Managing Client Care: Using Time Appropriately

- What must be done immediately (administration of analgesic or antiemetic, assessment of unstable client)?
- What must be done by a specific time to ensure client safety, quality care, and compliance with facility policies and procedures (routine medication administration, vital signs, blood glucose monitoring)?
- What can the nurse delegate?
    - What task can only the RN perform?
    - What client care responsibilities can the nurse delegate to other health care team members (practical nurses [PNs] and assistive personnel [APs])?

Managing Client Care: Appropriate Task to Delegate to Assistive Personnel

- Activities of daily living (ADLs)
- Bathing
- Grooming
- Dressing
- Toileting
- Ambulating
- Feeding (without swallowing precautions)
- Positioning
- Routine tasks
- Bed making
- Specimen collection
- Intake & Output
- Vital signs (for stable clients)

Managing Client Care: Resource Management

- Make decisions about the function of the organization, including resources, budget, hiring, and firing
- Survival potential: Use this framework for situations in which health resources are extremely limited (mass casualty, disaster triage)
- Set goals and plan care based on established priorities and thoughtful utilization of resources

Airway Management: Discharge Planning for Client Who has Tracheostomy

- Maintaining a patent airway is a nursing priority. It involves mobilizing secretions, suctioning the airway, and managing artificial airways (endotracheal tubes, tracheostomy tubes) to promote adequate gas exchange and lung expansion
- Keep the following at the bedside: two extra tracheostomy tubes (one the client's size and one size smaller, in case of accidental decannulation), the obturator for the existing tube, an oxygen source, suction catheters and a suction source, and a BVM
- Provide tracheostomy care every 8 hr to reduce the risk of infection and skin breakdown

Professional Responsibilities: Right of Client to Reconsider Procedure

- If the client refuses a treatment or procedure, the client is asked to sign a document indicating that they understand the risk involved with refusing the treatment or procedure, and that they have chosen to refuse it
- When a client decides to leave the facility without a prescription for discharge, the nurse notifies the provider and discusses with the client the potential risks associated with leaving the facility prior to discharge
- The nurse carefully documents the information that was provided to the client and that notification of the provider occurred.

Professional Responsibilities: Identifying Ethical Principles Related to Client Care

- Autonomy: The ability of the client to make personal decisions, even when those decisions might not be in the client's best interest
- Beneficence: Care that is in the best interest of the client
- Fidelity: Keeping one's promise to the client about care that was offered
- Justice: Fair treatment in matters related to physical and psychosocial care and use of resources
- Nonmaleficence: The nurse's obligation to avoid causing harm to the client
- Veracity: the nurse's duty to tell the truth

The Interprofessional Team: Recognizing Need for Referral to a Speech –Language Pathologist

- Speech-language pathologist: Evaluates and makes recommendations regarding the impact of disorders or injuries on speech, language, and swallowing.
- Teaches techniques and exercises to improve function
- Example of when to refer: A client is having difficulty swallowing a regular diet after trauma to the head and neck

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

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

Pharmacokinetics and Routes of Administration: Teaching About Proper Needle Disposal

- Discard all sharps (broken ampule bottles, needles) in leak-proof and puncture-proof containers
- Use a needle size and length appropriate for the type of injection and the client's size. Syringe size should be approximate to the volume of medication
- For IM, use a needle size 18- to 27-gauage (usually 22- to 25-gauge), 1- to 1.5-inch long, and inject at a 90 degree angle. Solution volume is usually 1 to 3 mL. Divide larger volumes into two syringes and use two different sites

Postoperative Nursing Care: Preventing Complications

- Airway obstruction
    - Monitor for chocking: noisy, irregular respirations; decreased oxygen saturation values; and cyanosis. Intervene accordingly
    - Implement a head-tilt/chin-lift maneuver to pull the tongue forward and open the airway

  - Keep emergency equipment at the bedside in the PACU (resuscitation bag, suction equipment, airways)
  - Notify the anesthesiologist, elevate head of bed if no contraindicated, provide humidified oxygen, and plan for reintubation with endotracheal tube

Postoperative Nursing Care: Assessment of Postoperative Dressing

- Check dressings for excessive drainage and reinforce as needed. Report excess drainage to the surgeon
- In most instances, the surgeon will perform the first dressing change. Subsequent dressing changes can be performed by the nurse using surgical aseptic technique
- If wound dehiscence or evisceration occurs, call for help, stay with the client, cover the wound with a sterile towel or dressing that is moistened with sterile saline, do not attempt to reinsert organs, place in a low-Fowler's position with hips and knees bent, monitor for shock, and notify provider immediately

Hemodialysis and Peritoneal Dialysis: Monitoring Patency of an Arteriovenous Graft

- Assess the patency of a long-term device: arteriovenous (AV) fistula or AV graft (presence of bruit, palpable thrill, distal pulses, circulation)
- Reinforce AV fistula or AV graft precautions
- Assess the graft site for a palpable thrill or audible bruit indicating vascular flow

Airway Management: Evaluating Client Understanding of Tracheostomy Care

- Provide tracheostomy care every 8 hr to reduce the risk of infection and skin breakdown
- Suction the tracheostomy tube, if necessary, using sterile suctioning supplies
- Clean the stoma site and then the tracheostomy plate
- Place a fresh split-gauze tracheostomy dressing of nonraveling material under and around the tracheostomy holder and plate
- Replace tracheostomy ties if they are wet or soiled. Secure the new ties before removing the soiled ones to prevent accidental decannulation
- Change nondisposable tracheostomy tubes every 6 to 8 weeks or per protocol
- Reposition the client every 2 hr to prevent atelectasis and pneumonia

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

- As needed, obtain a physical or occupational therapy consultation
- Refer the client for contact tracing
- Refer the client to a specialist if congenital syphilis is suspected
- Consult a social worker to determine home care needs

Respiratory Management and Mechanical Ventilation: Interventions for Mechanical Ventilation

- Use positive end expiratory pressure (PEEP) as prescribed while the client is receiving mechanical ventilation to help decrease the amount of needed oxygen
- Maintain a patent airway
  - Assess the position and placement of tube

    - Document tube placement in centimeters at the client's teeth or lips
    - Use two staff members for repositioning and resecuring the tube
    - Apply protective barriers (soft wrist restraints) according to hospital protocol to prevent self-extubation
    - Use caution when moving the client
- Establish a method for the client to communicate, such as asking yes/no questions, providing writing materials, using a dry-erase and/or picture communication board, or lip reading

Hemodynamic Shock: Client Positioning

- For hypotension, place the client flat (supine) with legs elevated to increase venous return
- During hypovolemic shock, replace volume first
- Be prepared to intubate the client. Have emergency resuscitation equipment ready

Blood and Blood Product Transfusions: Steps to Administer a Blood Transfusion

- Infuse a unit of 200 mL of Washed RBCs over 2 to 4 hr
- Infuse the unit of 200 mL of FFP rapidly over 30 to 60 min through a regular Y-set or straight filtered tubing
- Infuse WBCs suspended in 400 mL plasma over 45 to 60 min and vital signs are taken every 15 min. The presence of the provider may be required according to agency policy

Anesthesia and Moderate Sedation: Priority Finding in a Client Who is Receiving Epidural Analgesia

- High spinal anesthesia
    - A possible complication of epidural anesthesia if the dura is punctured
    - Leads to depressed respirations, respiratory arrest, and severe hypotension
    - Treatment includes IV fluids, vasopressor, and airway support
- Headache
    - With spinal anesthesia

Facility Protocols: Evaluating Nurse Response to Client Fall

- Nurses must understand their role in relation to development and implementation of facility protocols, including reporting incidents, disaster planning, emergency response, and security plans
- Incident reports
    - Should be completed by the person who identifies that an unexpected event has occurred (This might not be the individual most directly involved in the incident)
    - Should be completed as soon as possible and within 24 hr of the incident
    - Considered confidential and are not shared with the client
    - Not placed nor mentioned in the client's health care record. However, a description of the incident should be documented factually in the client's record
    - Include an objective description of the incident and actions taken to safeguard the client, as well as assessment and treatment of any injuries sustained
    - Forwarded to the risk management department or officer (varies by facility), possibly after being reviewed by the nurse manager

    - Provide data for performance improvement studies regarding the incidence of client injuries and care-related errors

Coordinating Client Care: Need for Variance Report

- Facilities can also refer to incident reports as unusual occurrence or quality variance reports
- Examples when an incident report should be filed
    - Medication errors
    - Procedure/treatment errors
    - Equipment-related injuries/errors
    - Needlestick injuries
    - Client falls/injuries
    - Visitor/volunteer injuries
    - Threat made to client or staff
    - Loss of property (dentures, jewelry, personal wheelchair)

Facility Protocols: Planning for Discharge Following Community Disaster

- First, discharge or relocate ambulatory clients requiring minimal care
- Next, make arrangements for continuation of care for clients who require some assistance, which could be provided in the home or tertiary care facility
- Do not discharge or relocate clients who are unstable or require continuing nursing care and assessment unless they are in imminent danger