Ethical Responsibilities:

1. Values are personal beliefs about ideas that determine standards that shape behavior.
2. Ethical dilemmas are problem that involve more than one choice and stem from differences in the values of the decision makers.
3. Code of ethics is a guide for expectations and standards of profession.

Legal Responsibilities:

1. All states have some form of a “Good Samaritan” law that protects healthcare workers from liability when they intervene in an emergency.
2. Professional negligence is the failure of a person who has professional training to act in a reasonable and prudent manner.
3. Criminal law is a subsection of public law and relates to the relationship between an individual and the government.

The Interprofessional Team:

1. The interprofessional health care team works collaboratively to provide holistic care to patients.
2. The RN is the lead team member, soliciting input from all nursing team members and setting priorities for the coordination of patient care.
3. Assistive personnel include CNAs, CMAs, and other non-nursing personnel (Dialysis technicians, monitor technicians, and phlebotomists).

Information Technology:

1. You should not use correction fluid, erase, scratch out, or blacken out errors in the medical record.
2. Documentation should only reflect assessments, interventions, and evaluations. They should not involve any personal criticisms or beliefs.
3. The purpose of medical records, other than communication and prompt access to past visits, involved legal documentation, financial billing, education, research, and auditing.

Cultural and Spiritual Nursing Care:

1. Spirituality relates to whatever an individual uses or does for self-discovery, coping, and health maintenance.
2. Culture involves similarities shared among members of a group.

3. Culturally responsive nursing care involves the delivery of care that transcends cultural boundaries and considers client's cultural beliefs as the affect health, illness, and lifestyle.

Information Technology:

1. An incident is the occurrence of an accident or an unusual event.
2. An incident report should not be referred to in a client's medical record.
3. An incident report should not involve any judgement or opinion.

Home Safety:

1. Place no smoking sign in and around the area that the oxygen will be used in.
2. Bedding such as wool, nylon, and synthetic fabrics should be replaced with items made from cotton.
3. Ensure that electrical equipment is in good repair and well grounded.

Infection Control:

1. Native immunity restricts entry or immediately responds to a foreign organism through the activation of the phagocytic cells, complement, and inflammation.
2. A nurse uses infection control practices to break the chain of infection and thus stop the spread of infection.
3. If any link in the chain of infection is taken away, it will stop the spread of infection.

Older Adults:

1. Many older adults maintain their cognitive function.
2. An adjustment to decreases in physical strength and endurance is often difficult, especially for older adults who are cognitively active and engaged.
3. Metabolic rates and activity decline as individuals age, so total caloric intake should decrease to maintain a healthy weight.

Hygiene:

1. Bathe clients to cleanse the body, stimulate circulation, provide relaxation, and enhance healing.
2. Before starting any care, understand how to complete each task to avoid injuring the client.
3. Older adults' skin is drier, thinner, and will not tolerate as much bathing as younger adults' skin.

Ergonomic Principles:

1. Ergonomics is a science that focuses on the factors or qualities in an object's design or use that contribute to comfort, safety, efficiency, and ease of use.
2. The safest way to lift a client is with assistive equipment.
3. Avoid twisting your spine or bending at the waist.

Fluid Imbalances:

1. Fluid can move between compartments by a variety of methods to maintain homeostasis.
2. Compensatory mechanisms include sympathetic nervous system responses of increased thirst, antidiuretic hormone release, and aldosterone release.
3. Body fluids are distributed between intracellular and extracellular fluid compartments.

Nutrition and Oral Hydration:

1. Nutrients provide energy for cellular metabolism, tissue maintenance and repair, organ function, growth and development, and physical activity.
2. Early recognition of malnourishment can greatly increase outcomes.
3. A nutritional assessment helps identify areas to modify, either through adding or avoiding specific nutrients.

Complementary and Alternative Therapies:

1. An important prerequisite for implementing complementary or alternative therapies is the client’s acceptance of and involvement in the therapeutic intervention.
2. Herbal remedies are derived from plant sources and are the oldest for of medicine.
3. Alternative therapies are treatment approaches that become the primary treatment and replace allopathic medical care.

Pain Management:

1. Nurses have a priority responsibility to measure the clients pain level on a continual basis and provide individualized interventions.
2. Chronic pain is not protective. It is ongoing or reoccurs frequently, lasting longer than six months in persisting beyond tissue
3. Neuropathic pain arises from abnormal or damaged pain nerves.

Rest and Sleep:

1. Chronic sleep loss can increase risks of obesity, depression, hypertension, diabetes mellitus, heart attack, and stroke.

2. Sleep apnea is more than five breathing sensations lasting longer than 10 seconds per hour during sleep, resulting in decreased arterial oxygen saturation levels.
3. Sleep averages vary with the developmental stage, with infants and toddlers averaging about 9 to 15 hours per day. This declines gradually throughout childhood, with adolescents averaging 9 to 10 hours a day in adults averaging 7 to 8 hours a day

Dosage Calculation:

1. Nurses are responsible for administering the correct amount of medication by calculating the precise amount of medication to give.
2. Nurses calculate IV flow rates for large-volume continuous IV infusions and intermittent IV bolus infusions using electronic infusion pumps (mL/hr) and manual IV tubing (gtt/min).
3. Infusion pumps control an accurate rate of fluid infusion. Infusion pumps deliver a specific amount of fluid during a specific amount of time

Diabetes Mellitus:

1. Insulin is used for glycemic control of diabetes mellitus (type 1, type 2, gestational) to prevent complications.
2. Oral anti-diabetic medications work in various ways to increase available insulin or modify carbohydrate metabolism.
3. Ensure adequate glucose is available at the time of onset of insulin and during all peak times.

Safe Medication Administration and Error Reduction:

1. The providers who can legally write prescriptions in the United States include physicians, advanced practice nurses, dentists, and physician assistants
2. Controlled substances are medications that have potential for misuse and dependence and have a “schedule” classification.
3. Mechanism of action is how the medication produces its therapeutic effect.

Intravenous Therapy:

1. Intravenous (IV) therapy involves infusing fluids via an IV catheter to administer medications, supplement fluid intake, or provide fluid replacement, electrolytes, or nutrients.

2. To appropriately maintain the patency of IV access, do not stop a continuous infusion or allow blood to back up into the catheter for any length of time.
3. Instruct the client and their family members not to press the buttons on the IV pump even if it is beeping.

Bowel Elimination:

1. Stool specimens are collected both for screening and for diagnostic tests.
2. Alterations in bowel pattern include infrequent stools or an increased number of loose, liquid stools.
3. Emotional distress increases peristalsis and exacerbates chronic conditions.

Airway Management:

1. Managing airway compromise includes respiratory assessment and measuring vital signs, including oxygen saturation via pulse oximetry and administration of oxygen.
2. Maintaining a patent airway is a nursing priority. It involves mobilizing secretions, suctioning the airway, and managing artificial airways.
3. Oxygen is a therapeutic gas that treats hypoxemia. Administering and adjusting it requires a prescription.

Airway Management:

1. Oxygen toxicity can result from high concentrations of oxygen, long durations of oxygen therapy, and the severity of the lung disease.
2. Clients who have condition that cause alveolar hypoventilation can be sensitive to the administration of oxygen.
3. Mucosal secretion buildup or aspiration of emesis can obstruct a client’s airway.