

Community Remediation

Management of Care

- Continuity of Care: Role of the Case Manager
 - Collaboration between clients, family members, community resources, payer sources, and health care professionals contributes to successful management of the client's health care needs.
 - Case management nurses must possess excellent communication skills in order to facilitate communication among all parties involved. The case management nurse's ability to articulate the needs of the client to various parties can save time and promote successful outcomes.
 - Case management nurses can face ethical dilemmas as they work with consumers and providers to determine the best course of action.
- Community Assessment, Education, and Program Planning: Planning Strategies to Address Childhood Obesity
 - Educate all children and their families, routine healthcare should include obesity-focused education
 - Healthy foods in cafeteria, ban on sweetened beverages and energy-dense junk food
 - Mandatory 60 min of physical activity daily to be supervised by parents
- Infections: Regulations for STI Reporting
 - It is the responsibility of the provider to report cases of these diseases to their local health department.
 - Chlamydia is a commonly reported condition.
 - Syphilis is a commonly reported condition.

Safety and Infection Control

- Emergency Preparedness: Response of a Disaster
 - Activate the disaster management plan
 - Perform triage, direct those affected, and coordinate evacuation, quarantine, and opening of shelters
 - Triage involves identifying those who have serious versus minor injuries, prioritizing care of victims, and transferring those requiring immediate attention to medical facilities
- Infection Control: Home Health Care for a Client who has MRSA
 - Hand hygiene using nonantimicrobial soap or an antimicrobial soap and water is recommended when visibly soiled or contaminated with blood or body fluids.
 - Use a sturdy, moisture-resistant bag for soiled items and tie the bag securely in a knot at a top
 - Bag and handle contaminated laundry to prevent leaking or contamination of clothing or skin

Health Promotion and Maintenance

- Client Education: Identifying Educator-Related Barriers to Learning
 - Fear, anxiety, depression
 - Physical discomfort, pain, fatigue
 - Environmental distractions

- Continuity of Care: First Action when Discharge Planning
 - Discharge planning is an essential component of the continuum of care, and is an ongoing assessment that anticipates the future needs of the client
 - Discharge planning requires ongoing communication between the client, nurse, providers, family, and other members of the interprofessional team. The goal of discharge planning is to enhance the well-being of the client by establishing appropriate options for meeting the health care needs of the client.
 - Discharge planning begins at admission

- Coping: Caregiver Burden
 - Role strain – the frustration and anxiety that occurs when a person feels inadequate for assuming a role
 - EX-caring for a parent with dementia
 - Caregiver burden results from the accumulated stress of caring for someone else over time

- Substance Use and Addictive Disorders: Expected Findings of Heroin Intoxication
 - A rush of euphoria, relief from pain
 - Slurred speech, impaired memory, pupillary changes
 - Decreased respirations and level of consciousness, which can cause death

Psychosocial Integrity

- Stress and Defense Mechanisms: Identifying Rationalization as a Coping Mechanism
 - Creating reasonable and acceptable explanations for unacceptable behavior
 - Adaptive Use – an adolescent says, “They must already have a boyfriend” when rejected by another adolescent.
 - Maladaptive Use – a young adult explains they had to drive home from a party after drinking alcohol because they had to feed the dog

Physiological Adaptation

- Tuberculosis: Evaluating Client Teaching
 - Continue medication therapy for its full duration of 6 to 12 months, even up to 2 years for multidrug-resistant TB. Failure to take the medications can lead to a resistant strain of TB.
 - Sputum samples are needed every 2 to 4 weeks to monitor therapy effectiveness. Clients are no longer considered infectious after 3 consecutive negative sputum cultures and can resume work and social interactions.
 - Exposed family members should be tested for TB.