

REMEDICATION ADULT HEALTH

Management of Care

- Multiple Sclerosis: Priority Action for a Client
 - Monitor for the following:
 - Visual acuity
 - Speech patterns: fatigue with talking
 - Swallowing
 - Activity tolerance
 - Skin integrity
 - Discuss coping mechanisms and sources of support (family, friends, spiritual figures, support groups)
 - Monitor cognitive changes and plan interventions to promote cognitive function (reorient the client; place objects used daily in routine places)

Safety and Infection Control

- Cancer Treatment Options: Caring for a Client Who is Receiving Brachytherapy
 - Wear a dosimeter film badge that records personal amount of radiation exposure
 - Limit visitors to 30min visits, and have visitors maintain a distance of 6ft from the source
 - Place a sign on the door warning of the radiation source

Health Promotion and Maintenance

- Cancer Disorders: Risk Factors for Colorectal Cancer
 - High-fat, low-fiber diet
 - Age older than 50yrs
 - Long-term smoking
- Immunizations: Recommended Vaccinations for Older Adult Clients
 - Flu shot
 - Tetanus Vaccine
 - Zoster Vaccine
 - Pneumococcal Vaccine

Psychosocial Integrity

- Amputations: Providing Support Following an Alteration in Body Image
 - Assess for feelings of altered self-concept and self-esteem, and willingness and motivation for rehabilitation.
 - The nurse should facilitate a supportive environment for the client and family so grief can be processed.
 - Refer the client to religious/spiritual adviser, social worker, or counselor.
- Alzheimer's Disease: Assessing a Client's Abstract Thinking
 - Mini Mental State Examination (MMSE)
 - Set test using FACT
 - Short Blessed Test

- o Clock Drawing Test

Basic Care and Comfort

- Stroke: Caring for a client who has Left-Sided Hemiplegia
 - o Shoulder subluxation can occur if the affected arm is not supported.
 - o Provide frequent rest periods from sitting in the wheelchair by returning the client to bed after therapies and meals.
 - o Instruct the client to dress the affected side first and sit in a supportive chair that aids in balance.
- Pressure Ulcers, Wounds, and Wound Management: Implementing Preventive Strategies
 - o Monitor all clients regularly for skin-integrity status and for risk factors that contribute to impaired skin integrity.
 - o Use a risk assessment tool for periodic systemic monitoring for skin breakdown risk.
 - o Pressure injury is a significant source of morbidity and mortality among older adults and those who have limited mobility.
- Disorders of the Eye: Priority Action for Eye Irrigation
 - o Avoid touching the tip of the application bottle to the eye.
 - o Always wash hands before and after use.
 - o Once an eye drop is instilled, apply pressure using the punctual occlusion technique.

Pharmacological and Parenteral Therapies

- Medications Affecting BP: Client Teaching Regarding ACE Inhibitors
 - o Rise slowly from sitting.
 - o Avoid activities that require alertness until effects are known.
 - o Notify the provider if cough, rash, altered taste, or indications of infection occur.
- Electrolyte Imbalances: Manifestations of Hypokalemia
 - o Shallow breathing
 - o Hypoactive bowel sounds
 - o Weakness
- Blood and Blood Product Transfusions: Steps to Administer a Blood Transfusion
 - o Obtain blood samples for compatibility determination.
 - o Assess for history of blood transfusion reactions.
 - o Initiate large-bore IV access (18/20)
 - o Obtain blood products from bank.
 - o 2 RN check
 - o Prime with 0.9% NaCl
 - o Begin transfusion.

Reduction of Risk Potential

- Chronic Obstructive Pulmonary Disease: Expected ABG Results
 - o Hypoxemia – decreased PaO₂ less than 80 mmHg)

- o Hypercarbia – increased PaCO₂ greater than 45 mmHg)
- o Respiratory acidosis
- o pH – 7.38-7.42
- Pancreatitis: Expected Laboratory Findings
 - o Blood amylase increases
 - o WBC increases
 - o Platelets decreases
 - o Calcium & Magnesium decreases
 - o Glucose increases
 - o ESR elevated
- Postoperative Nursing Care: Assessment of Postoperative Dressing
 - o Observe drainage tubes for patency and proper function
 - o Check dressings or excessive drainage and reinforce as needed. Report excess drainage to the surgeon.
 - o Outline drainage spots with a pen, noting date and time. Report increasing drainage to surgeon.

Physiological Adaptation

- Postoperative Nursing Care: Priority Findings Following General Anesthesia
 - o Swelling or spasm of the larynx or trachea, mucus in the airway, or relaxation of the tongue into the nasopharynx can cause airway obstruction, often manifesting as stridor or snoring.
 - o Hypoxia is evidenced by a decrease in oxygen saturation.
 - o Postoperative shock can result from a massive loss of circulating blood volume.
- Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Discharge Instructions for Syphilis
 - o Venereal disease research laboratory – the oldest test for syphilis that is still performed
 - o Rapid plasma regain – a newer test for syphilis and has replaced the VDRL test in many institutions.
 - o False positives can occur secondary to infection, pregnancy, malignancies, and autoimmune disorders.
- Hyperthyroidism: Teaching about the Manifestations of Thyroid Storm
 - o Nervousness, irritability, hyperactivity, emotional lability, decreased attention span, change in mental or emotional status
 - o Weakness, easy fatigability, exercise intolerance
 - o Hair thins and develops a fine, soft, silky texture