

## INFERMIERISTICA CLINICA IN AREA CHIRURGICA (ITO007)

### 1. language

Italian.

### 2. course contents

*Coordinator:* Prof.ssa Daniela Chiarini

*Year course:* II°

*Semester:* 1°

*UFC:* 7

*Modules and lecturers:*

- Chirurgia Generale 1 ITO037 (MED/18) (1 CFU): Prof. Antonio LA GRECA
- Chirurgia Generale 2 ITO065 (MED/18) (1CFU): Prof. Enrico SGOTTO
- Urologia ITO040 (MED/24) (1CFU): Prof. Nazario FOSCHI
- Anestesiologia e terapia antalgica ITO038 (MED/41) (1CFU): Prof. Fabio BARALDO
- Infermieristica clinica chirurgica ITO039 (MED/45) (3CFU): Prof.ssa Daniela Chiarini

### 3. bibliography

#### **Chirurgia generale 1 e Chirurgia generale 2:**

Lise M. Chirurgia per gli infermieri. Padova: Ed.Piccin, Edizione V, 2016, Volume unico.

#### **Anestesiologia e terapia antalgica:**

Barash P. Trattato di Anestesia Clinica. Vol 1-2. Roma: Delfino Antonio Editore, 2012.

Linee guida, raccomandazioni e articoli scientifici ad integrazione:

Manuale per la sicurezza in sala operatoria: raccomandazioni e checklist. In: [http://www.salute.gov.it/imgs/c\\_17\\_pubblicazioni\\_1119\\_allegato.pdf](http://www.salute.gov.it/imgs/c_17_pubblicazioni_1119_allegato.pdf).

Raccomandazioni per l'area di recupero e l'assistenza post-anestesiologica. Linee guida SIAARTI. In: <http://www.siaarti.it/Ricerca/Raccomandazioni-per-l%E2%80%99area-di-recupero-e-l%E2%80%99assistenza-post-anestesiologica.aspx>.

Trattamento del dolore postoperatorio. In: <http://www.siaarti.it/Ricerca/Trattamento-del-dolore-postoperatorio.aspx>.

Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore. Legge 15 marzo 2010, n° 38. GU n° 65, 19/3/2010.

Ambrosio F. et all. SIAARTI recommendations on the assesment and treatment of Chronic Cancer Pain. Minerva Anestesiol 2003; 69: 697.

Gristina G, Mazzon D. Le cure di fine vita e l'anestesista-rianimatore: raccomandazioni SIAARTI per l'approccio al malato morente. Minerva Anestesiol 2006; 72: 927.

**Urologia:**Urologia. Collana: " Cosa sapere di". PF Bassi Urologia Libreria Internazionale Cortina Padova. 2000.

#### **Infermieristica clinica chirurgica:**

Brunner Suddarth. Nursing Medico Chirurgico. Milano: Ambrosiana, 2017.Capitoli 17-18-19-45-55

Wicker P, O'Neill J. Assistenza Infermieristica Perioperatoria. Milano: ed. Mc Graw-Hill, 2007.Capitoli 4-9-

10.

D'Addio L, Vanzetta M, Mochi Sismondi C. Il consenso informato in infermieristica. Milano : ed. Mc Graw-Hill, 2010. Capitoli 2-4.

Brugnolli A, Saiani L. Trattato di chirurgia e infermieristica, Vol. IV. Napoli: SorbonaIndelson-Gnocchi, 2022. Capitoli 1-2-3-4-7-29

Haynes AB, Weiser TG, Gawande AA et al. A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population. N Engl J Med 2009; 360:491-9.

#### 4. learning objectives

##### • **Knowledge and understanding (Dublin 1)**

**At the end of the course the student will be able to attribute appropriate meanings to the teaching contents related to:**

- a) etiology, pathophysiology, symptoms, complications relating to surgical and urological pathologies considered of priority interest;
- b) diagnostic-therapeutic-assistance pathway, pre-intra-post surgical, in people with surgical and urological pathologies;
- c) anesthesiology in the peri-operative area;
- d) artificial ventilation;
- e) pain therapy: post-operative pain, cancer pain.

##### • **Applying knowledge and understanding (Dublin 2)**

**At the end of the course the student will be able, on the basis of appropriate knowledge, to interpret data and information, connected to problematic situations, relating to:**

- a) elements that define the clinical stability and responsiveness of assisted persons, who undergo/have to undergo surgery (pre-intra-post-surgery phases) of general or urological surgery;
- b) results of the values of the surgical monitoring systems and of the hemodynamic evaluation, in the different pathological pictures in the surgical area (general surgery and urology).

##### • **Making judgments (Dublin 3)**

**At the end of the course the student will be able to analyze and evaluate, following an appropriate reasoning, problematic topics and situations with particular reference to:**

- a) situations that characterize the professional exercise of a nurse in terms of clinical-deontological responsibility in the surgical area (informed consent)
- b) application of diagnostic reasoning in planning a standard care path or planning a personalized care path, taking into account the elements of context and lifestyle, with reference to the person accessing the surgical path (pre-intra-post-operative phases), making reference to the latest scientific evidence and the needs of the assisted person

##### • **Communication skills – Communication skills (Dublin 4)**

**At the end of the course the student will be able to answer specific questions and discuss emblematic topics:**

- a) using the correct terminology and syntax, both in written and oral form
- b) expressing himself in a clear, understandable way adapted to the type of interlocutor and his receptive and interpretative abilities.

##### • **Ability to learn – Learning skills (Dublin 5)**

***At the end of the course the student will be able to self-assess his/her own learning abilities in relation to the teaching topics:***

- a) identifying, on the basis of his intellectual performance and the feedback provided by the teachers, any need for cognitive or methodological compensation/integration;
- b) autonomously using the information sources available to address these needs.

## **5. PREREQUISITES**

They are defined in the Student Guide and refer to the study plan.

## **6. teaching methods**

- a) interactive frontal lessons through the use of slide shows, images and videos;
- b) analysis of clinical-care cases, group work (which promotes the development of critical thinking, decision-making, self-learning skills and group cooperation). For these activities, remote consultancy from the teacher is provided (if requested by the student).

Teaching is conducted in a blended mode and through the use of an institutional platform.

## **7. other informations**

In relation to the objectives and contents of the "Clinical-surgical Nursing" module, the field of "therapy (SC,IM, EV)" is explored with the teaching "**Professional Laboratories**" (ITOLB2 discipline - 1CFU/12hours/year), in particular in the laboratory "Drug administration techniques" (4 hours/student) (2nd year-1st semester).

Teachers are available to meet students by appointment.

## **8. methods for verifying learning and for evaluation**

There is a final written exam with multiple choice questions and/or open questions and subsequent oral exam. Students with an evaluation equal to or higher than 18/30 for each single module will be admitted to the oral exam. Students with one or two slight failings (16 or 17/30) may be admitted to the oral exam sub condizione (Passing the exam is conditioned by the positive outcome of the oral exam). Students with one or more failing marks ( 15/30) will not be admitted to the oral exam. The final evaluation of the exam will be expressed out of thirty; the mark results from the weighted average between the written and oral exams. Passing the exam requires a minimum grade of 18/30. The student will be able to obtain the maximum grade of 30/30 if the weighted average is at least 29.5/30.

The exam will be conducted in a blended mode and through the use of an institutional platform.

## **9. program**

**General surgery 1:** pathologies of the gallbladder and biliary tract, pancreatitis (acute and chronic), pathologies of the spleen, pathologies of the arteries and veins, deep vein thrombosis, tumors of the liver and pancreas.

**General surgery 2:** wounds, sores, burns, necrosis, ulcer, gangrene; pyogenic infections; tetanus; pathology of lymphatic vessels and lymph nodes; pathology of the thyroid gland; traumatology of the abdomen; inflammations of the peritoneum; bowel obstruction; hernias of the abdominal viscera; intestinal diseases. Reflux disease and hiatal hernia; peptic disease (complications of gastric and duodenal peptic ulcer); gastric neoplasms.

**Anesthesiology and analgesic therapy:** peri-operative medicine (anaesthesiological examination and preparation of the candidate patient for surgery). The anesthesia station. The anesthesia circuits. General anesthesia. The phases of general anesthesia. artificial ventilation. Airway management devices. Orotracheal intubation. Loco-regional anesthesia: central anesthetic blocks, peripheral anesthetic blocks. Complications of anesthesia. The central venous accesses. Post-operative pain (basic principles and

advanced aids). Pain: definitions and related observations, concept of nociception, neuropathic pain, physiopathology and clinical pictures, palliative approach to cancer pain, Law 38/10 (and consequences in clinical practice), pain pharmacology.

**Urology:** Bases of anatomy of the urogenital system and physiology of urination. Bases of semeiotics of the urogenital system. Symptoms and dysfunctions of the lower urinary tract (urinary retention and urinary incontinence). Urinary infections and sepsis in urology. Urinary stones, hydronephrosis and description of the main endourological procedures. Main characteristics of tumors of the urogenital system: kidney cancer, prostate cancer and urothelial tumors. Bladder catheterization and upper urinary tract catheterization. Temporary and permanent urinary diversion. Urostomy management and complications.

**Surgical clinical nursing:** the preparation of the patient for surgery. The choice of venous accesses. intravenous therapy. The consents. Reception of the patient in the operating ward. Safety in the operating room. The positioning of the patient on the operating bed (prevention of complications from poor positioning). Assistance to the surgical patient in the pre-intra-post-operative phase and to the patient with an enterostomy (**also identifying the elements that characterize information and education**). Prevention of Healthcare Associated Infections (HAI). Management of enteral nutrition, SNG, PEG.