

Management of Care

Anemias: Discharge Teaching for a Client Who is Recovering From a Sickle Cell Crisis

1. Have hemoglobin checked in 4 to 6 weeks to determine efficacy.
2. Vitamin C can increase oral iron absorption.
3. Take iron supplements between meals to increase absorption, if tolerated.

Multiple Sclerosis: Priority Action for a Client During an Initial Visit

1. Discuss coping mechanisms and sources of support (family, friends, spiritual figures, support groups).
2. Monitor cognitive changes and plan interventions to promote cognitive function. (Reorient client. Place objects used daily in routine places.)
3. Facilitate effective communication of dysarthria using a communication board.

Safety and Infection Control

Spinal Cord Injury: Care of Client Who Has a Halo Device

1. Do not use halo device to turn or move client.
2. If going home with a halo fixation device on, follow instructions for pin and vest care.
3. Report indications of infection and skin breakdown.

Pharmacokinetics and Routes of Administration: Teaching About Proper Needle Disposal

1. Place all needles and other sharps in sharps disposal container immediately after they have been used.
2. Dispose of used sharps disposal containers according to your community guidelines.
3. Throw out sharps when the container is three-quarters full.

Cancer Treatment Options: Caring for a Client Who Is Receiving Bradytherapy

1. Organize care so that the nurse and staff exposure is kept at a minimum
2. Perform non-direct care outside of the patient's room
3. Inspect all linens before discarding to make sure implant/seeds have not been released, only change when soiled. Save all linens, gowns, dressing, equipment, trash in patient's room until patient is discharged.

Cancer Treatment Options: Caring for a Client Who Has a Sealed Radiation Implant

1. Wear a lead apron when providing care.
2. Limit each visitor to 30 minutes per day.
3. Restrict children who are under 16 years of age from visiting.

Health Promotion and Maintenance

Immunizations: Recommended Vaccinations for Older Adult Clients

1. Pneumococcal Vaccine
2. Influenza

3. MPSV4

Psychosocial Integrity

Amputations: Providing Support Following an Alteration in Body Image

1. Allow for the client and family to grieve for the loss of the body part and change in body image.
2. The nurse should assess the psychosocial well-being of the client. Assess for feelings of altered self-concept and self-esteem, and willingness and motivation for rehabilitation.
3. Rehabilitation should include adaptation to a new body image and integration of prosthetic and adaptive devices into self-image.

Basic Care and Comfort

Stroke: Caring for a Client Who has Left-Sided Hemiplegia

1. Place the client on a cardiac monitor to detect arrhythmias.
2. Institute seizure precautions.
3. Monitor for changes in level of consciousness (indicates increased ICP).

Pressure Ulcers, Wounds, and Wound Management: Implementing Preventive Strategies

1. Keep skin clean, dry, and intact. Provide a firm, wrinkle-free foundation with wrinkle-free linens.
2. Raise heels off of the bed to prevent injury.
3. Keep clients from sliding down in bed, as this increase shearing forces that pull tissue layers apart and cause damage. Lift, rather than pull, clients up in bed or in a chair, because pulling creates friction that can damage the outer layer of skin.

Pain Management: Use of Nonpharmacological Methods of Pain Relief

1. Mind-body practices (yoga, chiropractic manipulation).
2. Cognitive approaches (mediation, distraction)
3. Natural products (herbs, oils)

Benign Prostatic Hyperplasia, Erectile Dysfunction, and Prostatitis: Preventing Complications Following a Transurethral Resection of the Prostate

1. Record the amount of irrigating solution instilled (generally very large volumes) and the amount of return. The difference equals urine output.
2. Monitor vital signs and urine output.
3. Assist the client to ambulate as soon as possible to reduce the risk of deep-vein thrombosis and other complications that occur due to immobility.

Disorders of the Eye: Priority Action for Eye Irrigation

1. Don't touch the eye lid with instrument or string.
2. Aim the solution into the lower conjunctiva sac beginning the flow at inner part of the eye to the outer part and maintain a steady stream of solution until the eye is clean.

3. Advise patient to not touch their eye

Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Dietary Recommendations for a Client Who Has Nephrotic Syndrome

1. Restrict fluids
2. Restrict dietary sodium, potassium, phosphorus, and magnesium.
3. Provide a diet that is high in carbohydrates and moderate in fat.

Reduction of Risk Potential

Pancreatitis: Expected Laboratory Findings

1. Serum glucose: increased due to a decrease in insulin production by the pancreas.
2. ESR: Elevated
3. Blood liver enzymes and bilirubin: increased with associated biliary dysfunction

Head Injury: Monitoring Neurological Status:

1. Assess pupils for size, equality, and reaction to light.
2. Respiratory status
3. Cranial nerve function

Postoperative Nursing Care: Assessment of Postoperative Dressing

1. Observe drainage tubes for patency and proper function
2. Check dressings for excessive drainage and reinforce as needed. Report excess drainage to the surgeon.
3. Outline drainage spots with a pen, noting date and time. Report increasing drainage to the surgeon.

Hemodialysis and Peritoneal Dialysis: Monitoring Patency of an Arteriovenous Graft

1. Checking for thrill or bust
2. Monitor the access site for signs of an infection such as fever, redness, drainage, or swelling.
3. Contact the provider if there is bleeding.

Diabetes Mellitus Management: Clinical Findings of Hypoglycemia

1. Mild shakiness
2. Lack of coordination
3. Confusion

Postoperative Nursing Care: Priority Assessments Following a Coronary Artery Bypass Grafting

1. Therapeutic communication to decrease anxiety.
2. Report pain- give medications before activity
3. Do a baseline vitals assessment

Sensory Perception: Performing Ear Irrigation

1. Perform aseptic hand washing
2. Place client in comfortable position
3. Place towel/drape on patients shoulder of affected side

Physiological Adaptation

Airway Management: Evaluating Client Understanding of Tracheostomy Care

1. Artificial airways can be placed orotracheally, nasotracheal, or through a tracheostomy to assist with respiration.
2. A tracheostomy is the stoma/opening that results from a tracheotomy to provide and secure a patent airway.
3. A tracheotomy can be an emergency or a scheduled surgical procedure; it can be temporary or permanent.

Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Discharge Instructions for Syphilis

1. Consult a social worker to determine home care needs.
2. Refer the patient to contact tracing.
3. As needed, obtain physical or occupation therapy consultation.

Fluid Imbalances: Clinical Manifestations of Hypervolemia

1. Tachycardia
2. Hypertension
3. Altered level of consciousness

Hemodynamic Shock: Client Positioning

1. Lie supine
2. Elevated legs
3. Make sure to make the patient comfortable

Systemic Lupus Erythematosus: Client Findings Associated With Raynaud's disease

1. Cold fingers and toes
2. Color changes in your skin
3. Numb, prickly feeling or stinging pain upon warming or stress relief

Pacemakers and Implantable Cardioverter/Defibrillators: Identifying Postoperative Complications

1. Assess the incision site for redness, pain, drainage, or swelling.
2. Administer antibiotics as prescribed
3. Assess breath sounds and chest movement

Intravenous Therapy: Priority Action for Central Access Device Complication

1. Do not stop a continuous infusion or allow blood to back up into the catheter for any length of time.
2. Flush intermittent IV catheters with the appropriate solution after every medication administration or every 8 to 12 hours when not in use.
3. Make sure the IV insertion site's dressing is not too tight.

Emergency Nursing Principles and Management: Priority Action for Abdominal Trauma

1. Prevent hypothermia
2. Prevent hypovolemia
3. Take the client to the OR immediately if the client is hemodynamically unstable.

Hemodialysis and Peritoneal Dialysis: Assessment of an Arteriovenous Fistula

1. Assess for patency at least every 8 hours
2. Palpate the vascular access to feel for a thrill
3. Auscultate the vascular access with a stethoscope

Pharmacological and Parenteral Therapies

-

Medication Affecting Blood Pressure: Client Teaching Regarding ACE Inhibitors

1. Blood pressure is monitored after the first dose for at least 2 hours to detect hypotension.
2. Avoid activities that require alertness until effects are known.
3. Notify the provider if cough, rash, dysgeusia (altered taste), or indication of infection occur.

Tuberculosis: Adverse Effects of Antimicrobial Therapy

1. Nausea
2. Indigestion
3. Stomach pain or cramping

Electrolyte Imbalances: Manifestations of Hypokalemia

1. Decreased blood pressure
2. Weak/thready pulse
3. Flattened T wave, prominent U waves, ST depression, prolonged PR interval

Blood and Blood Product Transfusion: Preparing to Administer a Blood Transfusion

1. Incompatibility is a major concern when administering blood or blood products. Preventing incompatibility requires strict adherence to blood transfusion protocols.
2. Type and cross match is necessary for packed red blood cells. Blood products containing RBCs are typed and cross-matched for antigens.
3. Assess vital signs and client's temperature prior to transfusion.

Cardiovascular Diagnostic and Therapeutic Procedures: Maintaining a Central Venous Access Devices

1. Allow intermittent or continuous central access to a blood vessel

2. A device usually inserted into the subclavian or jugular vein with the distal tip resting in the superior vena cava just above the right atrium
3. Make sure to irrigate the central venous catheter

Angina and Myocardial Infarction: Reinforcing Teaching About Nitroglycerin

1. Monitor for orthostatic hypotension.
2. Ensure the client has not taken a phosphodiesterase inhibitor for erectile dysfunction within 24 to 48 hours, as severe hypotension can result.
3. Use cautiously with other antihypertensive medications

Gastrointestinal Therapeutic Procedures: Shortage of TPN Solution

1. Keep dextrose 10% in water at the bedside in case the solution unexpectedly is ruined.
2. Having dextrose available will minimize the risk of hypoglycemia.
3. If a bag is unavailable and administered late, do not attempt to catch up by increasing the infusion rate this can cause hyperglycemia.