

# Nursing Assisting Lattice



RDA ATC

HEALTH SCIENCE PROGRAM

## ***RDA ATC Health Science Program***

---

Dear Student,

The activities in this packet are designed to help you review and explore healthcare. Some of the activities will only take an hour or two, while others may take longer. A table of contents has been provided with a check off section. As you complete each activity, write the completion date in the space provided. Before long, you will have the packet complete.

Submit the completed packet to me on the first day of class. If all of the activities are completed, a grade of 100 will be placed in the gradebook as extra credit.

Have a great break and see you soon.

Linda Padgett, RN

HS Educator

## ***RDA ATC Health Science Program***

---

### Table of Contents

Page Number	Item	Date completed
4	Immunizations	
5 - 6	Handwashing	
7	Chain of Infection	
8	Environmental Safety	
9 - 10	Vital Signs	
11 - 13	Intake and Output	
14	Quality of Life	
14	Rights	
15 - 19	A Look at YOU	
20 - 21	Professionalism	
21	Looking at Healthcare Costs	
22 - 23	Terminology	
23-24	Ethical and Legal Issues	
24 - 25	Communication Skills	
26 - 27	Personal Care	
27 - 29	Medical Math	

# ***RDA ATC Health Science Program***

---

## **I. Infection Control**

### **A. IMMUNIZATIONS**

1. Obtain a copy of ALL of your immunizations. You will need this before you can start at the nursing home.
  - a. You can get a copy from your doctor's office or the health department.
  - b. You will need to talk with your parents/guardian to decide which place you will need to visit to get the information.
2. Update your immunizations by getting any boosters or immunizations you may need.
3. Obtain a TWO-STEP Tuberculin TEST.
  - a. This test is required before you will be allowed to go into the nursing home and give care to the residents during your class.
    - \*The test will require three - four visits to the health care provider.
    - \*You will receive two small injections in your forearm.
    - \*You will need to go back to the healthcare provider after each injection at the specified time to have your arm checked and the test read.

NOTE: This process can take 2- 3 weeks to complete. Make sure you report back to the healthcare provider as requested or you may have to start all over again and pay all over again.

1. Obtain documentation of your test results from the healthcare provider to bring with you to class on the first day of school.

## *RDA ATC Health Science Program*

### B. Handwashing

1. Review the attached procedure for proper handwashing. You will need a watch or clock with a second hand.

<b>SKILL 1 – WASHES HANDS</b>
1. Address client by name, and introduce self to client by name
2. Turns on water at sink
3. Wets hands and wrists thoroughly
4. Applies soap to hands
<b>5. Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 15(fifteen) seconds.DO NOT RINSE AT ANY POINT DURING THE 15 SECONDS.IF RINSING OCCURS YOU MUST BEGIN LATHER PROCESS AGAIN</b>
6. Cleans fingernails by rubbing fingertips against palms of opposite hand
6B. Interlace fingers rub, creating friction.
6C. Clean wrists by rubbing with opposite hand in circular motion around wrist.
7. <b>After</b> lathering for <b>at least 15 seconds, then</b> rinses all surfaces of wrists, hands, and fingers keeping hands lower than elbows and the fingertips down
8. Uses clean, dry paper towel to dry all surfaces of hands, wrists, and fingers then disposes of paper towel into waste container
9. Uses clean, dry paper towel or knee to turn off faucet then disposes of paper towel into waste container or uses knee/foot control to turn off faucet
10. Does not touch inside of sink at any time

2. Teach seven people the proper way to wash their hands.

3. Observe each person/ student that you are teaching and record the results of the teaching in the table provided below.

DATE	STUDENT ( Person you are teaching)	LOCATION ( Where teaching takes place)	LATHER TIME (Minimum 15 sec.)	SUCCESSFUL YES or NO	TRY AGAIN
1					
2					
3					
4					
5					
6					
7					

4. Practice Proper handwashing throughout the summer.Keep a record of the date, location, and amount of time you lathered each time until you have filled all the spaces provided.

## ***RDA ATC Health Science Program***

---

Date	Location	Lather Time
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		

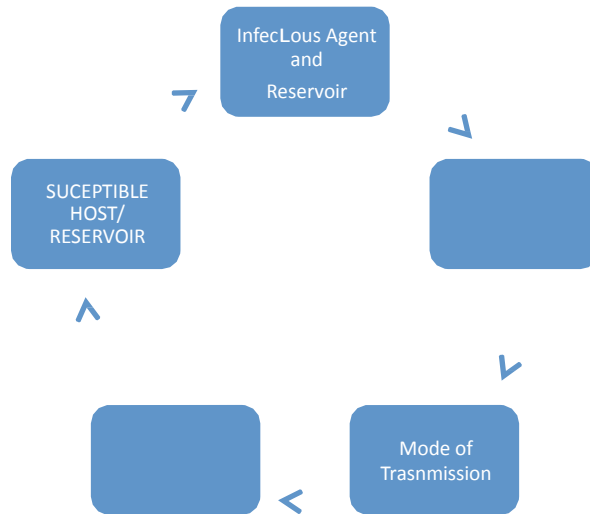
# RDA ATC Health Science Program

## C. Chain of Infection

2. Use the word bank below to fill in the diagram for the chain of infection.
3. You may know this from memory or you may need to visit the internet or the library to be able to complete the diagram.

### WORD BANK

RESERVOIR                      PORTAL OF ENTRY  
PORTAL OF EXIT              MODE OF TRANSMISSION



4. Visit a local restaurant, healthcare facility, or daycare. If you can not travel, observe someone in your home during a meal or during meal preparation.
  - a. Observe the infection control practices of the employees-(waitress, cashier, server, etc.)or person
  - b. Write a paragraph( minimum 5 sentences) describing one of the following :
    - i. How the chain of infection was broken if the person(s) did something RIGHT or
    - ii. How the chain of infection was completed because the person(s) did something WRONG!

I visited \_\_\_\_\_ . While I was there, I observed the \_\_\_\_\_ . I noticed that the chain of infection (was or was not) broken by

---

---

---

---

---

---

---

---

## ***RDA ATC Health Science Program***

---

### **D. Environmental Safety**

Our earth is a topic of concern for everyone. We must respect the environment and work to alleviate problems that modern technology and misuse of natural resources have created. Each of us should develop a deeper understanding of the underlying factors that impact the space around us and our quality of life. Your activities can have a positive or negative impact on your environment.

1. Choose (2) activities from the following list that will improve your environment and /or conserve natural resources. You also are free to create your own activity.
  - a. Clean your room. Sort through your clothing for any items you no longer need/want. Bag these items and take them to the local Good Will or other donation center. Remember one person's trash is another person's treasure.
  - b. Set up a recycling center in your home. Divide your trash into metal, paper, plastic. When it is time to empty the garbage, deposit the items in the proper receptacle at the recycling center.
  - c. Pick up trash along a one mile stretch of road.( be certain to have your parent/guardian permission and take a partner with you and wear gloves)
  - d. Monitor and keep a log of your shower time for one week. During the week, limit your time to 10 minutes for showering. If you really want to challenge yourself, attempt to use as little water as possible and shower in the shortest amount of time each day.
  - e. Reduce the use of hot water for one week by washing clothes, dishes, or bathing in slightly cooler water.
  - f. Eat all of your meals and snacks/ drinks from/using reusable containers for one week( NO fast food cartons, paper plates, styrofoam cups)
  - g. For one day, walk during your travel to all destinations within three blocks of your home.
  - h. For one day, plan your errands. Create a map of how you will complete your errands by reducing the amount of travel, avoiding left hand turns, and carpooling with two or more people when the car is in use for that day.
  - i. For one day, drive/ride/travel in a car only when there are two or more people with you.
  - j. Identify ways in your home that you can reduce the use/waste of electricity or water. (Examples- fix a dripping faucet, turn lights off when not in use, change the thermostat from 74 to 78, or open windows instead of operating the air conditioning.)
2. After you have selected and completed two tasks, write a four to five paragraph( 5 sentences per paragraph) essay about
  - a. What you learned and
  - b. The impact your activity had on your environment.

Use the back of this page to record your final essay. (neat copy)

# RDA ATC Health Science Program

---

## II. Self Health

### A. Vital Signs

1. Review the procedure for counting pulse and respirations.

<b>SKILL 6 – COUNTS AND RECORDS RADIAL PULSE</b>
*Washes hands before contact with resident
*Identifies self to client by name and addresses client by name
1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Places fingertips on thumb side of client’s wrist to locate pulse
3. Counts beats for one (1) full minute
4. Signaling device is within reach
5. Washes hands
6. <b>After obtaining pulse by palpating in radial artery position, records pulse rate within plus or minus 4 beats of evaluator’s reading</b>
<b>SKILL 7 – COUNTS AND RECORDS RESPIRATIONS</b>
*Washes hands before contact with resident
*Identifies self to client by name and addresses client by name
1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Counts respirations for ONE FULL minute
3. Signaling device is within reach
4. Washes hands
5. Records respiration rate within plus or minus 2 breaths of evaluator’s reading
* Count for one full minute. For testing purposes you may explain to the client that you will be counting the respirations.

## *RDA ATC Health Science Program*

---

2. Count your pulse and respirations each day for one week and record.
3. After counting and recording your pulse and respirations, run, walk briskly, or perform some other type of physical activity for ten minutes.
4. After the activity, count your pulse and respirations again.
5. Record your findings on the chart.

DATE	PULSE Before activity	PULSE After Activity	RESPIRATIONS Before Activity	RESPIRATIONS After Activity	ACTIVITY
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

6. Write a paragraph describing the activity.

I checked, counted, and recorded my pulse and respiration for one week. I found that before activity \_\_\_\_\_ I found that after activity

-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----

## RDA ATC Health Science Program

### B. Intake and Output

1. Review the procedure for measuring urinary output.

#### SKILL 14 – MEASURES AND RECORDS URINARY OUTPUT

\*Washes hands as first step

1. Puts on gloves before handling bedpan
2. Pours the contents of the bedpan into measuring container without spilling or splashing urine outside of container
3. Measures the amount of urine at eye level with container on flat surface
4. **After measuring urine**, empties contents of measuring container into toilet
5. Rinses measuring container and pours rinse into toilet
6. Rinses bedpan and pours rinse into toilet. \*\*\*\*\*After rinsing, place bedpan and graduated cylinder in designated dirty supply area.
7. **After rinsing equipment**, and **before** recording output, removes and disposes of gloves (without contaminating self) into waste container and washes hands
8. **Records contents of container within plus or minus 25 ccs/mls of evaluator's reading**

2. Keep a record of the times you urinate for a 24 hour period.
3. Begin in the morning when you first get up.
4. Record the date, time, color, and amount of your urine.
5. Use an 8 ounce paper cup or disposable plastic container to measure the amount of urine in ounces. You can guesstimate the amount for this activity. Example-  $\frac{1}{4}$  of an 8 ounce cup = 2 ounces
6. At the end of 24 hours, total the amount.

DATE	TIME	COLOR( dark yellow, yellow, pale yellow)	ODOR Faint, mild, strong	OUTPUT AMOUNT in ounces
	AM or PM			
	AM or PM			
	AM or PM			
	AM or PM			
	AM or PM			
	AM or PM			
	AM or PM			
	AM or PM			
	AM or PM			
	AM or PM			
				TOTAL

## ***RDA ATC Health Science Program***

---

7. Now keep a record of the times you urinate for a 24 hour period and keep a record of the type and amount of fluid you take in.
8. Also keep a record of the time and amount you urinate for the next 24 hours.
9. Begin in the morning when you first get up.
10. Total the amount of liquids taken in.
11. Total the amount of liquid you “put out”.

DATE	TIME	Type of Fluids	INTAKE -record in ounces	OUT PUT record in ounces	COLOR- dark yellow, yellow, pale yellow
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
	AM or PM				
			TOTAL	TOTAL	

12. Write two paragraphs explaining your findings.
  - c. Discuss your output on the first day and your output on the second day. How do the two days differ?
  - d. Compare your output and intake on day two. Did you take in more that you put out? Did you take in less than you put out?

---



---



---



---



---



# RDA ATC Health Science Program

---

## III. LIFE

### A. Quality of Life

1. Write a paragraph on what the phrase "Quality of Life" means to you.

---

---

---

---

---

---

---

---

---

---

### B. RIGHTS

1. Review the "Bill of Rights" that we, as US citizens, are afforded.
2. Now, think about these rights and the responsibility that comes with them.  
Example- As citizens, we have the right to vote. Our responsibility is to vote. If we don't we really can't complain.
3. As a student, you have rights. And, with those rights, comes responsibility.
4. Decide what rights you, as a student, think are important.
5. List your STUDENT'S BILL OF RIGHTS below. The first right has been provided to get you started.
6. Also, think about what responsibility comes with those rights. The first responsibility has also been provided.

THE STUDENT'S BILL OF RIGHTS/ Responsibilities	
As a student I have the right to :	As a student I have the
responsibility to:	
1.Be treated with respect	1. Give respect.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

# RDA ATC Health Science Program

---

## C. A LOOK AT YOU

Please provide the following information by *filling in the blank or circling/ highlighting* the correct response(s).

### Personal/Family Members

1. My significant other (boyfriend/girlfriend) is \_\_\_\_\_ *or*
  - a. I have no current significant other.
2. I plan to marry when I am \_\_\_\_\_ years old *or* I do not plan to marry.
3. I plan to have ***no*** children *or*
  - a. I plan to adopt \_\_\_\_\_ children *or*
  - b. I plan to have \_\_\_\_\_ children *or*
  - c. I currently am pregnant *or*
  - d. I currently have \_\_\_\_\_ children.
  - e. My child/children's name(s) is/ are:  
\_\_\_\_\_
4. My best friend and three other important friends in my life are:  
\_\_\_\_\_
5. My best friend and I see or speak to each other *every day, several times a day, only on weekends, occasionally.*
6. We communicate by *phone/text, myspace/facebook, email, text, face to face.*
7. I am an only child *or*:
  - a. I have \_\_\_\_\_ brothers \_\_\_\_\_ sisters
8. My mother is living *or* deceased.
9. My father is living *or* deceased.
10. My parents are divorced and are not remarried *or*
  - a. I have a stepfather
  - b. I have a stepmother

### Activities/ Pastimes

11. I participate in: Sport \_\_\_\_\_  
*Or* other physical activity \_\_\_\_\_  
*daily, weekly, or occasionally.*
12. I enjoy: \_\_\_\_\_
13. I help others by \_\_\_\_\_

### Health/Family History

14. My current health is good, fair, or poor
15. I have the following health issues. Examples- weight, eating problems, female problems, etc.  
\_\_\_\_\_
16. I have never had surgery *or* I have had the following surgery. \_\_\_\_\_
17. I have never suffered a broken bone *or* have broken my \_\_\_\_\_
18. I am:
  - a. An ideal weight
  - b. Slightly (5-10 lbs) overweight
  - c. Moderately (11-25 lbs) overweight
  - d. Severely (26 lbs. or greater) overweight
18. I currently take no medication *or* I currently take the following medications  
Medication \_\_\_\_\_ Prescribed for: (ex. birth control, diabetes)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***RDA ATC Health Science Program***

---

19. The following disease processes are common in my immediate family members (Mom, Dad, brother, sister, grandparents)

Family member	Disease
1. Mom	_____
2. Dad	_____
3. Brother	_____
4. Sister	_____
5. Grandparents	_____

### **Education/ Career**

20. I do not work *or* I currently work at \_\_\_\_\_
21. I plan to graduate from \_\_\_\_\_ High School in \_\_\_\_\_ (year)
22. My career goal is to become a/an \_\_\_\_\_
23. I plan to attend \_\_\_\_\_ school/college for \_\_\_\_\_ years to achieve my career goal  
*or*  
I do not plan to attend college and plan to work at \_\_\_\_\_ and complete my education at a later time.
24. **Three** goals I wish to achieve in life are:
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

25. Read the following statements. Place a check before the statement(s) you believe are true.

- a. \_\_\_\_\_ Old people can't learn new things.
- b. \_\_\_\_\_ Intelligence decreases with age.
- c. \_\_\_\_\_ there are more old women than old men.
- d. \_\_\_\_\_ If we live long enough, we all will become "senile".
- e. \_\_\_\_\_ All old people are alike.

# RDA ATC Health Science Program

---

.....

## D. TIME TRAVEL

a. You have been transported into the future to the year 2075. Your age is? \_\_\_\_\_

Show your work here:

**Remember the date. The year is 2075. Answer all the questions below. Fill in the blanks or circle/highlight the correct response.**

27. My name is \_\_\_\_\_. I have enjoyed a good life and am now \_\_\_\_\_ years old. As a teenager I wanted to \_\_\_\_\_

with my life. Everything has happened just as I planned. I have enjoyed my career as a/an \_\_\_\_\_ for \_\_\_\_\_ years and am currently retired.

28. I chose never to marry and have lived alone **or**

I chose never to marry and lived with \_\_\_\_\_ **or**

I married \_\_\_\_\_ in 20\_\_\_\_\_ and we have enjoyed \_\_\_\_ of married bliss **or we divorced in 20\_\_\_\_\_.**

29. We had no children **or** we had \_\_\_\_\_ children: \_\_\_\_\_ boys and \_\_\_\_\_ girls.

Child's Name

Remember

Name \_\_\_\_\_ year born \_\_\_\_\_ current age \_\_\_\_\_ married to \_\_\_\_\_ or not married

Name \_\_\_\_\_ year born \_\_\_\_\_ current age \_\_\_\_\_ married to \_\_\_\_\_ or not married

Name \_\_\_\_\_ year born \_\_\_\_\_ current age \_\_\_\_\_ married to \_\_\_\_\_ or not married

Name \_\_\_\_\_ year born \_\_\_\_\_ current age \_\_\_\_\_ married to \_\_\_\_\_ or not married

Name \_\_\_\_\_ year born \_\_\_\_\_ current age \_\_\_\_\_ married to \_\_\_\_\_ or not married

30. My spouse is deceased **or** my spouse is living and is \_\_\_\_\_ old

31. **His/her** current health is **good, fair, or poor**. Sometimes I have to help him/her

\_\_\_\_\_

**Or**

My spouse passed away in \_\_\_\_\_ as a result of \_\_\_\_\_.

32. I have \_\_\_\_\_ grand children and \_\_\_\_\_ great grand children and \_\_\_\_\_ great-great grands.

33. I currently live in an apartment, house, mobile home, assisted living facility, nursing home, retirement center **or** with

\_\_\_\_\_.

## ***RDA ATC Health Science Program***

---

34. Create an estimated budget. Your expenditures will depend upon where you live (apartment, retirement home, etc...) and if you own your own home. Talk to your grandparents/ parents/guardians to get an idea.

INCOME		EXPENDITURES	
Social Security	\$876 / month	Rent/ Mortgage	_____
Retirement from Employer	\$1259 / month	Power	_____
Savings	_____	Sanitation	_____
Other	_____	Water	_____
		Phone	_____
		Gas	_____
		Transportation	_____
		Groceries	_____
		Entertainment	_____
		Medications	_____
		Other	_____
Total Income _____		Total Expense _____	

35. Total Income \$ \_\_\_\_\_ - Total Expense \$ \_\_\_\_\_ = \$ \_\_\_\_\_ that I at the end of the month **or** that I am in the hole each month.

36. My monthly bills are **never, sometimes, occasionally, always** hard to pay.

37. On holidays, I **do without something, borrow money, or take money out of my savings** so I can buy the babies a little something.

38. My health is not what it was when I was younger. I am very content and am able to treat the following infirmities. (Look at family members- if diabetes “runs” in your family, you may have it now that you are older.)

Disease	Treatment (medication, watch diet, exercise, etc...)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## ***RDA ATC Health Science Program***

---

38. For entertainment and fun, I use to \_\_\_\_\_ when I was younger. Now I \_\_\_\_\_ to pass the time with \_\_\_\_\_ (friends).

39. I have no regrets as to how your life has turned out now that I am in my golden years. I do however wish I had \_\_\_\_\_

---

This exercise is designed to help you focus on how aging has an impact on a person's life. By looking at yourself in the future tense, you should be able to recognize a few things. We all have hopes, dreams, and aspirations. Sometimes, life doesn't always work out the way we plan. Maybe by putting yourself in the shoes of the elderly, you will be able to have compassion and a better understanding of the patients you serve.

40. Attach a current wallet size photo of yourself.

# RDA ATC Health Science Program

---

## IV. Professionalism

### A. Pre- Employment Self Appraisal

1. Answer the following questions about YOU by placing a check by the statements that are true.

- |  |   |
|--|---|
| <p>a. <input type="checkbox"/> I have a positive attitude.</p> <p>b. <input type="checkbox"/> I respect myself.</p> <p>c. <input type="checkbox"/> I respect others.</p> <p>d. <input type="checkbox"/> I believe most problems can be solved.</p> <p>e. <input type="checkbox"/> I am committed to my job.</p> <p>f. <input type="checkbox"/> I am committed to my family.</p> <p>g. <input type="checkbox"/> I act responsibly.</p> <p>h. <input type="checkbox"/> I am responsible with my duties.</p> <p>i. <input type="checkbox"/> I try to create a positive environment around myself.</p> <p>j. <input type="checkbox"/> I am impatient.</p> <p>k. <input type="checkbox"/> I complete my work promptly.</p> <p>l. <input type="checkbox"/> I listen to others.</p> | <p>m. <input type="checkbox"/> I have good handwriting skills.</p> <p>n. <input type="checkbox"/> I listen and think before I respond to others.</p> <p>o. <input type="checkbox"/> I treat others with courtesy.</p> <p>p. <input type="checkbox"/> I try to help with communication when there is a conflict.</p> <p>q. <input type="checkbox"/> I take responsibility for my actions.</p> <p>r. <input type="checkbox"/> I am a problem solver.</p> <p>s. <input type="checkbox"/> I can make decisions.</p> <p>t. <input type="checkbox"/> I like me.</p> |
|--|---|

2. Think of someone that you value as a friend, family member. You respect their opinion and they are almost always truthful with you. Ask this person to answer the same questions below about you. DO NOT let them see your responses until after they have answered the questions.

\*\*\*\*\*

- |  |  |
|--|--|
| <p>a. <input type="checkbox"/> He/she is positive</p> <p>b. <input type="checkbox"/> He/she respects him/herself</p> <p>c. <input type="checkbox"/> He/she respects others</p> <p>d. <input type="checkbox"/> He/she believes most problems can be solved.</p> <p>e. <input type="checkbox"/> He/she is committed to his/her job.</p> <p>f. <input type="checkbox"/> He/she is committed to his/her family.</p> <p>g. <input type="checkbox"/> He/she acts responsibly for him/herself.</p> <p>h. <input type="checkbox"/> He/she acts responsible with his/her duties.</p> <p>i. <input type="checkbox"/> He/she tries to create a positive environment around him/her.</p> <p>j. <input type="checkbox"/> He/she is impatient.</p> | <p>k. <input type="checkbox"/> He/she completes his/her work promptly.</p> <p>l. <input type="checkbox"/> He/she listens to others.</p> <p>m. <input type="checkbox"/> He/she has good handwriting skills.</p> <p>n. <input type="checkbox"/> He/she listens and thinks before he/she respond to others.</p> <p>o. <input type="checkbox"/> He/she treat others with courtesy.</p> <p>p. <input type="checkbox"/> He/she tries to help with communication when there is a conflict.</p> <p>q. <input type="checkbox"/> He/she takes responsibility for his/her actions.</p> <p>r. <input type="checkbox"/> He/she is a problem solver.</p> <p>s. <input type="checkbox"/> He/she can make decisions.</p> |
|--|--|

## ***RDA ATC Health Science Program***

---

t. \_\_\_ He/she likes him/herself.

## ***RDA ATC Health Science Program***

---

3. Compare the responses. Discuss with this person the answers they provided, especially the answers that are different from yours. Sometimes we don't see ourselves the same as others do. By asking a trusted friend or family member to answer the questions, you can gain insight into your strengths and behaviors you might need to work on.
4. Write a brief summary discussing your findings. Discuss two strengths you and your trusted person identified. Discuss one behavior that you are going to work on and how you are going to work on this item.

---

---

---

---

---

---

---

---

---

---

### V. Looking at Healthcare Costs

Talk with your parent/guardian about your insurance and complete the information below.

1. Type of Insurance- Circle what you have: HMO    PPO    Medicaid
2. If PPO or HMO, what is the name of the company? \_\_\_\_\_
3. Amount of deductible for :
  - a. Family \_\_\_\_\_
  - b. Individual \_\_\_\_\_
4. List your co-payment for each of the following:
  - a. Doctor Visit \_\_\_\_\_
  - b. ER or Hospital Visit \_\_\_\_\_
  - c. Medication \_\_\_\_\_
5. Are you required to obtain preauthorization/ precertification for procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If YES, What procedure must you follow to obtain the preauthorization/ pre- certification?  
\_\_\_\_\_
6. Does your plan cover preventive or health maintenance care( example- health screenings, yearly physical, mammogram, exercise or diet program)      Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you covered by a medical spending account?      Yes \_\_\_\_\_ No \_\_\_\_\_

## ***RDA ATC Health Science Program***

---

### VI. Terminology

Look up the following terms. You will need a dictionary or you can look them up on the internet.

Term

Definition

1. Infection

\_\_\_\_\_

2. Hospice

\_\_\_\_\_

3. Nosocomial

\_\_\_\_\_

4. Palliative

\_\_\_\_\_

5. Responsible

\_\_\_\_\_

6. Integrity

\_\_\_\_\_

7. Competent

\_\_\_\_\_

8. Self Worth

\_\_\_\_\_

9. Accountable

\_\_\_\_\_

10. Acute Illness

\_\_\_\_\_

11. Advance Directive

\_\_\_\_\_

12. Assessment

\_\_\_\_\_

13. Body Language

\_\_\_\_\_

14. Cardiac Arrest

\_\_\_\_\_

15. Chronic Illness

\_\_\_\_\_

16. Communicable disease

\_\_\_\_\_

17. Confidentiality

\_\_\_\_\_

18. Dehydration

\_\_\_\_\_

19. Ethical

\_\_\_\_\_

## ***RDA ATC Health Science Program***

---

- 20. Evaluation \_\_\_\_\_
- 21. Feces \_\_\_\_\_
- 22. Flatus \_\_\_\_\_
- 23. Geriatrics \_\_\_\_\_
- 24. Implementation \_\_\_\_\_
- 25. Medical Asepsis \_\_\_\_\_
- 26. Microorganism \_\_\_\_\_
- 27. Objective \_\_\_\_\_
- 28. Ombudsman \_\_\_\_\_
- 29. Palliative \_\_\_\_\_
- 30. Sputum \_\_\_\_\_
- 31. Urine \_\_\_\_\_
- 32. Urination \_\_\_\_\_
- 33. Defecation \_\_\_\_\_

### VII. Ethical /Legal Issues

#### A. Terms

1. Look up and define the following terms:

- a. Slander \_\_\_\_\_
- b. Libel \_\_\_\_\_
- c. Assault \_\_\_\_\_
- d. Battery \_\_\_\_\_
- e. Fraud \_\_\_\_\_
- f. Neglect \_\_\_\_\_

- 2. Find and read (2) articles that discuss any (2) of the terms or show examples of the term.  
The article can be healthcare related or can be daily news.
- 3. Attach the articles.



## ***RDA ATC Health Science Program***

---

3. List (5) situations in which you observed anger, happiness, sadness, confusion, or frustration demonstrated with nonverbal body language.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### C. Verbal Communication

1. Write 10 topic sentences that you could use while making an occupied bed or while giving a bath to promote and provide conversation with your patient, regardless of their level of consciousness.

Example- The weather is very nice today.

Or

If you ask questions, make certain they are open ended (the answer must be something other than YES or NO)

Example- Where did you attend school?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## ***RDA ATC Health Science Program***

---

### IX. Personal Care

1. Skills - We learn best by doing. The purpose of this activity is for you to perform the procedure and provide documentation.
2. Read and review the skill sheet for providing mouthcare.

<b>SKILL 22– PROVIDES MOUTH CARE</b>
*Washes hands before contact with client
*Identifies self to client by name and addresses client by name
1. Explains procedure, speaking clearly, slowly and directly, maintaining face to face contact whenever possible
2. Privacy is provided with a curtain, screen, or door.
3. <b>Before</b> providing mouth care, client is in upright sitting position( 45- 90 degrees)
4. Puts on clean gloves before cleaning mouth
5. Places clothing protector across chest before providing mouth care
6. Moistens toothbrush
7. Applies toothpaste to toothbrush
<b>8. Cleans entire mouth (including tongue and all surfaces of teeth) using gentle motions</b>
9. Maintains clean technique with placement of toothbrush
10. Holds emesis basin to chin while client rinses mouth
11. Wipes mouth and removes clothing protector
12. Empties, rinses, and dries basin
13. Places used toothbrush in basin
14. <b>After</b> rinsing basin, places basin in designated dirty supply area
15. Dispose of clothing protector appropriately
16. <b>After</b> placing basin in designated dirty supply area, and disposing of used linen, removes and disposes of gloves( without contaminating self) into waste container and washes hands
17. Signaling device is within reach and bed is in low position

## ***RDA ATC Health Science Program***

---

3. Find volunteers- family, friends, etc., that will be willing. Use their personal toothbrush. If you can, obtain gloves to use. If not, you can complete the skill for practice without gloves.
4. Document care and comments below.

### Mouthcare

Date	Volunteer's Name	Volunteer's Comments
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

### X. Medical Math

#### A. Medical math problems

1. Answer the following medical math problems.
2. Show your work.

#### Problems

1. A patient reported that he ate two and a quarter candy bars. If each bar weighs 1 and  $\frac{1}{3}$  ounces how many ounces of candy did he eat?
  
  
  
  
  
  
  
  
  
  
2. A patient's chart shows her height at the last visit as 4 feet 6 and  $\frac{1}{2}$  inches. Today she measures 4 feet 8 and  $\frac{1}{4}$  inches. How much has the patient grown since her last visit?

## ***RDA ATC Health Science Program***

---

3. A resident is on a low salt diet. The dietician records the sodium content of breakfast to be :
- |                              |                         |                   |
|------------------------------|-------------------------|-------------------|
| 1 cup cereal- 284.1 mg       | 1 cup 2% milk- 127.4 mg | 1pastry- 169.0 mg |
| 1 cup orange juice- 2.490 mg |                         |                   |
- a. How many milligrams (mg) of sodium are in this meal?
- 
4. The label on the prescription reads," take two tablets four times a day."
- a. How many tablets should the patient take in one day?
- 
- b. How many tablets are needed to fill a two week (14 day) prescription?
- 
5. The nursing assistant needs to document the intake for a resident. The resident drank 8 ounces of coffee, 8 ounces of milk, 4 ounces of apple juice, and 2 ounces of water.
- a. How many total ounces did the resident consume?
- 
- b. How many milliliters (ml) did the resident consume?  
Use this Formula ( 1 ounce = 30 mls) to find the answer.
- 
6. Mr. Jones weighed 223 lbs. last month. This month he weighs 207 lbs.
- a. How much weight did Mr. Jones lose?
- 
- b. What percentage of body weight did Mr. Jones lose?

## ***RDA ATC Health Science Program***

---

5. Katherine works the following schedule for one week. See chart below.

Day	Clock In	Clock Out	Clock In	Clock Out	Daily Hours
Monday	6:45 AM	11:00 AM	11:29AM	3:15 PM	
Tuesday	7:00 AM	11:01 AM	11:30 AM	3:15 PM	
Wednesday	OFF				
Thursday	2:45 PM	5:45 PM	6:15 PM	11:05 PM	
Friday	10:45 PM	1:50 AM	2:21 AM	7:20 AM	
Saturday	10:45 PM	1:30 AM	1:59 PM	7:17 AM	
Sunday	OFF				Total Hours for week

- a. Calculate her daily hours and record on the chart.
  - b. Calculate her weekly hours and record on the chart.
6. If Katherine is paid \$9.30 per hour and receives \$ .50 on the hour for hours from 3PM – 11PM and \$ 1.50 per hour for hours from 11PM -7AM, What will her gross pay for the week be? Show your work.

BONUS: If Katherine is self employed and must pay 33% taxes on her salary, what will her net pay be?

**CONGRATULATIONS!**



**You Are  
Finished!!!**

