I. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>Professional interventions in the life cycle</th>
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<tbody>
<tr>
<td>Code and Number</td>
<td>NURS 3190</td>
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<td>Credits</td>
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<td>Academic Term</td>
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<tr>
<td>Professor</td>
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<td>Office Hours</td>
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<tr>
<td>Telephone</td>
<td>787-250-1912 Ext. 2202</td>
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II. DESCRIPTION

Analysis of the nursing process as a tool for the professional, with emphasis on diagnostic and therapeutic reasoning for decision-making in professional interventions. Examination of interventions in the prevention levels for the management of human responses in the most frequent health-illness situations. It includes the ethical-legal concepts and findings of the investigations. It requires a total of 30 hours of pediatric content and 30 hours of adult content.

Requirements: NURS 3110, 3120, and 3130. Concurrent with NURS 3140 and 4911.

III. OBJECTIVES

By the end of the course, the student is expected to be able to:

A. Analyze the best practices to offer humanistic care, centered on the adult and pediatric patients, based on evidence throughout the life cycle, during the stages of chronic conditions and their sensitive decision moments, in order to maintain the quality of life and the continuity of care considering the family and caregivers.

B. Choose evidence-based patient-centered therapeutic interventions to offer care to the geriatric and pediatric person, his/her family, and caregivers, as vulnerable patients/clients at the extremes of the life cycle.

C. Choose patient-centered therapeutic interventions to offer safe and effective preventive care to the adult and pediatric client with risk of healthcare-associated infections.

D. Apply the nursing process to choose evidence-based interventions in the offering of safe, effective, efficient, timely, and fair care to people throughout the lifecycle with high incidence health situations.

IV. CONTENT

Unit 1 – Evidence-based professional interventions in the chronicity for the continuity of care in the adult and pediatric client (15 hours)

A. Chronicity as a health problem
   1. Impact on the health system
   2. Chronic care model
   3. Comprehensive estimate of the patient with a chronic condition
   4. Clinical problems and challenges
   5. Interventions

B. The last stage of chronicity
   1. Phases of a chronic condition
   2. Death as the last stage
   3. Components of the dying person’s physical and emotional examination
   4. When the dying person is a child
   5. Clinical and pharmacological management of common problems
      a. Weakness (fatigue)
      b. Pain
c. Dyspnea
d. Nausea and vomiting
e. Uneasiness and agitation
6. The care professional’s duties at life’s end
   a. DNR
   b. Advanced directives
   c. Advocacy for the dying patient’s rights

C. Organ donation process
1. Statistics and related organizations
2. Ethical-legal and social forces for the compliance with organ donation
3. The organ donation process
4. Barriers in the organ donation process
5. Role of the interdisciplinary team in organ donation
6. NIC 6260 Organ Procurement
7. Brain death criteria
   a. Brain death estimate and monitoring strategies
   b. Family education

D. Discharge planning for the continuity of care
1. Discharge planning as a continuity of care strategy
2. Therapeutic interventions and essential activities related to the discharge planning
   a. Risk identification (NIC 6610)
   b. Telephone follow-up (NIC 8190)
   c. Family involvement, NIC 7110, d.
   d. Teaching: individual, NIC 5606
   e. Cultural brokerage
   f. Caregiver support, NIC 7040
3. Complementary therapies
   a. Calming technique (NIC 5880)
   b. Simple Guided Imagery (NIC 6000)
   c. Music therapy (NIC 4400)
   d. Touch (NIC 5460)
   e. Humor (NIC 5320)
4. Therapeutic interventions for quality promotion
   a. Documentation, NIC, p. 209
   b. Quality monitoring, NIC, p. 460
   c. Surveillance, NIC, p. 536
   d. Medication management, NIC
5. Therapeutic interventions to strengthen the ethic and cultural competency
   a. Common ethical dilemmas
   b. Interventions:
      1) Protection of the patient's/client's rights
      2) Decision-making support, NIC 5250
      3) Cultural Brokerage, (NIC 7330)
      4) Spiritual support
Unit II – Professional interventions when caring for the client at the extremes of the life cycle (10 hours)

A. Care models for the pediatric patient
   1. Health during the pediatric stages
      a. Pediatric health statistics
      b. Healthy People 2010
      c. Infant & Childhood Mortality
      d. Models of care
   2. Development screening
      a. Roles of the various professionals
      b. Use of development indicators
   3. Health maintenance
      a. Parameters
      b. Evaluation ages
      c. Vaccination
   4. Most common chronic health problems
      a. Attention deficit hyperactivity disorder
      b. Cerebral palsy
      c. Metabolic syndromes
   5. Nursing diagnoses
      a. Abuse and neglect
      b. Growth and development retardation
      c. Risk for retardation during development
   6. Care goals
      a. Health maintenance: Guidelines
      b. Expected developmental indicators
      c. Appropriate nutrition
      d. Safety: Measures by stage
   7. Effective interventions
      a. Developmental enhancement (8272 Adolescents) (8274 Children)
      b. Therapeutic play (NIC 4430)
      c. Anticipatory Guidance (NIC 5210)
      d. Family Involvement, NIC 7110
      e. Rights protection
      f. Cultural Brokerage, (NIC 7330)
      g. Abuse protection support: child (NIC 6402)
      h. Joint selection criteria

B. Care for the older adult
   1. Focused estimate of priority health problems
      a. Health statistics
      b. Typical changes in the older adult
      c. Common priority health problems
         1) Risk of harm due to falls
         2) Risk of pressure ulcers
         3) Polypharmacy in the older adult
         4) Alterations in nutrition: less than what is required
         5) Deterioration in physical mobility
         6) Urinary incontinence
         7) Abuse
         8) Relocation stress syndrome
      d. Estimate instruments validated for the older adult
         1) SPICES: An Overall Assessment Tool of Older Adults
         2) Katz Index of Independence in Activities of Daily Living
         3) The Lawton Instrumental Activities of Daily Living Scale
         4) The Hendrich II Fall Risk Model
         5) Beers Criteria for Potentially Inappropriate Medications Use: Part I and Part II
         6) Assessing Nutrition in Older Adults Urinary Incontinence Assessment
         7) Assessing Family Preferences for Participation in Care in Hospitalized Older Adults
2. Effective intervention strategies for the older adult
   a. Health education
   b. Risk identification and protection
   c. Medication Management
   d. Promotion of wellness practices
   e. Criteria for choosing interventions jointly
      1) Cultural differences of the older adult population
      2) Health service preferences
      3) Economic resources
      4) Investigations

3. Common ethical conflicts in care management of the older adult
   a. Paternalism: undermining of autonomy
   b. Abuse: use of physical and chemical restrictions

Unit III – Interventions based on evidence for the prevention and management of healthcare associated infections (HAIs) (10 hours)

A. Microbiology principles
   1. Colonization vs. infection
   2. Resistant microorganisms
   3. Use of antibiotics

B. Prevention of HAI infections in adult and pediatric clients: recommendations based on evidence offered by the CDC and IHI
   1. Ventilator associated pneumonia (VAP)
   2. Urinary tract infections (UTI)
   3. Surgical-site infections (SSI)
   4. Catheter-related bloodstream infections (CRBSI)

Unit IV – Evidence-based professional interventions in the management of cases that are specific to the adult and pediatric client for the continuity of care (25 hours)

A. Diagnostic and therapeutic reasoning in cases of high-incidence healthcare problems in adults and pediatric patients due to cardiovascular responses (7.5 hrs.)
   1. Focus on the adult client
      a. Cardiovascular estimate
         1) Integrated physiological and biochemical fundamentals
            a) Electrophysiology of the heart
            b) Cardiac withdrawal
            c) Effective heart perfusion
         2) Family history and comorbidities
         3) Modifiable and non-modifiable risk factors
         4) Distinctions in chest pain
         5) Dyspnea
         6) Functional classification of cardiovascular disabilities
         7) Arterial pressure
         8) Arterial and venous pulses
         9) Cardiac rhythm
         10) Cardiac sounds
         11) Cardiac enzymes (CK-MB)
         12) Serum markers (troponin, myoglobin)
         13) ABG
      b. Diagnostic and therapeutic reasoning
         1) High-incidence health problems
            a) Hypertension
            b) Metabolic syndrome
            c) Coronary syndromes: angina and infarction
d) Caring for patients who have undergone a PCI  
e) Cardiac failure  
f) Serum lab results  

c. Diagnostic reasoning  
1) Diminishing cardiac output  
2) Ineffective tissue perfusion: cardiopulmonary  
3) Activity intolerance  
4) Deterioration in gas exchange  
5) PC: Pulmonary edema  
6) PC: Dysrhythmia  

d. Therapeutic reasoning  
1) Updated evidence-based clinical guidelines  
a) Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)  
b) AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update  
2) Health and self-management literacy: teaching about knowing the disease process  
a) Evidence-based guidelines for cardiovascular disease prevention in women: 2007 update  
b) NIH State-of-the-Science Conference Statement on Tobacco Use: Prevention, Cessation, and Control  
3) Medication management (2380) for medication knowledge (CRE) and patient safety  
a) Vasodilators: IV Nitroglycerine  
b) Adrenergic beta blockers  
c) Calcium antagonists (blockers)  
d) Antiarrhythmics  
e) Anticoagulants: heparin, lovenox  
f) Thrombolitics: tissue plasminogen activator (t-PA)  
g) Analgesics: morphine sulfate  
h) Digitalic drugs  
i) Diuretics  
4) Acute CIE cardiac care for cardiac pump effectiveness (CRE)  

2. Focus on the pediatric client: risk to CV health problems  
a. Obesity  
1) Estimate: based on CDC graphs  
2) Obesity prevention in the pediatric patient  
3) Promotion of changes in lifestyle  
4) Promotion of exercise  

b. Hypertension  
1) Arterial pressure estimate  
a) Classification according to CDC graphs – by percentage  
b) Identification of hypertension causes  
2) Prevention of risk factors  
3) Non-pharmacological management  

c. Hypercholesterolemia  
1) Estimate  
a) Statistics  
b) Family history  
c) Risk factors  
d) Cholesterol levels  
2) Clinical management  
a) Promotion of strategies for healthy nutritional patterns  
b) Nutritional guidelines by growth and development stage  
c) Follow-up in the presence of risk factors  
d) Nutritional and dietary education  
e) Pharmacological management of pediatric clients  
3) Main risk factor: smoking in adolescents  
a) Estimate  
b) Statistics
c) History of smoking in the family and children over the age of 8
d) Clinical management
   (1) Reduction in infant passive smoking
   (2) Teaching school-age children the harmful effects of cigarettes
   (3) Promotion of no-smoking behaviors in adolescents as a social skill
   (4) Smoking cessation methods

B. Deterioration in gas exchange due to respiratory responses
1. Diagnostic reasoning
   a. Physiological and biochemical fundamentals
      1) Anatomy and physiology independent review
      2) Pulmonary function
      3) Arterial blood gases
      4) Oxygen saturation
      5) Partial pressures of $O_2$ and $CO_2$
      6) Biochemical response to prolonged inflammation
      7) Biochemical response related to bronchodilation
      8) Enzymes and their interaction in the respiratory system
      9) Bacterial complications
   b. Most common underlying physiopathology
      1) Deterioration in gas exchange
      2) Dyspnea
   c. Health problems in adults and children
      1) Chronic obstructive pulmonary disease (COPD)
      2) Asthma and Asthmatic status in adults and children
   d. Emphasis on significant changes in adults and children
      1) Early s/s
      2) Late s/s
      3) Risk identification
      4) Classification
      5) Diagnostic evaluation
   e. Probable priority nursing diagnoses
      1) Deterioration of gas exchange (00030)
      2) Ineffective airway clearance (00031)
      3) Ineffective breathing pattern (00032)
      4) Deterioration in spontaneous breathing
      5) Activity intolerance
   f. Priority collaborative problems
      1) High-risk population
      2) Physiopathological basis
      3) Criteria for focused estimates (subjective and objective data)
      4) Criteria for estimates of diagnostic and laboratory tests
      5) Types of related problems
         a) CP: hypoxemia
         b) CP: tracheobronchial constriction
         c) CP: alkalosis
         d) CP: acidosis
         e) CP: adverse effects of medication therapy

2. Therapeutic reasoning
   a. CRE respiratory state: gas exchange and asthma control (CRE)
      1) Control of specific cases (Case Management – 7320)
      2) Teaching: individual (5606) for:
         a) Knowledge: disease process (CRE)
         b) Knowledge: medication (CRE):
            (1) Bronchodilators
            (2) Anti-inflammatory drugs
            (3) Oral corticosteroids
            (4) Corticosteroid inhalers
(5) Leukotriene antagonists
(6) Anti-inflammatory inhaler
(7) Mast cell stabilizer

3) Follow-up at home
4) Asthma management (CIE)
5) CIE: Respiratory monitoring (3350)
6) CIE: Management of acid-base acidosis, alkalosis, metabolic and respiratory

C. Specific nutritional-metabolic imbalance due diabetes and its complications (7.5 hrs.)

1. Physiopathological and biochemical fundamentals
   a. Obesity as a problem and risk factor
      1) Incidence and epidemiology
      2) Achieving Healthy People 2010
      3) Physiopathology
   b. Diabetes Mellitus
      1) Incidence and epidemiology
      2) Achieving Healthy People 2010
      3) Insulin effects on Pro., CHO and fats
      4) Risk factors
      5) Classification and etiology
      6) Acute and chronic complications
      7) Laboratory estimate
   c. Metabolic syndrome
      1) Diagnostic definition
      2) Incidence
      3) Prevention
   d. Type 2 Diabetes in pediatric clients
      1) Risk factors
      2) Clinical indicators
      3) Changes in lifestyle

2. Nursing diagnoses and collaborative problems
   a. Priority diagnoses
      1) Nutritional imbalance due to excess
      2) Risks of harm related to sensory alterations
      3) Ineffective tissue perfusion: renal and peripheral
      4) Risk of infection
      5) Risk of deterioration to skin integrity
      6) Anxiety related to diagnosis, risk of complications, and complex self-care regimen
      7) Noncompliance with treatment related to complexity and chronicity
   b. Priority collaborative problems for continuous monitoring: early S/S and risk factors
      1) Hypoglycemia vs. hyperglycemia
      2) DKA vs. HHNS
      3) Dehydration

3. Therapeutic reasoning: EBP management strategies
   a. Collaborative management for blood glucose control (CRE 2300)
   b. Surveillance of acute complications (NIC 6650)
   c. Collaboration in medical management
   d. Fluid/Electrolyte management (NIC 2080)
   e. Intravenous (IV) Therapy (NIC4200)
   f. Acid-base management: metabolic acidosis (NIC1911)
   g. Insulin therapy
   h. Obesity management
   i. Obedience and compliance behavior (CRE 1800, 1601) – Teaching: prescribed medications (NIC 5616)
      1) Categories
      2) Action mechanisms
      3) Therapy precautions
   j. Nutrition management
      1) List of exchanges
2) Counting carbohydrates
3) Lecture on the nutrition label

k. Knowledge of diabetes control (CRE 1820): Healthy People 2010 Objective
   1) Assessment of needs and abilities
   2) Initial survival management: disease process (NIC 5602)
   3) Management at home: Self monitoring blood glucose (SMBG)

l. Lifestyle improvement:
   1) Management of sick days
   2) Rules for traveling days
   3) Optimal eyesight maintenance
   4) Exercise promotion (NIC 0200) for glycemic control
   5) Use of available resources

m. Control of risks in follow-ups: chronic complications
   1) Urinary elimination management (NIC 0590)
   2) Peripheral sensation management (NIC 2660)
   3) Foot care (NIC 1660)

n. Clinical guidelines and standardized plans

o. Evaluation based on results indicators aimed at patients
   1) Blood glucose control (CRE 2300)
   2) Control/Absence of acute and chronic complications
   3) Behavior of obedience and compliance (CRE 1800, 1601) with therapeutic regimen
   4) Knowledge of diabetes control (CRE 1820)

D. Specific cases of ineffective cerebral tissue perfusion (2.5 hrs.)
   1. Ineffective cerebral perfusion: brain strokes in adults
      a. Estimate focused on significant data
         1) Physiopathology
            a) Ischemic stroke
            b) Hemorrhagic stroke
            c) Increase in intracranial pressure (ICP)
         2) NIC 6610 Risk identification
         3) Significant data (early and late s/s) of types of CVA
         4) Neurological exam: Glasgow Coma Scale, 3-hour window
         5) Psychosocial estimate
         6) Mental state
         7) Functional estimate
         8) Diagnostic studies
            a) Laboratory
            b) Radiology
      b. Diagnostic and therapeutic reasoning
         1) 00024 Ineffective tissue perfusion: cerebral
            a) Outcome: CRE 0909 Neurological state
            b) Intervention: NIC 2550 cerebral perfusion promotion
            c) Surveillance for complications
               (1) Another brain stroke event
               (2) Elevated ICP
               (3) Convulsions
               (4) Hemorrhaging
               (5) Vasospasms, hydrocephalus
               (6) Others: metabolic imbalances, pneumonias, complicated breathing, MI, pulmonary embolism, UTI, sepsis, medication side effects
         2) 00051 Deterioration in verbal communication
            a) CRE 0902 Communication capacity
            b) NIC 4976 Communication enhancement: speech deficit
         3) PC: adverse effects of medication therapy
            a) NIC 2380 Medication management:
               (1) Thrombolytic
               (2) Anticoagulants/antiplaque drugs
(3) Antiepileptic drugs
(4) Calcium channel blockers
(5) Stool softeners/analgesics/antianxiety

4) Deterioration of physical mobility: evidence-based interventions
   a) ROM exercises for affected limbs
   b) Ulcer prevention
   c) Deep vein thrombosis (DVT) prevention
   d) Execution of ADLs

5) Sensory/perception disorders: evidence-based interventions
   a) Ambulation
   b) Use of verbal and tactile stimuli
   c) Time/Place/Person orientation
   d) Routine, consistent, repetitive program

6) Unilateral lack of attention: evidence-based interventions
   a) Observe safety measures
   b) Touch and use both sides of the body
   c) Technique of observing the environment by moving the head from one side to another in order to expand the field of vision

7) Swallowing deterioration:
   a) Estimate of the patient’s ability to swallow
   b) To position in order to ease the swallowing process before each meal
   c) Appropriate diet that includes soft and liquid foods
   d) Aspiration precautions

8) Urinary and fecal incontinence
   a) Etiology: altered levels of consciousness, damage to nerve innervations, inability to communicate
   b) Bladder and intestine training program

9) CP: increase in intracranial pressure (ICP): evidence-based interventions
   a) NIC 2590: intracranial pressure (ICP) monitoring

10) Essential interventions applicable to different problems
    a) NIC 5606 Teaching: Individual

2. Ineffective cerebral perfusion: traumatic brain injury in children (TBI)
   a. Estimate of significant data
      1) Statistics
      2) Etiology
      3) Risk factors
      4) Complications from head trauma
      5) Physiopathology: types of damage
         a) Concussion, contusion, cranial fracture, cerebral laceration, hemorrhaging (intracranial, epidural, subdural, and subarachnoid)
         b) Ischemia, hypoxia, anoxia, and hypercarbia
         c) Cerebral edema (which can lead to an increase in intracranial pressure and brain herniation)
         d) Meningitis
         e) Hematoma
      6) Focused estimate: highly significant data
         a) Cushing’s triad
         b) Lethargy, HR ê, BP ê, R variables = ICP ê and imminent herniation
         c) Loss of consciousness for 5-10 min. (the longer the time, the greater the risk; requires hospitalization)
         d) Persistent nausea, vomiting, or progressive lethargy
         e) Non-accidental trauma or suspicion of abuse
         f) Loss of deep reflexes: respiratory function compromise is anticipated
      7) ICP: Infants
         a) Tense or bulging fontanel
         b) Separated cranial sutures
         c) Occipitofrontal circumference ê
         d) Distended head veins
      8) ICP: Children
         a) Headache
b) Nausea, vomiting without nausea
c) Blurry, double vision
d) Convulsions

9) Other manifestations
   a) Personality and behavior signs
   b) Late signs

b. Diagnostic and therapeutic reasoning
   1) Continuous surveillance (and initial estimate)
      a) A-B-C (emergency estimate)
      b) LOC
      c) GCS
      d) Muscle tone: hand grip
      e) Fontanel
      f) Eye movement
      g) Mood
      h) Damage mechanisms
      i) Loss of consciousness
      j) Agitated behavior
      k) Convulsions
      l) Progression of symptoms
      m) Trauma-associated damage

2) 00024 Ineffective tissue perfusion: cerebral
   a) CRE 0909 Neurological State
      (1) Definition
      (2) Evidence-based pediatric indicators
   b) NIC 2550 Cerebral perfusion promotion
      (1) Definition
      (2) Evidence-based activities for the pediatric client
   c) Pediatric Glasgow Coma Scale
   d) Surveillance due to complications
      (1) Elevated ICP
      (2) Cerebral edema
      (3) Post-traumatic convulsions
      (4) Hemorrhaging
      (5) Vasospasms, hydrocephalus
      (6) Brain stem herniation

3) Liquid and electrolyte monitoring
4) Family support
5) Rehabilitation approach

V. ACTIVITIES
- On-site (in the classroom) electronic presentations
- Situation discussions in small groups
- Updated online information search
- Short conferences
- Participation in Blackboard forums
- Open discussions
- Collaborative learning
- In-depth study guide and questions by topic
- Board exam-type question discussions in small groups
- Problem-based learning: clinical case studies
VI. EVALUATION

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<td>(2) Final exam: Comprehensive: All units</td>
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<td>(3) Case discussions: Presentation (oral and written) of an assigned case</td>
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<td>(4) Participation in forum related to the cases</td>
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VII. SPECIAL NOTES

A. Auxiliary Services or Special Assistance

Any student who requires auxiliary services or special assistance must request them at the beginning of the term or as soon as he/she is aware that he/she needs it, through the corresponding register in the office of José Rodríguez, the Professional Counselor, located in the University’s Counseling Program.

B. Honesty, Fraud and Plagiarism Warning (General Student Regulations, Chapter V)

Lack of honesty, fraud, plagiarism and any other improper behavior related to academic work constitute major infractions sanctioned by the General Student Regulations. Mayor infractions, as set forth in the Student Regulations, may have consequences such as suspension from the University for a definite time greater than a year or permanent expulsion from the University, among other sanctions.

C. Use of Electronic Devices

Cell phones and any other electronic devices that may interrupt the teaching and learning process or alter the environment conducive to academic excellence will be turned off. Pressing situations will be taken care of accordingly. Sending data during evaluations or exams is prohibited.

VIII. EDUCATIONAL RESOURCES

Textbook
- Other texts from previous courses: Medical, pediatric dictionaries, NANDA, NIC, NOC

Electronic Resources
- Guía farmacológica del asma (http://www.respirar.org/asnamecum/index.htm)
- Farmacoterapia de la EPOC, Published by Pegasus Healthcare International in association with the Colegio Interamericano de Médicos y Cirujanos, 1999 (Accessed December 15, 2005) (http://www.alfa1.org/info_alfa1_epoc_farmacologia.htm)
- Cardiovascular Health in Childhood (Circulation. 2002; 106:143.) (http://circ.ahajournals.org/cgi/content/full/106/1/143)
• Food Exchange List (http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/fd_exch.htm)
• Diabetes information: food and meal planning (http://www.fda.gov/diabetes/good.html)
• American Diabetes Association (http://www.diabetes.org)
• The Lung Association (http://www.lungusa.org)
• Seguridad del paciente y calidad del cuidado
  - Agency for Healthcare Research and Quality (http://www.ahrq.gov/)
  - The Joint Commission:
• The Chronic Care Model (http://www.improvingchroniccare.org/index.php?p=The_Model_Talk&s=27)
• General Assessment & Interventions in Symptom Management by Specific Symptoms (http://consultgerin.org/topics/palliative_care/want_to_know_more#item_2)
• Fast Facts: EPERC (End of Life/Palliative Education Resource Center) (http://www.mcw.edu/EPERC/FastFactsIndex)
• Child development in the following CDC addresses:
  - Child development (http://www.cdc.gov/ncbddd/child/default.htm)
  - Development screening (http://www.cdc.gov/ncbddd/child/develop.htm)
• As a screening instrument, visit the following page: Learn the Sings. Act Early (http://www.cdc.gov/nbddd/autism/ActEarly/default.htm)
• Use of growth and development graphs (http://www.cdc.gov/growthcharts)
• Estimate instruments validated for the older adult available in (http://consultgerin.org/resources)
• Winning the War Against Antibiotic-Resistant Infections (http://www.nurse.com/ce/CE104-60/Winning-the-War-Against-Antibiotic-Resistant-Infections/)
• HAIs prevention: The power is in your hand (http://www.nursingcenter.com/prodev/ce_article.asp?tid=795799)

**References and resources: HAIs**

• Nursing Center: Hospital Acquired Conditions (http://www.accelacommunications.com/microsite/hospital_acquired_conditions/)
• CDC: Healthcare-Associated Infections (HAIs) (http://www.cdc.gov/ncidod/dhp/healthDis.html)
• Resistance to antibiotics (Informative material for patients from Familydoctor.org) (http://familydoctor.org/online/famdoces/home/common/infections/protect/659.html)
• Centers for Medicare and Medicaid Services (2008). Hospital-acquired conditions. (http://cms.hhs.gov/HospitalAcqCond/06_Hospital_Acquired_Conditions.asp)
• CDC: Infection Control Guidelines (http://www.cdc.gov/ncidod/dhp/guidelines.html)

**Electronic Databases** (http://www.cai.inter.edu)
The following databases may be accessed through the Web from the CAI, or from home by computer. To access from home you must register the CAI in order to get the password you need. This is a class requirement.

• CINAHL (EBSCO)
• Health and Wellness Resource Center (Infotrac)
• Health Reference Center Academic (Infotrac)
• MedicalStudent.com
• MedicLatina (EBSCO)
• MICROMEDEX Healthcare Series – Drug Reax
IX. BIBLIOGRAPHY

Reference Books and Articles


Rev. P. Santiago RN MSN
08/2010