

Introduction to Nursing

Basic Care - Part 1

Basic Nursing Care

Purpose: to provide you with the knowledge and skills to safely provide basic care for your patients

Your Responsibility: Read and study the information provided
Practice in the lab, ask questions
Practice, practice, practice

Safe & Quality Patient Care

How do healthcare facilities guide practice and keep their patients safe?

Beebe uses the following:

- Joint Commission 2021 Patient Safety Goals
- Evidence-Based Practice or "Best Practice"
- Beebe Values

Beebe Values

- ▶ Do what it takes to keep everyone safe
- ▶ Do it right the first time-every time
- ▶ Treat each individual with respect and dignity
- ▶ Build trusting relationships with compassion and kindness
- ▶ Listen carefully - have the courage to communicate honestly & effectively
- ▶ Achieve amazing accomplishments through exceptional teamwork
- ▶ Act with passion and love for others to make a difference
- ▶ Dedicate yourself to being an expert in your field - always learning, always growing

Beebe Mission

To encourage healthy living, prevent illness, and restore optimal health with the people living, working, and visiting in the communities we serve.

Beebe Vision

For Sussex County to be one of the healthiest communities in the nation.

Handwashing

Most important thing you can do to protect yourself and your patient!

How:

- Alcohol hand sanitizer: Until hands dry: Preferred in most clinical situations
- Soap & water: Minimum 20 Seconds

When: (May use alcohol-based hand sanitizer OR soap and water)

- Before and after patient care
- Before and after donning gloves
- Before preparing or administering medications
- After handling body fluids
- Before inserting indwelling catheters or other invasive devices

- After contact with a patient's non-intact skin, wound dressings, secretions, excretions, mucous membranes, if hands are not visibly soiled
- When moving from a contaminated body site to a clean body site during patient care
- After blowing your nose, coughing or sneezing
- Gloves are not a substitute for washing hands!

Soap and Water required for the following:

- When hands are visibly soiled
- Before eating
- After using the restroom
- When caring for patients with certain infections, such as *Clostridium difficile* and Norovirus, and/or in outbreak situations as directed by Infection Prevention
- After contact with chemicals

Know:

- Beebe Policy: Hand Hygiene
- CDC: When & how to wash your hands
- ATI Skills Checklist: Hand hygiene
- Proper Glove Use
- Review Dress Code on nail length and artificial nails

Gloves

Worn when potential for direct contact with blood or bodily fluids, nonintact skin, mucous membranes, or infectious materials - plus handling any kind of drain, tube, or device that enters the patient's body (IVs, urinary catheters, chest tube, etc.)

PPE

Includes gowns, gloves, face masks, N95 masks, eye protection, face shields, shoe covers

- Review donning and donning sequence (ATI video)
- Extended use - wearing same PPE between patients or for multiple days

Standard Precautions

- Purpose: to prevent transfer of microorganisms, and to keep you and your patients safe!
- Also known as "Universal Precautions"
- *Used for all patients!*

When possibility of contact with:

- Blood
- All body fluids, excretions & secretions except sweat
- Broken skin
- Mucous membranes

Standard Precautions include:

- Effective hand washing
- Proper use of gloves
- Mask & face/eye protection as needed
- Clean, non-sterile gown when anticipating splashes or sprays of blood or body fluids
- Safe disposal of contaminated linens & supplies

- Safe disposal of sharps
- Proper cleaning of surfaces & equipment after use

COVID-19 Precautions

- Face mask required in Beebe facilities
- Surgical mask required in patient care areas
- Eye protection required in patient rooms or within 6 feet of patients
- Avoid touching masks and eye protection – perform hand hygiene before and after!

Isolation Precautions

- Contact Precautions
- Special Contact Precautions
- Contact Precautions (Level III)
- Droplet Precautions
- Airborne Precautions
- Protective Isolation
- Expanded Respiratory Precautions (COVID-19)

(Refer to Beebe policy: Isolation Precautions for more information)

Patient Care Basics

What must be done during every patient interaction before you provide any care?

- 2 patient identifiers used at Beebe: _____ & _____
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Patient Privacy

- Respect privacy
- Introduce self
- Ask permission
- Anticipate patient needs & feelings
- Be assertive but not aggressive
- Provide education & explanations
- Make time, listen, develop rapport
- Answer questions
- Offer help – Ask “Is there anything else I can do for you?”
- Remember HIPAA

Feeding

Good nutrition is an important part of a patient’s health and recovery!

Nursing is responsible for ensuring that the patient gets the ordered diet and has assistance as needed.

Check chart:

- Pt NPO for testing, procedure, surgery
- Pt on special diet following procedure, surgery

Confirm:

- Right tray is going to the patient
- Diet on tray matches diet ordered
 - Diet consistency: regular or mechanically altered: chopped, ground, pureed
 - Liquid Consistency: thin or thickened: nectar, honey, pudding
- Ensure blood sugar has been checked, if ordered
- Monitor patients for difficulty with eating, drinking, swallowing

Feeding Assistance

- ▶ Place upright to eat: 60-90 degrees unless otherwise indicated: bed or chair
- ▶ Proper body alignment
- ▶ Clear off tray table and clean if needed
- ▶ Offer bedpan/toileting before tray placed
- ▶ Wash hands
- ▶ Ensure adaptive equipment available as ordered: curved utensils, thick handles
- ▶ Encourage independence
- ▶ Use spoon to feed. Do not rush.
- ▶ Document food intake in percentages (%)
- ▶ Document fluid intake in milliliters (mL)

Dysphagia

Dysphagia: _____

Aspiration: _____

Signs of dysphagia: ***Stop providing food or fluids immediately***

- o Choking
- o Coughing
- o Gagging
- o Drooling
- o Throat clearing
- o Vomiting when eating
- o Wet, gurgling voice
- o Pocketing food
- o Difficulty swallowing, chewing
- o Needs frequent oral suctioning

Aspiration Precautions

- HOB 90 degrees when eating or drinking
- 1:1 supervision during feeding
- Cut food into small bites
- Allow extra time for chewing & swallowing
- Alternate bits with sips of liquid
- Keep HOB raised for 30 min after meal

- Maintain HOB 30-45 degrees at all times
- Thicken liquids, modified diet
- Avoid distractions during meals
- Frequent oral care
- Crush medications
- Have suction available

Oral Care

- Important for overall health, prevent tooth decay, gum disease, and serious infections
- Minimum twice a day
- Ask patient their usual routine
- Assist to brush teeth & rinse mouth – offer floss, mouthwash, lip balm
- Caution patients on blood thinners – use soft bristle brush
- Observe lips, tongue, oral mucosa for dryness and/or ulcerations
- Xerostomia: _____

Oral Care: Unconscious Patient

- Especially important for unconscious or ventilator-dependent patients
- More at risk for dry mouth
- Saliva has antibacterial, antiviral & antifungal effects
- Oral care performed Q4 hours & PRN
- May need frequent oral suctioning for secretions
- High risk for aspiration
- Prevents VAP: _____

Denture Care

- Can have full or partial dentures or combination, upper/lower
- Ask patient about home routine
- Expensive! Handle with care!!!
 - Washcloth in sink, rinse & brush surfaces over emesis basin
 - Soak in water overnight or when not in mouth
 - May need adhesive for insertion

Safe Lifting

Body Mechanics

- Stand close to patient or object you are lifting
- Raise bed to your comfort level before transferring
- Spread feet to give yourself wide base before lifting
- Tighten abdominals, keep lower back straight
- Squat and lift/push up from knees (don't lift with back)
- Pivot or side-step in direction of movement

- Do not bend or twist at waist
- Provide patient with directions to assist, if able
- Easier & safer to pull something toward you than push it away

Beebe Policy:

- Never lift alone
- Use a minimum of 2 people to move a patient up in bed
- Use a minimum of 4 people to transfer a patient from bed to stretcher
- Never lift > 50 pounds without help of equipment or other staff

Safe Transfer

- Know your patient!
- Have equipment available: gait belt, slide board, walker, mechanical lift, air mattress
- Lock brakes on bed and receiving equipment before transfer (chair, stretcher)
- Have enough staff to safely transfer patient

Dangling

- Ask patient to sit on side of bed before transfer
- Monitor for dizziness, light-headedness, change in vital signs
- Ensure non-skid shoes or socks are in place
- Have equipment ready

Transfer: Bed to Chair

- Provide privacy
- Lock bed and chair brakes
- Walking shoes are best, otherwise apply slipper socks
- Secure gait belt around waist
- Consider IV pole, catheters, drains, etc.
- Ask for help if needed
- "Stand-Pivot Transfer" – for patients who are strong, cooperative and able to assist
- Ensure good body alignment in chair
- Offer blanket, arm pillows, elevate legs for comfort
- Place call bell in reach!

Ambulation

- Think safety before getting your patient up
- Check chart: activity orders; how tolerated
- Dangle patient before standing
- Use gait belt (at bedside)
- Assistive devices in reach?
- **Masks required** to ambulate in hallway (COVID-19)

Safe Transport: Bed/Wheelchair

- Wheels on bed/chair locked before transfer
- Good body alignment

- Patient covered for privacy & warmth
- Maintain safe speed
- When using elevator, turn & go in backward
- When going down steep incline, turn & go down backward
- Urinary catheter secured below level of bladder

Fall Prevention

- **Prevention is Key!**
- **Morse Fall Risk Assessment:** evaluates fall risk on & throughout admission
- Most hospital falls happen in the patient's room or bathroom (r/t toileting)
- **What can we do?**
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If a fall occurs:

- If able, ease patient to floor
- Call for help! Stay with the patient
- Do not move the patient until they have been evaluated
- Notify physician
- Participate in debriefing session with nursing staff
- **Know: Beebe Policy: Fall Prevention & Management**

Restraints

Used to prevent a patient from harming themselves or others

Rarely used, very regulated

If ordered, Follow Beebe Policy on Restraints

Culture of Safety

- Patient safety is top priority!
- Everyone's responsibility
- Offer assistance, answer call bells, report potential hazards (spills on floor, etc)
- Overall Goal: Provide/Promote a "Culture of Safety"
- Blame free environment: Safety Tracking Tools
- Proactive: "Good Catch Program"
- Processes to prevent errors
- Transparency

