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

CTPN Clinical Observation:

County Health Department: Day 1

During this rotation you may assist with the following skills under the supervision of the RN, LPN, mid-level practitioner, or physician, e.g. respiratory treatments, venipuncture, collect UA’s perform throat swabs, administer injection, perform FSBS, detect fetal heart tones, and vital signs. At the completion of this observation experience, prepare a written report addressing your experience.

1. Discuss the role of the public health nurse.
2. Communicable Disease:
	1. How is a communicable disease investigations carried out?
	2. What kind of outbreaks of communicable disease have the health department had to dealth over the past two-years?
	3. What protocols did the health department institute?
3. STD’s:
	1. What types of STD testing did you observe? Describe the testing procedure and patient teaching.
	2. Describe the method used to obtain partner information.
	3. Describe the procedure for contacting and providing testing and treatment for the partners of persons positive for a STD.
4. Family Planning:
	1. Emergency contraception: What is the protocol and procedure for dispensing the morning after pill? Do the recipients have to go through any requisite teaching?
	2. What is the protocol for dispensing birth control?
		1. Oral:
		2. Mechanical and Chemical:
			1. Condoms:
				1. Male condoms:

* + - * 1. Female condoms:
			1. Diaphragms:
			2. Spermicides:
		1. Age Protocol:
		2. Gender Protocol:
		3. Cost:
		4. Testing:
		5. Counseling:
		6. Protocol for pregnancy testing:
		7. Protocol concerning parental/guardian/authority notification:
1. Choose 1 patient and complete a clinical comparison of the patient’s medical diagnosis versus the description of the diagnosis or condition in your textbook

|  |  |  |
| --- | --- | --- |
|  | **Textbook** | **Patient** |
| **Medical Diagnosis:**  |  |  |
| **Diagnostic definition:** |  |  |
| **Signs and symptoms:** |  |  |
| **Prognosis:** |  |  |
| **Ramifications for Patient’s Life:** |  |  |
| **Ramifications for Family’s Life:** |  |  |
| **Ramifications for Emotional/Social:** |  |  |
| **Suggested laboratories:** |  |  |
| **Tests:** |  |  |
| **Treatment:** |  |  |
| **5 Prioritized Potential (text) Actual (patient) Nursing Dx:**  |  |  |

1. Choose the #1 Nursing Diagnosis write a complete diagnostic statement, 3-5 interventions, each with its own scientific rationale, and the evaluation you will use to ensure that the intervention has been met:

|  |  |  |  |
| --- | --- | --- | --- |
| **Nrs Dx** | **Intervention**  | **Scientific Rationale** | **Evaluation Tool**  |
|  | 1. |  |  |
|  | 2.  |  |  |
|  | 3.  |  |  |
|  | 4. |  |  |
|  | 5. |  |  |

|  |  |  |
| --- | --- | --- |
| **Grading Area** | **Point Possible** | **Point Received** |
| **Objectives (10 points each)** | **60** |  |
| **Attendance** | **5** |  |
| **Net Score** | **65** |  |
| **Deductions (direction/spelling/grammar) Max 10** |  |  |
| **Final Grade** |  | **/65** |
| **Percentage** |  | **%** |

|  |  |  |
| --- | --- | --- |
| **Grading Area** | **Point Possible** | **Point Received** |
| **Objectives (10 points each)** | **40** |  |
| **Attendance** | **5** |  |
| **Net Score** | **45** |  |
| **Deductions (direction/spelling/grammar) Max 10** |  |  |
| **Final Grade** |  | **/45** |
| **Percentage** |  | **%** |

Clinical Observer’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Observer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_