Educating About Procedures for Bladder Training

- Hold in urine until the scheduled time to urinate
- When it is time to urinate, run water in the sink to encourage flow
- The goal is 4-hour intervals between urinations

Caring for a Client Who Has Global Aphasia

- Consult a language-speech pathologist
- Do not ask "yes" or "no" questions, as this will limit communication with the client
- Speak slowly and clearly, and give instructions one-at-a-time

Identifying Findings to Report to the Provider for a Client Who Has a Chest Tube

- Drainage >70mL in the collection chamber
- Red or Bloody Discharge
- Cloudy Discharge

Teaching a Client Who Has a Colostomy

- The stoma should be a beefy red or dark pink color- notify provider if it starts to darken
- Avoid foods that cause odor, including fish, garlic, and dark green leafy vegetables
- Yogurt is a good diet choice to reduce odor and decrease gas

Stroke: Discharge Planning for a Client Following an Ischemic Stroke

- Physical therapy will assist with ambulation, assistive devices, and wheelchair support
- Occupational therapy will assist with ADL's, including bathing, dressing, and using utensils
- Social services will complete a home visit with nurses to evaluate the need for environmental alterations

Pituitary Disorders: Medications Causing Increased Risk for Diabetes Insipidous (DI)

- Tetracyclines may damage the kidneys and lead to DI
- Furosemide excretes water from the kidneys and may lead to DI
- Tolvaptan rapidly increases sodium levels and may lead to DI

Client Teaching About Opioid Use

- Opioids treat moderate to severe pain
- Opioids may be used for sedation
- Codeine, an opioid, may be used for cough suppression

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

- Use short sentences
- Place client's side table on the right (stronger) side
- Teach the client ROM exercises—active for unaffected side, and passive for affected side

Cancer and Immunosuppression Disorders: Caring for a Client Receiving Radiation

- For radioactive iodine therapy, do not use the same toilet as others for 2 weeks
- Use disposable food service items (paper plates)
- Monitor WBC's, as radiation therapy decreases neutrophils

Asthma: Using a Peak Flow Meter

- Remember to zero the marker before use
- Blow out as hard and quickly as possible
- Record the highest number

Head Injury: Responding to a Change in Level of Consciousness

- Monitor for Hypercarbia
- Provide oxygen to maintain PaO2 greater than 60mmhg
- Maintain the HOB greater than 30 degrees

Fluid Imbalances: Assessment Findings

- Hypovolemia causes hyperthermia, Tachycardia, Thready Pulse, and Hypotension
- Hypovolemia will lead to an increased Hct, BUN, Urine Specific Gravity, Blood Sodium, and Blood Osmolality
- Gastrointestinal Effects of Hypovolemia include thirst, nausea, vomiting, anorexia, and weight loss

Burns: Care of a Client Following an Explosion

- Client will be in an "emergent" phase for 24-48 hours following a burn

- Following major burns, priorities include airway, breathing, and circulation, preventing infection, maintaining body temperature, and replacing lost fluid
- Remove any clothing or jewelry that might conduct heat

Peptic Ulcer Disease: Emergency Care for Upper Gastrointestinal Bleeding

- Treat active bleeding with epinephrine or laser coagulation
- Initiate 2 large-bore IV catheters
- Keep client NPO until gag reflex returns