Beebe Healthcare
Margaret H. Rollins School of Nursing
Nursing 101 - Foundations of Nursing

Introduction to Nursing
Basic Care – Part 1 (2024)

Basic Nursing Care

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

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

Maslow's Hierarchy of Needs:

Safe & Quality Client Care

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

Beebe uses the following:

- Joint Commission 2024 Patient Safety Goals
- Evidence-Based Practice or "Best Practice"
- Beebe Values

Beebe Values- "L.O.V.E"

- 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

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

Hand hygiene

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

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 client 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 client'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 client 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 clients with certain infections, such as *Clostridium difficile* and Norovirus, and/or in outbreak situations as directed by Infection Prevention
- After contact with chemicals

Hand hygiene Tips

- Warm water is best (but cold is ok)
- Friction is most important!
- Scrub all surfaces of both hands
- Do not contaminate hands once clean
- Gloves are not a substitute for hand hygiene!
- Keep nails short, no artificial nails– harbor bacteria

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 in student handbook

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 client'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 clients or for multiple days

Donning Sequence (Putting on)

- Identify hazard/gather PPE.
- Hand hygiene
- Gown
- Mask
- Eye protection (incl. face shield) if needed
- Gloves

Doffing Sequence (taking off)

- Gloves
- Face shield/eye goggles
- Gown
- Mask/N-95 respirator

Standard Precautions

- Purpose: to prevent transfer of microorganisms, and to keep you and your clients safe!
- Also known as "Universal Precautions"
- *Used for all clients!*
  When possibility of contact with:
  - Blood
  - All body fluids, excretions & secretions except sweat
  - Broken skin
  - Mucous membranes

Standard Precautions include:

- Effective hand hygiene
- 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

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COVID-19 Precautions

- Surgical mask and eye protection required in COVID-19 client rooms or "Rule Out" COVID-19 clients.
- Avoid touching masks and eye protection – perform hand hygiene before and after

Isolation Precautions

- Contact Precautions
- Enteric Precautions (for C. Diff)
- 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)

Client Care Basics

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

-Knock before entering
-Perform hand hygiene
-Introduce self
-2 client identifiers used at Beebe: _____ & _____
-Assess allergies
-Provide privacy
-Educate client
-Gather supplies
-Utilize appropriate PPE
Place _____ and personal items are in reach!

Client Privacy

- Respect privacy
- Ask permission
- Anticipate client 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 (Need to know basis)

Feeding

Good nutrition is an important part of a client's health and recovery!
Nursing is responsible for ensuring that the client gets the ordered diet and has assistance as needed.

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Check Chart:

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

Confirm:

- Right tray is going to the client
- 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 clients for difficulty with eating, drinking, swallowing

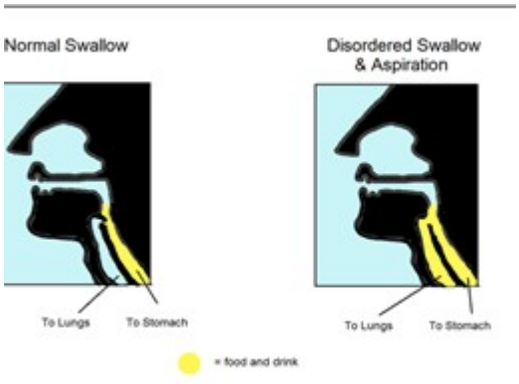
Feeding

- Place upright to eat: 60-90 degrees unless otherwise indicated
- OOB = _____ to chair is best!
- Proper body alignment
- Clear off tray table and clean
- Offer bedpan/toileting before tray placed
- Wash hands (client and you!)
- Cover client with a towel
- Ensure adaptive equipment available as ordered: curved utensils, thick handles
- Vision Impaired client: use clock to describe where food is located on tray and plate
- Client with dementia: may need encouragement to keep eating
- Encourage independence
- Use spoon to feed. Do not rush. Sit facing client when feeding.
- Document food intake in percentages (%) i.e., 25%
- Document fluid intake in milliliters (mL) i.e..; 240 mL

Dysphagia is _____
Aspiration is _____

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

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



NPO STAT AND CALL PROVIDER!

Aspiration Precautions

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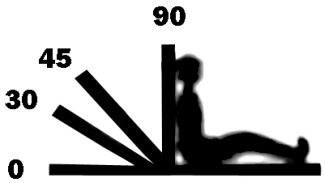
- HOB =_____90 degrees when eating c
- 1:1 supervision during feeding
- Cut food into small bites
- Allow extra time for chewing & swallowing
- Alternate bits with sips of liquid
- Keep HOB raised for 30 min after meal
- Always maintain HOB 30-45 degrees
- Thicken liquids, modified diet
- Avoid distractions during meals
- Frequent oral care
- Crush medications
- Have suction available
- Place food on the unaffected side of the mouth for a stroke client

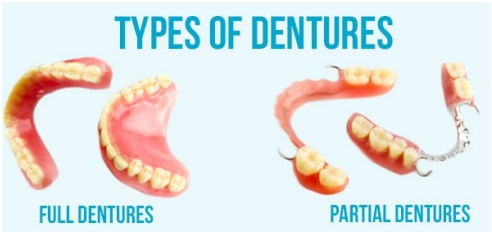


Oral Care

- Important for overall health, prevent tooth decay, gum disease, and serious infections
- Perform BID=_____ & PRN=_____.
- Ask client their usual routine
- Assist to brush teeth & rinse mouth – offer floss, mouthwash, lip balm
- Caution clients on blood thinners – use soft bristle brush
- Observe lips, tongue, oral mucosa for dryness and/or ulcerations
- Dry mouth with ↓ saliva: *dry mouth with ↓ saliva*
    - Common in older adults. Affects appetite and the ability to eat, taste, & swallow food

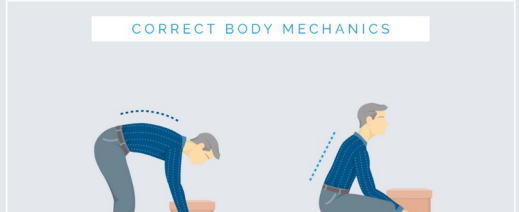
Oral Care: Unconscious Client

- Especially important for unconscious or ventilator-dependent clients
- 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 client about home routine
- Soft brush on gums and tongue
- Make sure dentures go into a denture cup with client info on it. To avoid them getting misplaced or mistakenly throw away!
- Expensive! Handle with care!!! (Do not drop!)
    - Washcloth in sink, rinse & brush surfaces over emesis basin
    - Soak in water overnight or when not in mouth
    - May need adhesive for insertion



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Safe Lifting

Body Mechanics

- Stand close to client 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
  - (Do not lift with back!)
- Pivot or side-step in direction of movement
- Do not bend or twist at waist
- Provide client 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 two people to move a client up in bed
- Use a minimum of four people to transfer a client from bed to stretcher
- Never lift > 50 pounds without help of equipment or other staff

Safe Transfer

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

Dangling

- Ask client to sit on side of bed before transfer
- Monitor for dizziness, light-headedness, change in vital signs called _____
- Ensure non-skid shoes or socks are in place
- Have equipment ready
  - Gait belt – all clients!
  - Cane
  - Crutches
  - Walker
  - Wheelchair
  - Bedside chair
  - Hoyer lift

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 clients 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! And client's personal items (Cell phone, book, Chapstick, etc.)

Ambulation

- Think safety before getting your client up
- Check chart: activity orders; how tolerated
  - BR=_____.
  - Up ad lib=_____.
- Dangle client before standing
- Use gait belt (at bedside)
- Assistive devices in reach?

Safe Transport: Bed/Wheelchair

- Wheels on bed/chair locked before transfer
- Good body alignment
- Client 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
  - **↑ the Morse fall risk assessment number, the ↑ risk for falls (max score: 125)**
- Most hospital falls happen in the client's room or bathroom (r/t toileting)
- **What can we do?**
  - Call bell in reach! Ensure client understands how to use it
  - Bed/chair alarms
  - Non-skid footwear or slipper socks
  - Bed in lowest position with wheels locked
  - Know Morse fall risk score – identify high risk clients
  - Round frequently & offer toileting
  - Keep walkways free of clutter
  - Adequate lighting
  - Use gait belt, assistive devices
  - Dangle before ambulating
  - Personal items within reach

- Client education
- Assess for confusion, delirium
- Tele-sitters, 1:1 sitters

If a fall occurs:

- If able, ease client to floor
- Call for help! Stay with the client
- Do not move the client 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 client from harming themselves or others

- Use of restraint should be a last resort to achieve client and staff safety.
- Rarely used, very regulated
- All other interventions should be attempted first, and their effectiveness or lack of effectiveness documented.
- Other interventions that should be attempted before restraints are considered include the following measures.
  - Engage the client in social interactions.
  - Offer client diversional activities.
  - De-escalate the situation.
  - Place the client in a room near the nurses' station.
  - Encourage family members' presence at the bedside.
  - Have a sitter at the client's bedside.
  - Use bed or chair alarms.
  - Keep the IV tubing, urinary catheter, or other medical devices out of the client's view.
  - Remind and reorient the client to not pull on the medical device or to get out of bed.

Types of Restraints

- **Physical-** manually immobilizing the client using physical strength
- **Mechanical-** use of materials, straps, fabric, etc. that can be fastened around wrists or ankles
  - Using two extremities is called 2-point restraint
  - Using four extremities is called 4-point restraint
    - 4 pt. restraints are used for very dangerous/combative client
- **Chemical**- administration of medications to reduce the client's movements.
- **Barrier-** restraining client movement with a setting
- **Seclusion-** involuntary placement of a client alone in a securely locked room.

- All restrained clients must have frequent circulatory, respiratory, and skin checks to ensure the device is not too tight and decreasing the blood and airflow around the area.
  - The restraint must be removed during these assessments.
- Per Beebe's policy every 2-hr. skin/circulation assessment must be completed and charted!
  - Beebe's policy outlines proper use- If ordered, Follow Beebe Policy on Restraints

- Utilize the least restrictive restraint to achieve the desired effect

Culture of Safety

- Client 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