

# Club Scrub

*A “grow your own” program to create the next generation of health care workforce.*



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# SECTION 1:

## *Program Overview*

## Program Overview and Plan

### Goal

Create a Health Care Career Club to increase awareness of and promote health careers in middle school-aged students, thereby building workforce (grow your own).

Middle school-aged students participate in this club, which will be promoted via fliers, newspaper articles, school newsletters, school announcements and classroom teachers, particularly science teachers. Activities will be planned to highlight a different career at each meeting.

### General Guidelines for Club Scrub Organization

#### I. Target Group: Who to invite

- A. Middle school students (7<sup>th</sup> and 8<sup>th</sup> grade) of the communities in and around the local rural hospital
- B. Group Size: Optimally 12-15 students, can be up to 20

#### II. Promotion: How are they invited

- A. Flier inserted in school registration folder of all middle school students or set on table at middle school fee table (*Identify dates and contact person*)
- B. Fliers sent to middle school
- C. Fliers sent to local public libraries
- D. Article placed in the local newspapers
- E. Article placed in hospital newsletter
- F. Phone call and letter sent to:
  - 1. School District Superintendent of Schools
  - 2. Middle School Principal
  - 3. School District School to Work Coordinator, Youth Apprenticeship Coordination, Technical Education Coordinator, HOSA Advisor, Health Occupations Instructor, school nurse, and include any other key positions
  - 4. Counselors
  - 5. Middle School Science Teachers: Target 7<sup>th</sup> and 8<sup>th</sup> grade

#### III. Incentives to increase participation

- A. Scrub Shirts
- B. Chamber Coupons
- C. First Aid Kits
- D. Pens, Notepads
- E. Hats
- F. Mugs & Water Bottles
- G. Bike Flashers
- H. T-shirts

- IV. Frequency: how often does the group meet
  - A. One time per month for entire school year
  - B. 1-1 ½ hour sessions
  - C. Days with fewer conflicts
  
- V. Location: where do the meetings take place
  - A. At the local hospital-room to be determined by the department hosting the students that week
  
- VI. Timing: when are the meetings held
  - A. After school
  - B. 1 ¼ hour to 1 ½ hour session
  
- VII. Funding source ideas
  - A. Friends of hospital, hospital auxiliary
  - B. Local service organizations
  
- VIII. Involved parties: who can help
  - A. Hospital Human Resource Department
    - 1. Director of Human Resource
  - B. Hospital Education Department
    - 1. Education Coordinator
  - C. Public Relations
    - 1. Assist with fliers, newspaper articles
  - D. Presenters
    - 1. Various departments' staff members to give tours, talk about their professions, demonstrate equipment, etc.
    - 2. Career/personality interest speakers
    - 3. School counselors to discuss high school courses
    - 4. Certified nursing assistant instructors
    - 5. CPR and/or first aid instructors
  
- IX. Cost Estimate (See "Club Scrub Planning Worksheet", page 17 for more details)
  - A. Staff time: HR, PR, Education, department presenters
  - B. Incentives
  - C. Snacks
  - D. Mailing costs
  - E. Paper supplies
  - F. Printing costs

# SECTION 2:

## *Forms and Communications*

(Insert your hospital logo here)



## Join Club Scrub

A New Health Careers Club  
for 7<sup>th</sup> and 8<sup>th</sup> Grade Students

Sponsored by

\*(Your) Hospital /Clinics

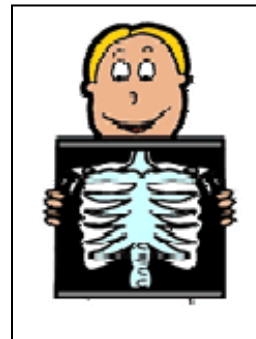


**SAMPLE:** 2<sup>nd</sup> Wednesday of every  
month starting

Wednesday, October 11, 2006

3:30 – 4:30 PM

(Insert your scheduled times)



**LOCATION:**



**Club Scrub!!**

You can...

- Meet all kinds of health care providers (doctors, nurses, therapists, etc.)!
- Check out our operating room!
- Try your hand in suturing (stitches)!
- Try out our Fitness Center!

**Coming soon to  
(Your) Hospital & Clinics**



# Club Scrub

Dear 7<sup>th</sup> and 8<sup>th</sup> Grade students:

What is a respiratory therapist? What do they do? What about a laboratory technician...or a physical therapist? What happens in the emergency room? Who works there? You can get the answer to these questions and others at **Club Scrub**, at *(Your Hospital/Clinic)* new health careers middle school program!

Club Scrub is an after-school program designed to spark interest in health-related careers among **7<sup>th</sup> and 8<sup>th</sup> grade students** through informative, hands-on activities. Students will have the opportunity to speak with health care providers and try things out in a variety of hospital departments, (including the laboratory, nursing areas, emergency room, surgery, and various therapy departments). Participants will also be able to win cool prizes and try their hand at suturing and applying splints in a controlled setting, in addition to checking out the operating room, Fitness Center, and much more! *(Highlight your hospital facility opportunities here!)*

The primary goal of the program is to increase awareness of health-related professions and the numerous career opportunities that are available in the health sciences. **Club Scrub** will be a great opportunity for students to acquire this knowledge by working side-by-side with *(Your Hospital)* employees working in the field!!

The first **Club Scrub** meeting will be held on *(day/date/time/location)*. Following this initial meeting, **Club Scrub** will be held on *(identify any schedule changes here.)* Snacks will be provided.

**Club Scrub is free, so sign up early as enrollment is limited!!** To enroll or to obtain additional information about **Club Scrub**, please contact *(Insert your contact names and phone numbers/email addresses here)*.

*(Insert your hospital logo here, or use letterhead)*

## Registration & Parental Release Form

I give my permission for \_\_\_\_\_ (print student's name) to attend the *(insert school year and name of hospital/clinics)*. I understand that students are responsible for their transportation to and from *(name of your hospital)*. I understand that *(name of your hospital)* assumes no responsibility or liability for injuries or damages of any nature, which my child may suffer while taking part in any activities associated with this event. Possession and/or use of tobacco, alcohol, or any illegal substance is prohibited.

All participants will be provided with a Club Scrub hospital shirt free of charge. Shirts must be worn during Club Scrub meetings. In addition, students must be dressed properly during program hours (shoes and socks required, and long pants-no shorts)

I give my permission for photographs to be taken of my child during the program. I understand that these photographs would become the property of *(name of your hospital)* and release any claim I may have upon them.

Student Name \_\_\_\_\_  
First Last

Grade in school *(Insert year)* \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Telephone

Emergency Telephone

**Shirt Size:**

Youth Large

Adult Small

Adult Medium

Adult Large

Student Signature

Date

Parent Signature

Date

(Insert your hospital logo here, or use letterhead)



## Letter of Acceptance

<Date>

<Name>

<Address>

Dear <First Name of Student>:

Welcome to Club Scrub! We are so excited that you decided to join this new program aimed at increasing your knowledge of the variety of health careers at *(name of your hospital)*.

Our first Club Scrub meeting will be held on <day of week, date, and time>. The easiest way to get here if you are walking from <school name> is <include directions and doors to enter>. When you enter, we will be waiting for you and there will be signs posted directing you to the room where we will meet.

For our first meeting, we will have a short orientation, a tour, and other fun activities. You will receive your Club Scrub hospital scrub shirt at this meeting as well. Snacks will be provided. We expect to be finished by <time> and your parents can pick you up at <location>.

Future meetings will be held on <date> at <time>:

November \_\_\_\_\_ at \_\_\_\_\_

December \_\_\_\_\_ at \_\_\_\_\_

January \_\_\_\_\_ at \_\_\_\_\_

February \_\_\_\_\_ at \_\_\_\_\_

March \_\_\_\_\_ at \_\_\_\_\_

April \_\_\_\_\_ at \_\_\_\_\_

May \_\_\_\_\_ at \_\_\_\_\_

Again, welcome to Club Scrub. We are going to have lots of fun!

Sincerely,

<Name>

<Title>

<Phone number>

See below the sample logo from a participating hospital, who chose to use the local school colors to put the Club Scrub logo on their hospital scrubs for the students. The hospital donated the scrubs for students to wear in the club sessions.



(Insert your hospital logo here, or use letterhead)



### Confidentiality Agreement

[Hospital Name] and its employees/volunteers/students must make every effort to prevent the release of any confidential information about patients, employees or about the hospital. This information includes, but is not limited to, patient records, information regarding patients that is seen and heard while in the hospital, financial information or medical reports. All information on a patient, including their presence, their reason for being at the hospital, the treatment they are receiving, etc. is considered strictly confidential and may be released by AUTHORIZED PERSONNEL ONLY, both in and out of [Hospital Name]. This policy is to protect the rights of patients as well as to comply with federal and state laws.

[Hospital Name] expects that this high ethical responsibility be honored throughout your time at [Hospital Name] and beyond. To ensure that you understand the importance of practicing a strict code of confidentiality, we request that **you and your parent(s) read and sign the below statement.**

I fully understand the importance of following the confidentiality code and further understand that disclosure of any information regarding a patient and his/her condition may be a violation of federal and state law. Unauthorized disclosure of confidential information will lead to immediate removal from the “Club Scrub” program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Club Scrub

## Interest Survey

*(Include services you have at your hospital, which may be different than the ones on this list)*

Please rank the activities you would like to participate in during the Club Scrub meetings. Start with #1 for your favorite activity and #8 as your least favorite.

We will use this information to select Club Scrub activities for our meetings.

### **Fitness Center/Physical Therapy**

- Use of exercise equipment, canes, walkers, crutches
- Treatments used in therapy such as massage

\_\_\_\_\_

### **Laboratory**

- Hands on activity to determine blood types

\_\_\_\_\_

### **Nursing**

- Learn about the different types of nursing
- Learn how to take blood pressures and pulse rates
- Injections (shots) activity

\_\_\_\_\_

### **Operating Room**

- Practice performing a pretend surgery

\_\_\_\_\_

### **Respiratory Therapy**

- Activity to feel what it is like to have a breathing disease
- Use of the pulse oximetry, a machine that determines the amount of oxygen in your blood

\_\_\_\_\_

### **Radiology**

- View X-rays and learn how to apply a cast
- Tour CT Scans and MRIs and how they are different from an x-ray

\_\_\_\_\_

### **Suturing**

- Hands on activity on learning how to stitch a wound

\_\_\_\_\_

### **Emergency Department**

- Mock (practice) disaster drill. Students act as patients and learn how emergency rooms handle a large accident
- Tour of ambulance
- EMT and Paramedic role

\_\_\_\_\_

## “Tell Us More About Yourself”

Name \_\_\_\_\_ Grade \_\_\_\_\_

**Any information that you share will be held confidential! Please check all that apply.**

### Why did you join “Club Scrub”?

- |   |  |
|---|--|
| <input type="checkbox"/> I want to work in healthcare when I grow up.   | <input type="checkbox"/> My parents made me.                           |
| <input type="checkbox"/> I don't know much about healthcare careers.    | <input type="checkbox"/> My Mom and/or Dad is in the healthcare field. |
| <input type="checkbox"/> I want to try an activity listed on the flyer. | <input type="checkbox"/> I just thought it would be fun.               |
| <input type="checkbox"/> Other _____                                    |  |

### What are your favorite courses in school?

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Math    | <input type="checkbox"/> Science        |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Health         |
| <input type="checkbox"/> Gym     | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Band    | <input type="checkbox"/> Chorus         |
| <input type="checkbox"/> English | <input type="checkbox"/> Others _____   |

### What do you like to do in your free time?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Reading                     | <input type="checkbox"/> Sports       |
| <input type="checkbox"/> Computer                    | <input type="checkbox"/> Video games  |
| <input type="checkbox"/> Listening to music          | <input type="checkbox"/> Babysitting  |
| <input type="checkbox"/> Calling or visiting friends | <input type="checkbox"/> Others _____ |

### What career(s) are you the most interested in learning more about?

- |   |   |
|---|---|
| <input type="checkbox"/> Medicine (Doctors, Physician Assistants) | <input type="checkbox"/> Nursing                          |
| <input type="checkbox"/> Physical/Occupational Therapists         | <input type="checkbox"/> Respiratory Therapists           |
| <input type="checkbox"/> Imaging Technicians (X-ray Techs, etc)   | <input type="checkbox"/> Emergency Technicians/Paramedics |
| <input type="checkbox"/> Laboratory Personnel                     | <input type="checkbox"/> Others _____                     |



**Student Evaluation for Each Session**

**Please take a moment to rate this meeting. (Please circle one answer for each).**

1.) The content of this meeting was what I was expecting.  
Agree      Disagree

2.) The length of the program was:  
Too short    Just right    Too long

3.) Overall, how would you rate this Club Scrub meeting?  
(5=Fantastic.....1=Fair)  
5   4   3   2   1

4.) How would you rate the hands-on activity?  
(5=Fantastic.....1=Fair)  
5   4   3   2   1

5.) Would you like to know more about this career?  
Yes      No

If yes, what information would you like to know more about?

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Additional Comments:

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(Insert your hospital logo here, or use letterhead)



## Year End Evaluation Form

We hope that you have enjoyed your experiences at [Hospital Name]! We would appreciate your feedback on your Club Scrub experience so that we can plan for future clubs. Please take a few minutes to complete the following questions.

Please rate each activity: *(Include the departments you exposed students to in your program, which may include different ones than the ones listed here)*

	<u>Poor</u>		<u>Average</u>		<u>Great</u>
A. <u>Surgical Department</u>					
Presenter	1	2	3	4	5
Hands-on activity	1	2	3	4	5
B. <u>Laboratory Department</u>					
Presenter	1	2	3	4	5
Hands-on activity	1	2	3	4	5
C. <u>Respiratory Therapy Dept.</u>					
Presenter	1	2	3	4	5
Hands-on activity	1	2	3	4	5
D. <u>Therapy Department</u>					
Presenter	1	2	3	4	5
Hands-on activity	1	2	3	4	5
E. <u>Radiology Department</u>					
Presenter	1	2	3	4	5
Hands-on activity	1	2	3	4	5
F. <u>Nursing Department</u>					
Presenter	1	2	3	4	5
Hands-on activity	1	2	3	4	5
G. <u>Emergency Department</u>					
Presenter	1	2	3	4	5
Hands-on activity	1	2	3	4	5

Which hands-on activities did you find the most interesting? Why?

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What did you find the least helpful? Why?

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---

What did you enjoy the most about "Club Scrub"?

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Is there anything that you wish you would have learned more about? Why?

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---

---

Are there any changes you would recommend to improve this experience?

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---

---

Would you attend a second level of "Club Scrub"?

---

Would you recommend "Club Scrub" to other students?

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Additional Comments:

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**Thank you!**

## Club Scrub Budget Planning Worksheet

Category	Explanation	Amount budgeted	Description
<b>Salaries and Benefits</b>	Time spent for on-site planning, coordination and implementation of Club Scrub sessions by site coordinators, staff presenters, and marketing/public relation representative(s).		<ul style="list-style-type: none"> <li>➤ Marketing</li> <li>➤ Project Coordinator</li> <li>➤ Project Development</li> <li>➤ Curriculum planning</li> <li>➤ Site visits</li> </ul>
<b>Supplies and Marketing</b>	Small prizes at the end of each of the six sessions (first aid kits, mugs, stethoscopes), embroidered "Club Scrub" scrub tops, scrub bottoms at the end of the program, photo album for each participant, miscellaneous supplies (paper, lab/medical equipment, suture material, disposable gowns, latex gloves), transportation costs, flyers, posters, newspaper ads, postage, cost of having PR/Marketing Department document the entire program and submit press releases to the local media, snacks for students.		<ul style="list-style-type: none"> <li>➤ Paper supplies</li> <li>➤ Binders</li> <li>➤ Mailing costs</li> <li>➤ Curriculum guides</li> <li>➤ Meeting costs</li> <li>➤ Photo development</li> <li>➤ Food/snacks</li> </ul>
<b>Travel</b>	Cost for transporting students to the hospital sessions-if offered		<ul style="list-style-type: none"> <li>➤ Mileage reimbursement</li> <li>➤ Busing cost if offered</li> </ul>

# SECTION 3:

## *Club Scrub Meeting Ideas, Lesson Plans, Website Information and Resources*

## Websites for Additional Resources

### Career Exploration

- ✓ [www.okhealthcareers.com](http://www.okhealthcareers.com)
  - This site offers career information, links to personality tests, educational requirements
- ✓ [www.healthcareers4me.org/MSstudent/explor/index.cfm](http://www.healthcareers4me.org/MSstudent/explor/index.cfm)
  - Very general information with links to all healthcare association sites
- ✓ <http://www.wihealthcareers.org/>
  - This site is through the Wisconsin Area Health Education Centers Association
  - Offers information on individual careers, outlook, patient interaction
  - Lists all technical colleges/universities that offer a particular program
- ✓ <http://www.careervoyages.gov/healthcare-videos.cfm>
  - Video clips of professionals working in a particular career-real situations
  - Discusses needed skills, hours, settings, educational requirements
  - Excellent information
  - Other links of the site offer educational institution locations
- ✓ <http://science.education.nih.gov/lifeworks>
  - Lifeworks: career information with interviews with professionals
- ✓ <http://www.nchealthcareers.com/>
  - Career titles, photo, job description, areas of specialization, work environment, high school preparation, academic requirements, salary range
- ✓ <http://www.khake.com/page94.html>
  - Links to interactive sites that provide online activities and lesson plans relating to career exploration, career decision making and guidance

## First Meeting Agenda (Sample)

### Welcome to Club Scrub

Date:

- I. Introductions
  - II. Scrub shirt and name tag distribution
  - III. Health Care Career Table Tent activity
  - IV. Pictures
  - V. Confidentiality Agreement
  - VI. Interest Questionnaire
  - VII. Tour of the Hospital
  - VIII. Department activity
    - A. Nutrition Services
      - 1. Tour department
      - 2. "Make Your Own Healthy Snack" \*\*
      - 3. Discuss career ladder
      - 4. Distribute information on educational requirements, career ladder, and educational institutions
- \*\*Club Scrub Cookbook is included at the end of this tool kit
- IX. Evaluation

## Coordinator Tips for Success

- Feed them! This is especially important if you meet right after school to have healthy snacks available.
- Be creative! Any department in the hospital could be highlighted in this program and be successful if they can find a way to use a hands on demonstration of their work.
- Success depends on the facilitators. When you ask for volunteers from the different departments to help with this program, look for enthusiasm, people who are good with kids, and those who will keep the action moving to maintain student interest.
- The activities in the lesson plans are suggestions to choose from. Some take longer than others and it isn't expected that all of the activities would be completed in one session so choose the ones that are the best fit for your organization. There are thousands of additional great ideas in the website resource list of ways to engage the learners.
- You can spend a lot or a little on this program, depending on what you want to provide. Decisions about the activities you select (some are free, some have materials cost to them), whether or not you provide transportation or have students provide their own, photos, prizes, end of program celebration, etc., all impact your budget. A budget of under \$2,000 can certainly provide a lot of good programming for students, with an in kind match of staff and volunteer time to coordinate the program.
- Plan ahead with your department "subject matter expert". Make sure that you know what activities they will be doing, what materials they need and have those ready for them (or offer to help if they need it).
- Plan B! If something happens that your department expert gets called away for an emergency, have a plan for what you can do with the participants so that they still have a great experience.
- You, or someone you designate, will need to make sure everything is set up before the meetings and cleaned up afterwards, as well as overall supervision of the participants. Engage some help to get others excited about the program too!
- Plan for about 1 hour to 1 ¼ hours for the sessions.
- Use the tool kit to bring this program to younger or older students as well by modifying the activities and time frame for age appropriateness.
- Establish a relationship with the school leaders who support this program and will encourage the students to sign up and work with you to make sure it gets promoted at the school.

## Department Presenter Tips for Success

- Keep it hands on! Whatever you do, keep the students involved in activities that get their hands on simulated actions of real procedures. Lecturing just doesn't keep their interest, so even though you may have a lot you want to tell them, they will remember what they physically did. Keep the verbal presentations short and emphasize the hands on activities for the learning
- Ask them questions. Kids love to share their experiences and knowledge.
- Avoid situations where students have idle time. If several students have to wait to have a turn at an activity, those waiting can become disinterested. Look at ways you can subdivide your group into smaller groups doing different activities at the same time. This may mean a little more staff/volunteer involvement but it will pay off! And the program coordinator can help too.
- Have a "plan B" for the squeamish. It doesn't happen often, but there are some students even when it's just a simulation who might mildly react to something (for example, when suturing pigs' feet, a vegetarian student who feels uncomfortable might be offered a banana as an alternative).
- Plan for about 1 hour to 1 ¼ hours for the sessions.

## Health Career Table Tents

(can be made available at the first session as an ice breaker)

Resource: <http://healthcareers.sd.gov/documents/PDF%20Activities/9-12%20Table%20Tent%20Consolodated.pdf>

Thirteen table tents that can be printed off that have a career description on one side and a fun activity on the other that pertains to that career, for example:

*Are you ready?*



Ankle  
Tape  
Heat  
Exercise  
Towel  
Ice  
Cold  
Train  
Run  
Athlete  
Injury  
Nutrition  
Elevate  
Rest

DIET	WRAP	ICE
TRAIN	FIRSTAID	TAPE
EXERCISE	STRETCH	

H	I	G	X	T	E	C	U	S	E
N	M	C	E	I	X	S	E	C	P
C	I	E	M	E	I	K	T	A	
E	D	A	J	O	R	D	O	H	T
N	E	C	R	S	C	Q	M	C	Z
H	K	J	T	T	I	G	I	T	U
G	T	A	R	C	S	X	J	E	A
P	I	B	L	O	E	X	O	R	V
D	W	R	A	P	D	H	T	T	H
L	Q	M	J	L	H	V	R	S	Y



### Athletic Trainer



### Health Occupations for Today and Tomorrow

## Athletic Trainer

*What do you want to be when you grow up?*

Athletic Trainers work with athletes by helping them stay in shape or preventing an injury. Athletic trainers care for cuts, broken bones, and many other types of injuries.

For more information visit:  
[www.sdjobs.org/sdhott](http://www.sdjobs.org/sdhott)

# SECTION 4:

## *Lesson Plans For Different Departments*

## Dietary Services

### *Materials:*

Club Scrub printed cookbooks

Snack supplies

Recipe for students to make the snack

I. Tour Department

II. "Make Your Own Healthy Snack", (see Club Scrub Cookbook at the end of the toolkit)

III. Discuss Career Ladder

IV. Distribute "Club Scrub Cookbook" to each student

V. Distribute information on job descriptions, educational requirements, and educational institutions

VI. Evaluation

## Surgery

- I. Tour surgery department (*following is a variety of activities to choose from to demonstrate surgical techniques*)
- II. Laparoscopic surgery activity
- III. Surgical hand washing activity
- IV. Applying sterile gloves and removing sterile gloves activity
- V. Suturing activity
- VI. Cucumber dissection activity
- VII. Career description
- VIII. Evaluation

## Laparoscopic Surgery

### *Materials:*

Gowns  
Gloves  
Masks  
Surgical hats  
Surgical boots  
Laparoscopic equipment  
One whole watermelon  
Drapes  
Balloons

### *Procedure:*

1. Prior to students arriving, take whole watermelon and slice off a small section of the lateral side of the melon so that the melon can lay flat on a surgical table without rolling (simulating a rounded abdomen). Remove the inside of the watermelon making sure to keep the rind intact.
2. Using an awl, instrument, or power screwdriver, drill two holes into the side of the melon (opposite the flat side of the melon) similar to where incisions would be placed for a laparoscopic appendectomy and/or cholecystectomy.
3. Inside the watermelon tack slightly air-filled balloons to represent internal organs, such as the appendix and gall bladder.
4. Place the watermelon on a surgical table.
5. Once students arrive, have student dress in gowns, gloves, masks, hats and boots.
6. Using surgical towels, have student drape the "patient" (watermelon).
7. One student uses the lens to locate the "organ" that is to be removed.
8. Another student inserts the clamp to snip and remove the "organ".
9. Once the organ has been removed, rotate the students.

Note: While four (4) students are performing "laparoscopic surgery", other students can be working with and practicing intubation on a mannequin (see intubation lesson plan).

## Surgical Hand Washing

### *Materials:*

Sink with running water

Soap

Orange stick or surgical brush

Sterile towels

\*\*\*\* Can incorporate Glo-Germ Hand Washing Activity into this lesson plan

### *Basic Hand Washing Procedure:*

1. Turn on faucet.
2. Wet hands under warm, running water.
3. Apply soap and rub hands together making sure to cover both palms and back of hands.
4. Weave fingers together and slide back and forth to wash between and scrub between index fingers and thumbs.
5. Rinse hands under clean, running water with fingertips pointing down.
6. Dry hands with a clean towel.
7. Use a clean paper towel to turn off faucet.

### *Surgical Hand Washing Procedure:*

1. Remove any jewelry.
2. Apply Glo-Germ lotion at this time if incorporating into this lesson plan.
3. Turn on faucet with water at a warm temperature.
4. Wet both hands and forearms thoroughly.
5. Using an orange stick or brush, clean or scrub under each fingernail.
6. Keeping hands above the level of the elbow, apply the surgical soap. Start with one hand and begin at the fingertips washing all areas thoroughly, making sure to wash between each finger and thumb. Continue to scrub surface up to the elbow. Repeat on the other hand and arm. Washing should last 3-5 minutes.
7. Rinse one arm at a time, starting at the fingertips and holding the hands above the level of the elbow.
8. Use a sterile towel to dry hands and arms, again working from fingertips to elbow. Use a different side of the towel for each arm.
9. Keep hands above the level the waist, remembering not to touch anything.
10. Begin "Applying Sterile Glove" lesson plan.

## Applying Sterile Gloves and Removing Surgical Gloves

### *Materials:*

Package of sterile gloves for each student to fit hand size  
Wastepaper basket  
Chocolate pudding  
Sink with running water  
Soap  
Paper towels  
Black light

### *Applying Sterile Surgical Gloves Procedure:*

1. When applying surgical gloves, remember that the *first glove is picked up by pinching the fold of the cuff*.
2. To prepare make sure to open the outer glove package before scrubbing hands or have a classmate open the package.
3. Open the inner, pleated glove wrapper. Inside are two cuffed gloves which should be laying palm side up.
4. Pick up the first glove by grasping the fold of the cuff with the thumb and index finger of one hand, making sure to touch only the inside portion of the glove.
5. Hold the cuff in one hand and slip the other hand into the glove, making sure that this hand only touches the inside of the glove. If you are unable to get fingers in correctly wait to adjust this until after the second glove has been applied.
6. Pick up the second glove by sliding the fingers of the gloved hand under the cuff of the second glove (sterile area to sterile area).
7. Put the second glove on the ungloved hand by maintaining a steady pull through the cuff. Make sure not to touch your first gloved hand on any surface of skin.
8. Fold down both cuffs by sliding gloved fingers under cuff and pulling down.
9. After both gloves have been applied, adjust the glove fingers to fit properly.

## Removing Contaminated Gloves Procedure

1. When removing gloves do not let the outer (dirty) surface come in contact with your skin. Also, do not allow gloves to snap but rather, remove gently.
2. Do not touch any surfaces with gloves on as this will contaminate other surfaces.
3. Before removing gloves, lightly dip gloved hands into a bowl of chocolate pudding to represent bodily fluids.
4. To remove gloves, grasp one of the gloves near the cuff by pinching glove between thumb and index finger (do not touch skin at any time). Pull this glove partway making sure that it is turned inside out.
5. With the first glove still covering the fingers, grasp the second glove near the cuff, again pinching glove between thumb and index finger, making sure not to touch skin. Pull this glove all of the way off, making sure that it is being removed inside out. Continue to hold the glove with the gloved fingertips of the first glove.
6. Using the ungloved hand, grasp the cuffed, clean area of the gloved hand and fold down, drawing the glove inside out over the fingertips and enclosing the glove being held by that hand.
7. Gently drop glove into the garbage.
8. Wash hands immediately after gloves are removed.
9. If Glo-Germ lotion was used at the beginning of this activity, use a black light to assess students' hand washing technique.

## Suturing Activity

Resource: Lab Developed by David Holland, STARS Program, University  
Of Texas Southwestern Medical Center at Dallas

Healthcare Professionals:

Physician(s)

Physical Assistants

Nurse Practitioners

*Materials:*

Forceps

Gloves

Scalpel or razor blade

Dissecting pan

Needle holder or hemostat

Suture material (obtain expired materials from Operating Room-OR)

Scissors

Pig's feet

### Beginning the Suture

1. Put on your gloves and place the pig's foot in the dissecting pan. Using the scalpel make a single incision through the skin down the length of the pig's foot.
2. Carefully open the package containing the suture material. Clip the needle into the needle holder. The needle should be placed near the end of the jaws of the holder, oriented at a right angle with the concave side up. If you are right handed, the point of the needle should be on the left side of the holder.
3. Make sure that the thumb and 4<sup>th</sup> finger are inserted into the needle holder only to the first knuckle. Illustrate the correct orientation of the needle in the holder and the correct way to grasp the needle holder.
4. With the forceps, grasp the flap of skin on the right side of the incision. Rotate your wrist so that the pointed end of the needle is at a right angle with the surface of the skin. Aim for a spot about 5 mm to the right of the incision and insert the needle point. With a rotation of the wrist, insert the needle through the skin until the point appears beneath the dermis.
5. Use the forceps to grasp the end of the needle and pull it through the skin until about 3 cm of suture material remains above the skin. Use a rotation of the wrist to be sure you pull along the line of curvature of the needle.
6. Lift the left side of the incision with the forceps and insert the needle up through the skin until the point appears on the surface about 3 mm from the edge of the incision. Use your forceps to pull the needle and suture material out, again along the line of curvature of the needle. Make sure that you leave the short end of the suture in place on the right side of the incision.

## Tying the Knot

7. To make an instrument tie, hold the long end of the suture in your left hand and the unlocked needle holder in your right. Place the jaw end of the holder next to the long suture and wrap the suture two times around the holder in a direction away from your body.
8. While maintaining some tension on the line to prevent it from slipping off the holder, open the jaws and grab the short end of the suture. Pull the holder back to the left, through the two loops of the long end. Move the left hand away from you and to the right to tighten the loops. Now you have made the first throw of the knot. Tighten the knot enough to hold the flaps of skin together, but not so tight that it puts undue pressure on the skin.
9. Maintaining tension on the long end of the suture with your left hand, repeat the above procedure, but this time loop the long end back toward you around the holder and only make one loop. Grab the short end again and secure the loop. This will hold the first loop in place.
10. Repeat three more times to completely secure the knot. Trim the excess off close to the knot, leaving about 2 mm of free end.
11. Adjust the knot to the right or left as necessary to insure that the two sides of the incision are level with one another.

## Complete the Remaining Sutures

12. Choose a location for your next suture, not too close to the first, nor too far away. About 7 mm is a good distance. Repeat the above procedures to insert the needle to form the stitch and to tie the knot.
13. Repeat until you have placed at least three or four sutures. Then give your lab partners a chance to try their hands.

## Conclusion

1. What are the advantages to using sutures to close wounds?
2. How do pig skin and human skin differ? How are they alike?
3. If this were a human patient being sutured, what procedures would be performed prior to the actual suturing?
4. Why should all instruments, suture material and needles be sterile before suturing on a patient? Aseptic technique should be used to prevent possible infection.
5. Why should non-absorbable sutures have a very smooth surface? Non-absorbable sutures must be removed. The smoother the surface, the less painful the removal process will be.

## Cucumber Dissection Lesson Plan

### *Objective:*

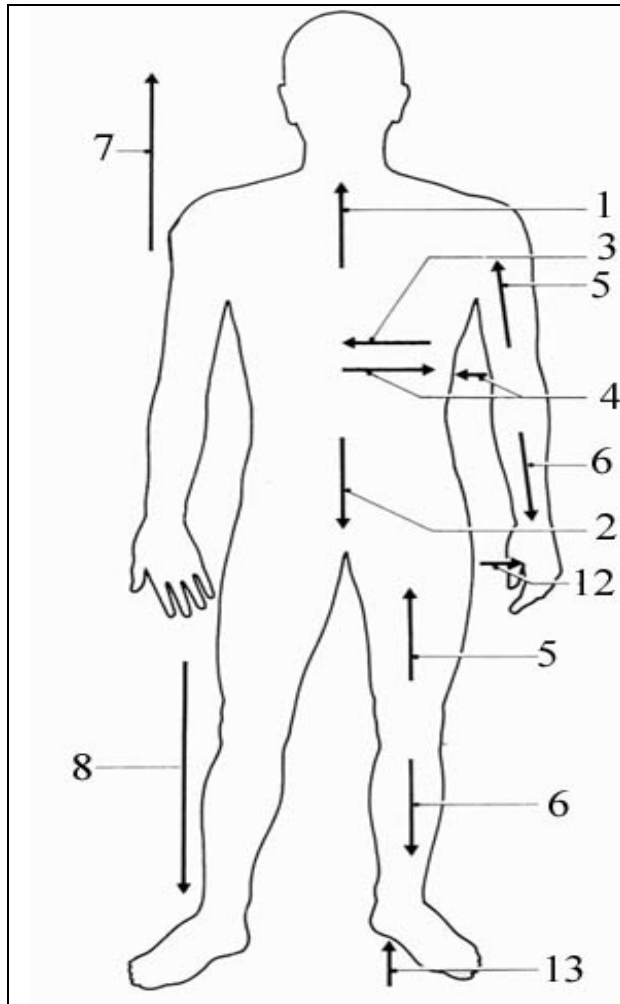
1. Students will demonstrate an understanding of the use of anatomical positions in relationship to a 3-dimensional figure

### *Materials:*

Cucumber, one per student  
Doll eyes from craft store  
Scalpel  
Dissection trays  
Toothpicks  
Anatomical position definitions

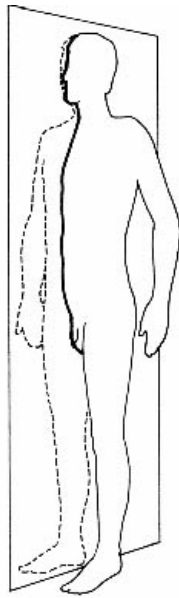
### *Lesson Plan:*

1. Each student will place two eyes on the anterior surface of their "frog".
2. Students will identify the dorsal and ventral sides of their frog.
3. Students will identify the anterior and posterior parts of the frog.
4. Students will identify superior, inferior and caudal positions.
5. Students will place toothpicks where legs would be located.
6. Students will be directed to make a SHALLOW (superficial) cut starting from the superior end along the anterior side of the frog. The incision should be made to the caudal/inferior end. This is a SAGITTAL INCISION.
7. Next, instruct students to cut midway on the ventral side of the frog from their left lateral to right lateral side. This is a TRANSVERSE INCISION.
8. Introduce the terms "distal" and "proximal".
9. Instruct students to cut proximally to right upper extremity with a superior to inferior cut, just superior to right lower extremity.
10. Instruct students to make a deep cut on the dorsal aspect of the frog, cutting laterally and inferiorly to the LLE to the caudal end of the frog.
11. Introduce quadrants of the abdomen.
12. Instruct students to make a transverse cut and a sagittal cut on the ventral aspect of the abdominal/pelvic cavity.
13. Instruct students to make a coronal cut, superior to inferior.

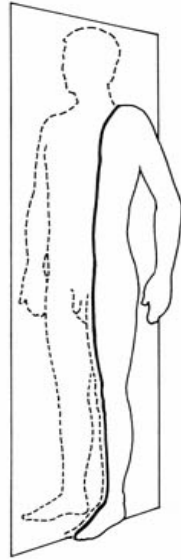


Positions

1. Cranial - toward the head
2. Caudal - toward the feet
3. Medial - toward the middle
4. Lateral - toward/from the side
5. Proximal - toward the attachment of a limb
6. Distal - toward the finger/toes
7. Superior - above
8. Inferior - below
9. Anterior - toward/from the front
10. Posterior - toward/from the back
11. Peripheral - toward the surface
12. Palmer - toward/on the palm of the hand
13. Plantar - toward/on the sole of the foot



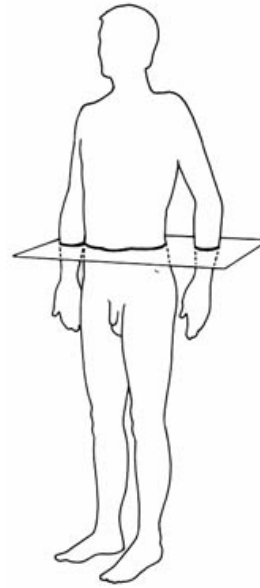
Median or  
mid-sagittal



Sagittal or  
paramedian



Coronal or  
frontal



Transverse or  
horizontal

## Infectious Disease

- I. Hand washing activity-instructions follow
- II. Application of personal protection equipment-PPE-activity-instructions follow
  - A. To order materials go to <http://www.glogerm.com>
  - B. Fun worksheets for students at <http://www.glogerm.com/worksheet.html>
- III. Evaluation

## Hand Washing Activity

Resource: <http://www.glogerm.com/>

### *Materials:*

Access to sink with warm water  
Soap  
Paper towels  
Glo-Germ lotion  
Black light  
Waste container  
Hand brush or orange/cuticle stick, if appropriate

### *Procedure:*

1. Assemble equipment.
2. Apply a small amount of Glo-Germ lotion to hands and rub on all surfaces of hands.
3. Turn on faucet using paper towel, setting water temp. to warm.
4. Wet hands with fingertips pointed down.
5. Apply soap.
6. Rub palms of hands together using friction for approximately 10-15 seconds.
7. Rub back of hands.
8. Interlace fingers and rub back and forth.
9. Clean nails using brush or stick.
10. Rinse hands, keeping fingertips pointed down.
11. Use a clean paper towel to dry hands, drying from fingertips to wrist. Discard towel in waste container.
12. Use another dry paper towel to turn off faucet.
13. Use black light to assess hand washing technique.

## Proper use of Personal Protective Equipment (PPE)

### *Materials:*

Chocolate pudding

Gloves

Masks

Gowns

### *Procedure:*

1. Each student will obtain a mask, gown and pair of gloves.
2. After proper hand washing, students will apply PPE using proper protocol.
3. Once PPE is applied, students will place gloved hands in pudding.
4. Students will then remove PPE without contaminating self.
5. Students will use proper hand washing following removal of gloves and gown.
6. PPE will be discarded properly.

## Laboratory Department

- I. Tour laboratory department
- II. Fecal occult blood testing
- III. Simulated blood typing activity
  - A. Ward's Natural Science: Simulated Blood Typing or "Whodunit" Lab Kit
  - B. <http://www.wardsci.com> type "Blood Typing" into product search
  - C. Cost: \$35.00-38.00
  - D. See lesson plan
- IV. Preparing slides activity
- IV. Use of a microscope activity
- VI. Career descriptions
- VII. Evaluation

## Fecal Occult Blood Testing

### *Materials:*

Chocolate pudding  
Ground beef  
Bed pan or hat of stool collection  
Gloves  
Fecal occult blood test kit  
Applicator stick  
Reactant

### *Procedure:*

1. Mix one-half of pudding with a small amount of ground beef. Leave one-half of chocolate pudding unmixed (plain).
2. Place both pudding with ground beef and plain pudding in two separate bedpans of toilet hats.
3. Instruct students to obtain two kits, two applicator sticks and two sets of gloves.
4. Students apply gloves. Using one applicator stick, students apply a small amount of fecal material (plain pudding) to one side of the test kit. Using the other side of the applicator stick, students then apply a second sample of fecal material to the other section on the test kit. Students close the test window, open back flap and apply reactant. Students observe for color change indicating if blood is present in fecal material.
5. Students remove gloves and wash hands.
6. Students then reapply a clean pair and test second stool sample following the same procedure, again observing color change when reactant is applied to test kit.

## Simulated Blood Typing Activity

TIME NEEDED: approximately one hour

Around 1900 it was discovered that there are at least 4 different kinds of human blood. This is based on the fact that on the surface of the red blood cells there may be one or more proteins, called antigens. These antigens are called A and B. Antibodies are produced in the blood plasma against these A and B antigens, and continue to be produced throughout a person's life.

A person normally produces antibodies against the antigens that are NOT present on his or her red blood cells. For example, a person with antigen A on his red blood cells will produce anti-B antibodies; a person with antigen B will produce anti-A antibodies; a person with neither A or B antigens will produce both anti-A and anti-B antibodies; and a person with both antigens A and B will not produce these antibodies.

The four blood types are known as A, B, AB and O. Blood type O is the most common in the U.S. (45% of the population). Type A is found in 39% of the population. Type B is 12 % of the population, and type AB is found in only 4% of the population.

Because of the different blood types, certain blood groups can only give or receive blood from other specific blood groups:

### Blood Cells in Plasma Blood to Blood from

Blood Type	Antigens on Red Blood Cells	Antibodies in Plasma	Can Give	Can Receive
A	A	anti-B	A or AB	O or A
B	B	anti-A	B or AB	O or B
AB	A and B	none	AB	O, A, B, AB
O	none	anti-A & anti-B	O	A, B, AB, O

If blood cells are mixed with antibodies the cells will clump together. This is called **agglutination**. This is why it can be very dangerous if you receive the wrong blood type in a transfusion.

Blood typing is performed by mixing a small sample of blood with anti-A or anti-B antibodies (called antiserum), and the presence or absence of clumping is determined for each type of antiserum used. If clumping occurs with only anti-A serum, then the blood type is A. If clumping occurs only with anti-B serum, then the blood type is B. Clumping with both antisera indicates that the blood type is AB. No clumping with either serum indicates that you have blood type O.

Anti-A Serum	Anti-B Serum	Blood Type
Clumps	No Clumps	Type A
No Clumps	Clumps	Type B
Clumps	Clumps	Type AB
No Clumps	No Clumps	Type O

A person's blood type is inherited from their parents, just like any other genetic trait. Persons with blood type A have inherited one or two copies of the gene for the A antigen, one from each parent. Persons with blood type B have inherited one or two copies of the gene for the B antigen. Persons with blood type AB have inherited one copy of the A antigen from one parent and one copy of the B antigen gene from the other parent. Persons with blood type O inherited neither A nor B genes from their parents.

Blood typing can be used in legal situation involving identification or disputed paternity. In paternity cases a comparison of the blood types of mother, child, and alleged father may be used to exclude a man as the possible parent of a child. For example, a child with the blood type AB whose mother is type A could not have a father whose blood type is A or O. The father must have blood type B.

**NOTE:** *We are using simulated blood for this activity.*

**Materials needed per team of 2 students (use Ward's simulated blood typing kit)**

- 4 blood typing slides
- 8 toothpicks
- 4 unknown "blood" samples (Mr. Smith, Ms. Jones, Mr. Green, Ms. Brown)
- Anti-A and Anti- B antiserums

*Procedure:*

1. Label each of your 4 slides as follows: Slide #1 Mr. Smith, Slide #2 Ms. Jones, Slide #3 Mr. Green, Slide #4 Ms. Brown.
2. Place 3 drops of Mr. Smith's blood in the A and B wells of Slide #1.
3. Place 3 drops of Ms. Jones' blood in the A and B wells of Slide #2.
4. Place 3 drops of Mr. Green's blood in the A and B wells of Slide #3.
5. Place 3 drops of Ms Brown's blood in the A and B wells of Slide #4.
6. Add 3 drops of the anti-A serum to each A well of the four slides.
7. Add 3 drops of the anti-B serum to each B well of the four slides.
8. Use **different** toothpicks to stir each sample of serum and blood together. Do the cells in any of the wells clump or not? Record your observations and result in the table below. What are the blood types of each of the 4 samples?

	Anti-A Serum	Anti-B Serum	Blood Type
Slide #1 Mr. Smith			
Slide #2 Ms. Jones			
Slide #3 Mr. Green			
Slide #4 Ms. Brown			

Observations:

## Preparing Slides Lesson Plan

Resource: <http://www.col-ed.org/cur/sci/sci06.txt>

### *Materials:*

Sterile glass slide (6 per group)

Microscope

Variety of substances (i.e. egg white, swaps from sinks, swap of check)

### *Activities:*

1. How to Use a Microscope: The teacher will provide the students with microscopes and guide them through an introduction to the following parts from top to bottom:

Eyepiece 10x

Body tube

Revolving nose piece

Objective lens 4x (low); 10x (medium); 40x (high)

Stage

Stage clips

Carrying arm

Mirror or light source (lamp)

Base

2. Setting up a wet mount slide: The teacher explains that a wet mount slide gets its name because it is wet with either stain or water. Stains are used to color parts of cells so they may be seen easily. In order to view something with a microscope a person must be able to see through it. The object must let light through it - this means translucent.

The teacher then demonstrates how to make a wet mount slide. Then the student will advance to prepare their own slides for observation. The teacher may draw a diagram on the board and describe what she will do with the materials.

A wet mount slide includes the following: a slide, a cover slip, a specimen, a drop of stain or water. When preparing a slide, hold the cover slip at an angle and let it drop onto the slide slowly trapping the specimen between the two pieces of glass. A piece of onion skin is easy to use in this first activity.

*Procedure:*

1. Instruct students on the parts and use of a microscope.
2. To prepare slides, place clean slide on table and place a small drop or swipe of material in middle of slide.
3. Hold second slide at a 30-40 degree angle of first slide and slowly lower over first slide to create a thin film that is free of bubbles.
4. Create at least a total of three slides.
5. Allow slides to dry.
6. Observe each sample under microscope. Record observations, comparing and contrasting observations.

## Respiratory Therapy Department

- I. Tour respiratory therapy department
- II. Emphysema/COPD activity
- III. Pulse oximetry activity
- IV. Breath sounds activity
- V. Spirometry activity
- VI. Career descriptions
- VII. Evaluation

## Emphysema/COPD Simulation

Resource: <http://school.discovery.com/lessonplans/programs/lungdisease/>

### *Materials:*

Large-holed drinking straws, cut in half  
Small-holed straws, “cocktail” straws

### *Procedure:*

1. Each student will be given one-half of a large holed drinking straw.
2. Explain to students that they will be experiencing moderate symptoms of emphysema. Remind students that emphysema can occur at any stage of smoking and is not limited to “long-term” smokers, but includes second-hand smoke, occupational hazards, and asthma.
3. Instruct students to put the large straw in their mouth, hold their nose, and breath in and out of the straw for 1 minute.
4. Instruct students that if they feel dizzy they can remove the straw.
5. After one minute have the students state how they felt.
6. Next, using the large holed straw, have students walk briskly around the room holding their noses. Again, have students remove straw if they experience dizziness.
7. After one minute have students again state how they felt.
8. Give each student a cocktail straw. Explain to students that they will be experiencing symptoms of severe emphysema.
9. Instruct students to place cocktail straw in their mouths, hold their noses, and breathe in and out for one minute. Have students remove straw if they experience dizziness.
10. Students will state how they felt.
11. Have a presenter–led discussion about the students’ experiences and how this disease affects patients.

## Pulse Oximetry Lesson Plan

### *Materials:*

Pulse oximeter

### *Procedure:*

1. Describe that pulse oximetry provides estimates of arterial oxyhemoglobin saturation by utilizing selected wavelengths of light to non-invasively determine the saturation of oxyhemoglobin (SaO<sub>2</sub>).
2. Demonstrate how to use a pulse oximeter .
3. Allow each student to apply the pulse oximeter to self to assess their pulse rate and SaO<sub>2</sub> level.
4. Discuss how pulse oximetry is used in the treatment of patients.

## Breath Sounds Activity

Resource: Respiratory Examination <http://medinfo.ufl.edu/year1/bcs/clist/resp.html>

### *Equipment:*

Stethoscope  
Balloons  
1/2" x 6" diameter plastic tube  
New disposable sponges  
Water

### *Terms:*

#### Bell

The bell of the stethoscope is the cup shaped part at the end of the tubing, usually opposite to the diaphragm. Not all stethoscopes have a bell. The bell is used to listen to low pitch sounds.

#### Diaphragm

The diaphragm of the stethoscope is the flat part at the end of the tubing, with the thin plastic "drum-like" covering. The diaphragm is used to listen to high pitched sounds. Some stethoscopes have a diaphragm but no bell.

#### Tubing

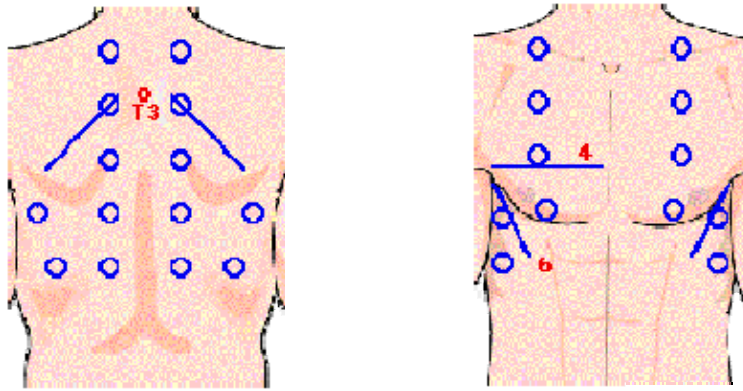
The stethoscope tubing transmits sound from the bell or diaphragm to the earpieces. Some stethoscopes have single tubes, some have double tubes. Double tubes are more sensitive, but may rub against one another causing "squeaks" to be heard.

#### Earpieces

Earpieces fit into the ears. They should angle slightly forward for the best fit. Earpieces made of soft rubber are more comfortable and may prevent outside sounds from interfering with your listening.

### *Procedure:*

1. Use the diaphragm of the stethoscope to auscultate breath sounds.
2. Listen to your lungs by placing the stethoscope over your chest and breathing in and out deeply and slowly.
3. Move the stethoscope around and compare the noises heard in different areas.
4. Compare the sounds heard using the bell versus the diaphragm. Normal lung sounds should not have any crackles or wheezes in them.
5. Place the stethoscope over your throat and listen to the sounds your trachea makes.



Abnormal lung sounds include crackles and wheezes. If the lung rubs on the chest wall there may be friction rubs.

Crackles sound just like the word sounds. They indicate that there is fluid in the lungs, such as happens with pneumonia or pulmonary edema. Wheezes are high pitched whistling noises, and are heard with some pneumonias and with airway diseases like bronchitis. Friction rubs are squeaky sounds that can be heard with pleuritis (an infection between the lung and the chest wall).

Create a model of the lung:

1. To mimic these sounds, create a model of the lung.
2. Take a balloon and stretch the open end over one end of the tube.
3. Take a sponge and shred it into small pieces.
4. Push the pieces through the tube into the balloon, until the balloon is slightly stretched.
5. Add enough water to moisten the sponge. Squeeze out any excess.
6. Now hold the stethoscope to the balloon and blow in and out on one end of the tube to slightly inflate the balloon. The slight crackly noise you hear is similar to the crackles heard in patients with pneumonia.
7. Wheezes can be simulated by pinching on the neck of the balloon, where it meets the tubing while blowing in and out.
8. Friction rubs can be created by rubbing on the side of the balloon to make it squeak.

## Spirometry Laboratory Investigation Lesson Plan

Resource: University of North Texas, Health Science Technology Education

*Purpose:* Students will identify terms associated with respiratory function by measuring respiratory volumes.

*Materials:*

Wet spirometer  
Mouthpieces

*Procedure:*

1. Use a spirometer to measure and calculate the respiratory volumes and capacities listed below.
2. Record results in data table
3. Repeat twice

Measurement	Volume I	Volume II	Volume III	Average
Tidal Volume				
Inspiratory Reserve Volume				
Expiratory Reserve Volume				
Vital Capacity				
Residual Volume				

Measurement	Average Volume	Description
Tidal Volume	500 ml	Amount of air inhaled or exhaled normally (normal exhalation in spirometer)
Inspiratory Reserve Volume	2100-3100 ml	Amount of air that can be forcefully inhaled after normal inhalation (force air in, breath out normally into spirometer, subtract tidal volume from number)
Expiratory Reserve Volume	1000-1200 ml	Amount of air that can forcefully exhaled after normal exhalation (normal breath, force exhalation into spirometer)
Vital Capacity	4800 ml	Maximum amount of air that can be exhaled after maximum inhalation $VC=TV+IRV+ERV$
Residual Volume	900 ml females 1200 ml males	Amount of air left in lungs after forced exhalation. Use average values.

## Therapy Department

- I. Tour therapy department
- II. Use of walking devices activity
- III. Range of motion activity
- IV. Use of TENS unit
- V. Audiology
- VI. Career descriptions
- VII. Evaluation

## Walking Devices Lesson Plan

Resource: <http://www.mayoclinic.com>

### *Materials:*

Walker  
Cane  
Crutches  
Wheelchair  
Stairs

### *Procedure:*

#### Walker

1. Check walker for safety
  - Rubber tips on legs should not be hard or cracked
  - All screws should be tight
  - Handgrips should not slide or be cracked
2. Measure walker on your partner
  - Height of the walker should be at the level of the hip (trochanter)
  - When hands grasp the grips, elbow should be bent 30 degrees
3. To walk
  - Pick up the walker
  - Place back legs of walker at level even with toes
  - 
  - Walk into walker

#### Cane

1. Check cane for safety
  - Rubber tips on legs should be firm
  - Cane should not be bent
  - Screws should be tight
  - Grip should be intact
2. Measure cane on partner
  - Cane is held in strong hand
  - Length of cane should be set so when hand is on grip the arm is bent 30 degrees
3. Instruct partner on use
  - Move cane forward first
  - Place cane about 12 inches forward
  - Weak leg is moved first, even with the cane
  - Strong leg moves next and is moved ahead of cane and the weak leg

## Crutches

1. Check crutches for safety
  - Tips should be intact
  - Crutches should not be cracked or broken
  - Screws must be tight
  - Arm pads intact and soft
  - Handgrip intact and secure
2. Fitting crutches to partner
  - Have partner stand against the wall
  - Place crutch next to partner's foot, about 6-8 inches
  - The arm pads should be 1 to 1 ½ inches below armpit
3. Instruct partner to use crutches
  - Place both crutches 10-12 inches in front
  - Move weak leg forward to level of crutches
  - Bring strong leg up to meet other leg

## Wheelchair

1. Check wheelchair for safety
  - Wheels and pads and intact
  - Brakes functioning properly
  - Footrest functioning properly
  - Screws/bolts intact
2. Use of wheelchair: demonstration by staff member

## Range of Motion (ROM) Lesson Plan

Resources: State of WI Promissor Nursing Assistant Procedure Guide  
University of Texas, Health Science Technology Education

*Procedure:* Select a partner

ROM for upper extremity

### Head

1. Elevate HOB and remove pillow.
2. Grasp head with both hands either at ears or at crown of head and chin.
3. Move head slowly and without force in flexion, extension and hyperextension.
4. Move head, rotating on axis.
5. Move head laterally, flexing to both sides.

### Arm

1. Move joints gently and smoothly to the point of resistance as tolerated.
2. Gently support arm at elbow and wrist.
3. Beginning with arm straight at side, lift arm and extend over shoulder and lower-complete 3 times. Then bend arm 90 degrees and lay flat on bed. Then rotate shoulder 3 times.
4. Beginning with arm straight at side, move straight arm out at a right angle to body, then return straight arm to side. Complete 3 times.
5. Beginning with arm at side, flex elbow and move hand toward shoulder, then straighten. Complete three times.
6. With arm flat on bed, turn hand so palm is up, then turn palm down. Complete 3 times.
7. Support elbow and wrist.
8. With palm up, flex wrist toward shoulder, 3 times.
9. Move hand side to side at wrist toward shoulder, then extend wrist 3 times.
10. Place fingers over partner's fingers and curl partners fingers to form a fist, then straighten 3 times.
11. Touch partner's thumb to each finger three times.

### Leg-Hip and Knee

1. Gently support leg at knee and ankle.
2. Begin with leg straight, flex the knee and slowly raise the leg, then straighten the knee and lower the leg 3 times.
3. Begin with leg straight, move straight leg away from center of body, then move straight leg toward center 3 times.
4. With leg straight, turn leg inward, then turn leg outward 3 times.

### Ankle and Foot

1. Move forefoot in clockwise circles and counterclockwise circles 3 times.
2. Place fingers over partner's toes and curl toes down, then straighten 3 times.

## Use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit

### *Materials:*

Tens Unit

Therapy staff

“Patient”

### *Procedure:*

1. Therapy staff describes TENS unit and its purpose in treating patients.
2. Everyone washes hands.
3. Student volunteers to be “patients”.
4. Staff cleanse the skin with alcohol swap.
5. Staff applies gel to bottom of each electrodes of TENS unit.
6. Staff applies electrodes to student’s arm using tape or patches to hold electrodes in place.
7. Making sure that unit is in OFF mode, insert electrodes into unit.
8. Slowly turn unit to correct setting. “Patient” should feel a tingling sensation.

## Audiology Screening

### *Materials:*

Audiologist  
Audiologist exam room  
Audiologist equipment  
Hearing aids  
Cochlear implants

### *Procedure:*

1. Arrange a time with audiologist when he/she is available and exam room is not in use.
2. Audiologist explains role and demonstrates a hearing exam and the purpose is changing tones, volumes and conduction issues. Discusses causes of hearing loss.
3. Audiologist shows and demonstrates the function of hearing aids.
4. Audiologist describes cochlear implants.
5. Students rotate through mini-hearing exam performed by audiologist.

## **Radiology Department**

- I. Tour radiology department
- II. View MRI machine
- III. View X-rays and discuss fractures
- IV. Splinting activity
- V. Casting activity
- VI. Electrocardiograph activity
- VII. Career descriptions
- VIII. Evaluation

## Splinting Activity

Resource: American Red Cross First Aid

### *Materials:*

Splints of various sizes and lengths

Triangular bandages

Gauzes

Ace wraps

Disposable gloves

### *Procedure:*

1. Apply gloves.
2. Immobilize injured part to prevent movement.
3. Use proper splint size to assure that the joint both above and below the injury is immobilized.
4. Use thick dressings to pad the splint.
5. Use ace wraps/gauze to tie/anchor splint in place.
6. Assess circulation of body part distal in injury.
7. Remove gloves.
8. Wash hands.

## Casting Activity

Resource: <http://www.castingworkshop.com>

### *Materials:*

Round object for the cast to be applied to (you can use broken off tree limbs with a branch to represent the thumb)

Stockinet

Cast padding

Casting material

Casting buckets with water

Gloves

### *Procedure:*

1. Apply gloves.
2. Place stockinet over "affected" arm.
3. Apply cast padding over stockinet, wrapping in a spiral fashion.
4. Place casting material in bucket of water to wet. Wring out and apply over padding.
5. Starting at fingers, apply an anchor wrap going around "fingers" twice. Fold back stockinet and rewrap to hold stockinet in place.
6. Work distally to proximal, with slight overlap of cast (overlap  $\frac{1}{2}$  of previous wrap), removing wrinkles and smoothing as working upward in a spiral fashion, going around "thumb".
7. At top of cast, fold Stockinet over first wrap and go over once to secure in place to make a smooth cast edge.
8. Once cast has dried, students can sign their casted "arm".

## Electrocardiograph Activity

### Materials:

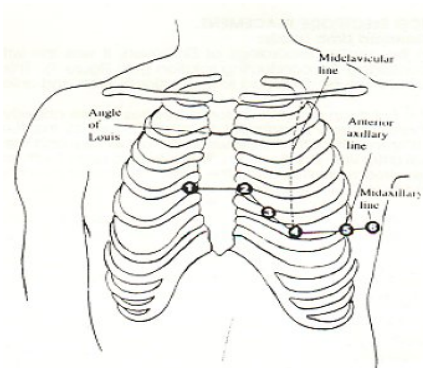
Electrocardiograph machine/stress test

Electrodes

Mannequins or adult volunteer

### Procedure:

1. Using either mannequin or adult volunteer, radiology staff demonstrate the application and use of electrocardiograph.
2. Staff briefly describe the meaning and use of ECG waves through the use of a sample ECG.
3. Students practice applying electrodes to mannequins.



V1: In the fourth intercostal space at the right sternal border.

V2: in the fourth intercostal space at the left sternal border.

V3: mid-way between V2 and V4.

V4: in the fifth Intercostal space in the mid-clavicular line.

V5: in the left anterior axillary line at the level of V4.

V6: In the left mid-axillary line at the level of V4.

## Nursing & Patient Care Department

- I. Tour medical/surgical unit
- II. Vital signs activity
- III. Injection activity
- IV. Glucometer activity
- V. Making an occupied bed activity
- VI. Kidney stones and assessing urine output activity
- VII. Career descriptions
- VIII. Evaluations

## Vital Signs Activity

Resources: <http://www.madsci.org/experiments/archive/857361537.Bi.html>  
[http://medinfo.ufl.edu/other/opeta/vital/VS\\_main.html](http://medinfo.ufl.edu/other/opeta/vital/VS_main.html)  
<http://www.highbloodpressuremed.com/how-to-take-blood-pressure.html>

*Pulse:*

### Radial Pulse

This is probably what we're most familiar with when visiting the doctor's office. Take two fingers, preferably the 2nd and 3rd finger, and place them in the groove in the wrist that lies beneath the thumb. Move your fingers back and forth gently until you can feel a slight pulsation - this is the pulse of the **radial artery** which delivers blood to the hand. Don't press too hard, or else you'll just feel the blood flowing through your fingers!

### Carotid Pulse

The carotid arteries supply blood to the head and neck. You can feel the pulse of the **common carotid artery** by taking the same two finger and running them alongside the outer edge of your trachea (windpipe). This pulse may be easier to find than that of the radial artery. Since the carotid arteries supply a lot of the blood to the brain, it's important not to press on both of them at the same time!

*Brachial artery:*

1. Flex your biceps muscle.
2. Press your thumb or a few fingers into the groove created between the biceps and other muscles, approximately 5 cm from the armpit. You should be able to feel the pulse of the brachial artery. This is the major artery supplying blood to the arms.
3. Count pulse for 15 seconds and then multiply that number by 4 to obtain your pulse rate.

*Respirations:*

1. Lay hand on upper abdomen.
2. For one minute count respirations-one rise and one fall of the chest counts as ONE respiration.
3. Number of respirations in one minute is the respiratory rate.

*Blood Pressure:*

1. Palpate brachial artery.
2. Correctly place cuff on arm (demonstrate). Wrap the correctly sized cuff smoothly and snugly around the upper part of your bare arm. The cuff should fit snugly but there should be enough room for you to slip one fingertip under the cuff. Remember you should not wrap cuff on your shirt; cuff should always be wrapped around your arm skin. Be certain that the bottom edge of the cuff is one inch above the crease of your elbow.
3. Support arm on table at heart level.
4. Put the stethoscope ear pieces into your ears with the ear pieces facing forward.
5. Place the stethoscope disk on the inner side of the crease of your elbow over the brachial artery.
6. Rapidly inflate the cuff by squeezing the rubber bulb to 30 to 40 points higher than your last systolic reading. Inflate the cuff rapidly, not just a little at a time. Inflating the cuff too slowly will cause a false reading.
7. Slightly loosen the valve and slowly let some air out of the cuff. Deflate the cuff by 2 to 3 millimeters per second. If you loosen the valve too much, you won't be able to determine your blood pressure.

8. As you let the air out of the cuff, you will begin to hear your heartbeat. Listen carefully for the first sound. Check the blood pressure reading by looking at the pointer on the dial. This number will be your systolic pressure.
9. Continue to deflate the cuff. Listen to your heartbeat. You will hear your heartbeat stop at some point. Check the reading on the dial. This number is your diastolic pressure.
10. Write down your blood pressure, putting the systolic pressure before the diastolic pressure (for example, 120/80).
11. If you want to repeat the measurement, wait 2 to 3 minutes before re-inflating the cuff.
12. In conclusion, when you take BP, the first sound that appears will show your systolic BP. The BP at which this sound disappears will be your diastolic BP.

## Injection Activity

### Materials:

Gloves  
Oranges  
Sterile water  
Syringes  
Alcohol swaps  
Sharps puncture-proof disposal container  
Band-aids

### Procedure:

1. Wash hands.
2. Apply gloves.
3. Using fresh alcohol pad, cleanse the top of the container of sterile water.
4. Remove cap from syringe and pull back plunger to the 2-3 cc. mark.
5. Push needle into top of sterile water container and inject air into water.
6. Pull back on plunger and draw 2-3 cc. of sterile water into syringe.
7. Replace cap on needle and "medicine" next to orange.
8. Select a site on the skin of an orange. Cleanse the area (about 2 inches) with a fresh alcohol pad.
9. Wait for site to dry.
10. Remove the needle cap.
11. Hold the syringe the way you would a pencil or dart. Insert the needle at a 45 to 90 degree angle to the "skin". The needle should be completely covered by "skin".
12. Hold the syringe with one hand (non-dominant). With the other hand pull back the plunger to check for "blood". If you would see "blood" in the solution in the syringe of a patient you would NOT inject. You would withdraw the needle and start again at a new site.
13. If you do not see blood (today's activity) slowly push the plunger to inject the medication. Press the plunger all the way down.
14. Remove the needle from the skin and gently hold an alcohol pad on the injection site. Do not rub.
15. **DO NOT RECAP THE NEEDLE. IMMEDIATELY PUT THE SYRINGE AND NEEDLE IN THE DISPOSAL CONTAINER.**
16. Apply a bandage.

## Glucometer Activity

Resources: <http://www.fda.gov/diabetes/glucose.html#6>  
<http://www.brainpop.com/health/diseasesandconditions/bloodglucosemeter/>  
(great site for students to view demonstration)

### *Materials:*

Adult volunteer

Gloves

Blood glucose meter — reads blood sugar

Test strips— collects blood sample

Lancet — fits into lancing device, pricks finger, and provides small drop of blood for glucose strip

Lancing device— pricks finger when button is pressed

Alcohol wipes— to clean fingers or other testing site

Control solution — checks test strip for accuracy

*Procedure:* the following are the general instructions for using a glucose meter

1. Wash hands with soap and warm water and dry completely or clean the area with alcohol and dry completely.
2. Prick the fingertip with a lancet.
3. Hold the hand down and hold the finger until a small drop of blood appears; catch the blood with the test strip.
4. Follow the instructions for inserting the test strip and using the meter.
5. Record the test result.

## Making an Occupied Bed

### *Materials:*

Linens-bottom sheet, top sheet, blanket, spread, draw sheet (if needed), pillow cases

Hospital bed

“Patient”

Laundry hamper

1. Place linens and hamper near the side of the bed you will begin on.
2. Raise both side rails.
3. Raise bed to appropriate working height.
4. Untuck top linens. Have patient grasp top sheet and hold in place while removing the dirty blanket and spread. Place in hamper. Remember to keep “patient” covered with top sheet.
5. Move patient’s pillow to opposite side of bed from where you will begin.
6. Assist patient in rolling to opposite side, using side rail to assist the patient in maintaining this position.
7. Lower side rail on working side of bed.
8. Roll the empty side of the dirty bottom sheet/draw sheet lengthwise along the backside of the patient’s body so that one- half of the bed has the mattress exposed.
9. Unfold (do not shake) the clean bottom sheet (fitted sheet) lengthwise along the exposed part of the bed, making sure that the center seam is in the middle of the bed. Place fitted sheet over both corners and tuck remaining sheet under the dirty, lengthwise linens. Add draw sheet and tuck in, if needed.
10. Move patient’s pillow to clean side of bed and assist the patient in rolling toward you, reminding the patient that he/she will be rolling over the linens.
11. Raise the side rail and have patient hold on to this to maintain their position.
12. Go to other side of bed. Lower side rail.
13. Remove dirty bottom sheets and place in hamper.
14. Pull through clean sheets and place fitted sheet firmly over corners, making sure to remove all wrinkles. Tuck in draw sheet, if used.
15. Assist patient in rolling to his/her back.
16. On the patient place clean top sheet over dirty top sheet, allowing enough fabric to adequately tuck sheet in at the bottom while leaving 4-6 inches on top to fold over.
17. While the patient is holding the top edge of the clean top sheet, gently slide the dirty sheet off of patient, starting at top and working down. Place in hamper.
18. Unfold clean blanket and spread over patient. Raise side rail.
19. Tuck in top linens at bottom of bed, using mitered corners and allowing for space for foot movement.
20. Fold over top edge of sheet to cover blanket and spread.
21. Gently remove patient’s pillow and remove pillow case. Place case in hamper.
22. Apply clean case and replace pillow behind patient’s head.
23. Lower bed and place call signal within patient’s reach.

## Kidney Stones and Assessing Urine Output

### *Materials:*

Small pebbles  
Water  
Yellow food dye  
Gloves  
Urine hat  
Graduated cylinder  
Kidney stone strainer  
Specimen cup

### *Procedure:*

1. Collect a number of small pebbles of different sizes to represent kidney stones.
2. Mix together water with yellow food dye in a urine collection hat to represent urine.
3. Place one or two very small pebbles in the urine hat.
4. Students obtain a specimen cup and label with patient's name.
5. Students wash hands and apply gloves.
6. Students pour urine from hat into graduated cylinder and measure amount of urine in hat. Remind students to remember this amount so that they record this amount after completing the procedure.
7. After amount is noted, student strains the urine through a kidney stone strainer, observing for stones.
8. After stone found, student places it in a specimen cup and seals to send to lab for analysis.
9. Student removes gloves and washes hands.
10. Student records urine output on I&O sheet.

## Emergency Department

- I. Tour Emergency Room Department
- II. Tour ambulance/medical helicopter
- III. Mock disaster drill activity or triage activity
- IV. Intubation demonstration
- V. Partial examination of cranial nerves
- VI. Career descriptions
- VII. Evaluation

## Disaster Drill/Triage Activity

### *Materials:*

Disaster scenario

Make-up and/or disaster kit from local county emergency department

ER and ambulance staff to assist with triage, if possible

### *Procedure:*

1. Develop a disaster scenario in which each student receives injuries of varying degrees, ranging from minor to critical. Examples of disasters are bus roll-over, fertilizer contamination, science lab explosion.
2. Students receive cards that identify injuries. Cards are placed on students stating types of injuries they have experienced.
3. After dressed and make-up applied, students are placed at ambulance entrance as if they have been transported to hospital. They are identified and receive wrist bands from staff.
4. ER staff triage students based on degree of injury and where they will be sent (OR, X-ray, contamination room).
5. Students are treated as patients and mock procedures are performed.

## Intubation Demonstration

Resources: <http://www.healthsystem.virginia.edu/Internet/Anesthesiology-Elective/airway/Intubation.cfm>

### *Materials:*

Mannequin  
Intubation tray  
Stethoscope

### *Procedure:*

1. Request anesthesiologist or nurse anesthetist to demonstrate intubation using a mannequin.
2. May demonstrate intubation procedure prior to surgery.

## Partial Neurologic Examination of Cranial Nerves

### Materials:

Tuning fork  
Otoscope  
Small flashlight  
Reflex hammer

### Procedure:

1. Visual acuity:  
Complete Snellen eye chart at 14 feet.
2. Pupillary reactions:  
Instruct “patient” to fix both eyes forward on an object. Examiner quickly shines the beam of a light directly into each pupil, one at a time. Note the constriction when the light is flashed into pupil and its return to normal size when removed.
3. Ocular movement:  
Instruct the “patient” to follow examiner’s fingers without moving their head. Examiner moves his/her fingers up, down, left and right observing equal movement of eye.
4. Facial motor function testing:
5. Examiner has “patient” wrinkle forehead, smile and wink eyes noting any asymmetry in movement.
6. Hearing:  
Using a tuning fork, examiner tests “patient’s” hearing.
7. Tongue function:  
Examiner instructs patient to open mouth and say “ahh” and protrude tongue.
8. Neck and shoulder strength:  
Examiner instructs “patient” to raise both shoulders while examiner gently pushes down on shoulders.  
Examiner instructs patient to turn head to left and right.
9. Sensory:  
Examiner instructs patient to close eyes. Examiner lightly touches patient on all 4 limbs and asks patient to identify location.
10. Balance:  
Patient stands with feet together and eyes closed while examiner assesses balance. Patient asked to touch his/her nose and then the examiner’s finger. Patient asked to stand on one foot and balance.
11. Reflexes:  
After demonstrating how to *gently* test knee reflex using reflex hammer have examiner test knee reflex on patient.

## Pharmacy Department

- I. Tour pharmacy
- II. Going to a pharmacy activity
- III. Make a lip salve/balm activity
- IV. Career descriptions
- V. Evaluations

## Going to a Pharmacy Activity

### *Materials:*

Note cards with the name of a different drug on each card that is written up as a prescription, one per student

Resource books regarding medications: nursing pharmacology reference, PDR

Small candies (M&Ms, smarties)

Pill bottles

Blank labels

### *Procedure:*

1. Break students into groups of 2-3.
2. Distribute a note card to each student.
3. One student acts as a customer/patient and the other student is the pharmacist.
4. Customer/patient asks the pharmacist, who then uses the reference book(s) to answer the following questions:
  - What is my medicine for?
  - How does my medicine work?
  - How much and how often should I use my medicine?
  - How should I take my medicine?
  - How long should I use my medicine?
  - Can there be some side-effects when using my medicine?
  - Where can I get help if I have problems?
5. "Pharmacist" then counts out prescribed number of "pills" (candy), labels bottle accurately and answers all patient questions.

## Make a Lip Salve/Balm Activity

### *Materials:*

- 1 oz. Beeswax
- 1 oz. Shea butter or mango butter
- 1 oz. Cocoa butter or deodorized cocoa butter
- Essential oil (approximately 10 drops or flavor to suit)
- 1 oz. Sweet almond oil
- Lip tubes, jars or tins (can be obtained at a craft store)

### *Procedure:*

1. Melt beeswax, cocoa butter and sweet almond oil in microwave on defrost power, using intervals of one minute to stir. You can also use a saucepan on really low heat (using a double boiler is even better).
2. When completely melted, add essential oil of your choice (try peppermint, spearmint or any citrus flavors) and shea butter or mango butter.
3. Combine thoroughly.
4. Carefully pour into tubes, jars or tins.
5. Allow to cool completely.

## Job Shadowing

### *Materials:*

Hospital staff to be mentor

List of questions for students to ask hospital staff

Thank-you card

### *Procedure:*

1. With each student, determine field of interest to job shadow.
2. Arrange an enthusiastic staff mentor for shadowing experience.
3. Distribute list of questions that students should ask staff regarding particular career.
4. After completion on job shadow, have student reconvene and discuss their experiences.
5. Have students complete a thank-you card for job shadow mentor.

## Questions for Job Shadow

1. What made you decide to become a \_\_\_\_\_?
2. Are you happy with your career decision?
3. What type of classes would you recommend for high school?
4. How long did you have to go to school following high school?
5. What type of classes or training did you have to complete to get your degree?
6. What was your favorite class?
7. What was your least favorite class?
8. Is there anything that you would have done differently?
9. What do you like most about your career?
10. What would you like to change about your career?
11. What is your typical work day like?
12. What are your specific duties and responsibilities?
13. What activities or classes should I participate in to prepare myself for this career?

# **Club Scrub**



# **Cookbook**

## **Tex-Mex Popcorn**

\*Adult Supervision

¼ c. margarine, melted  
1 Tbsp. dry taco seasoning mix  
½ c. popcorn kernels  
2 Tbsp. vegetable oil

Mix the melted margarine with taco seasoning and set aside. Pop the popcorn kernels in the oil in a large, covered pot, pop, then pour into a large serving bowl. Stir in the seasonal margarine and toss lightly. Serves 4.

## **Arctic Oranges**

4 oranges  
4 c. orange juice  
4 cherries

Cut the tops off the oranges in a zigzag pattern. Hollow out the insides, remove the seeds and combine in a blender with the juice. Set the rinds in a muffin tin and fill with the mixture. Drop a cherry inside each orange. Freeze for 2-3 hours. Soften the treats for 5 minutes, then serve. Makes 4.

## **Apple Ladybug Treats**

2 red apples  
¼ c. raisins  
1 Tbsp. peanut butter  
8 thin pretzel sticks

Slice apples in half from top to bottom and scoop out the cores using a knife or melon baller. Place each apple half flat side down on a small plate. Dab peanut butter on to the back of the "lady bug", then stick raisins onto the dabs for spots. Use this method to make eyes too. Stick one end of each pretzel stick into a raisin, then press the other end into the apples to make antennae.

## Apple Lips

1 apple  
1 Tbsp. peanut butter  
5 mini marshmallows

Core and slice apple into 4-6 wedges. Take half of the wedges and spread with peanut butter on the top side. Take the mini-marshmallows and place on top of peanut butter. Spread the other half of the apple wedges with peanut butter and place peanut butter side on top of the marshmallows.

## Crispy Cheese Critters

1 packet whole wheat flour tortillas  
2 c. grated cheese  
½ c. bacon bits  
Assorted cookie cutters

Cut out shapes in the tortillas with cookie cutters. Place shapes on cookie tray or broiler pan. Arrange the grated cheese on the shapes and then sprinkle bacon bits on top. Place tray under broiler for 3-5 minutes or until cheese is melted. Allow to cool slightly before serving. Makes 24.

## Turkey Twirls

1 flour tortilla  
1 Tbsp. mayonnaise-optional  
3 oz. sliced turkey  
3 oz. sliced cheese  
2 Tbsp. shredded lettuce

Spread mayonnaise on tortilla. Layer turkey, cheese and lettuce on top of tortilla and roll up.

## **Cheesy Bagels**

One mini-bagel  
1 Tbsp. light cream cheese  
10 raisins

Top a mini-bagel with the cream cheese and sprinkle with raisins.

## **Fruit Shakes**

1 c. fresh berries  
½ banana, cut into 1 inch pieces  
¼ c. vanilla nonfat yogurt  
¼ c. orange juice  
1 c. ice cubes

Blend all ingredients together in a blender until smooth. Serve.

## **Ants on a Log**

5 stalks celery  
½ c. peanut butter  
¼ c. raisins

Cut the celery stalks in half. Spread with peanut butter. Sprinkle with raisins.

## **Fruit Roll-up**

1 package tortillas  
Assorted fresh fruit, sliced thinly:  
(strawberries, kiwi, bananas, cantaloupe)  
Light cream cheese

Spread tortilla with 1 Tbsp. cream cheese. Spread fruit over the cream cheese.  
Roll up tortilla and eat.

## Spiders

2 Ritz crackers  
1 tsp. peanut butter  
4 pretzel sticks

Break apart pretzel sticks in half to create the legs. Place the “good” side of the cracker down, and smear peanut butter on the “back” side of the cracker. Place the legs on each side of the cracker. Top with the remaining cracker. Serves 1.

## Personal Pizza

Roll of refrigerator biscuits  
Pizza sauce  
Shredded cheese  
Other toppings as desired  
(peppers, mushrooms, tomatoes)

Pre-heat oven to temperature on biscuit package. Open the biscuits and separate. Take one biscuit at a time, flatten them as much as possible on an ungreased cookie sheet. Once biscuits are flattened, spread with sauce, sprinkle with cheese and add other toppings. Put into oven and cook until the cheese is melted.

## GORP Balls

1/3 c. dried fruit	1/3 c. raisins
1/3 c. Cheerios	2 c. peanuts
1/3 c. mixed nuts	1 c. chocolate chips
1/3 c. coconut flakes	1/3 c. honey
1/3 c. sunflower seeds	½ c. peanut butter

Combine melted chocolate chips, honey, and peanut butter. This is the “glue” that holds together the mix. Add in the remaining ingredients. Roll into balls.

## **Breakfast Quesadillas**

\*Adult Supervision

2 small flour tortillas  
2 Tbsp. pasta sauce  
2 Tbsp. chopped ham  
¼ c. grated mozzarella cheese

Spread half of each tortilla with pasta sauce, sprinkle with ham, then mozzarella. Fold uncovered half over filling. Heat non-stick fry pan over medium heat, cook quesadilla for about 2 minutes per side or until cheese is melted OR bake at 400 F for about 8 minutes. Cut into wedges. Serves 2.

## **Nutty Snack Mix**

4 c. peanuts  
1 c. M & M's  
1 c. whole almonds  
1 c. raisins  
¼ c. sunflower seeds

Combine all ingredients in a large bowl and mix well. Store in an air tight container.

## **Additional Healthy Snack Ideas**

Graham cracker and peanut butter  
Frozen grapes  
Yogurt with fruit  
Popcorn  
Cheese and crackers  
Mixed nuts  
Fresh fruit  
Veggies and dip  
Hard-boiled eggs  
Milk with graham crackers