

### Advance Directives/Self-Determination/Life Planning

- Advance directives: Legal documents that direct end-of-life issues
  - Living will: Directive documents for medical treatment per client's wishes
  - Health care proxy (also known as durable power of attorney for health care): A document that appoints someone to make medical decisions when clients are no longer able to do so on their own behalf
- Assess client and/or staff member knowledge of advance directives
- Nurses are accountable for protecting the rights of clients. Examples include informed consent, refusal of treatment, advance directives, confidentiality, and information security

### Legal Responsibilities: Teaching About Directives Regarding End-of-Life Care

- The PSDA requires asking all clients on admission to a health care facility whether they have advance directives
- Staff should give clients who do not have advance directives written information that outlines their rights related to health care decisions and how to formulate advance directives
- A health care representative should be available to help with this process

### Continuity of Care: Teaching About Case Manager Responsibilities

- Discharge documentation
  - Type of discharge (provider prescription or against medical advice [AMA])
  - Date and time of discharge, who went with the client, and transportation (wheelchair to car, gurney to ambulance)
  - Where the client went (home, long-term care facility)
  - Summary of the client's condition at discharge (steady gain, ambulating independently, in no apparent distress)
  - Description of any unresolved difficulties and procedures for follow-up
  - Disposition of valuables, medications brought from home, and prescriptions

### Practice Settings and Nursing Roles in the Community: Evaluating Client Understanding of Hospice Care

- Clients can receive hospice care in a variety of settings, including the home, hospice centers, hospitals, and long-term care settings
- Hospice care is a comprehensive care delivery system for clients who are terminally ill. Further medical care aimed toward a cure is stopped. The focus becomes relief of pain and suffering, as well as enhancing quality of life
- The hospice nurse provides care for the client and the client's entire family. Hospice care includes skilled, direct services and indirect care coordination
- Hospice care uses an interprofessional approach
- Controlling manifestations on the medical problem and dying process is a priority
- The provider directs hospice care services, which are then managed by the nurse
- Volunteers are used for nonmedical care
- Postmortem bereavement services are offered for the family

- Helping the family transition from an expectation of recovery to acceptance of death is an important aspect of providing hospice care. The hospice nurse can continue to work with the family for up to 1 year following the death of the client

#### Epidemiology and Communicable Diseases: Reporting Infectious Prenatal Conditions

- The community health nurse engages in communicable disease surveillance, which includes the systematic collection and analysis of data regarding infectious diseases
- Information gained from monitoring disease patterns can help identify an unusual disease outbreak or newly emerging disease (public health assessment). The data is also useful in developing public health policies regarding disease management and to evaluate efficiency of communicable disease programs (assurance)
- Reporting of communicable diseases is mandated by state and local regulations, and state notifications to the CDC is voluntary

#### Emergency Preparedness: Disaster Preparedness

- Nurses, as well as a cross-section of other members of the health care team, are involved in the development of a disaster plan for such emergencies. Criteria under which the disaster plan is activated must be clear. Roles for each employee are outlined and administrative control determined. A designated area of the area command center is identified as well as a person to serve as the incident control manager
- Communication, using common terminology, is important within any emergency management plan
- Nurses are expected to set up an emergency action plan for personal family needs

#### Preventing an Hazard

- Cover electrical outlets
- Place electrical cords and extension cords against a wall behind furniture
- Ensure that electrical equipment is in good repair and well grounded

#### Infants and Toddlers

- Aspiration
  - o Keep all small objects out of reach
  - o Check toys and objects for loose or small parts and sharp edges
  - o Do not feed the infant hard candy, peanuts, popcorn, or whole or sliced pieces of hot dog
  - o A pacifier (if used) should be constructed of one piece and never placed on string or ribbon around the neck
- Suffocation
  - o Teach “back to sleep” mnemonic and always place infants on their backs to rest
  - o Keep plastic bags out of reach

- o Make sure the crib mattress fits snugly and that crib slats are no more than 2 3/8 inches apart
  - o Never leave an infant or toddler alone in the bathtub
  - o Do not place anything in crib with infant
  - o Remove crib toys (mobiles) from over the bed as soon as the infant begins to push up
  - o Infants should sleep in a crib or bassinet. Co-sleeping in bed with adults increases the risk for injury
  - o Keep latex balloons away from infants and toddlers
  - o Fence swimming pools and use a locked gate
  - o Begin swimming lessons when the child's developmental status allows for protective responses (keeping the mouth closed under water)
  - o Teach caregivers CPR and Heimlich maneuver
  - o Keep toilet lids down and bathroom doors closed
- Poisoning
  - o Keep houseplants and cleaning agents out of reach
  - o Inspect and remove sources of lead (paint chips), and provide parents with information about prevention of lead poisoning
  - o Have the poison control hotline number available
  - o Place poisons, paint, and gasoline in locked cabinet
  - o Keep medications, including vitamins, in child-proof containers and locked up
  - o Dispose of medication that is expired or no longer taken. A medication take-back program is available, or medication can be mixed in a sealable bag with an undesirable substance like cat litter and disposed of in household trash
- Falls
  - o Keep crib and playpen rails up
  - o Never leave the infant unattended on a changing table or other high surface
  - o Use gates on stairs, and ensure windows have screens
  - o Restrain according to manufacturer's recommendations and supervise when in high chair, swing, stroller, etc. Discontinue use when the infant or toddler outgrows size or activity limits
  - o Place in a low bed when toddler starts to climb
- Motor vehicle injury
  - o Place infants and toddlers in a rear-facing car seat until 2 years of age or until they exceed the height and weight limit of the car seat. They can then sit in a forward-facing car seat
  - o Use a car seat with five-point harness for infants and children
  - o All car seats should be federally approved and be placed in the back seat, which is the safest place in the vehicle
  - o Infants and toddlers remain in a rear-facing car seat until the age of 2 years or the height recommended by the manufacturer
  - o Toddlers over the age of 2 years, or who exceed the height recommendations for rear-facing car seats, should use a forward-facing car seat until they reach the height and weight requirements for a booster seat
- Burns

- o Test the temperature of formula and bath water
- o Place pots on back burner and turn handle away from front of stove
- o Supervise the use of faucets
- o Keep matches and lights out of reach
- o Cover electrical outlets
- o Apply sunblock of SPF 30 or higher for an infant or toddler to prevent sunburn. Dress the infant or toddler with clothing to protect the skin

#### Older Adults

- The rate at which age-related changes occur varies greatly among older adults
- Many older adults are able to maintain a lifestyle that promotes independence and the ability to protect themselves from safety hazards
- Prevention is important because elderly clients can have longer recovery times from injuries and the risk of complications
- A decrease in tactile sensitivity can place the client at risk for burns and other types of tissue injury
- When the client demonstrates factors that increases the risk for injury (regardless of age), a nurse, physical therapist, and/or occupational therapist should conduct a home hazard evaluation. The client is made aware of the environmental factors that can pose a risk to safety and suggestion modifications to be made

#### Risk Factors for Falls in Older Adults

- Physical, cognitive, and sensory changes
- Changes in the musculoskeletal and neurologic systems
- Impaired vision and hearing
- Frequent trips to the bathroom at night because of nocturia and incontinence

#### Modifications To Improve Home Safety

- Remove items that could cause the client to trip (throw rugs and loose carpets)
- Place electrical cords and extension cords against a wall behind furniture
- Monitor gait and balance, and provide aids as needed
- Make sure that steps and sidewalks are in good repair
- Place grab bars near the toilet and in the tub or shower, and install a stool riser
- Use a nonskid mat in the tub or shower
- Place a shower chair in the shower and provide a bedside commode if needed
- Ensure that lighting is adequate inside and outside the home and remove clutter

#### Hyperthyroidism: Home Safety Precautions for Radioactive Iodine Therapy

- Causes of Hyperthyroidism
  - o Grave's disease (toxic diffuse goiter) is the most common cause. Autoimmune antibodies result in hypersecretion of thyroid hormones
  - o Thyroiditis
  - o Toxic adenoma

- o Toxic nodular goiter, a less common form of hyperthyroidism, is caused by over production of thyroid hormone due to the presence of thyroid nodules
- o Exogenous hyperthyroidism is caused by excessive dosages of thyroid hormone
- Expected findings
  - o Nervousness, irritability, hyperactivity, emotional lability, decreased attention span, change in mental or emotional status
  - o Weakness, easy fatigability, exercise intolerance
  - o Muscle weakness
  - o Heat intolerance
  - o Weight change (usually loss) and increased appetite
  - o Insomnia and interrupted sleep
  - o Frequent stools and diarrhea
  - o Menstrual irregularities (amenorrhea or decreased menstrual flow) and decreased fertility
  - o Warm, sweaty, flushed skin with velvety-smooth texture
  - o Hair thins and develops a fine, soft, silky texture
  - o Tremor, hyperkinesia, hyperreflexia
  - o Exophthalmos (Grave's disease only) due to edema in the extraocular muscles and increased fatty tissue behind the eye. Often blurred or double vision and tiring of eyes due to pressure on the optic nerve
  - o Photophobia (sensitivity to light)
  - o Vision changes
  - o Goiter
  - o Bruit over the thyroid gland
  - o Tachycardia, palpitations, and dysrhythmias
  - o Dyspnea
  - o Elevated systolic blood pressure and widened pulse pressure
  - o Findings in older adult clients can be vague or assumed to be caused by age-related changes (weight loss, fatigue, change in bowel habit) or can be a single manifestation (atrial fibrillation, angina or heart failure)
- Laboratory tests
  - o Blood TSH level: Decreased in the presence of Grave's disease (can be elevated in secondary or tertiary hyperthyroidism)
  - o Free T4 index, T4 (total) T3: Elevated in the presence of disease
  - o Thyroid-stimulating immunoglobulins: Elevated in Grave's disease, normal in other types of hyperthyroidism
  - o Thyrotropin receptor antibodies: Elevation most indicative of Grave's disease

#### Infection Control: Caring for a Client Who Has Clostridium Difficile

- Use soap and water (not alcohol) hand hygiene for C. difficile
- Masks, eye protection, and face shields are required when care might cause splashing or spraying of body fluids
- Hand hygiene is required after removal of the gown. Use a sturdy, moisture-resistant bag for soiled items and tie the bag securely in a knot at the top

## Infection Control: Identifying an Infection Requiring Contact Precautions

- Expected findings
  - o Fever
  - o Presence of chills, which occur when temperature is rising, and diaphoresis, which occurs when temperature is decreasing
  - o Increased pulse and respiratory rate (in response to the high fever)
  - o Malaise
  - o Fatigue
  - o Anorexia, nausea, and vomiting
  - o Abdominal cramping and diarrhea
  - o Enlarged lymph nodes (repositories for “waste”)
- Laboratory tests
  - o Leukocytosis (WBCs greater than 10,000/uL)
  - o Increases in the specific types of WBCs on differential (left shift = an increase in neutrophils)
  - o Elevated erythrocyte sedimentation rate (ESR) over 20 mm/hr; an increase indicates an active inflammatory process or infection
  - o Presence of micro-organisms on culture of the specific fluid/area
- Diagnostic procedures
  - o Gallium scan: Nuclear scan that uses a radioactive substance to identify hot spots of WBCs
  - o Radioactive gallium citrate: Injected by IV and accumulates in area of inflammation
  - o X-rays, CT scan, magnetic resonance imaging (MRI), and biopsies to determine the presence of infection, abscesses, and lesions

## Health Promotion of Infants (2 Days to 1 Year): Evaluating Parent Understanding of Infant Care

- Erikson: Psychosocial development: trust vs. mistrust (birth to 1 year)
  - o Achieving this task is based on the quality of the caregiver-infant relationship and the care received by the infant
  - o The infant begins to learn delayed gratification. Failure to learn delayed gratification leads to mistrust
  - o Trust is developed by meeting comfort, feeding, stimulation, and caring needs
  - o Mistrust develops if needs are inadequately or inconsistently met, or if needs are continuously met before being vocalized by the infant
- Health promotion
  - o Newborn infants should be placed in a federally approved car seat at a 45-degree angle to prevent slumping and airway obstruction. The car seat is placed rear-facing in the rear seat of the vehicle and secured using the safety belt. The shoulder harnesses are placed in the slots at or below the level of the infant’s shoulders. The harness should be snug and the retainer clip placed at the level of the infant’s armpits
  - o Instruct parents that their newborn will require a checkup by a provider within 72 hr of discharge. This is especially important for breastfed newborns to evaluate weight and hydration status

- Bodily harm
  - o Sharp objects should be kept out of reach
  - o Anchor heavy objects and furniture so they cannot be overturned on top of the infant
  - o Infants should not be left unattended with any animals present

#### Practice Settings and Nursing Roles in the Community: Parish Nursing

- Personal health counseling (health-risk appraisals, spiritual assessments, support for numerous acute and chronic, actual and potential health problems)
- Health education (available resources, classes, individual and group teaching)
- Liaison between faith community and local resources
- Facilitating support groups
- Spiritual support (help identify spiritual strengths for coping)

#### Older Adults (65 Years and Older): Priority Findings During a Visual Screening

- Annual screenings
  - o Eye examination for glaucoma and other disorders
  - o Hearing
  - o Fecal occult blood test
  - o Digital rectal and prostate-specific antigen (males)
  - o Dual-energy x-ray absorptiometry (DXA) scanning for osteoporosis

#### Substance Use and Addictive Disorders: Expected Findings of Heroin Intoxication

- Expected findings
  - o Slurred speech, impaired memory, pupillary changes
  - o Decreased respirations and level of consciousness, which can cause death
  - o Maladaptive behavioral or psychological changes, including impaired judgement or social functioning
  - o An antidote, naloxone, available for IV use to relieve effects of toxicity
- Withdrawal manifestations
  - o Abstinence syndrome begins with sweating and rhinorrhea progressing to piloerection (gooseflesh), tremors, and irritability followed by severe weakness, diarrhea, fever, insomnia, pupil dilation, nausea and vomiting, pain in the muscles and bones, and muscle spasms
  - o Withdrawal is very unpleasant but not life-threatening

#### Suicide: Identifying Risk

- According to the CDC:
  - o Rates of suicide are highest among individuals 45 to 64 years of age
  - o Females are more likely to attempt suicide; however, males are more likely to complete suicide
  - o Caucasians are more likely than other ethnic groups to commit suicide
- Risk factors for suicide include depression or other mental health disorders, substance use, having access to a firearm, and partner violence or neglect issues

Care of Specific Populations: Priority Intervention for a Client Who Has Experienced a Loss

- Create rapport and provide a safe environment
- Be knowledgeable about population characteristics. When the client is an individual, investigate individual's preferences that may differ from population trends
- Facilitate care coordination among providers, facilities, and community services
- Assist the client to obtain as much control over personal health and healthcare as possible
- Develop an interprofessional network to assist with improving the health of the population