a drop factor of 15. What is the correct gtt/min for this order?
- 56) The nurse must infuse 1 unit of packed red blood cells in two hours. The unit available has 330 mL in it and the blood tubing has a drop factor of 15 gtts per mL. What is the correct gtt/min for this order?
- 57) The patient is to receive an IV bolus dose of Heparin 20 units per kg. The patient weighs 212 lbs and

the heparin is available in 200 units per 1 mL. What is the correct dose of heparin to be given?

58) A patient has an order to begin a Heparin drip at 16 mL an hour. The IV medication is provided 10,000 units per 500 mL. How many units per hour will the patient receive?

59) The physician orders Normal Saline 1,000 mL with 50 mEq of potassium to run at 150 mL per hour. How much potassium will the patient receive in 4 hours?

60) A patient has an order for Ampicillin 500 mg IM daily. Ampicillin is available in a powdered med form. The nurse adds 3.5 mL of diluent. How many mL will be administered to the patient?

NDC 0015-7404-20  
NSN 6505-00-993-3518

EQUIVALENT TO  
**1 gram AMPICILLIN**  
**Ampicillin**  
**for Injection, USP**  
Formerly known as  
Sterile Ampicillin Sodium, USP  
For IM or IV Use

**Rx only**

For IM use, add 3.5 mL diluent (read accompanying insert). Resulting solution contains 250 mg ampicillin per mL.  
**Use solution within 1 hour.**  
This vial contains ampicillin sodium equivalent to 1 gram ampicillin.  
**Usual Dosage:** Adults—250 to 500 mg IM q. 6h.  
**READ ACCOMPANYING INSERT** for detailed indications, IM or IV dosage and precautions.

**APOTHECON®**  
A Bristol-Myers Squibb Company 746420RL-3  
Princeton, NJ 08540 USA 34-001448-01



Cont:  
Exp. Date:

# KEY: Math Worksheets PN General Practice

- 1) A patient with congestive heart failure is given a fluid restriction of 2.1 liters per day. Using a household measuring cup, how many cups will the nurse advise this patient to drink daily?

$$2.1 \text{ L} = 2100 \text{ mL}, 1 \text{ cup} = 8 \text{ oz} = 240 \text{ mL}, 2100 \text{ divided by } 240 = 8.75 \text{ cups}$$

- 2) The nurse providing care to a home bound patient needs to take milk of magnesium 20 mL po three times daily. How many teaspoons should the nurse instruct the patient to take for this dose?

$$1 \text{ tsp} \quad X \text{ tsp}$$

$$5 \text{ mL} = 20 \text{ mL}$$

$$5X = 20$$

$$X = 4 \text{ tsp}$$

- 3) An order for ergocalciferol (vitamin D) 225,000 units po is to be given daily to a patient. The drug is provided as 7,500 units per 5 mL. What is the correct dose for this patient?

$$\frac{7,500 \text{ units}}{5 \text{ mL}} = \frac{225,000 \text{ units}}{X \text{ mL}} \quad 7,500X = 1,125,000 \quad \frac{7,500X}{7500} = \frac{1,125,000}{7500} \quad X = 150 \text{ mL}$$

- 4) An order for levothyroxine 150 mcg po daily is received. Provided is levothyroxine 0.05 mg scored tablets. How many tablets should be given?

$$0.05 \text{ mg} = 50 \text{ mcg} \quad \frac{150 \text{ mcg}}{1 \text{ tab}} = \frac{50 \text{ mcg}}{50} \quad 150X = 50 \quad \frac{150}{7500} = \frac{50}{7500} \quad X = 3 \text{ tabs}$$

- 5) The nurse must administer enoxaparin (Lovenox) 1 mg per kg subcutaneously to a patient who had an MI. What is the correct dose for this patient if the weight is 175 lbs and the drug is provided as 100 mg per 1 mL?

$$175 \div 2.2 =$$

$$79.5 \text{ kg}$$

$$\frac{100 \text{ mg}}{100} = \frac{79.5 \text{ mg}}{100} \quad 79.5 = 100X \quad \frac{79.5}{79.5} = \frac{100X}{79.5} \quad X = 0.8 \text{ mL} \quad 1 \text{ mL} \quad X \text{ mL}$$

- 6) Each acetaminophen (Tylenol) #3 capsule has 325 mg of acetaminophen and 30 mg of codeine. The patient has been taking 2 capsules every 4 hours daily. How much acetaminophen is the patient taking each day?

$$325 \text{ mg} \times 2 = 650 \text{ mg/dose} \quad 650 \text{ mg} \times 6 \text{ times a day} \quad 3900 \text{ mg/day}$$

- 7) Calculate the following eight hour intake for a patient (a glass is 6 oz and a cup is 8 oz, 30ml=1oz)

1 glass of juice **180 mL**

4 oz of milk **120 mL**

1 sandwich

5 oz of pudding (**not liquid at room temperature**)

2 cups of coffee **480 mL**

2 cups of water **480 mL**

½ cup of jello **120 mL**

IV fluid at 30 mL per hour **240 mL**      **Total = 1620 mL**

8) Levothyroxine (Synthroid) is ordered for the hypothyroid patient each day. The dose ordered is 125 mcg. Available is

0.25 mg scored tablets of Synthroid. How many tablets will the patient receive?

$$\begin{array}{l} 125 \text{ mcg} = 0.125 \text{ mg} \\ X \text{ tab} \quad 1 \text{ tab} \end{array} \quad \begin{array}{l} 0.125 \text{ mg} \\ 0.25 \end{array} \quad \begin{array}{l} 0.25 \text{ mg} \\ 0.25 \end{array} \quad \begin{array}{l} 0.25X = 0.125 \\ 0.25X = 0.125 \end{array} \quad X = \frac{1}{2} \text{ tab}$$

9) The nurse must administer atropine 400 mcg. Provided is atropine 0.2 mg per mL. How much atropine will the nurse administer?  $400 \text{ mcg} = 0.4 \text{ mg}$ ;

$$\begin{array}{l} 0.2 \text{ mg} \\ 1 \text{ mL} \end{array} \quad \begin{array}{l} 0.4 \text{ mg} \\ X \text{ mL} \end{array} \quad \begin{array}{l} 0.4 = 0.2X \\ 0.2 \end{array} \quad \begin{array}{l} 0.4 = 0.2X \\ 0.2 \end{array} \quad X = 2 \text{ mL}$$

10) Order: Psyllium (Metamucil) 15 mg in 180 mL of water. How many ounces should the patient receive for this dose?

$$1 \text{ ounce} = 30 \text{ mL}; 180 \div 30 = 6 \text{ ounces}$$

11) A new order is received for 250,000 units of Nystatin, swish and swallow po every 4 hours. The medication is available from pharmacy at 25,000 units per mL. How many mL will the patient receive of Nystatin daily?

$$\begin{array}{l} 25,000 \text{ units} \\ 1 \text{ mL} \end{array} \quad X \text{ mL} \quad = \frac{250,000 \text{ units}}{25,000} \quad \begin{array}{l} 250,000 = 25,000X \\ 25,000 \end{array} \quad \begin{array}{l} 250,000 = 25,000X \\ 25,000 \end{array} \quad 10 \text{ mL per dose} \times 6 \text{ doses/day} \\ = 60 \text{ mL/day}$$

12) The physician writes a new order for Ativan 1 mg every night prn for sleep. The capsules available are 500 mcg. How many capsules will the patient receive for one dose?  $1 \text{ mg} = 1000 \text{ mcg}$

$$\begin{array}{l} 500 \text{ mcg} = 1000 \text{ mcg} \\ 1 \text{ tab} \quad X \text{ tab} \end{array} \quad \begin{array}{l} 500X = 1000 \\ 500 \end{array} \quad \begin{array}{l} 500X = 1000 \\ 500 \end{array} \quad X = 2 \text{ capsules}$$

13) Phenytoin 300 mg po daily is ordered. The capsules available are 0.1 g. How many capsules should the patient receive each dose?  $0.1 \text{ g} = 100 \text{ mg}$

$$\begin{array}{l} 100 \text{ mg} = 300 \text{ mg} \\ 100 \end{array} \quad \begin{array}{l} 100X = 300 \\ 100 \end{array} \quad \begin{array}{l} 100X = 300 \\ 100 \end{array} \quad X = 3 \text{ capsules} \quad \begin{array}{l} 1 \text{ cap} \\ X \text{ cap} \end{array}$$

14) A patient has an order for 200 mg po bid of acyclovir suspension. The medication is provided at 200 mg per mL. How many mL should be given per dose?  $1 \text{ mL}$

15) An order is written for acetaminophen (Tylenol) 240 mg po for a patient. The nurse has 80 mg acetaminophen oral liquid in 0.8 mL. How many mL should be administered per dose?

$$\begin{array}{l} 80 \text{ mg} = 240 \text{ mg} \\ 0.8 \text{ mL} \quad X \text{ mL} \end{array} \quad \begin{array}{l} 80X = 192 \text{ mL} \\ 80 \end{array} \quad \begin{array}{l} 80X = 192 \\ 80 \end{array} \quad X = 2.4 \text{ mL}$$

16) The physician orders amoxicillin/clavulanate (Augmentin) 20 mg per kg per day po in 4 divided doses to a child weighing 110 pounds. The pharmacy sends 250 mg tablets. How many tablets will the nurse administer each dose?  $110 \text{ lbs.} = 50 \text{ kg}$ ;  $20 \text{ mg} \times 50 \text{ kg} = 1000 \text{ mg/day}$ ;  $1000 \text{ divided by } 4 \text{ doses} = 250 \text{ mg/dose}$ ;  $1 \text{ tablet each dose}$

17) Acyclovir (Zovirax) 0.6 grams po is ordered every 4 hours. Available tablets are 200 mg each. How many tablets should be administered per dose? **0.6 g = 600 mg;**

$$\frac{200 \text{ mg} = 600 \text{ mg}}{1 \text{ tab} \quad x \text{ tab}} \quad 600=200X \quad \frac{600=200X}{200 \quad 200} \quad X = 3 \text{ tablets}$$

18) The physician has ordered 2,500 units of heparin subcutaneously bid. Available from the pharmacy is 10,000 units per mL. How many mL of heparin will the patient receive each day? **0.25 mL x twice daily = 0.5 mL/day**

$$\frac{10,000 \text{ units} = 2500 \text{ units}}{1 \text{ mL} \quad X \text{ mL}} \quad 10,000X=2500 \quad \frac{10,000X = 2500}{10,000 \quad 10,000}$$

19) The safe dose range for ibuprofen is 20-40 mg/kg/day. What is the daily safe range for a child weighing 30 lbs?

$$30 \text{ lbs.} = 13.6 \text{ kg}; 20 \text{ mg} \times 13.6 = 272 \text{ mg}; 40 \text{ mg} \times 13.6 = 544 \text{ mg}; 272\text{-}544 \text{ mg/day}$$

20) The safe dosage for cefaclor is 20mg/kg/day. The physician orders cefaclor 300 mg tid for a patient weighing 60 lbs. What is the safe dosage for this patient? Was the ordered dose safe?

$$60 \text{ lbs} = 27.3 \text{ kg}; 20 \text{ mg} \times 27.3 \text{ kg} = 546 \text{ mg/day} = \text{safe dose}; \text{No as ordered dose is } 900 \text{ mg/day}$$

21) The label on 10 g vial of ampicillin reads to reconstitute with 45 mL of sodium chloride to provide a total volume of 50 mL. This will provide a concentration of how many mg per mL?

$$\frac{10000 \text{ mg} = X \text{ mg}}{50 \text{ mL} \quad 1 \text{ mL}} \quad 50X = 450000 \quad \frac{50X = 10000}{50 \quad 50} \quad x = 200 \text{ mg/mL}$$

22) 102 ° F = 38.9 °C (102 F – 32 = 70 x 5 = 350 divided by 9 = 38.9 C)

23) 17 inches = 42.5 cm (17 x 2.5 = 42.5)

24) 9 lbs = 4.1 kg (9 lbs. divided by 2.2 = 4.1)

25) 75 mcg = 0.075 mg

26) 6,000 mcg = 6 mg

27) The physician ordered digoxin (Lanoxin) 0.25 mg po daily to a patient. Available is digoxin 0.125 mg scored tablets. How many tablets should the patient get each day?

$$\frac{0.125 \text{ tab} = 0.25 \text{ tab}}{1 \text{ tab} \quad x \text{ tab}} \quad 0.25 = 0.125X \quad \frac{0.25 = 0.125X}{0.125 \quad 0.125} \quad x = 2 \text{ tablets}$$

28) The physician orders Tagamet 300 mg po daily. Use the label below to find the correct dosage (tablets are scored).

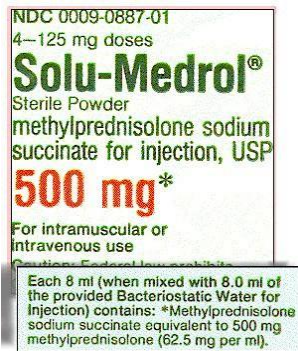


$$\frac{200 \text{ mg}}{1 \text{ tab}} = \frac{300 \text{ mg}}{X}$$

$$200X = 300 \quad 200X = 300$$

$$X \text{ tab} \quad 200 \quad 200 \quad X = 1.5 \text{ tablets}$$

29) The physician orders 200 mg of Solu-Medrol IVP bid. Once the medication is mixed with 8 mL of bacteriostatic water, how many mL of medication will the nurse draw up to give the correct dose?



$$\frac{62.5 \text{ mg}}{1 \text{ mL}} = \frac{200 \text{ mg}}{X \text{ mL}}$$

$$62.5X = 200$$

$$62.5X = 200$$

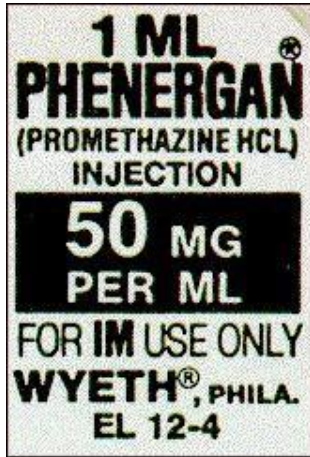
$$62.5 \quad 62.5 \quad X = 3.2 \text{ mL}$$

30) Using the label below, what is the correct dose and time to give another dose of Toradol to the patient who has had 60 mg IM of Toradol at 1300 for abdominal pain. Dose = **30 mg** Time = **1900**

|        |   |      |            |          |
|--------|---|------|------------|----------|
| 264147 | TORADOL                                 | 60MG | SYRINGE    | 15:00    |
| PRN    | <b>60 MG</b>                            |      | IM PRN     |          |
|        | GIVE 60MG FOR BREAKTHROUGH PAIN X1 DOSE |      |            | 09/11/11 |
|        | THEN 30MG Q6H/PRN                       |      |            |          |
| 264148 | TORADOL                                 | 60MG | SYRINGE    | 15:00    |
| PRN    | <b>30 MG</b>                            |      | IM Q6H/PRN |          |
|        | GIVE 6 HOURS AFTER 60MG DOSE FOR BREAK- |      |            | 09/11/11 |
|        | THROUGH PAIN.                           |      |            |          |



31) The physician has ordered 35 mg Phenergan IM for nausea. How many mL will be given?



$$\frac{50\text{mg} = 35\text{ mg}}{1\text{ mL}} \quad \frac{50\text{X}=35}{\text{X mL}} \quad \frac{50\text{X}=35}{50} \quad 50\text{ X} = 0.7\text{ mL}$$

32) The physician has ordered 12 units of NPH and 12 units of Regular insulin subc for a patient. Shade in the total insulin dose for this patient. **Total 24 units**



33) The physician has ordered the following insulin order: Give NPH 10 units plus the following sliding scale for the corresponding current blood sugar. Shade in the total insulin dose for this patient if the a.m. blood sugar is 372 mg/dl. **10 units + 10 units = 20 units total**

| Blood Sugar | Regular insulin |
|-------------|-----------------|
| 0-150       | 0 units         |
| 151-200     | 2 units         |
| 201-250     | 4 units         |
| 251-300     | 6 units         |
| 301- 350    | 8 units         |
| 351- 400    | 10 units        |
| 400         | Call Physician  |



34) The Physician orders diazepam 2 mg via NG tube tid. The available medication is 3 mg per 2mL. How many mL with the patient be given for each dose?

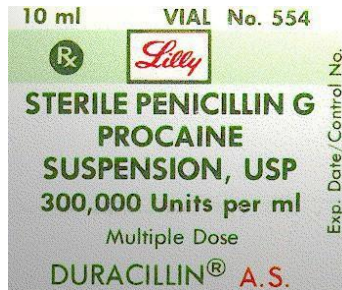
$$\frac{3\text{mg} = 2\text{ mg}}{2\text{ mL}} \quad \frac{4=3\text{X}}{3} \quad \frac{4= 3\text{X}}{3} \quad \text{X} = 1.3\text{ mL}$$

35) The patient has a new order for furosemide 60 mg slow IVP BID. The available medication is labeled 20 mg per 2 mL. How many mL will the patient be given each day?

6 mL/dose; 6 mL x 2 doses= 12 mL/day  

$$\frac{20\text{mg} = 60\text{mg}}{2\text{ mL} \quad X\text{ mL}} \quad 20X = 120 \quad \frac{20X = 120}{20 \quad 20}$$

36) The Physician has ordered 500,000 units of Penicillin to be given IV daily. How many mL will be drawn up the syringe using the label below?



$$\frac{300,000\text{ units} = 500,000\text{units}}{1\text{ mL} \quad X\text{ mL}} \quad 300,000X = 500,000 \quad \frac{300,000X = 500,000}{300,000 \quad 300,000 X = 1.7\text{ mL}}$$

37) The Physician has ordered Digoxin 250 mcg IVP daily for a patient in CHF. Using the label below, how many mL will the patient receive with each dose?



$$\frac{500\text{ mcg} = 250\text{ mcg}}{2\text{ mL} \quad X\text{ mL}} \quad 500X = 500 \quad \frac{500X = 500}{500 \quad 500 X = 1\text{ mL}}$$

38) The Physician has ordered Normal Saline to infuse at 150 mL per hour using tubing with a drop factor of 10 gtt/mL. What is the gtt/min for this IV?

$$\frac{150 \times 10}{60} = 25\text{ gtt/min}$$

39) Determine the infusion time for the following IV using standard military time. The order is for 1,000 mL of Dextrose 5% in water to infuse at 90mL per hour. What is the length of time the bag will run? 11

hours, 7 min. The IV was started at 2:00 a.m. When will it be complete? 1307  

$$667\text{ minutes} = 11\text{ hours } 7\text{ minute } 1000 \div 90 = 11.11111 \quad 11\text{ hrs } 0.1111 \times 60 = 7\text{ min}$$

40) Calculate in mL the 8 hour Intake and Output for a patient with strict I and O. (cup = 8 oz, juice glass= 4 oz, popsicle = 3 oz, milk carton = 240 mL)

- ½ glass of orange juice **60 mL (Intake)**                      **1460 Intake**
- 1 cup of tea **240 mL (Intake)**                                      **1250 Output**
- ¾ carton of milk    **180 mL (Intake)**
- 1 ham sandwich
- 2 popsicles    **180 mL (Intake)**
- 800 mL of IVF **800 mL (Intake)**
- 725 mL emesis **725 mL (Output)**
- 525 mL of urine in catheter **525 mL (Output)**

41) Demerol 25 mg IM every 4 hours is ordered for a patient with total knee replacement. The pharmacy has provided the Demerol as 50 mg in 5 mL. How many mL will the patient receive? Is this a safe dose to be given in the ventrogluteal muscle?

$$\frac{50\text{mg}=25\text{ mg}}{5\text{ mL}} \quad X\text{ mL} \quad \frac{50X=125}{50} \quad X = 2.5\text{ mL}; \text{ yes}$$

42) A patient has a respiratory rate of 8 breaths per minute. The physician has ordered Narcan 200 mcg IVP stat. The drug is provided as 0.4 mg per mL. How many mL will the patient receive?

$$\frac{0.4\text{ mg} = 400\text{ mcg}}{1\text{ mL}} \quad X\text{ mL} \quad \frac{400x=200}{400} \quad X = 0.5\text{ mL}$$

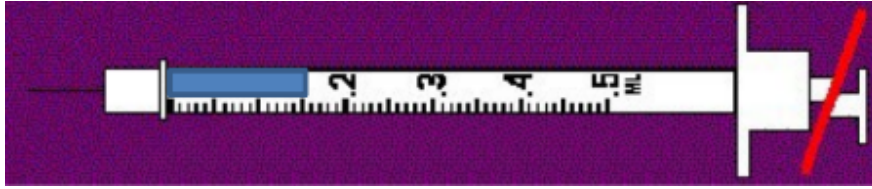
43) A patient is high risk for DVT's after a surgery. The physician has ordered Lovenox 80 mg SQ every 12 hours. Available is Lovenox 120 mg per mL. How many mL will the patient receive?

$$\frac{120\text{mg}=80\text{mg}}{1\text{ mL}} \quad X\text{ mL} \quad \frac{120X=80}{120} \quad X = 0.67\text{ mL}$$

44) Calculate the 24 hour I and O for the following patient.

| <b>Intake</b> | 0600-1800 | 1800-0600 | 24 hour total  |
|---------------|-----------|-----------|----------------|
| Oral          | 0         | 1,250 mL  | <b>1250mL</b>  |
| IV            | 1,800 mL  | 900 mL    | <b>2700 mL</b> |
| Shift Total   |           |           | <b>3950 mL</b> |
| <b>Output</b> |           |           |                |
| Foley         | 1,100 mL  | 0         | <b>1100 mL</b> |
| Void          | 75 mL     | 450 mL    | <b>525 mL</b>  |
| NGT           | 200 mL    | 0         | <b>200 mL</b>  |
| Emesis        | 0         | 375 mL    | <b>375 mL</b>  |
| Shift Total   |           |           | <b>2200 mL</b> |

- 45) The physician orders Epinephrine 0.15 mg subcutaneous, stat to a patient with asystole. The drug is provided as 1,000 mcg per 1 mL. How many ml will be given for this dose? Shade in the syringe provided.  $0.15 \text{ mg} = 150 \text{ mcg}$   $\frac{1000 \text{ mcg}}{1 \text{ mL}} = \frac{150 \text{ mcg}}{X \text{ mL}}$   $1000X = 150$   $\frac{1000X}{1000} = \frac{150}{1000}$   $X = 0.15 \text{ mL}$



- 46) The new order reads: 1,500 ml of D5LR to run over 8 hours. If the drop factor is 10, how many gtts/minute will the patient receive?  $31 \text{ gtt/min}$

$$\frac{1500 \times 10}{8 \times 60}$$

- 47) An antibiotic is ordered to be given every 6 hours. The medication is 150 mg in 45 mL and is to be given over 45 minutes. How many ml/hr will the pump be programmed at?  $60 \text{ mL/hr}$

$$\frac{45 \text{ mL}}{45 \text{ min}} = \frac{X \text{ mL}}{60 \text{ min}} \quad 45X = 2700 \quad \frac{45X}{45} = \frac{2700}{45}$$

- 48) The patient is being prepped for surgery has the following order: Valium 4 mg IM, Atropine 0.2 mg IM, and Emetecon 50 mg IM on call to surgery. The nurse has the following available: Valium 5 mg/mL, Atropine 0.4 mg/mL and Emetecon 0.05 g/mL. What is the total volume of medication in mL that the nurse will give prior to surgery?

$$\text{Valium } \frac{5 \text{ mg}}{1 \text{ mL}} = \frac{4 \text{ mg}}{X \text{ mL}} \quad 5X = 4$$

$$\frac{5 \text{ mg}}{1 \text{ mL}} = \frac{4 \text{ mg}}{X \text{ mL}} \quad 5X = 4$$

$$0.4X = 0.2$$

$$\frac{X \text{ mL}}{50X} = \frac{1 \text{ mL}}{50 \text{ mL}}$$

$$50X = 50 \quad 1 \text{ mL}$$

$$X \text{ mL}$$

$$X = 0.8 \text{ mL} \quad \text{Atropine } \frac{0.2 \text{ mg}}{0.4 \text{ mg}} = 0.5 \text{ mL}$$

$$X = 0.5 \text{ mL} \quad \text{Emetecon } 0.05 \text{ g} = 50 \text{ mg}; \frac{50 \text{ mg}}{0.05 \text{ g}} = 50 \text{ mL}$$

$$X = 1 \text{ mL}$$

Total volume for all 3 medications = 2.3 mL

- 49) The physician orders Ancef 375 mg IVP every 12 hours. The pharmacy sent up a vial labeled Ancef 1g per 5 mL. How many mL will the patient receive?  $1 \text{ g} = 1000 \text{ mg}$

$$\frac{1000 \text{ mg}}{5 \text{ mL}} = \frac{375 \text{ mg}}{X \text{ mL}} \quad 1000X = 1875 \quad \frac{1000X}{1000} = \frac{1875}{1000} \quad X = 1.9 \text{ mL}$$

- 50) A patient is receiving procainamide 1 g in 500 mL at 75 mL per hour. How many mg per hour is the patient receiving?

$$\frac{1000 \text{ mg}}{500} = \frac{X \text{ mg}}{500} \quad 500X = 75,000 \quad \frac{500X}{500} = \frac{75,000}{500} \quad X = 150 \text{ mg/hr} \quad 500 \text{ mL} \quad 75 \text{ mL}$$

- 51) The patient has an order to receive 60 mg Maalox-plus ac and hs prn. The drug provided is 30 mg per 1 oz. When the nurse provides this dose, how many mL will the patient receive?

$$1 \text{ oz} = 30 \text{ mL}; X = 60 \text{ mL}$$

- 52) The patient has a new order to give 75% Ensure via G tube. The hourly rate is 50 mL per hour. In an 8 hour shift, how much water and how much Ensure will the patient receive?  
 $H_2O = 100 \text{ mL}$  Ensure =  $300 \text{ mL}$   $8 \times 50 = 400 \text{ mL}$  in 8 hr; Ensure  $400 \times 0.75 = 300 \text{ mL}$ ;  $H_2O$   $400 \times 0.25 = 100 \text{ mL}$
- 53) The nurse has a new order to give 15 mg of morphine IV push stat. It is supplied as 7 mg per mL. How many mL will the nurse administer?  
 $7 \text{ mg} = 15 \text{ mg}$      $7X = 15$      $1 \text{ mL}$      $X \text{ mL}$      $X = 2.1 \text{ mL}$
- 54) A patient with an Aminophylline drip running at 25 mL per hour. How many gtt/minute will the infusion be set at using microdrip tubing (microdrip tubing 60 gtt/mL)?  
 $\frac{25 \times 60}{60} = 25 \text{ gtt/min}$
- 55) A patient has an IV antibiotic that is to infuse in 20 minutes. Rocephin 500 mg is provided in 50 mL and the tubing has a drop factor of 15. What is the correct gtts/min for this order?  
 $\frac{50 \times 15}{20} = 38 \text{ gtt/min}$
- 56) The nurse must infuse 1 unit of packed red blood cells in two hours. The unit available has 330 mL in it and the blood tubing has a drop factor of 15 gtts per mL. What is the correct gtt/min for this order?  
 $\frac{330 \times 15}{120} = 41 \text{ gtt/min}$
- 57) The patient is to receive an IV bolus dose of Heparin 20 units per kg. The patient weighs 212 lbs and the heparin is available in 200 units per 1 mL. What is the correct dose of heparin to be given?  
 $212 \text{ lbs.} = 96.4 \text{ kg}$ ,  $20 \text{ units} \times 96.4 \text{ kg} = 1928 \text{ units}$      $\frac{200 \text{ unit}}{200} = 1928 \text{ units}$      $200X = 1928$      $\frac{200X = 1928}{200} = 9.6 \text{ mL}$
- 58) A patient has an order to begin a Heparin drip at 16 mL an hour. The IV medication is provided 10,000 units per 500 mL. How many units per hour will the patient receive?  
 $\frac{10,000 \text{ units}}{500 \text{ mL}} = X \text{ units}$      $\frac{500X = 160,000}{500}$      $\frac{500X = 160,000}{500} X = 320 \text{ units/hr}$      $500 \text{ mL}$      $16$
- 59) The physician orders Normal Saline 1,000 mL with 50 mEq of potassium to run at 150 mL per hour. How much potassium will the patient receive in 4 hours?  
 $\frac{1000 \text{ mL}}{50 \text{ mEq}} = 150 \text{ mL}$      $1000x = 7500$      $\frac{1000x = 7500}{1000}$      $7.5 \text{ meq} \times 4 \text{ hrs.} = 30 \text{ meq/4 hours}$

60) A patient has an order for Ampicillin 500 mg IM daily. Ampicillin is available in a powdered med form. The nurse adds 3.5 mL of diluent. How many mL will be administered to the patient?

NDC 0015-7404-20  
NSN 6505-00-993-3518

EQUIVALENT TO  
**1 gram AMPICILLIN**

**Ampicillin  
for Injection, USP**

Formerly known as  
Sterile Ampicillin Sodium, USP

For IM or IV Use

**Rx only**

For IM use, add 3.5 mL diluent (read accompanying insert). Resulting solution contains 250 mg ampicillin per mL.  
**Use solution within 1 hour.**  
This vial contains ampicillin sodium equivalent to 1 gram ampicillin.  
**Usual Dosage:** Adults—250 to 500 mg IM q. 6h.

**READ ACCOMPANYING INSERT** for detailed indications, IM or IV dosage and precautions.

APOTHECON®  
A Bristol-Myers Squibb Company 748409RL-3  
Princeton, NJ 08540 USA 34-001-448-01



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$$\frac{250\text{mg}}{500\text{mg}} = \frac{1\text{ mL}}{X\text{mL}}$$

61)  $250X = 500$   
64)

62)  $\frac{250X}{500} = 250$   
65)  $250$

63)  
66)  $X = 2\text{ mL}$

## Math Worksheets ADN General Practice

1. The healthcare provider orders 1,000 mL of Lactated Ringers over 12 hours. At what rate will the nurse program the infusion pump?
2. The healthcare provider orders 1,000 mL to infuse over 6 hours. At what rate will the nurse program the infusion pump?
3. The healthcare provider orders 1,500 mL IV fluid to infuse over 16 hours. How many mL will infuse in 1 hour?
4. The nurse is to infuse 2,200 mL over 18 hours. At what rate will the nurse program the infusion pump?
5. Order: Heparin 6,500 units subcutaneous. Available: Heparin 10,000 units/mL  
What volume of Heparin will the nurse administer?
6. Order: Heparin 7,500 units subcutaneous. Available: 5,000 units/1 mL.  
What volume of Heparin will the nurse administer?
7. The critical care medication, Heparin, is ordered to infuse at 1,250 units/hr. Heparin 25,000 units/500 mL of D5W is available from pharmacy. At what rate will the nurse program the infusion pump?
8. The nurse is admitting a client who has an order to receive the critical care medication Heparin. The order is for a bolus of Heparin, 55 units/kg, to be followed by continuous infusion of 20 units/kg/hr. Heparin 25,000 units in 250 mL of D5W is available from pharmacy. The client weighs 145 pounds.  
What is the client's weight in kg? \_\_\_\_\_

Calculate the heparin bolus dose in units. \_\_\_\_\_

At what rate will the nurse program the infusion pump? \_\_\_\_\_

9. Order: Critical care medication Heparin 75 units/kg IV bolus followed by 20 units/kg/hr continuous IV infusion.

Available: Heparin 25,000 units/500 mL of D5W. The client weighs 160 pounds.

What is the bolus dose in units? \_\_\_\_\_

What volume will the nurse administer for the bolus? What is the infusion rate in units/hr? \_\_\_\_\_

What will the pump be set at to run the Heparin infusion? \_\_\_\_\_

10. A client is receiving nitroglycerin, a critical care medication, 50 mg in 500 mL. The order is to infuse at 25 mcg/min. At what rate will the nurse set the infusion pump?

11. A client is receiving nitroglycerin, a critical care medication, 50 mg in 250 mL of D5W. The order is to infuse at 1.5 mcg/kg/min. The client weighs 180.4 pounds.

What is the dosage in mcg/min?

At what rate will the nurse program the infusion pump?

12. Nitroprusside, a critical care medication, is mixed 500 mg in 500 mL to infuse at 8 mcg/kg/min. The client weighs 199 pounds.

Calculate the dosage in mcg/min.

How will the nurse set the pump, in mL/hr, to administer this infusion?

13. Lidocaine, a critical care medication, is ordered at 2 g in 1,000 mL D5W to run at 18 mL/hr on an infusion pump.

How many mg/hr will the client receive? \_\_\_\_\_

How many mg/min will the client receive? \_\_\_\_\_

14. A new order is received for 500,000 units of Nystatin, PO every 4 hours. The medication is available from pharmacy at 100,000 units per mL.

What volume will the nurse administer each dose?

How many mL will the patient receive of Nystatin daily?

15. A client is receiving the critical care medication Isoprenaline 30 mL/hr. The solution available is 2 mg of Isoprenaline in 500 mL D5W. Calculate the dose in mg/hr. \_\_\_\_\_

Calculate the dose in mcg/min. \_\_\_\_\_



16. The health care provider orders 1,000 mL LR to run over 10 hours by gravity. The tubing drop factor is 10 gtt/mL. Calculate the flow rate in gtt/min?
17. An IV with an order to infuse at 110 mL/hr by gravity will infuse using tubing with a drop factor of 10. What is the drip rate for this infusion?
18. An IV is running at 30 gtt/min and has a total volume of 500 mL. The tubing has a drop factor of 10 gtt/mL. How long will the IV run?
19. The nurse has 525 mL left of an IV that is infusing at 40 gtt/min. The drop factor is 10. How long will the fluid last?
20. The healthcare provider orders 350 mL Normal Saline to infuse over 2 hours by gravity. The tubing has a drop factor of 15. What is the flow rate in gtt/min?
21. Cefazolin 1g is mixed in 150 mL of IV fluid and is ordered to run over 45 minutes with microdrip tubing. An infusion pump becomes available. How will the nurse set the pump to infuse this antibiotic?
22. Infuse an IV piggyback using an electronic IV infusion pump. The volume of the IVPB is 125 mL and it is to run in over 1 hour. What is the rate the pump should be set at?
23. The nurse receives a new order for ceftriazone, 1.5 g q12 hours IM. The pharmacy has available 1 g vials of ceftriaxone. According to the package, the concentration is 250 mg per mL. What volume will the nurse administer per dose?
24. The nurse is caring for a client who has an IV fluid of 1,000mL d5NS to run at 75 mL per hour by gravity. The tubing has a drop factor of 10 gtt/mL. What is the flow rate?
25. An order is received to add 40 mEq of potassium chloride to 400 mL. The IV is infusing at 15 mEq per hour and the tubing is microdrip. What is the flow rate?
26. Cefazolin, 1 gram, IVPB is ordered to infuse over 30 minutes. The medication volume is 125 mL. How will the nurse set the pump?

27. An IV of 1,000 mL is to infuse from 0600-1400 by gravity. The drop factor is 10 gtt/mL. What is the flow rate?

At 1200, you notice that 600 mL has infused. What is the flow rate for the remaining solution?

Does this fall within the safe range for recalculating an IV flow rate? \_\_\_\_\_

28. The recommended dose of carbamazepine is 10-20 mg/kg/day in 2 divided doses. The client weighs 167.9 pounds. What is the safe 24-hour dosage range for this client.


29. The nurse has an order to administer 120 mg dose of Amoxicillin PO. What volume should the nurse administer?

The image shows a product label for Amoxicillin for Oral Suspension, USP. The label is white with a pink header and footer. The text on the label includes:

- NDC 0093-4161-76**
- AMOXICILLIN**  
for Oral Suspension, USP
- 400 mg/5 mL**
- When reconstituted, each 5 mL contains:  
**Amoxicillin**, as the trihydrate 400 mg
- Usual Dosage:** Administer every 12 hours.  
See package insert for full prescribing information.
- Rx only**
- 50 mL (when reconstituted)**
- TEVA**
- Net contents:** Equivalent to 4 grams amoxicillin.  
Store at 20° - 25°C (68° - 77°F) (See USP Controlled Room Temperature).
- Directions for mixing:** Tap bottle until all powder flows freely. Add approximately 1/3 total amount of water for reconstitution (total = 35 mL); shake vigorously to wet powder. Add remaining water; again shake vigorously. Each 5 mL (1 teaspoonful) will contain amoxicillin trihydrate equivalent to 400 mg amoxicillin.
- Keep tightly closed. Shake well before using. Refrigeration is preferable but not required. Discard suspension after 14 days.**
- KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN.**
- Manufactured in Canada By:  
Novopharm Limited  
Toronto, Canada M1B 2K9
- Manufactured For:  
TEVA PHARMACEUTICALS USA  
Sellersville, PA 19360
- 66982L-A-6233 Rev. 03
- Rev. A 10/2004
- N 0093-4161-76 2**
- 3**

30. The healthcare provider ordered digoxin 0.25 mg po daily for a client. Available is digoxin 0.125 mg scored tablets. How many tablets should the client get each day?

31. The nurse has an order for penicillin G potassium, 150,000 units IM, BID for 7 days. If reconstituted with 4 mL of diluent, how many mL will be administered per dose?

**NDC 0049-0510-83**  
 Buffered  
**Pfizerpen<sup>®</sup>**  
 penicillin G potassium  
 For Injection  
**ONE MILLION UNITS**  
 CAUTION: Federal law prohibits dispensing without prescription.  
**ROERIG**   
 A Division of Pfizer Inc., N.Y., N.Y. 10017

**6505-00-664-7116**

**READ ACCOMPANYING PROFESSIONAL INFORMATION RECOMMENDED STORAGE IN DRY FORM STORE BELOW 86°F (30°C)**  
 Sterile solution may be kept in refrigerator for one (1) week without significant loss of potency.

MADE IN U.S.A. 05-4242-00-3

**USUAL DOSAGE**  
 Average single intramuscular injection: 200,000-400,000 units.  
 Intravenous: Additional information about the use of this product intravenously can be found in the package insert.

| ml diluent added | Units per ml of solution |
|------------------|--------------------------|
| 20.0 ml          | 50,000                   |
| 10.0 ml          | 100,000                  |
| 4.0 ml           | 250,000                  |
| 1.8 ml           | 500,000                  |

Buffered with sodium citrate and citric acid to optimum pH.

32. Order: Methylprednisolone 275 mg IM Available:

**Store at controlled room temperature 20° to 25°C (68° to 77°F) [see USP]. Protect from light.**  
 Reconstitute with 8 mL Bacteriostatic Water for Injection with Benzyl Alcohol.  
 Store solution at controlled room temperature 20° to 25°C (68° to 77°F) and use within 48 hours after mixing. **Protect from light.**  
**DOSAGE AND USE:**  
 See accompanying prescribing information.

\* Each 8 mL (when mixed with 8 mL of diluent) contains methylprednisolone sodium succinate equivalent to methylprednisolone, 500 mg. Also contains monobasic sodium phosphate anhydrous, 6.4 mg; dibasic sodium phosphate dried, 69.6 mg. When necessary, pH was adjusted with sodium hydroxide.  
 Lyophilized in container.

**NDC 0009-0758-01**


**1 Vial**  
**4-125 mg Doses Rx only**

**Solu-Medrol<sup>®</sup>**  
 methylprednisolone sodium succinate for injection, USP

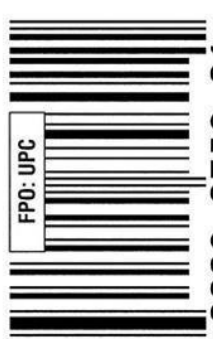
For intramuscular or intravenous use

**500 mg\***

Recommended Diluent Contains Benzyl Alcohol as a Preservative (This Package Does Not Contain Diluent)

Distributed by  **Pharmacia & Upjohn Co**  
 Division of Pfizer Inc, NY, NY 10017

**FPO: UPC**

  
 N 3 0009-0758-01 1

**1681**

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What volume will the nurse administer per dose?

33. The health care provider orders cimetidine 100 mg PO daily. Available is cimetidine 200 mg scored tablets. What volume will the nurse administer?



34. A new order sent to the pharmacy reads: Phenobarbital 15 mg orally BID. Available are scored Phenobarbital tablets, 30 mg each. What volume will the nurse administer?

35. The nurse has an order to administer a tube feeding to a client. The order is  $\frac{2}{3}$  strength Ensure, 10 ounces per the feeding tube every 4 hours. How much of each of the following should the client receive with each dose?

Water: \_\_\_\_\_

Ensure: \_\_\_\_\_

36. A client's current blood glucose is 355 mg/dL. What dose of insulin will the nurse administer based on the table below?

| Blood glucose | Regular insulin |
|---------------|-----------------|
| 100-150 mg/dL | 0 units         |
| 151-200 mg/dL | 2 units         |
| 201-250 mg/dL | 4 units         |
| 251-300 mg/dL | 6 units         |
| 301-350 mg/dL | 8 units         |
| 351-400 mg/dL | 10 units        |
| >400 mg/dL    | Call HCP        |

37. A client with diabetes requires insulin. The client is to be given scheduled Insulin Aspart, 4 units before meals and correctional insulin based upon current blood glucose level. Determine how much total insulin the client will receive before breakfast if the blood glucose level is 221?

| Blood glucose | Insulin Aspart |
|---------------|----------------|
| 100-150 mg/dL | 0 units        |
| 151-200 mg/dL | 2 units        |
| 201-250 mg/dL | 4 units        |
| 251-300 mg/dL | 6 units        |
| 301-350 mg/dL | 8 units        |
| 351-400 mg/dL | 10 units       |
| >400 mg/dL    | Call HCP       |

38. An order is received to mix 14 mEq of a drug in normal saline. The pharmacy has available a vial with 15 mEq/10 mL. How many mL will the nurse draw up?

39. The nurse is preparing a medication for a client. The order reads 400 mcg of a medication and available are scored tablets of 0.2 mg. How many will the nurse give?

40. An order is received to give 500 mg cefalexin IM. The pharmacy has available cefalexin 1 g per 2 mL. How many mL will the client receive?

41. The client has a new order for furosemide 80 mg IVP daily. What volume will the nurse administer per dose?

NDC 63323-280-04 28004

**FUROSEMIDE**

INJECTION, USP

**40 mg/4 mL**

(10 mg/mL)

For IM or IV Use    Rx only

**4 mL** Single Dose Vial

Sterile, Nonpyrogenic  
**Preservative Free**  
 Discard unused portion.  
 Each mL contains: Furosemide 10 mg;  
 Water for Injection q.s. Sodium chlo-  
 ride to adjust isotonicity, pH adjusted  
 with sodium hydroxide and if  
 necessary hydrochloric acid.  
 Usual Dosage: See insert.  
**PROTECT FROM LIGHT.** Do not use if  
 discolored. Use only if solution is clear  
 and seal intact.  
 Store at 20° to 25°C (68° to 77°F) [see  
 USP Controlled Room Temperature].

**Abraxis**  
 Pharmaceutical Products  
 Schaumburg, IL 60173

**401736C**

LOT/EXP



3 63323-280-04 8

42. The health care provider writes an order for Morphine 30 mg IM once. How much will the nurse administer?



43. A client is ordered 40 mg Furosemide IV push. Per the literature 10 mg of furosemide should be administered over 1 minute. How long will it take the nurse to administer the prescribed dose?

44. An antibiotic infusion is started at 2230 and will run over 2 hours. At what time does the nurse anticipate the infusion will be complete?

45. Convert 2:48 PM from traditional to military time.

46. Convert 1937 from military time to traditional time?

47. 7,350 g = \_\_\_\_\_ kg

48. 1,725 mg = \_\_\_\_\_ g

49. 5 TBS = \_\_\_\_\_ mL

50. 0.0019 g = \_\_\_\_\_ mg

51. 51) 14 g = \_\_\_\_\_ mcg

52. 12.75 mg = \_\_\_\_\_ mcg

53. 2.9 inches = \_\_\_\_\_ cm

54. 265 mm = \_\_\_\_\_ in

55. A 10 inch laceration is how many cm?

56. 135 pounds = \_\_\_\_\_ kg

57. 3.2 in = \_\_\_\_\_ mm

58. 27 inches = \_\_\_\_\_ cm

59. 103.4 degrees F is equal to \_\_\_\_\_ degrees C

60. 36.8 degrees C is equal to \_\_\_\_\_ degrees F

61. 102.8 ° F = \_\_\_\_\_ °C

62. Calculate the following eight-hour intake for a client (a glass is 6 oz and a cup is 8 oz, 30ml=1oz).

2 glass of juice

4 oz of milk

1 sandwich

5 oz of pudding

1 cup of coffee

2 cups of water

5 oz of jello

IV fluid at 50 mL per hour

# KEY: Math Worksheets ADN General Practice

- 1) The healthcare provider orders 1,000 mL of Lactated Ringers over 12 hours. At what rate will the nurse program the infusion pump?

$$\frac{1,000 \text{ mL}}{12 \text{ hr}} = \frac{X \text{ mL}}{1 \text{ hr}}$$

$$1,000 = 12X \qquad 1,000/12 = X \qquad X=83.333$$

$$X = 83 \text{ mL/hr}$$

- 2) The healthcare provider orders 1,000 mL to infuse over 6 hours. At what rate will the nurse program the infusion pump?

$$\frac{1,000 \text{ mL}}{6 \text{ hr}} = \frac{X \text{ mL}}{1 \text{ hr}}$$

$$1,000 = 6X \qquad 1,000/6 = X \qquad X=166.66$$

$$X = 167 \text{ mL/hr}$$

- 3) The healthcare provider orders 1,500 mL IV fluid to infuse over 16 hours. How many mL will infuse in 1 hour?

$$\frac{1,500 \text{ mL}}{16 \text{ hr}} = \frac{X \text{ mL}}{1 \text{ hr}}$$

$$1,500 = 16X \qquad 1,500/16 = X \qquad X=93.75$$

$$X = 94 \text{ mL/hr}$$

- 4) The nurse is to infuse 2,200 mL over 18 hours. At what rate will the nurse program the infusion pump?

$$\frac{2,200 \text{ mL}}{18 \text{ hr}} = \frac{X \text{ mL}}{1 \text{ hr}}$$

$$2,200 = 18X \qquad 2,200/18 = X \qquad X=122.222$$

$$X = 122 \text{ mL/hr}$$

- 5) Order: Heparin 6,500 units subcutaneous.

Available: Heparin 10,000 units/mL

What volume of Heparin will the nurse administer?  $\frac{10,000 \text{ units}}{10,000 \text{ mL}} = \frac{6,500 \text{ units}}{X \text{ mL}}$

$$1 \text{ mL} \qquad X \text{ mL} \qquad 6,500 = 10,000X \qquad 6,500/10,000 = X$$

$$X=0.65 \text{ mL}$$

- 6) Order: Heparin 7,500 units subcutaneous.

Available: 5,000 units/1 mL.

What volume of Heparin will the nurse administer?  $\frac{5,000 \text{ units}}{5,000 \text{ mL}} = \frac{7,500 \text{ units}}{X \text{ mL}}$

$$1 \text{ mL} \qquad X \text{ mL} \qquad 7,500 = 5,000X \qquad 7,500/5,000 = X$$

$$X=1.5 \text{ mL}$$

- 7) The critical care medication, Heparin, is ordered to infuse at 1,250 units/hr. Heparin 25,000 units/500 mL of D5W is available from pharmacy. At what rate will the nurse program the infusion pump?

$$\frac{25,000 \text{ units}}{500 \text{ mL}} = \frac{1,250 \text{ units/hr}}{X \text{ mL}}$$

$$1,250(500) = 25,000X \qquad 625,000/25,000 = X$$

$$X = 25 \text{ mL/hr}$$



- 8) The nurse is admitting a client who has an order to receive the critical care medication Heparin. The order is for a bolus of Heparin, 55 units/kg, to be followed by continuous infusion of 20 units/kg/hr. Heparin 25,000 units in 250 mL of D5W is available from pharmacy. The client weighs 145 pounds.

What is the client's weight in kg?  $\frac{2.2 \text{ lb} = 145 \text{ lb}}{145/2.2 = X \quad X=65.909}$

**X = 65.9 kg**

Calculate the heparin bolus dose in units.  $\frac{1 \text{ kg} = 65.9 \text{ kg}}{55 \text{ units} \quad X \text{ units} \quad 1X = 65.9(55) \quad 3,624.5/1 = X \quad X=3,624.5}$   
**X = 3625 units**

At what rate will the nurse program the infusion pump?  $\frac{1 \text{ kg} = 65.9 \text{ kg}}{20 \text{ units} \quad X \text{ units} \quad 1X = 65.9(20) \quad 1,318/1 = X \quad X = 1,318 \text{ units}}$

$\frac{25,000 \text{ units} = 1,318 \text{ units}}{250 \text{ mL} \quad X \text{ mL} \quad 1,318(250) = 25,000X \quad 329,500/25,000 = X \quad X= 13.18}$   
**X = 13.2 mL/hr**

- 9) Order: Critical care medication Heparin 75 units/kg IV bolus followed by 20 units/kg/hr continuous IV infusion.

Available: Heparin 25,000 units/500 mL of D5W.

The client weighs 160 pounds.

$\frac{2.2 \text{ lb} = 160 \text{ lb}}{1 \text{ kg} \quad X \text{ kg} \quad 160 = 2.2X \quad 160/2.2 = X \quad X=72.727}$   
**X = 72.7 kg**

What is the bolus dose in units?  $\frac{1 \text{ kg} = 72.7 \text{ kg}}{75 \text{ units} \quad X \text{ units} \quad 1X = 72.7(75) \quad 5,452.5/1 = X \quad X=5,452.5}$   
**X = 5,453 units**

What volume will the nurse administer for the bolus?  $\frac{25,000 \text{ units} = 5,453 \text{ units}}{500 \text{ mL} \quad X \text{ mL} \quad 5,453(500) = 25,000X \quad 2,726,500/25,000 = X \quad X= 109.06}$   
**X = 109.1 mL**

What is the infusion rate in units/hr?  $\frac{1 \text{ kg} = 72.7 \text{ kg}}{20 \text{ units/hr} \quad X \text{ units/hr} \quad 1X = 72.7(20) \quad 1454/1 = X}$   
**X = 1,454 units/hr**

What will the pump to be set at to run the Heparin infusion?  $\frac{25,000 \text{ units} = 1,454 \text{ units}}{500 \text{ mL} \quad X \text{ mL} \quad 1,454(500) = 25,000X \quad 727,000/25,000 = X \quad X= 29.08}$   
**X = 29.1 mL/hr**

10) A client is receiving nitroglycerin, a critical care medication, 50 mg in 500 mL. The order is to infuse at 25 mcg/min. At what rate will the nurse set the infusion pump?

$$\frac{25 \text{ mcg}}{1 \text{ min}} \quad \frac{60 \text{ min}}{1 \text{ hr}} \quad 1,500 \text{ mcg/hr}$$

$$\frac{1,000 \text{ mcg}}{1 \text{ mg}} = \frac{1,500 \text{ mcg/hr}}{x \text{ mg/hr}} \quad 1,500(1) = 1,000X \quad 1,500/1,000 = X \quad 1.5 \text{ mg/hr}$$

$$\frac{50 \text{ mg}}{500 \text{ mL}} = \frac{1.5 \text{ mg/hr}}{x \text{ mL/hr}} \quad 500(1.5) = 50X \quad 750 = 50X \quad 750/50 = X$$

**X = 15 mL/hr**

11) A client is receiving nitroglycerin, a critical care medication, 50 mg in 250 mL of D5W. The order is to infuse at 1.5 mcg/kg/min. The client weighs 180.4 pounds.

What is the dosage in mcg/min?  $2.2 \text{ lb} = 180.4 \text{ lb}$

$$1 \text{ kg} \quad X \text{ kg} \quad 180.4 = 2.2X \quad 180.4/2.2 = X \quad X=82 \text{ kg}$$

$$\frac{1.5 \text{ mcg}}{1 \text{ kg}} = \frac{x \text{ mcg}}{82 \text{ kg}} \quad 82(1.5) = 1x \quad 123/1 = x$$

**x = 123 mcg/min**

At what rate will the nurse program the infusion pump?  $123 \text{ mcg/min} \times 60 \text{ min} = 7,380 \text{ mcg/hr}$

$$\frac{50,000 \text{ mcg}}{250 \text{ mL}} = \frac{7,380 \text{ mcg/hr}}{x \text{ mL/hr}} \quad 250(7,380) = 50,000X \quad 1,845,000/50,000 = x$$

**x = 36.9 mL/min**

12) Nitroprusside, a critical care medication, is mixed 500 mg in 500 mL to infuse at 8 mcg/kg/min. The client weighs 199 pounds.

Calculate the dosage in mcg/min.  $2.2 \text{ lb} = 199 \text{ lb}$

$$1 \text{ kg} \quad X \text{ kg} \quad 199 = 2.2X \quad 199/2.2 = X \quad X=90.454 \quad X = 90.5 \text{ kg}$$

$$\frac{1 \text{ mg}}{1,000 \text{ mcg}} = \frac{500 \text{ mg}}{X \text{ mcg}} \quad 1,000(500) = 1X \quad 500,000/1 = X \quad X= 500,000 \text{ mcg}/500 \text{ mL}$$

$$\frac{8 \text{ mcg}}{1 \text{ kg}} = \frac{X \text{ mcg}}{90.5 \text{ kg}} \quad 90.5(8) = 1X \quad 724/1 = X$$

**X = 724 mcg/min**

How will the nurse set the pump, in mL/hr, to administer this infusion?  $500,000 \text{ mcg} = 724 \text{ mcg/min}$

$$500 \text{ mL} \quad X \text{ mL} \quad 500(724) = 500,000X \quad 362,000/500,000 = X \quad X=0.724 \text{ mL/min}$$

$$0.724 \text{ mL/min} \times 60 \text{ min} = 43.44 \text{ mL/hr} \quad \mathbf{X = 43.4 \text{ mL/hr}}$$

13) Lidocaine, a critical care medication, is ordered at 2 g in 1,000 mL D5W to run at 18 mL/hr on an infusion pump.

How many mg/hr will the client receive? \_\_\_\_\_

$$\frac{1 \text{ g}}{1,000 \text{ mg}} = \frac{2 \text{ g}}{X \text{ mg}}$$

$$1,000(2) = 1X \quad 2,000/1 = X \quad X = 2,000 \text{ mg}/1,000 \text{ mL} = 2 \text{ mg/mL}$$

$$\frac{2 \text{ mg}}{18 \text{ mL}} = \frac{x \text{ mg}}{1 \text{ mL}}$$

$$2(18) = 1X \quad 36/1 = X \quad X = 36 \text{ mg/hr}$$

How many mg/min will the client receive? \_\_\_\_\_

$$36 \text{ mg/hr} / 60 \text{ min} = \quad \quad \quad \mathbf{0.6 \text{ mg/min}}$$

14) A new order is received for 500,000 units of Nystatin, PO every 4 hours. The medication is available from pharmacy at 100,000 units per mL.

What volume will the nurse administer each dose?

$$\frac{100,000 \text{ units}}{1 \text{ mL}} = \frac{500,000 \text{ units}}{X \text{ mL}} \quad 500,000 = 100,000X \quad 500,000/100,000 = X \quad X = 5 \text{ mL}$$

How many mL will the patient receive of Nystatin daily?

$$5 \text{ mL per dose} \times 6 \text{ doses/day} = \quad \quad \quad \mathbf{30 \text{ mL/day}}$$

15) A client is receiving the critical care medication Isoprenaline 30 mL/hr. The solution available is 2 mg of Isoprenaline in 500 mL D5W. Calculate the dose in mg/hr. \_\_\_\_\_

$$\frac{2 \text{ mg}}{500 \text{ mL}} = \frac{x \text{ mg}}{30 \text{ mL/hr}}$$

$$2(30) = 500x \quad 60 = 500x \quad 60/500 = x \quad \quad \quad \mathbf{x = 0.12 \text{ mg/hr}}$$

Calculate the dose in mcg/min. \_\_\_\_\_

$$\frac{1 \text{ mg}}{1,000 \text{ mcg}} = \frac{0.12 \text{ mg/hr}}{X \text{ mcg}}$$

$$1,000(0.12) = 1X \quad 120/1 = X \quad X = 120 \text{ mcg/hr}$$

$$120 \text{ mcg/hr} / 60 \text{ minutes} = \quad \quad \quad \mathbf{2 \text{ mcg/min}}$$

16) The health care provider orders 1,000 mL LR to run over 10 hours by gravity. The tubing drop factor is 10 gtt/mL. Calculate the flow rate in gtt/min?

$$\frac{1,000 \text{ mL} \times 10 \text{ gtt/mL}}{10 \text{ hr} \times 60 \text{ min}} = \frac{10,000}{600} = 16.66 = \quad \quad \quad \mathbf{17 \text{ gtt/min}}$$

17) An IV with an order to infuse at 110 mL/hr by gravity will infuse using tubing with a drop factor of 10. What is the drip rate for this infusion?

$$\frac{110 \text{ mL} \times 10 \text{ gtt/mL}}{60 \text{ min}} = \frac{1,100}{60} = 18.33 = \quad \quad \quad \mathbf{18 \text{ gtt/min}}$$

18) An IV is running at 30 gtt/min and has a total volume of 500 mL. The tubing has a drop factor of 10 gtt/mL. How long will the IV run?

$$\frac{500 \text{ mL} \times 10 \text{ gtt/mL}}{x \text{ min}} = 30$$

$$30x = 500(10) \quad 30x = 5,000 \quad x = 5,000/30 = 166.66 \text{ min}$$

$$166.66 \text{ minutes} = 167 \text{ minutes} = \mathbf{2 \text{ hours } 47 \text{ minutes}}$$

19) The nurse has 525 mL left of an IV that is infusing at 40 gtt/min. The drop factor is 10. How long will the fluid last?

$$\frac{525 \text{ mL} \times 10 \text{ gtt/mL}}{x \text{ min}} = 40$$

$$40x = 525(10) \quad 40x = 5,250 \quad x = 5,250/40 \quad x = 131.25 \text{ minutes}$$

$$131.25 \text{ minutes} = 131 \text{ minutes} = \mathbf{2 \text{ hours } 11 \text{ minutes}}$$

20) The healthcare provider orders 350 mL Normal Saline to infuse over 2 hours by gravity. The tubing has a drop factor of 15. What is the flow rate in gtt/min?

$$\frac{350 \text{ mL} \times 15 \text{ gtt/mL}}{2 \text{ hr} \times 60 \text{ min}} = \frac{5,250}{120} = 43.75 =$$

$$\mathbf{44 \text{ gtt/min}}$$

21) Cefazolin 1g is mixed in 150 mL of IV fluid and is ordered to run over 45 minutes with microdrip tubing. An infusion pump becomes available. How will the nurse set the pump to infuse this antibiotic?

$$\frac{150 \text{ mL}}{45 \text{ min}} = \frac{x \text{ mL}}{60 \text{ min}}$$

$$150(60) = 45x \quad 9,000 = 45x \quad 9,000/45 = x$$

$$\mathbf{x = 200 \text{ mL/hr}}$$

22) Infuse an IV piggyback using an electronic IV infusion pump. The volume of the IVPB is 125 mL and it is to run in over 1 hour. What is the rate the pump should be set at?

$$\frac{125 \text{ mL}}{1 \text{ hr}} = \frac{x}{1 \text{ hr}}$$

$$125 = 1x \quad 125/1 = x$$

$$\mathbf{x = 125 \text{ mL/hr}}$$

23) The nurse receives a new order for ceftriazone, 1.5 g q12 hours IM. The pharmacy has available 1 g vials of ceftriazone. According to the package, the concentration is 250 mg per mL. What volume will the nurse administer per dose?

$$\frac{1,000 \text{ mg}}{1 \text{ g}} = \frac{x \text{ mg}}{1.5 \text{ g}}$$

$$1,000(1.5) = 1(x) \quad 1,500/1 = x \quad x = 1,500 \text{ mg}$$

$$\frac{250 \text{ mg}}{1 \text{ mL}} = \frac{1,500 \text{ mg}}{x \text{ mL}}$$

$$1,500(1) = 250x \quad 1500/250 = x \quad \mathbf{x = 6 \text{ mL}}$$

24) The nurse is caring for a client who has an IV fluid of 1,000mL d5NS to run at 75 mL per hour by gravity. The tubing has a drop factor of 10 gtt/mL. What is the flow rate.

$$\frac{75 \text{ mL} \times 10 \text{ gtt/mL}}{60 \text{ min}} = \frac{750}{60} = 12.5 =$$

$$\mathbf{13 \text{ gtt/min}}$$

25) An order is received to add 40 mEq of potassium chloride to 400 mL. The IV is infusing at 15 mEq per hour and the tubing is microdrip. What is the flow rate?

$$\frac{40 \text{ mEq}}{400 \text{ mL}} = \frac{15 \text{ mEq/hr}}{x \text{ mL/hr}}$$

$$400(15) = 40x \quad 6,000/40 = x \quad x = 150 \text{ mL/hr}$$

$$\frac{150 \text{ mL} \times 60 \text{ gtt/mL}}{60 \text{ min}} = \frac{9,000}{60} = 150 =$$

$$\mathbf{150 \text{ gtt/min}}$$

26) Cefazolin, 1 gram, IVPB is ordered to infuse over 30 minutes. The medication volume is 125 mL. How will the nurse set the pump?

$$\frac{125 \text{ mL}}{30 \text{ min}} = \frac{x \text{ mL}}{60 \text{ min}}$$

30 min

60 min

$$125(60) = 30(x)$$

$$7,500/30 = x$$

$$x = 250 \text{ mL/hr}$$

27) An IV of 1,000 mL is to infuse from 0600-1400 by gravity. The drop factor is 10 gtt/mL. What is the flow rate?

$$\frac{1,000 \text{ mL} \times 10 \text{ gtt/mL}}{8 \text{ hr} \times 60 \text{ min}} = \frac{10,000}{480} = 20.83 =$$

8 hr x 60 min

480

$$21 \text{ gtt/min}$$

At 1200, you notice that 600 mL has infused. What is the flow rate for the remaining solution?

$$\frac{400 \text{ mL} \times 10 \text{ gtt/mL}}{2 \text{ hr} \times 60 \text{ min}} = \frac{4,000}{120} = 33.33 =$$

2 hr x 60 min

120

$$33 \text{ gtt/min}$$

Does this fall within the safe range for recalculating an IV flow rate?  $33 - 21 = 12 \text{ gtt/min}$

$$12/21 = 0.57 = 57\%$$

$$57\% > 25\%$$

**NO**

28) The recommended dose of carbamazepine is 10-20 mg/kg/day in 2 divided doses. The client weighs 167.9 pounds. What is the safe 24-hour dosage range for this client.

$$2.2 \text{ lb} = 167.9 \text{ lb}$$

1 kg

X kg

$$167.9 = 2.2X$$

$$167.9/2.2 = X$$

$$X = 76.318$$

$$X = 76.3 \text{ kg}$$

$$\frac{10 \text{ mg}}{1 \text{ kg}} = \frac{x \text{ mg}}{76.3 \text{ kg}}$$

1 kg

76.3 kg

$$76.3(10) = 1(x)$$

$$763/1 = x \quad 763 \text{ mg}$$

$$\frac{20 \text{ mg}}{1 \text{ kg}} = \frac{x \text{ mg}}{76.3 \text{ kg}}$$

1 kg

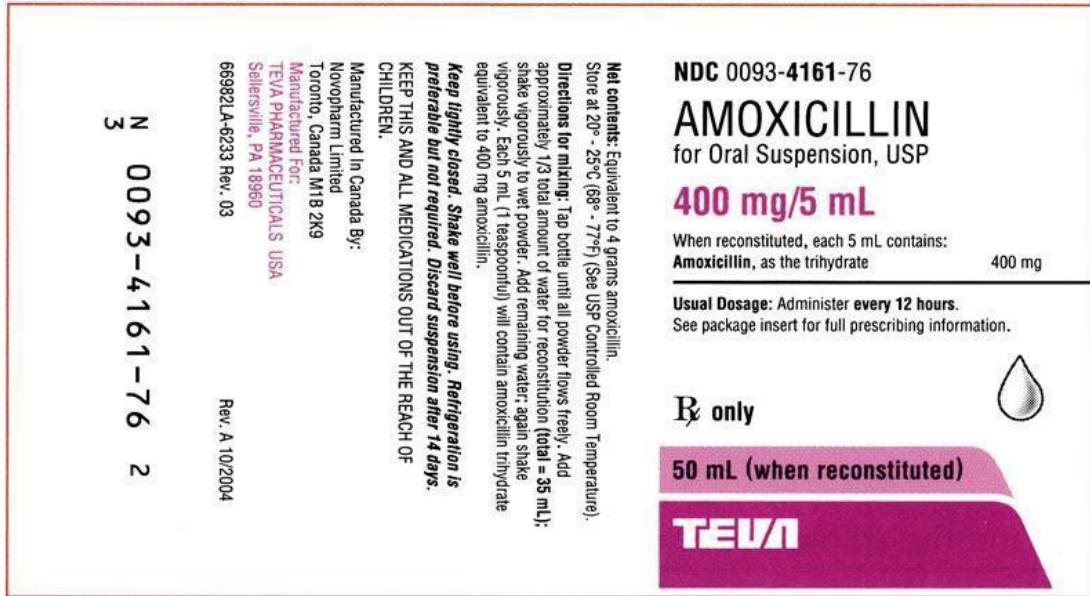
76.3 kg

$$76.3(20) = 1(x)$$

$$1,526/1 = x \quad 1,526 \text{ mg}$$

**The safe daily range is 763 -1,526 mg**

29) The nurse has an order to administer 120 mg dose of Amoxicillin PO. What volume should the nurse administer?



$$\frac{400 \text{ mg}}{5 \text{ mL}} = \frac{120 \text{ mg}}{x \text{ mL}} \quad 120(5) = 400x \quad 600/400 = x \quad x = 1.5 \text{ mL}$$

30) The healthcare provider ordered digoxin 0.25 mg po daily for a client. Available is digoxin 0.125 mg scored tablets. How many tablets should the client get each day?  $\frac{0.125 \text{ mg}}{1 \text{ tab}} = \frac{0.25 \text{ mg}}{x \text{ tab}}$   $0.25(1) = 0.125x$   $0.25/0.125 = x$   $x = 2 \text{ tablets}$

31) The nurse has an order for penicillin G potassium, 150,000 units IM, BID for 7 days. If reconstituted with 4 mL of diluent, how many mL will be administered per dose?

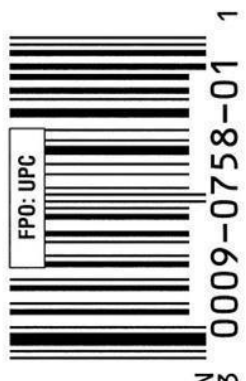


$$\frac{250,000 \text{ units}}{1 \text{ mL}} = \frac{150,000 \text{ units}}{x \text{ mL}} \quad 150,000(1) = 250,000x \quad 150,000/250,000 = x \quad x = 0.6 \text{ mL}$$



32) Order: Methylprednisolone 275 mg IM

Available:

|  |   |  |
|--|---|--|
| <p><b>Store at controlled room temperature 20° to 25°C (68° to 77°F) [see USP]. Protect from light.</b></p> <p>Reconstitute with 8 mL Bacteriostatic Water for Injection with Benzyl Alcohol.</p> <p>Store solution at controlled room temperature 20° to 25°C (68° to 77°F) and use within 48 hours after mixing. <b>Protect from light.</b></p> <p><b>DOSAGE AND USE:</b><br/>See accompanying prescribing information.</p> <p>* Each 8 mL (when mixed with 8 mL of diluent) contains methylprednisolone sodium succinate equivalent to methylprednisolone, 500 mg. Also contains monobasic sodium phosphate anhydrous, 6.4 mg; dibasic sodium phosphate dried, 69.6 mg. When necessary, pH was adjusted with sodium hydroxide.</p> <p>Lyophilized in container.</p> | <p>NDC 0009-0758-01</p> <p><b>1 Vial</b><br/><b>4-125 mg Doses Rx only</b></p> <div style="border: 2px solid orange; padding: 5px; display: inline-block;"> <p><b>Solu-Medrol®</b><br/>methylprednisolone sodium succinate for injection, USP</p> </div> <p>For intramuscular or intravenous use</p> <div style="background-color: orange; color: white; padding: 5px; display: inline-block; margin: 10px 0;"> <p><b>500 mg*</b></p> </div> <p>Recommended Diluent Contains Benzyl Alcohol as a Preservative (This Package Does Not Contain Diluent)</p> <p><small>Distributed by</small><br/> <b>Pharmacia &amp; Upjohn Co</b><br/> <small>Division of Pfizer Inc, NY, NY 10017</small></p> |  |
|  |   | <p><b>1681</b></p>   |

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What volume will the nurse administer per dose?  $500 = \frac{275 \text{ mg}}{x}$

8 mL                      x mL                       $275(8) = 500x$                        $2,200/500 = x$                       **x = 4.4 mL**

33) The health care provider orders cimetidine 100 mg PO daily. Available is cimetidine 200 mg scored tablets. What volume will the nurse administer?



$200 \text{ mg} = \frac{100 \text{ mg}}{x \text{ tab}}$                        $200x = 100$                        $x = 100/200$                       **x = 0.5 (1/2) tablet**

34) A new order sent to the pharmacy reads: Phenobarbital 15 mg orally BID. Available are scored Phenobarbital tablets, 30 mg each. What volume will the nurse administer?

$30 \text{ mg} = \frac{15 \text{ mg}}{x \text{ tab}}$                        $30(1) = 30x$                        $15 = 30x$                        $15/30 = x$                       **x = 0.5 (1/2) tab**

35) The nurse has an order to administer a tube feeding to a client. The order is 2/3 strength Ensure, 10 ounces per the feeding tube every 4 hours. How much of each of the following should the client receive with each dose?

Water: \_\_\_\_\_

$$\frac{1 \text{ oz} = 10 \text{ oz}}{30 \text{ mL}}$$

$$x \text{ mL} \quad 10(30) = 1x \quad 300/1 = x \quad x = 300 \text{ oz}$$

$$2/3 = 0.666666$$

$$300 \text{ mL} \times 0.666666 = 199.99$$

**200 mL of water**

Ensure: \_\_\_\_\_

$$300 \text{ mL} - 200 \text{ mL} =$$

**100 mL of Ensure**

36) A client's current blood glucose is 355 mg/dL. What dose of insulin will the nurse administer based on the table below?

| Blood glucose | Regular insulin |
|---------------|-----------------|
| 100-150 mg/dL | 0 units         |
| 151-200 mg/dL | 2 units         |
| 201-250 mg/dL | 4 units         |
| 251-300 mg/dL | 6 units         |
| 301-350 mg/dL | 8 units         |
| 351-400 mg/dL | 10 units        |
| >400 mg/dL    | Call HCP        |

**10 units**

37) A client with diabetes requires insulin. The client is to be given scheduled Insulin Aspart, 4 units before meals and correctional insulin based upon current blood glucose level. Determine how much total insulin the client will receive before breakfast if the blood glucose level is 221?

| Blood glucose | Insulin Aspart |
|---------------|----------------|
| 100-150 mg/dL | 0 units        |
| 151-200 mg/dL | 2 units        |
| 201-250 mg/dL | 4 units        |
| 251-300 mg/dL | 6 units        |
| 301-350 mg/dL | 8 units        |
| 351-400 mg/dL | 10 units       |
| >400 mg/dL    | Call HCP       |

$$4 \text{ units for the blood glucose level of 221} + 4 \text{ units scheduled} =$$

**8 units**

38) An order is received to mix 14 mEq of a drug in normal saline. The pharmacy has available a vial with 15 mEq/10 mL. How many mL will the nurse draw up?

$$\frac{15 \text{ mEq}}{10 \text{ mL}} = \frac{14 \text{ mEq}}{x \text{ mL}}$$

$$14(10) = 15x \quad 140 = 15x \quad 140/15 = x \quad x = 9.33$$

**x = 9.3 mL**



39) The nurse is preparing a medication for a client. The order reads 400 mcg of a medication and available are scored tablets of 0.2 mg. How many will the nurse give?

$$\frac{1 \text{ mg}}{1,000 \text{ mcg}} = \frac{0.2 \text{ mg}}{x \text{ mcg}} \quad 1,000(0.2) = 1x \quad 200 = 1x \quad x = 200 \text{ mcg}$$

$$200 \text{ mcg} = 400 \text{ mcg}$$

$$1 \text{ tab} \quad x \text{ tab} \quad 400(1) = 200x \quad 400/200 = x \quad x = 2 \text{ tab}$$

40) An order is received to give 500 mg cefalexin IM. The pharmacy has available cefalexin 1 g per 2 mL. How many mL will the client receive?

$$\frac{1 \text{ g}}{1,000 \text{ mg}} = \frac{1 \text{ g}}{x \text{ mg}} \quad 1,000(1) = 1x \quad x = 1,000 \text{ mg}$$

$$1,000 \text{ mg} = 500 \text{ mg}$$

$$2 \text{ mL} \quad x \text{ mL} \quad 500(2) = 1,000x \quad 1,000/1,000 = x \quad x = 1 \text{ mL}$$

41) The client has a new order for furosemide 80 mg IVP daily. What volume will the nurse administer per dose?



$$40 \text{ mg} = 80 \text{ mg}$$

$$4 \text{ mL} \quad x \text{ mL} \quad 80(4) = 40x \quad 320/40 = x \quad x = 8 \text{ mL}$$

42) The health care provider writes an order for Morphine 30 mg IM once. How much will the nurse administer?



$$15 \text{ mg} = 30 \text{ mg}$$

$$1 \text{ mL} \quad x \text{ mL} \quad 30(1) = 15x \quad 30/15 = x \quad x = 2 \text{ mL}$$

43) A client is ordered 40 mg Furosemide IV push. Per the literature 10 mg of furosemide should be administered over 1 minute. How long will it take the nurse to administer the prescribed dose?

$$\frac{10 \text{ mg}}{\text{min}} = \frac{40 \text{ mg}}{x \text{ min}}$$

$$40(1) = 10x$$

$$40/10 = x$$

$$x = 4 \text{ minutes}$$

44) An antibiotic infusion is started at 2230 and will run over 2 hours. At what time does the nurse anticipate the infusion will be complete?

**0030**

45) Convert 2:48 PM from traditional to military time.

**1448**

46) Convert 1937 from military time to traditional time?

**7:37 PM**

47) 7,350 g = \_\_\_\_\_ kg

$$\frac{1,000 \text{ g}}{1 \text{ kg}} = \frac{7,350 \text{ g}}{x \text{ kg}}$$

$$7,350(1) = 1,000(x)$$

$$7,350/1,000 = x$$

$$x = 7.35 \text{ kg}$$

48) 1,725 mg = \_\_\_\_\_ g

$$\frac{1,000 \text{ mg}}{1 \text{ g}} = \frac{1,725 \text{ mg}}{x \text{ g}}$$

$$1,725(1) = 1,000(x)$$

$$1,725/1,000 = x$$

$$x = 1.725 \text{ g}$$

49) 5 TBS = \_\_\_\_\_ mL 1 TBS = 5 TBS

$$\frac{15 \text{ mL}}{15 \text{ mL}} = \frac{x \text{ mL}}{15(5)}$$

$$15(5) = 1(x)$$

$$75/1 = x$$

$$x = 75 \text{ mL}$$

50) 0.0019 g = \_\_\_\_\_ mg

$$\frac{1 \text{ g}}{1,000 \text{ mg}} = \frac{0.0019 \text{ g}}{x \text{ mg}}$$

$$1,000(0.0019) = 1(x)$$

$$1.9/1 = x$$

$$x = 1.9 \text{ mg}$$

51) 14 g = \_\_\_\_\_ mcg

$$\frac{1 \text{ g}}{1,000 \text{ mg}} = \frac{14 \text{ g}}{x \text{ mg}}$$

$$1,000(14) = 1(x)$$

$$14,000/1 = x$$

$$x = 14,000 \text{ mg}$$

$$x = 14,000,000 \text{ mcg}$$

$$\frac{1 \text{ mg}}{1,000 \text{ mcg}} = \frac{14,000 \text{ mg}}{x \text{ mcg}}$$

$$14,000(1,000) = 1(x)$$

$$14,000,000/1 = x$$

$$x = 14,000,000 \text{ mcg}$$

$$x = 14,000,000 \text{ mcg}$$

52) 12.75 mg = \_\_\_\_\_ mcg

$$\frac{1 \text{ mg}}{1,000 \text{ mcg}} = \frac{12.75 \text{ mg}}{x \text{ mcg}}$$

$$1,000(12.75) = 1(x)$$

$$12,750/1 = x$$

$$x = 12,750 \text{ mcg}$$

$$x = 12,750 \text{ mcg}$$

53) 2.9 inches = \_\_\_\_\_ cm

$$\frac{1 \text{ in}}{2.5 \text{ cm}} = \frac{2.9 \text{ in}}{x \text{ cm}}$$

$$2.5(2.9) = 1(x)$$

$$7.25/1 = x$$

$$x = 7.25 \text{ cm}$$

$$x = 7.25 \text{ cm}$$

54) 265 mm = \_\_\_\_\_ in

$$\frac{10 \text{ mm}}{1 \text{ cm}} = \frac{265 \text{ mm}}{x \text{ cm}}$$

$$265(1) = 100(x) \quad 265/10 = x$$

$$x = 26.5 \text{ cm}$$

$$\frac{2.5 \text{ cm}}{1 \text{ in}} = \frac{26.5 \text{ cm}}{x \text{ in}}$$

$$26.5(1) = 2.5(x) \quad 26.5/2.5 = x \quad x = 10.6 \text{ in}$$

55) A 10 inch laceration is how many cm?

$$\frac{1 \text{ in}}{2.5 \text{ cm}} = \frac{10 \text{ in}}{x \text{ cm}}$$

$$2.5(10) = 1(x) \quad 25/1 = x$$

$$x = 25 \text{ cm}$$

56) 135 pounds = \_\_\_\_\_ kg  $2.2 \text{ lb} = 1 \text{ kg}$

$$\frac{1 \text{ kg}}{2.2 \text{ lb}} = \frac{135 \text{ lb}}{x \text{ kg}}$$

$$135 = 2.2x$$

$$135/2.2 = x \quad x = 61.363$$

$$x = 61.4 \text{ kg}$$

57) 3.2 in = \_\_\_\_\_ mm

$$\frac{1 \text{ in}}{2.5 \text{ cm}} = \frac{3.2 \text{ in}}{x \text{ cm}}$$

$$2.5(3.2) = 1(x) \quad 8/1 = x$$

$$x = 8 \text{ cm}$$

$$\frac{1 \text{ cm}}{10 \text{ mm}} = \frac{8 \text{ cm}}{x \text{ mm}}$$

$$10(8) = 1(x) \quad 80/1 = x$$

$$x = 80 \text{ mm}$$

58) 27 inches = \_\_\_\_\_ cm  $1 \text{ in} = 2.5 \text{ cm}$

$$\frac{1 \text{ in}}{2.5 \text{ cm}} = \frac{27 \text{ in}}{x \text{ cm}}$$

$$27(2.5) = 1x$$

$$67.5/1 = x$$

$$x = 67.5 \text{ cm}$$

59) 103.4 degrees F is equal to \_\_\_\_\_ degrees C

$$\frac{103.4 - 32}{1.8} = 39.666$$

$$1.8$$

$$39.7 \text{ deg C}$$

60) 36.8 degrees C is equal to \_\_\_\_\_ degrees F

$$36.8 \times 1.8 = 66.24$$

$$66.24 + 32 = 98.24$$

$$98.2 \text{ deg F}$$

61) 102.8 ° F = \_\_\_\_\_ °C

$$102.8 \text{ F} - 32 = 70.8$$

$$70.8 \times 5 = 354 \text{ divided by } 9 = 39.33 =$$

$$39.3 \text{ C}$$

$$70.8 / 1.8 = 39.33$$

62) Calculate the following eight-hour intake for a client (a glass is 6 oz and a cup is 8 oz, 30ml=1oz).

glass of juice **360 mL**

4 oz of milk **120 mL**

1 sandwich

5 oz of pudding (**not liquid at room temperature**)

1 cup of coffee **240 mL**

2 cups of water **480 mL**

5 oz of jello **150 mL**

IV fluid at 50 mL per hour **400 mL**

**Total = 1,750 mL**