

INFERMIERISTICA CLINICA NELLA CRONICITA' E DISABILITA' (ITO225)

1. language

Italian.

2. course contents

Coordinator: Prof.ssa AUDISIO Arianna

Year course: II°

Semester: 2°

UFC: 5

Modules and lecturers:

- Neurologia ITO15B (MED/26) (1 CFU): Elisabetta CHIAROT
- Medicina fisica e riabilitativa ITO16B (MED/34) (1CFU): Prof. Gianpaolo RONCONI
- Malattie apparato locomotore ITO08B (MED/33) (1CFU): Prof. Francesco ATZORI
- Infermieristica clinica cronicità e cure fine vita ITO17B (MED/45) (2CFU): Prof.ssa AUDISIO Arianna

3. bibliography

Neurologia:

Brunner Suddarth. Nursing Medico Chirurgico. Milano: Ambrosiana, 2010. Cap. 60,61,62,65.

Materiale didattico salvato sulla piattaforma Blackboard

Testo consigliato:

Pinessi L, Gentile S, Rainero I. NEUROLOGY BOOK Clinica e Terapia. EditoreEdi.Ermes, 2016 . Cap.2, 4, 5, 8, 9, 11, 18, 26.

Testo di consultazione:

Ropper A, Samuels M, Kein J, Prasad S. Adams and Victor 's. Principles of Neurology. Ed.Mc Graw Hill Medical, 2019.

Medicina fisica e riabilitativa:

Basaglia N. L'infermiere di riabilitazione. Milano: Edy Ermes, ultima edizione.

Materiale didattico salvato sulla piattaforma Blackboard.

Bibliografia di approfondimento:

Basaglia N. Progettare la riabilitazione. Milano: Edy Ermes, 2002.

Brunner Suddarth. Nursing Medico Chirurgico. Milano: Ambrosiana, 2010. Cap.11.

Malattie apparato locomotore:

Testo di riferimento obbligatorio:

Denaro V, Pietrogrande L. Infermieristica clinica in ortopedia e traumatologia. Milano: Hoepli,2006.

Materiale didattico salvato sulla piattaforma Blackboard.

Testi consigliati:

Randi PF, Contoli S. Elementi di Ortopedia e Traumatologia. Milano: Ambrosiana, 1988.

Carli M, Fasciolo M. Ortopedia e Traumatologia. Torino: Cortina, 1986.

Sega L. A, Merlo M. L'assistenza al paziente ortopedico (trad. it. Working with orthopedicpatients, 1982). Padova: Piccin, 1993.

Infermieristica clinica cronicità e cure fine vita:

Brunner Suddarth. Nursing Medico Chirurgico. Milano: Ambrosiana, 2010. Cap. 10, 11, 12, 17.

A. Brugnolli, L. Saiani. Trattato di medicina e infermieristica. Un approccio di cure integrate. Sorbona, 2017.

A. Brugnolli, L. Saiani. Trattato di cure infermieristiche. Sorbona, 2013. Cap. 22, 24, 25.

Bibliografia di approfondimento:

Amadori D. Libro italiano di cure palliative. Milano: Poletto, 2007.

Sanders C. Vegliate con me. Hospice, un'ispirazione per la cura della vita. Bologna: Dehoniane, 2008.

Watson M. Oxford handbook of palliative care. Oxford: Oxford University press, 2005.

Riferimenti normativi: Legge n. 38 del 15 marzo 2010, Legge n. 39 del 26 febbraio 1999, DGR n. 17-24510 del 6 maggio 1998, DGR n. 15-7336 del 14 ottobre 2002, DGR n. 55-13238 del 3 agosto 2004

Linee guida e approfondimenti, comunicati in itinere dal docente.

Materiale di studio, ad integrazione della bibliografia (articoli, slide show, sitografie, ecc.) potrà essere fornito agli studenti dal singolo docente *on-line* tramite la piattaforma *Blackboard*.

4. learning objectives

Knowledge and understanding - Knowledge and understanding (Dublin 1)

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

- a) etiopathogenesis, pathophysiology, symptomatology, complications, prognosis of the person with the main pathologies and disabilities of neurological, orthopedic and rehabilitation interest;
- b) diagnostic-therapeutic-care path of people with the main pathologies and disabilities of neurological, orthopaedic and rehabilitation interest;
- c) the fragile and elderly person;
- d) palliative care;
- e) the end-of-life period and the dying process.

• Applied knowledge and understanding - 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, related to problematic situations, related to:

- a) elements defining the clinical stability of the persons assisted, who undergo/must undergo orthopedic surgery (pre-intra-post surgery) or who are in situations of neurological criticality or in condition of chronicity;
- b) results of values of monitoring systems and hemodynamic evaluation, in the different pathological frameworks of orthopaedic, neurological, rehabilitation and chronic interest (elderly person and at the end of life);

• Independent judgment - Making judgements (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 on the level of clinical-deontological responsibility in the fields of orthopaedic surgery (informed consent), neurology and rehabilitation;
- b) situations characterising the professional exercise of a nurse in terms of legal, ethical and ethical responsibility in palliative care and the end-of-life period;
- c) application of diagnostic reasoning in programming a standard care path or planning a personalized care path, in reference to the person who accesses the surgical-orthopedic pathways (pre-intra-post operative stages), rehabilitation and palliative, by reference to the latest scientific evidence and the needs of the assisted person.

• **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 both written and oral, the correct terminology and syntax
- b) expressing itself in a clear, understandable and adapted to the type of interlocutor and his receptive and interpretative abilities

• **Learning skills (Dublin 5)**

At the end of the course, the student will be able to self-evaluate their learning skills in relation to teaching topics:

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

5. PREREQUISITES

There are no prerequisites or prerequisites for such teaching.

6. teaching methods

- a) interactive lectures through the use of slides shows, images and videos;
- b) Clinical-care case analysis, group work (fostering the development of critical thinking, decision making, self-learning and group cooperation). For these activities, the teacher will provide remote advice (if requested by the student).

Teaching is conducted through the use of institutional platform.

7. other informations

In relation to the objectives and contents of the module "Chronic clinical nursing and end-of-life care", the scope of "end-of-life care" is deepened with a **seminar activity** (discipline ITO008 - Seminars - 1CFU/12ore/anno) entitled "*Assistance to people in palliative care*"(2 year-2 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 examination. Students with an assessment equal to or greater than 18/30 for each individual module will be admitted to the oral exam. Students with one or two minor deficiencies (16 or 17/30) may be admitted to the oral test sub condizione (The passing of the exam is conditioned by the positivity of the oral test). Students with one or more deficiencies (< 15/30) will not be admitted to the oral exam. The final assessment of the exam will be expressed in thirtieth; the grade results from the weighted average between the written and oral test. Passing the exam requires a minimum vote of 18/30. The student will be able to get the maximum score of 30/30 if the weighted average is at least 29.5/30.

The examination will be conducted with modalities in presence and through the use of institutional platform.

9. program

Neurology:

Main neurological pathologies: cerebral vasculopathies (ischemic and hemorrhagic); generalities on the complications of cranial trauma and brain tumors; epilepsy; medullary pathologies; demyelinating diseases; hints at nerve and muscle pathologies; Parkinson's disease and mention of the main neurodegenerative diseases. Diagnostic methods, including neuroradiological. The neurosurgical indications both of endocranial hypertension and of many of the neurological pathologies over indicated, will be illustrated by the Neurosurgeon during the 3 year.

Physical medicine and rehabilitation:

General neurophysiological principles of nursing interest, assessment and neuro-motor recovery in lesions of the nervous system. Hemiplegic patient: etiology, pathophysiology, pathology, evolution, complications, postures in bed and sitting, postural passages. Para-tetraplegic patient: etiology, evolution, complications.

Other neurological diseases of nursing interest: Parkinson's disease.

Re-education in the aftermath of orthopedic surgery: knee (total prosthesis, ligamentous reconstruction, arthroscopy), hip (hip prostheses and endomedullary nails), fractures. Aids and orthoses: presentation of the most common aids and orthoses used by patients admitted to the ward (their use and maintenance). General principles for performing a bandage. Pain (rehabilitation opportunities, pain treatment), amputation, load handling.

Diseases of the locomotor system:

Congenital deformity: congenital hip dysplasia, club foot. Pathology of the locomotor system of the developmental age: spinal deformities, osteochondrosis, Perthes disease. Degenerative lesions of the osteoarticular system. Inflammatory and infectious osteoarticular pathologies. Principles of traumatology and notions of treatment. Cervicobrachia, lumbosciatalgie and canalicular syndromes. Disc hernias, fractures, joint rheumatism. Orthopedic oncology.

Chronic clinical nursing and end-of-life care:

Attribution of value to fragility at the end of life. Fragile elderly: specific care problems of the elderly (malnutrition, acute and chronic confusional layer, physical and pharmacological restraint, dehydration...). Polypharmacology and related attention (idiosyncrasies/ pharmacological synergies, changes in absorption active ingredients, interactions with diets, interventions facilitating intake). Risk assessment and preventive interventions of falls at home and in the structure. Principles of palliative care according to WHO, Italian and Regional legislation. Network of palliative care in Piedmont. Main symptoms present at the end of life (total pain - respiratory symptoms, gastroenteric - emergencies in palliative care). Quality of life assessment tools. The process of dying, the relationship of help, the process of attachment and loss. Continuity of care. Operations center, UVG. Nurses in palliative care: teamwork. Elements that support the recognition and the attribution of value to the dignity of the person in the daily activity (elderly and CP) - a transversal content to all the previous ones. Pressure injuries: prevention, identification and treatment.