

N442 Exam 4 Fall 2021

While this exam is over the content in DHW Chapters 12, 22, 23, 24, & 25 and ATI Chapter 5 & 9 (pp 81-83), it utilizes material you have already been tested over as we now look at implementing nursing practice in the community and with special populations. So some of the topics on this study guide will require that you utilize the knowledge/material covered previously e.g. social determinants of health, health disparities, health promotion, levels of prevention, nursing diagnosis process, Health People 2020, data sources, epidemiology. Also, refer to your Epidemiology rate worksheet to review the rate. There are 3 rate questions on this exam.

DHW Ch. 12	Case Management, Care Management, and Home Health Care	ATI Ch. 5 pg. 42 Ch. 9 pg. 81-83
<p>1. What is case management indicated for? ATI</p> <ul style="list-style-type: none"> • Case management nursing is indicated for a variety of health care setting and includes the following <ul style="list-style-type: none"> ○ Promoting interprofessional services and increased client/family involvement ○ Decreasing cost by improving client outcomes ○ Providing education to optimize health participation ○ Reducing gaps and errors in care ○ Applying evidence-based protocol and pathways ○ Advocating for quality service and client rights 		
<p>2. What are the roles of a case manager? What are the limits of the roles? Textbook & ATI</p> <ul style="list-style-type: none"> • Role of Case manager (Book) <ul style="list-style-type: none"> ○ Advocacy and education: ensuring the client has representative that can speak up and represent their needed service and education ○ Clinical care coordination/facilitation: coordinating multiple aspect of care to ensure that the client progresses ○ Continuity/transition management: transitioning of the client to the appropriate level of care needed ○ Performance and outcome management: monitoring and intervening to achieve desired goals and outcome for both client and hospital ○ Psychosocial management: assessing and addressing psychosocial need including indivial, familial, and environmental ○ Research and practice development: identifying practice improvement and using evidence-based data to influence needed practice change. 		
<p>3. What are the actions in the discharge planning process? Textbook & ATI</p> <ul style="list-style-type: none"> • ATI: begins at admission. It requires ongoing communication between the client, nurses, providers, family, and other members of interprofessional team. Goal: enhance the well-being of the client by establishing appropriate option for meeting the health care needs of the client. 		
<p>4. What does the home health nurse assess for regarding safety in a home? ATI p. 42</p> <ul style="list-style-type: none"> • Book <ul style="list-style-type: none"> ○ Assessing for risk of medication errors ○ Assessing for risk of falls ○ Assessing for risk of abuse and neglect • ATI 		

- Nonsecure rug, electrical outlet, extension cord, use of oxygen, low lighting, needs for safety device in bathroom and other potential environmental hazard
- Question to ask
 - Does client have food in the house to eat?
 - Is there help with household activities?
 - Does the client live alone?
 - Who is the client's support system?
 - Is the client able to set up and dispense their own medication?
 - Does client have access to health care?

5. How does the home health nurse increase compliance by the client(s)? Textbook & ATI

- ATI → providing education encourage client to be independent and involved in their own care. It also allow families to be involved in the care and decision-making regarding their family member

6. Which areas of a home have the highest safety concerns? Textbook pp.259-260

- The most common room where people fall
 - Living room
 - Bedroom
 - Kitchen
 - Bathroom
 - hallway

7. What key factors influenced the development of current home healthcare? Textbook p. 249

- Quality healthcare in place and space where people live most of their lives (home and communities)
- Continued development of way to inform healthcare providers what realities affect health promotion and prevention in the diverse, complex lives of people and families
- Cost-containment in the healthcare industry
- Development of health insurance, rising cost in healthcare in general and medical and nursing specialization all played a part in the development of home healthcare as it is today.

8. Where do regulations for home health care come from? Textbook p.250

- Home health care is regulated by the state and federal government. Insurance companies generally align themselves with the regulation stipulated by these governments but may have their own rules and regulation. Home health agencies are certified through a process in which stipulated condition must be present for the agency to give service to the public and receive payment for those service.

9. What are the criteria an individual needs to meet to receive Medicare or home health services? Textbook pp.250- 254

- Homebound → condition based how difficult it is for a patient to leave the home
- Specific Plan of care → agency-generated written document that is guided by a lengthy assessment called Outcome and Assessment Information Set
 - Sociodemographic, environmental, health, functional health, personal support data, and the status of adult patient who are in a pre-or postnatal state
- Skilled healthcare needs → need of the patient that are accomplished through the professional abilities of registered nurses or their supervised designees.
- Intermittent care needs → situation in which skilled care is usually provided over several hours during the day. Medicare requires the specified time period to be 60

days with appropriate renewal if skilled needs continue to exist.

- Medical Necessity → service given by home care agency is reasonable based on the status of the patient.

10. What are the standards of care as outlined in the Scope and Standards of Home Health Nursing Practice document? Textbook p. 254

- assessment by collecting data about home care patients
- diagnosis through the analysis of data
- outcome identification that helps home care nurses identify nurse-sensitive measure
- planning in the form of nurses-sensitive interventions directed to the identified outcomes
- implementation-identified nurse centered actions in collaboration with patients and families
- evaluation outcome accomplishment through nurse-sensitive intervention

11. What are the 5 phases of a home visit? Textbook pp. 258-161

- Initiating the visit
- Preparation
- The actual visit
- Termination of the visit
- Post-visit planning

DHW Ch. 22	School Health	ATI Ch.5 pg. 44-45
<p>1. What are Primary and Secondary prevention techniques for school health? Textbook & ATI ATI</p> <ul style="list-style-type: none">• Primary prevention<ul style="list-style-type: none">○ Assess the knowledge base regarding health issues: Teach health promotion practice such as hand hygiene and tooth-brushing; healthy food choice; injury prevention including seat belt use and bike, fire, and water safety; substance use prevention; immunization; disease prevention○ Assess the immunization status of all children: maintain current record of required immunization• Secondary prevention<ul style="list-style-type: none">○ Assess children who become ill or injured at school: provide care to children with headache; stomach pain, diarrhea; anxiety over being separated from parents; minor injuries (cu or bruises) that occur at school○ Assess all children, faculty and stay during emergency<ul style="list-style-type: none">▪ Provide emergency care (first aid, early defibrillation with AED, CPR)▪ Create emergency plan for children who have a potential for anaphylactic reaction of other health problems that could result in a emergency situation.▪ Maintain inventory of emergency supply equipment and secure medication.○ Perform screening for early detection of disease such as vision hearing; height and weight; oral health; scoliosis; infestation (lice); general physical examination; and initiate referral appropriate○ Assess children to detect child abuse or neglect: the school nurse is required by state law to officially report all suspected cases of child abuse/neglect		

<ul style="list-style-type: none"> ○ Assess children for evidence of mental illness suicide and violence: identify children at risk ○ Respond to school crisis and disasters: develop a crisis plan; act as first responders or triage the injured; participate in drills; counsel and debrief
<p>2. What are the components of a school health education program on safety by level i.e. elementary versus adolescents? Textbook & ATI</p> <ul style="list-style-type: none"> • Health education: inclusion of health concept in course of study for children in pre-K through grade 12 • Physical education: promoting physical activity in school • Health service • Nutrition service • Counseling, psychological, and social service • Promotion of healthy and safe school environment
<p>3. School nurses' roles in the school health screening process? Textbook</p> <ul style="list-style-type: none"> • The nurse must have skill in health assessment including skills in identification of common problems that impact a child's learning such as vision impairment, ADHD, and scoliosis. • Immunization status
<p>4. Be able to give examples of the school nurse's role as a child advocate. Textbook & ATI</p> <ul style="list-style-type: none"> • Provide education and communication necessary to ensure that the student's health and educational needs are met • Implement strategies to reduce disruptions in the student's school activities • Communicate with families and healthcare providers as authorized • Ensure the student receive prescribed medication and treatment and that staff who interact with the student on a regular basis are knowledge about these need • Provide a safe and healthy school environment to promote learning
<p>5. Be able to give examples of the school nurse's role as a case manager. Textbook & ATI</p> <ul style="list-style-type: none"> • Collaboration between student, family members, community resource, health care professional for successful management of the client's health care needs • Coordinates comprehensive service for children who have complex health needs
<p>6. How does the school nurse utilize the epidemiological process? Textbook</p> <ul style="list-style-type: none"> • Drugs and alcohol, Smoking, Sexual behavior and teenage pregnancy, sexually transmitted infections, Nutrition are common areas of concern can be addressed by looking at them from multiple perspectives. Epidemiologically we see incidents and prevalence rates, morbidity and even mortality rates, rates specific to age groups, rates specific to a specific disease or disability, and rates specific to some of the other social determinants of health.
<p>7. What skills are required for school nurse practice? Textbook</p> <ul style="list-style-type: none"> • Help encourage positive response to normal development • Help promote health and safety • Help solve actual and potential problems • Help promote academic success • Provide case management service • Work with other develop student and family capacity for adaptation, self-management, and continued growth
<p>8. Identify health education interventions for school nursing. Textbook</p> <ul style="list-style-type: none"> • Nutrition, physical activity, and safe use of social media and promote avoidance of

drug; alcohol and tobacco use and the prevention of bullying and other forms of violence
9. What are common focuses of school-based community assessment? Textbook <ul style="list-style-type: none"> • Immunization screening • Vision screening • Hearing screening • Postural screening • Body mass index screening
10. School-based strategies to reduce the number of adolescent pregnancies. Textbook <ul style="list-style-type: none"> • High-intensity school-based education and counseling in group setting • Evidence based teen pregnancy prevention programs

DHW Ch. 23	Faith-Oriented Communities & Health Ministries in Faith Communities	ATI Ch.5 pg 44
1. Primary prevention, secondary, & tertiary prevention interventions in faith-based nursing. Textbook & ATI <ul style="list-style-type: none"> • Primary prevention → programs on walking or other forms of exercise to maintain health, smoking cessation programs, and heart healthy eating programs • Secondary prevention → screening for hypertension or hyperglycemia and setting up screening such as mammograms vans or other test to diagnose problems early • Tertiary prevention → minimize effect of health problems and maximize function for people with condition such as diabetes, stroke or injury 		
2. Common misconceptions regarding the role of faith community nurse. Textbook <ul style="list-style-type: none"> • One common misconception that the leaders frequently have is that the faith community nurse is a private duty nurse for the congregation. The faith community nurse does not provide direct hands-on nursing care. Rather, they provide confidential professional nursing that includes assessment, teaching, referral, and counseling. 		
3. Nursing duties for the institution-based model Textbook <ul style="list-style-type: none"> • Serve as an ambassador and referral agent for the institution. • the faith community nurse serving a health system with assignment to particular congregational settings; in this model, the parish or faith-based nurse serves as liaison and helps plan and coordinate care, particularly at times of transition. 		
4. Tasks for the faith community nurse serving several local congregations. Textbook <ul style="list-style-type: none"> • Coordinate the discharge and transition of congregation members from the hospital to home. • Recommend services that the hospital provides. • Serve as a health advisor to members of the congregation. 		
5. Roles of an advisory board for the faith community nurse. Textbook <ul style="list-style-type: none"> • Offers leadership, establish policy, and helps develop guidelines • Having support of an advisory board is essential for solving problems and avoiding pitfalls. • Helps develop support for a budget for the program 		
6. Use of epidemiology (demographic data) in faith-community nursing. Textbook <ul style="list-style-type: none"> • Nurse should gather general demographic data about faith community including age, family structure and proximity of residence to a health care facility and other health 		

resource. The nurse use data about various disease from comparison group such as public health prevalence data.
<p>7. Examples of the faith-based nurse's role as health advocate. Textbook</p> <ul style="list-style-type: none"> • Empowerment of members of congregation • Empowerment of the congregation to improve health of the community.
<p>8. Interventions for nurses of faith-based communities. Textbook</p> <ul style="list-style-type: none"> • Nutrition program • Hypertension screening • Exercise program
<p>9. Seven functions that parish nurses perform in faith community work. Textbook p.587</p> <ul style="list-style-type: none"> • Integrator of faith and health • Personal health counselor • Health educator • Health advocate • Referral agent • Coordinator of volunteers • Accessing and developing support groups

DHW Ch. 24	Palliative and End-of-Life Care	ATI Ch. 5 pg. 42
<p>1. Identifying clients who should be recommended for hospice services. Textbook & ATI</p> <ul style="list-style-type: none"> • Two physicians determine that a seriously ill person has 6 months or less to live. • The dying person and family agree to provide care and comfort as opposed to aggressive medical treatment. 		
<p>2. Expected roles of hospice care workers. Textbook & ATI</p> <ul style="list-style-type: none"> • Hospice nurse provides care for the client and client entire family • Postmortem bereavement service are offered for family • Helping the family transition from an expectation or recovery to acceptance of death. • Can continue to work with family up to 1 year following death of client 		
<p>3. Maladaptive behaviors of those with terminal illness. Textbook & ATI</p> <ul style="list-style-type: none"> • Denial • Anger • Bargaining 		
<p>4. Identifying behaviors during the stages of the grieving process. Textbook</p> <ul style="list-style-type: none"> • Numb shock→ cannot believe death of loved one: shock, emotional dullness and restless behavior • Emotional turmoil or depression→ alarm or panic type reaction: crying low mood, sleep disturbance, anger, guilt or longing for deceased take place • Reorganization or resolution→reorganization eventually take place, and coping strategies and positive outlook emerge: Acceptance of loss 		
<p>5. Identify the services of hospice care. Textbook & ATI</p> <ul style="list-style-type: none"> • Physician service • Nursing care • Hospice aide service • Social worker service • Physical therapy, occupational therapy, and speech-language pathology services • Medical social services 		

<p>6. Identifying clients who would be appropriate for palliative care. Textbook</p> <ul style="list-style-type: none"> • Pediatric Palliative care criteria Box 24.3 • Acute serious life-threatening illness → stroke, trauma, major MI and cancer • Progressive chronic illness → end stage dementia CHF, renal or liver failure
<p>7. What are advanced directives and what are their purposes? Textbook p.598 & ATI</p> <ul style="list-style-type: none"> • Legal documents that allow people to convey their wishes for end-of-life care and include living will, durable power of attorney for healthcare and healthcare proxies.

DHW Ch. 25	Occupational Health Nursing	ATI Ch. 5 pg. 42-43
<p>1. Activities which are done as part of an occupational health needs assessment. ATI</p> <ul style="list-style-type: none"> • Assessing risks for work-related illness and injury • Planning and delivering health and safety services in the workplace • Collaborating with community health care providers • Facilitating health promotion activities that lead to a more productive workforce 		
<p>2. Occupational health risks for farmers and agricultural workers. Textbook & ATI</p> <ul style="list-style-type: none"> • increased rates of respiratory diseases, noise-induced hearing loss, skin disorders, certain cancers, chemical toxicity, and heat-related illnesses. 		
<p>3. Steps of a root cause analysis. Textbook p.628</p> <ul style="list-style-type: none"> • Define the problem • Collect data • Identify possible casual factors • Identify the root causes • Recommend and implement solutions • Evaluate the outcome 		
<p>4. Categories of hazards in the workplace with examples. Textbook pp.622-623</p> <ul style="list-style-type: none"> • Biologic → infectious hazard; contaminated body fluids; poisonous plant; insect. Scorpions, spiders' venous snakes • Chemical → hazardous drugs and toxin exposure; diesel exhaust; aerosols; respirable particulate matters and fumes; take-home toxins; substance in cleaning solution • Physical → electric and magnetic fields; UV radiation; cold and heat stress; noise, vibrations, lighting; falls, fires, particulate inhalation, unsafe machinery and equipment, transportation • Psychosocial → sexual harassment; psychological stress; interpersonal problems; assault and violent act; bodily reaction and exertion 		
<p>5. Techniques to use for an assessment of the workplace. Textbook p.626 & ATI</p> <ul style="list-style-type: none"> • Workplace walk-through is a technique use for an assessment of the workplace • To understand work process, requirement for various job, material involved, presence of actual or potential hazards and work practice of the employee • Complete survey of the workplace, inside and outside, compiling information as to the presence of hazard, location of entries and exit, availability of emergency equipment and potential trouble spots. 		
<p>6. Roles of OSHA, FMLA, NORA. Textbook & ATI</p> <ul style="list-style-type: none"> • Role of OSHA → develops and enforce workplace health regulation to protect the safety and health of workers. Provides education to employers about workplace of health and safety (ATI) <ul style="list-style-type: none"> o Book: set exposure standards and responsible for enforcement of safety and health legislation 		

<ul style="list-style-type: none"> • Role of FMLA → employee is eligible to exercise their right after working a minimum of 12 months and at least 1250 hours. In case serious illness affecting themselves or family member, when all condition are met under this act employee can leave work up to 12 weeks and return to work without penalty. • Role of NORA → national occupation research agenda is a partnership program to stimulate innovative research and improved practice for safer and healthier workplace. It is directed toward the study of disease and injury, the work environment and the workforce and the various research method which are used to study occupational health
<p>7. Workplace emergency plans. Textbook pp.635-636</p> <ul style="list-style-type: none"> • Goal: anticipate emergencies and establish clear reporting instruction for employee • Key components involves → alarms, reporting, communication, evacuation, a system for counting the occupants, procedure for staff who do not immediately evacuate and medical service
<p>8. What data should be included in an epidemiologic workplace surveillance? Textbook pp. 633-634</p> <ul style="list-style-type: none"> • Physical examination and tracking of injuries, illness, hazard, and exposure both in individual people and for groups if workers • Incidence & prevalence

DHW Ch. 6, 7	Epidemiology-Rates	ATI Ch. 3
<p>1. Calculation of rates related to school health, faith communities, and occupational health.</p> $\frac{x}{total\ population} \times multiplier$		
<p>2. Review Incidence, prevalence, proportions</p> <ul style="list-style-type: none"> • Prevalence refers to proportion of persons who have a condition at or during a particular time period. • Incidence refers to the proportion or rate of persons who develop a condition during a particular time period. • Proportion refers to the comparison of a part to the whole. It is a type of ratio in which the numerator is included in the denominator. 		