

RNS

**TRAINING SYLLABUS
REGISTER of NURSES
General and
SICK CHILDREN'S Nursing**

Amended 1977

The GENERAL NURSING COUNCIL for ENGLAND and WALES
23 PORTLAND PLACE · LONDON · W1A 1BA

The General Nursing Council for England and Wales

Training Syllabus for the Certificate of General Nursing and the Nursing of Sick Children

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Name of student nurse.....

Training school.....

Date of entry to training.....

Index number.....

PREFACE

Training for the part of the Register for Sick Children's Nurses is by means of a comprehensive course combined with training for the general part of the Register or a shorter course for nurses already qualified on another part of the Register or Roll of nurses. The Syllabus sets out in broad terms the subjects to be studied during a comprehensive training and indicates where adaptations need to be made for a post registration or post enrolment course.

The concept underlying this syllabus is that of total patient care but for convenience the syllabus is divided into three main sections; nursing, the study of the individual and the nature and cause of disease together with its prevention and treatment. These three aspects of patient care should be learned concurrently throughout training. In this way the various needs of patients will be closely linked together; their needs as individuals and as patients requiring nursing and specialised care and rehabilitation.

The patient in hospital cannot be considered in isolation from the community and the nurse must be aware of the services provided by statutory authorities and voluntary organisations to help and to safeguard individuals in their home, at school, at play and at work. The nurse also has an important part to play as a health teacher and must have a knowledge of the factors in the environment which give rise to ill-health since she will be called upon to advise patients and their relatives on how to care for themselves and their families in the way which will promote a state of physical and mental well-being. It is particularly important in caring for children that the nurse learns to recognise the normal milestones, the emotional needs, the importance of social development and the relationship within the family unit.

Length of the Comprehensive Course

The period of training is normally 190 weeks exclusive of excess sick leave and special leave.

Amount of Teaching Time

The total amount of time allocated for study blocks or study days during a 190 week training should not be less than 150 days (30 weeks). As programmes are developed which integrate theoretical and practical learning it is important to ensure that learning/teaching sessions within practical experiences are taken into account in the final record of "theoretical instruction". The length of the introductory course should be a minimum of 30 days (6 weeks) or a maximum of 40 days (8 weeks). It should provide a broad introduction and the opportunity to learn and practise basic nursing skills.

Examinations

Student nurses will be made aware of their progress as the course progresses and will be required to pass written and practical examinations prior to Registration.

SYLLABUS FOR THE CERTIFICATE OF GENERAL NURSING AND THE NURSING OF SICK CHILDREN

SYLLABUS FOR THE CERTIFICATE OF THE NURSING OF SICK CHILDREN—POST REGISTRATION AND ENROLMENT COURSES

It is considered that items marked with a * should have been taught in the previous training, but this will vary according to the qualification held and individual needs must be assessed.

I. PRINCIPLES AND PRACTICE OF NURSING, INCLUDING FIRST AID

Introduction

- * Outline of the history of nursing as a background to the present day.
- * Outline of the Health Service.
The Health Area/District; its hospital and community services and relationship with social services.
- * Personal qualities, beliefs and attitudes of the nurse.
- * Code of professional practice.
Relationship between the nurse, patients and relatives.
The place of the nurse in the hospital team, relationship with medical staff and other health workers.
International agencies for health care.

General care of the ward unit

- Plan of patients' day.
- Arrangements for play for children.
- Organisation of ward routine.
- * Ventilation, heating and lighting.
- * Reduction of noise.
- * Cleanliness of the ward as it affects the safety and comfort of patients.
Prevention of spread of infection.
- Care of linen; disposal of soiled and infected linen.
- * Storage and custody of drugs.
- * Storage and preparation of lotions and poisonous substances.
Care and use of equipment.
- Care and storage of food.
- * Fire precautions.

General care of patients and nursing procedures

- Reception, identification and admission of patients.
Reception of relatives.
- Transfer and discharge of patients.
Recording of necessary particulars.
- Care of patients' clothing and property.
Observing and reporting on the general condition and behaviour of patients.
Responsibility for the general cleanliness and hygiene and safety of patients.

Bed and cot making with modification of method for special conditions.

- *Methods of warming the bed.
- Moving and lifting patients, helping patients to get in and out of bed.
- Relief of pressure and prevention of skin abrasions.
- Care of patients confined to bed.
- Bathing.
- Care of ambulant patients.
- Serving meals and feeding patients.
- Preparation and giving of infants' feeds.
- Measuring and recording fluid intake and output.
- Taking and charting the temperature, pulse, respiration and blood pressure.
- Recording weight and height.
- Giving and receiving reports.
- Observing and reporting on sputum, vomit, urine and faeces.
- *Disposal and/or disinfection of sputum, vomit, urine and faeces.
- Care of neo-nates.
- Care of infested patients.
- Care of patients requiring isolation.
- Care of incontinent patients and prevention of incontinence.
- Care of patients in plaster or on traction.
- Care of unconscious patients.
- Care of paralysed patients.
- Care of the dying and of the bereaved.
- Last offices.
- Care of patients before and after anaesthesia.
- *General pre- and post-operative nursing care.
- *Principles of asepsis, sterilisation and disinfection.
- *Aseptic technique.
- *Conduct of surgical dressings and other sterile procedures.
- Methods of securing dressings.
- *Methods of disposal of soiled dressings.
- Administration of oxygen and other inhalations.
- Nursing of patients requiring assisted respiration.
- Nursing of infants in incubators.
- Use of suction apparatus.
- Intravenous, subcutaneous and other parenteral infusions.
- Artificial feeding.
- Peritoneal dialysis.
- Gastric aspiration and washout.
- Preparation and administration of enemas and suppositories; passing of a flatus tube; bowel washouts.
- *Vaginal irrigation; perineal care; insertion of pessaries.
- Catheterisation, irrigation and drainage of urinary bladder.
- Treatment of the eye; bathing, irrigation, instillation of drops, application of ointments and dressings.

Treatment of the ear; swabbing, instillation of drops, insufflation, syringing, application of ointments and dressings.

Treatment of the mouth, nose and antra.

Uses and application of heat, cold, medicated preparations.

Care of patients with pyrexia and hypothermia.

Principles and methods of treatment by baths and sponging.

Human behaviour in relation to illness

Preparation of patients for coming to hospital as in-patients or out-patients.

Effects on patients and their relatives of coming to hospital.

The nurse-patient relationship.

The nurse-relative relationship.

Visiting of patients in hospital.

Family participation in care.

Relationship between emotional states and physical conditions.

Death and bereavement.

Administration and storage of drugs

- *Requirements under current legislation.
- *Weights and measures.
- *Rules for the storage of drugs.
- Rules for and methods of administration of drugs.

Tests and investigations

Collection of specimens of sputum, vomit, urine, faeces and discharges.

- *Urine testing.
- *Preparation and care of patients and preparation of apparatus for :—
 - (a) Examination of ear, eye, nose, mouth, throat; of respiratory, alimentary, urinary and genital tracts; neurological examination; X-ray examinations;
 - (b) Procedures including the examination of body fluids, gastric analysis, renal and liver efficiency tests, investigation of endocrine activity; biopsies, venepuncture; lumbar puncture; cisternal puncture; bone marrow puncture; aspiration of the pleural cavity and drainage of the peritoneal cavity.

Nursing care in the operating theatre

- *Observation and care of patients during anaesthesia and immediate after care.
- *Safe care of the patient in the operating theatre.

First aid and treatment in emergencies

- *Aims and principles of first aid treatment.
- *Improvisation of equipment.
- *Methods of moving and carrying injured persons.
- *Resuscitation.
- *Haemorrhage.
- *Shock.
- *Asphyxia.

of all types of conditions, general and specialised, affecting all age groups.
 Congenital abnormalities, inherited and acquired, physical and mental.
 Nutritional disorders; deficiencies or excesses in diet; failure in absorption.
 Metabolic and endocrine dysfunction.
 The inflammatory response: local and general effects.
 Infections: types of organisms; pathways of spread; specific infections.
 Immunity.

Allergy: auto-immune phenomena.
 Emotional stresses.
 Trauma: types of injury including non-accidental and self-inflicted; processes of healing.
 Poisoning and self-poisoning.
 New growths: types and characteristics.
 *Degenerative conditions.
 Conditions of undetermined cause.

The promotion and maintenance of health

Factors contributing to the maintenance of health, including health education.
 Personnel contributing to the maintenance of health and co-ordination of the health care and other services.
 Factors contributing to the breakdown in health.
 The influence of the patient's cultural, home and economic background in the prevention of ill-health and as an associated cause of disease.

Nursing care and treatment of sick people

The nursing care of patients should be studied and practised in the sequence of the nursing process:—
 Observation of the patient in his total environment.
 Assessment of need.
 Making a plan of care.
 Giving care.
 Evaluating the effectiveness/suitability of care.
 Ability to interpret the observations made, to understand the significance of disturbed function and to know the pattern of defined diseases and the patient's response to treatment will be part of the equipment needed to carry out the nursing process intelligently. The following headings may be useful in this context, applied to any condition from which the patient may be suffering:—
 Relevant knowledge of normal function and structure.
 Causes of the disease.
 Symptoms and well-known signs.
 Reasons for and methods of investigation.
 Normal course of illness; possible complications.
 Medical treatment.
 Social aspects; convalescence and rehabilitation.

- *Fractures.
- *Bites and stings.
- *Burns and scalds.
- *Poisoning.
- *Fits.
- *Emergencies, e.g. fire and accidents in the ward.

Preparation for professional responsibility

- *Skills of communication, organisation of care and the elementary principles and skills of learning and teaching.
- *An introduction to personnel policies and employment legislation.
- *Appreciation of nursing research.

II. STUDY OF MAN AND HIS ENVIRONMENT

Normal growth and development of the human individual, physical and mental.

- *General structure of the body in relation to function; how the body works.
- *The skeleton and its functions. How joints and muscles function.
- *Exercise, fatigue, relaxation and recreation.
- *Need for oxygen and supply to the tissues.
- *Basic dietary requirements; the use of food and fluid.
- *The circulation of the blood; the functions of lymph and tissue fluid.
- *Heat regulation; clothing.
- *Elimination of waste products.
- *Reproduction.
- *Control of activity by the nervous system and hormones; rest and sleep.
- *The appreciation of environment; the senses of sight, hearing, smell, taste and touch.
- *Development of mind and personality.
- *The basis of health.
- Family relationships and security. Social and cultural influences on the development of the individual during infancy and pre-school years. The importance of play and leisure activities.
 Social development at school, during puberty and adolescence, at work*, in courtship*, marriage* and parenthood*. How communities are formed.
 Differences in urban and rural life. Personal and interpersonal behaviour in groups. Influences of group membership in social and institutional life.
 *Maturity. Re-adjustments needed in middle age and old age.
 Effect of the environment on health.
 Provision of a safe environment.
 Personal responsibilities for health.

III. THE NATURE AND CAUSES OF ILL-HEALTH: PRINCIPLES OF PREVENTION: NURSING CARE AND TREATMENT OF SICK PEOPLE

The nature and causes of ill-health

The following headings set out in the broadest terms an approach to the study of the nature and causes of ill-health and can be applied to the study

PRACTICAL EXPERIENCES REQUIRED FOR THE COMPREHENSIVE COURSES FOR ADMISSION TO THE PART OF THE REGISTER FOR GENERAL NURSES AND SICK CHILDREN'S NURSES

Definition of overall aims and learning objectives for the course

When defining the overall aims and the learning objectives for the course it will be important to identify the common core of the curriculum and the expected outcomes of the whole course: the synthesis of nursing knowledge, nursing skills and the body of beliefs and values which support a code of professional practice. The stages of the nursing process, as described by Professor Jean McFarlane, and others, is helpful in offering a theoretical framework for practice.

The use of this method commits all concerned in the various caring/learning situations to a shared approach and a common purpose.

Practical experiences

The majority of experiences will be gained in hospital and steps should be taken to include some aspects of community care, preferably by incorporating suitable placements within a unit of experience.

In selecting the areas for inclusion and building these up into a curriculum it should be possible to ensure that student nurses have the opportunity to learn the following aspects of care:—

- Initial care in illness: planned and emergency admission to hospital.
- High and medium dependency care.
- Preparation for self-care, following discharge from hospital.
- Continuing care for patients with long-term disability or recurrent illness necessitating re-admission to hospital.
- Care of the dying and the bereaved.

The course must include experience of nursing people of all age groups and, although participation in a primary care team may be difficult to arrange, promotion of health and preventive care should be emphasised wherever relevant in all areas of practice.

The time allocated for clinical experience in nursing adults and children should be divided as follows:—

- 40% nursing children
- 40% nursing adults
- 20% nursing either

Specific units of experience should be arranged as follows:—

Care of acute and long-term physically ill patients in 'medical' and 'surgical' wards, including accident/emergency nursing and operating theatre experience.

The 'medical' and 'surgical' nursing should consist of a balance of adults and children; the accident/emergency work is most likely to be with adults, and operating theatre work could be in either a children's or adult hospital.

Care of mentally ill or mentally handicapped people.

Either with children or adults.

Welfare of elderly people and care of the elderly sick.

Maternity care and care of the newborn.

By means of an obstetric nursing course jointly approved with the Central Midwives Board.

Care of neo-nates.

This may be in either the children's hospital/unit or in a maternity unit.

Community care/home nursing.

This should be mainly related to child care but is likely to concern the family as a whole, and may be included in other units of experience, e.g. the elderly. The aim should be to provide as a total a minimum of 60 hours within the comprehensive training excluding any specific teaching sessions but including 'on-the-job' teaching. Integration of this aspect of care into the various units of experience is preferable to a block of experience.

Care of well children

There could be an advantage in incorporating this in the training programme. The need of individual entrants for this type of experience should be assessed by the training school and could be met by a short period in a day nursery, creche, etc. Alternatively, the use of suitable audio-visual material could be developed.

Night duty

The Council believes that experience of care at night is an integral part of training but since the total time for practical experience has been reduced by increased holiday allowances, the time spent on night duty should be:—

- Minimum—8 weeks (320 hours) for comprehensive training
- Maximum—8 weeks (320 hours) per year of training

Specific aims and objectives for each experience

Specific statements of general aims and learning objectives will need to be defined for each period of experience. The following example is given to illustrate the possibility of including a continuum of care in one experience:—

1. Welfare of elderly people and care of the elderly sick

At the end of the experience the students should be competent to:—

- Demonstrate an awareness of the normal manifestations of ageing and to recognise deviations from health in the elderly.
- Promote the maximum degree of dignity for elderly people by recognising the value of their experience in life and by encouraging them to maintain independence in as familiar a social environment as possible.
- Recognise, support and complement the part played by relatives in the care of the elderly.

Practise the nursing care of elderly patients during acute phases of illness, programmes of rehabilitation and long-term care.

This experience should be gained in a ward or a unit designated for elderly patients who are in the care of a physician specialising in this area of work. Alternatively, depending on local policies for the care of geriatric patients, other wards where a high proportion of the patients are elderly might be used. It may be possible to plan a unit of experience which includes observation or participation in a day hospital/day centre and in the community nursing and social services for the elderly to give an overall view of the different aspects of care, e.g.:—

- Admission to hospital and assessment of the elderly person's physical, mental and social needs.
- Medical and nursing care during acute illness.
- Rehabilitative care.
- Long-term and terminal care.

2. Accident and emergency nursing

There are difficulties in some training schools arising from the requirements for an experience in accident/emergency nursing. The general aims of the experience are that, at the end of the experience, the student should be competent to:—

- Assess and manage the care of patients in an accident/emergency situation.
- Participate effectively in life-saving measures.

Demonstrate competence in clinical nursing and administrative procedures concerned with the admission and treatment of an acutely ill patient.

Be perceptive of changes in the condition of patients awaiting and receiving treatment, and be able to respond to such need.

Carry out nursing procedures and treatments for patients after less-serious accidents.

Know the procedures for the discharge of patients able to return to their own homes after treatment in the department, to ensure that care is continued where necessary by the patient's relatives or by health care and/or other personnel, and to liaise, if needed, with other public services, e.g. the police.

If sufficient training places are not available in the accident/emergency department, a unit of experience should be planned in one or both of the following:—

A ward designated for the care of patients following accidents.

A high dependency unit such as an intensive care or coronary care unit.

Detailed learning objectives will be different depending upon the clinical area concerned, but the general aims for the experience should be met.

3. Experience/observation in the operating theatre and care of the post-anaesthetic patient

It is the policy in many hospitals now for the patients to be supervised during the post-anaesthetic recovery phase following surgery in a recovery unit, often part of the operating theatre suite. Where this is so, students should have a programme of participative experience as well as the period of experience/observation in the operating theatre.

The general aims of these experiences are that, at the end of them, the student should be able to:—

Have had the opportunity to observe the continuity of care in the anaesthetic room, operating theatre and recovery room.

Demonstrate an awareness of the procedures ensuring safety for the patients undergoing surgery:—

The nurse's role in the maintenance of vital processes for the unconscious patient;

The discipline of aseptic technique;

Positioning patients to prevent damage to skin and underlying structures;

Checking of all drugs, including gases and infusion fluids.

Have observed the significance of team work in achieving high standards of safe and efficient practice.

Further her knowledge about the post-operative needs of patients by observing surgical procedures.

Be stimulated to acquire the further knowledge and skills needed to become an operating theatre nurse at post-registration level.

The minimum length of this combined programme should be :—

Two weeks' observation period in the anaesthetic room and operating theatre.

One week's experience in the recovery room.

4. Mental nursing—general aims

To enable the general nurse to take responsibility for maintaining a good relationship with all patients, by deepening her knowledge of common psychological needs and individual differences.

To teach the general nurse some of the skills needed to deal with emergency situations arising from mental disorder.

To promote a greater understanding of patients admitted to a general hospital for physical treatment of a condition associated with mental disorder, e.g. attempted suicide, psychosomatic illness, thus enabling the general nurse to modify her behaviour and attitudes to these patients.

To enable the general nurse to know when to seek expert guidance, by teaching her to recognise signs of mental disorder in patients admitted for treatment of physical conditions not necessarily associated with an abnormal mental state.

POST-REGISTRATION/ENROLMENT TRAINING

The general aim should be to enable the nurse to adapt and build on to previous experience and knowledge and to acquire and develop the appropriate attitudes, skills and knowledge to care for sick children and their families.

The course should include experience in medical and surgical aspects of care for children of all ages. The syllabus should cover the care of children from birth to 16 years of age, but it may not be possible for all student nurses to have practical nursing experience in the care of the 12-16 year old group since local policies determine the wards or units to which such children are admitted. Previous nursing experience will need to be taken into consideration when selecting suitable clinical units for shortened courses of training.

The Nurses' Rules at present permit a reduction in training for the sick children's part of the Register by virtue of training for any part of the Roll. This will not change at present, but it is suggested that it would be more appropriate for enrolled nurses to take a course in paediatric nursing for state enrolled nurses approved by the Joint Board of Clinical Nursing Studies.