

## INFERMIERISTICA CLINICA IN AREA CHIRURGICA (INU029)

### 1. language

Italian

### 2. course contents

Coordinator: Prof. ANNA RUBINI

Year Course: 2°

Semester: I

UFC: 7

Modules and lecturers:

- ANESTESIOLOGIA E TERAPIA ANTALGICA (INU048) - 1 cfu - ssd MED/41

Prof. Liliana Sollazzi

- CHIRURGIA GENERALE (INU047) - 2 cfu - ssd MED/18

Prof. Alberto Biondi

- INFERMIERISTICA CLINICA CHIRURGICA (INU049) - 3 cfu - ssd MED/45

Prof. Anna Rubini, Prof. Salvatore Bifano

- UROLOGIA (INU050) - 1 cfu - ssd MED/24

Prof. Francesco Pinto

### 3. BIBLIOGRAPHY

#### CHIRURGIA GENERALE:

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#### BIBLIOGRAFIA DI SUPPORTO ALLO STUDIO:

M. LISE, Chirurgia per infermieri, V edizione, Ed. Piccin, Padova 2017

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A. FRANCHELLO, G. OLIVERO, Chirurgia, Ed. Minerva Medica, 1996

### UROLOGIA:

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#### 4. LEARNING OBJECTIVES

##### **1. Knowledge and understanding (Dublin 1): will know the specific methodological aspects of teaching and will be able to develop original ideas related**

problems detected in surgery in the pre-intra-postoperative phases;  
the underlying pathology and comorbidity, rehabilitation and/or conservative interventions, aimed at recovering and/or maintaining the highest level of autonomy compatible with the disease, slowing down its evolution;  
the appropriate interpretation of the clinical case by listing and explaining the peculiarities and specific interventions to be applied in each situation;  
the definition of critical situations by listing and explaining the procedures envisaged to deal with the particular situation pending medical intervention;  
the definition of signs and symptoms to monitor in order to identify early signs of aggravation in a particular clinical situation;  
the legal implications and ethical implications of the use of informed consent in healthcare;  
the legislative and ethical-deontological documents governing the nursing professional action;  
the different levels of responsibility and work of the health professionals involved in the treatment process.

##### **2. Applying knowledge and understanding (Dublino 2): will be able to apply their knowledge and skills to devise solutions to new or unfamiliar problems**

apply the planned assistance interventions adapting them to the person according to defined guidelines, protocols and procedures;

autonomously, effectively and safely apply the technical procedures to support the diagnostic-therapeutic, rehabilitative and palliative pathways;

assume responsibility for providing and evaluating nursing care that meets professional standards of quality;

Plan nursing assistance and evaluate its outcomes also making use of the cooperation and collaboration of the assisted person, his family members and the interprofessional team.

Work in an integrated way within the team, respecting the spaces of specific competence and describing the integration of the various health disciplines with nursing assistance.

**3. Making judgements (Dublino 3): will be able to integrate knowledge and gather additional information to formulate their own assessment and take initiatives and decisions in the field**

***intraoperative monitoring in collaboration with the anesthesiologist and the operating room team;***

care planning by identifying effective, safe, compliant with quality standards and consistent with scientific evidence;

of the outcomes of the decisions on the basis of the outcomes of the assisted person and of the standards of assistance;

the planning and organization, independently and/or in collaboration with other professionals, of information and educational interventions on the control of risk factors;

educational interventions for the assisted person and the family aimed at self-identifying signs and symptoms of complications and at preventing or reducing the undesirable effects of treatments

**4. Communication skills (Dublino 4): will be able to discuss peculiar aspects of the disciplines that make up the teaching, represent possible critical issues and solutions and communicate their conclusions, choosing**

appropriately the means of communication and the form,

using a language appropriate to different interlocutors and contexts.

Using interpersonal skills to deliver safe nursing care

**5. Learning skills (Dublino 5): will be able to assess their own learning needs and undertake subsequent studies, even autonomously, related to the disciplines that make up the teaching.**

Demonstrates collaborative learning and knowledge sharing skills within the work team.

Demonstrates the ability to self-assess one's own skills and to define one's own development and learning needs.

Knowledge related to the biomedical sciences of human anatomy and physiology for the understanding of the physiological processes connected to the state of health and disease of the person

Knowledge related to the scientific methodology of problem solving and the Nursing Process for the planning of assistance interventions aimed at managing the person undergoing surgery

## 6. TEACHING METHODS

The didactic activity of the course is organized as follows:

GENERAL SURGERY: Lectures and case studies

UROLOGY: Lectures and case studies

ANESTHESIOLOGY AND ANTALGIC THERAPY: Lectures and case analysis

CLINICAL SURGICAL NURSING: Theoretical lessons with moments of confrontation and guided discussion

**Knowledge and understanding (Dublin 1):** through the description of the pathology treated, the presentation of clinical cases and examples of care planning

**Applied knowledge and understanding (Dublin 2):** through care planning exercises and interaction with the teacher during the lesson

**Making judgments (Dublin 3):** through the use of the methodology of Problem Solving and diagnostic reasoning related to the application of the Nursing Process

**Communication skills (Dublin 4):** through the interaction with the other students of the course during the exercises and through direct comparison with the teacher

**Learning skills (Dublin 5):** through the acquisition of the ability to ask questions about knowledge not acquired during basic training and to search for sources from which to derive the necessary knowledge

The lessons can be - eventually - managed remotely through the Blackboard platform if there are limitations in attendance related to the management of the COVID-19 Pandemic. The lessons provided will be recorded and made available to students with particular learning needs (appropriately documented at the DSA Service) through the platforms activated and managed by the University

## 7. OTHER INFORMATIONS

For support the enhancement of some topics of this teaching, the optional teaching activity (ADO) is proposed:

Gastroenterological Surgical Digestive Endoscopy Center (experiential activity);  
Dialysis Center (experiential activity);  
Operating Room (experiential activity).  
Integrated Breast Care Center (experiential activity)

The teachers are available for information on teaching and clarifications on lessons by appointment

## 8. METHODS FOR VERIFYING LEARNING AND FOR EVALUATION

To verify the achievement of the training objectives previously indicated, the final evaluation of the course includes:

#### GENERAL SURGERY:

Oral exam aimed at:

Evaluate the knowledge of the main pathologies that require surgical therapy and the ability to monitor and identify any postoperative complications. The test is passed with the minimum score of 18/30

#### UROLOGY:

Oral test aimed at: evaluating the knowledge of the main pathologies affecting the urinary and reproductive systems of man and the ability to monitor and identify any complications related to the evolution of health conditions. The test is passed with the minimum score of 18/30

#### ANESTHESIOLOGY AND ANALGESIC THERAPY:

Oral exam aimed at:

evaluate the knowledge relating to the elements constituting intraoperative monitoring in collaboration with the anesthetist and the operating room team; evaluate the knowledge related to the detection and management of pain in the perioperative phase.

evaluate the acquisition of the fundamental concepts of Anesthesiology and Pain Therapy for the perioperative management of the surgical patient. The test is passed with the minimum score of 18/30

#### SURGICAL CLINICAL NURSING

Oral exam aimed at:

evaluate the knowledge and understanding of the global care approach to the person in relation to the needs and problems identified in the surgical field in the pre-intra-postoperative phases;

evaluate the knowledge relating to the nursing services to be implemented in the field of general surgery by identifying a personalized therapeutic assistance path in collaboration with the multidisciplinary team;

verify the elements of a valid relationship with the patient, family members, the care team and other health professionals by identifying effective health education interventions in the intra- and extra-hospital setting;

evaluate the knowledge of intraoperative monitoring to be implemented in collaboration with the anesthesiologist and the operating room team;

evaluate knowledge relating to the management of urological care problems related to urinary tract surgery;

verify the knowledge relating to the ethical, deontological and responsible behavior to be observed in the various assistance situations

**Oral exam:** the student must demonstrate that he has acquired the fundamental concepts of Clinical Surgical Nursing relating to the perioperative management of the person undergoing surgical therapy. The test is passed with the minimum score of 18/30

The method of conducting the exam could undergo changes if it were necessary to activate the remote mode due to limitations in attendance imposed by the management of the COVID-19 pandemic.

The final evaluation of the teaching will be expressed out of thirty and the mark will be the one resulting from the weighted average of the marks obtained in each test. Honors can be attributed, on the unanimous opinion of the Examination Commission, to those who have achieved a final mark of 30/30

## 9. program

#### GENERAL SURGERY:

1. The patient pertaining to surgery

2. Pre-operative treatment in particular situations (categories of patients at surgical risk).
3. General criteria for preparing the surgical patient for elective and emergency surgery.
4. The main post-operative complications.
5. Review of anatomy and physiology, semeiotics and instrumental diagnostics regarding the pathologies to be treated.
6. Diseases of the digestive system:
  - Esophagus (Achalasia, Esophageal diverticula, Reflux and caustic esophagitis, Benign and malignant tumors, Hernias of the oesophageal hiatus: sliding and rolling)
  - Stomach-Duodenum (Peptic ulcer: gastric, duodenal, Gastroduodenitis: acute, acute-haemorrhagic, chronic; Stomach tumors: Benign neoplasms, Gastric Carcinoma, Early gastric cancer)
  - Small intestine (Meckel's diverticula, benign and malignant tumors, inflammatory bowel disease, Crohn's disease, ulcerative colitis)
  - Colon and rectum (acute appendicitis, diverticulosis and diverticulitis, polyposis, cancer, hemorrhoids, external intestinal derivations, anorectal infections, abscesses, fistulas, fissures, pilonodal cyst)
7. Diseases of the liver and biliary tract
  - Benign and malignant tumors, Notes on liver transplantation; Calculus of the biliary tract; Tumors of the biliary tract
8. Diseases of the pancreas
  - Acute and chronic pancreatitis, Pancreatic cancer, Tumors of the endocrine pancreas.
9. Diseases of the spleen
  - Ruptured spleen: traumatic and spontaneous
10. Hernia of the abdominal viscera
  - Inguinal; Crural; Umbilical; Scrotal.
11. Hemorrhages of the digestive system
  - Causes; Classification; Symptomatology; Treatment hints.
12. Abdominal drainage
13. Acute abdomen
14. Breast neoplasm

#### UROLOGY:

1. Physiology and development of the prostate
2. Urinary stones
3. Prostatic hypertrophy
4. Varicocele
5. Testicular neoplasms

6. Neoplasm of the prostate
7. Neoplasm of the bladder
8. Renal neoplasms

#### ANESTHESIOLOGY AND ANALGESIC THERAPY:

1. Perioperative Multiparametric Monitoring
2. Principles of general anesthesia
  - Preoperative evaluation
  - Stages of anesthesia
  - Recovery room assistance
3. Airway management
4. Principles of ventilation
5. Principles of loco-regional analgesia
  - Subarachnoid analgesia
  - Epidural analgesia
  - Plexic and block analgesia
  - Local anesthetics
6. Acute postoperative pain
  - Pathophysiology
  - Rating scales
  - Analgesic drugs, opioids and NSAIDs
  - Administration techniques

#### SURGICAL CLINICAL NURSING:

##### 1. Care planning of the Preoperative Phase:

Definition and classification of surgical interventions; identification of nursing diagnoses related to the preoperative phase and planning of educational interventions; diagnostic assessment in preparation for surgery; informed consent; intestinal and skin preparation; pre-anesthesia management.

##### 2. Care planning of the Intraoperative Phase:

Identification of nursing diagnoses related to the intraoperative phase; structure and functions of the Operating Department; skills and characteristics of nursing activity in the R.O.; preparation of the operating room; management of anesthetic drugs; intraoperative positions; compilation of checklists; intra-operative monitoring; professional responsibility of the nurse in the operating room

##### 3. Care planning of the Postoperative Phase:

Assistance planning in the Recovery Room; patient awakening monitoring; vital signs monitoring and management of complications; pain management; surgical drainage management; surgical wound management; venous access management; health education interventions;



4. Care planning for the person undergoing breast surgery;
5. Care planning for the person undergoing urological surgery;
6. Care planning for the person undergoing upper airway surgery;