

Remediation

Management care (7)

Advocacy (1)

1. Advocacy: support and defend clients health, wellness, safety, wishes, and personal rights, including privacy.
2. Advocating for a client means that sometimes you need to question the providers decisions if you think it is not the best solution.
3. Communicate the proper information so the client has the information they need to better their health.

Continuing Care (1)

1. The nurses station is a safe place to talk about patient information without violating HIPAA.
2. A fellow nurse should listen in on telephone prescriptions to confirm it is correct.
3. Use the most recent information when giving report over the telephone.

Ethical practice (1)

1. A problem is an ethical dilemma when it involves two moral imperatives.
2. Ethics is the study of conduct and character, and a code of ethics is a guide for the expectations and standards of a profession
3. A nurse should reflect on their own values as they related to the dilemma.

Informed consent (2)

1. A legal process by which a client or the client's legally appointed designee has given written permission for a procedure or treatment.
2. Ensure the client knows the reason they need the procedure or treatment.
3. Ensure the client knows the risks involved in the procedure or treatment.
4. Accommodate each clients cultural beliefs and values whenever possible unless it conflicts with essential health practice.
5. Do not make assumptions when talking about their spiritual beliefs.
6. Nurses should always provide language assistance to a client who has communication needs.

Legal rights and responsibilities (2)

1. The client and family should first be oriented to the facility before beginning the assessment.
2. When discharging, the nurse should account for of the clients valuables
3. The client should be given documentation of disposition of valuables, medications brought from home, and prescriptions.
4. Negligence is when a nurse fails to provide proper care to a client.
5. An example of negligence is not communicating thoroughly and effectively with a client.
6. Nurses are accountable for protecting the rights of their clients.

Safety and infection control (3)

Accident/error/injury/ prevention (2)

1. Weber's test: place a vibrating tuning fork on top of the client's head. Ask whether the client can hear the sound in right, left, or both ears equally.
2. The tuning fork should be placed on the temporal bone for Weber's test.
3. Rinne test is placing the tuning fork on the mastoid bone.
4. When missing the client's pain meds, the nurse should assess their pain and then decide when to give the next dose.
5. The nurse should always assess the client first when making a medication error.
6. After assessing the client, the nurse manager should be contacted and then an incident report should be filed.

Safe use of equipment (1)

1. A no smoking sign should be near the front door of the home and inside the home in the presence of oxygen.
2. Flammable materials should be away from the client when oxygen is in use.
3. Replace bedding with cotton bedding.

Health promotion and maintenance (2)

Health promotion/disease prevention (2)

1. Only give a bath to a client who can tolerate and needs it.
2. Allow rest periods for clients during baths.
3. Allow the clients to cleanse their private parts independently if they so choose.
4. Optimal time for a breast self-exam is 4-7 days after menses begins.
5. Male and female clients should get breast exams.
6. It is best to perform the self-exam in the shower.

Psychosocial Integrity (1)

End-of-life care (1)

1. Using nonverbal communication often has a greater effect than words do.
2. Nurses should express empathy and genuine concern for clients and families' issues.
3. Avoid comparing personal experiences and giving advice when giving a client therapeutic communication.

Basic care and comfort (5)

Mobility and immobility (1)

1. Ergonomics is a science that focuses on the factors or qualities in an object's design or use that contributes to comfort, safety, efficiency, and ease of use.
2. Before attempting to move a client, perform a mobility assessment.
3. Evaluate the need for additional staff or assistive devices before moving a client.

Nutrition and oral hydration (2)

1. Full liquid diet is clear liquids plus liquid dairy products, all juices.
2. Pureed food including meats, fruits, and scrambled eggs are apart of a full liquid diet.
3. Clients should be in semi-fowlers for at least one hour after meals.
4. Ice chips are half of the volume melted as they are whole.

5. Pudding is not included as input.
6. IV flushes should be included as input when calculating.

Non-pharmacological comfort interventions (1)

1. The nurse should not require the client to use nonpharmacological strategies in place of pharmacological pain measures.
2. Heat and cold therapies are examples of nonpharmacological strategies.
3. Reposition the client frequently to help alleviate discomfort.

Rest and sleep (1)

1. The nurse should help establish and follow a bedtime routine.
2. Promoting a quiet hospital environment helps the client sleep better.
3. Exercise regularly at least 2 hours before bed time.

Pharmacological and parenteral therapies (5)

Dosage calculations (1)

1. Standard conversions:
 - a. 1 mg = 1,000 mcg
 - b. 1 g = 1,000 mg
 - c. 1 kg = 1,000 mg
 - d. 1 oz = 30 ml
 - e. 1 L = 1,000 mL
 - f. 1 tsp = 5 mL
 - g. 1 tbsp = 15 mL
 - h. 1 tbsp = 15 tsp
2. mL and cc's are the exact same.
3. The unit of measurement a nurse should use is mL/hour.

Medication administration (3)

1. Intermediate and short acting insulin can be mixed
2. Short acting insulin should be drawn into the syringe before the longer acting insulin.
3. Vials of premixed insulin can be kept in the fridge for up to 3 months
4. Confirm the client by their full name, date of birth, and scan their wrist band.
5. Confirm right client, right medication, right dose, right route, right time
6. Check for allergies before administering to the client
7. A fluid bolus if a large amount of IV fluid to give in a short time, usually 1 hour.
8. Flush IV catheters every 8-12 hours when not in use.
9. Change IV sites according to the facilities policy (usually 72 hours).

Parenteral/Intravenous therapies (1)

1. Avoid varicose veins that are dilated permanently.
2. Promote vein dilation by making a fist or swinging arms.
3. Apply a tourniquet 10-15 cm above insertion site.

Reduction of risk potential (2)

Therapeutic procedures (1)

1. Use mild soap and water to cleanse the skin around the stoma.
2. Stoma should be moist, shiny, and pink.
3. Change the ostomy bag when it is 1/3 of the way full.

System specific assessments (1)

1. Decreased skin turgor, subcutaneous fat, and connective tissue is expected in older adults.
2. Thinning and graying of the hair and more sparse distribution is expected.
3. Thickening of fingernails and toenails is also expected in older adults.

Physiological adaptation (2)

Alterations in body systems (2)

1. Chest physiotherapy involves the use of chest percussion, vibration, and postural changes to help mobilize secretions.
2. Increase in fluids can help mobilize secretions.
3. Use chest physiotherapy when coughing and suctioning can remove secretions.
4. Tracheostomy care should be done every 8 hours.
5. Suctioning of a tracheostomy tube helps remove thick mucus and secretions.
6. A suction catheter no larger than 16 should be used on an 8 mm tracheostomy tube.

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51.7%

TIME SPENT

52:39

Individual Name: Camryn Studer

Student Number: ST7606189

Institution: Lakeview CON

Program Type: BSN

Test Completed Date: 12/6/2021

of Points: 60 Attempt: 1

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Content Area	Topics to Review	Total # Points	MEAN		PERCENTILE RANK		Individual Score
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+ Management of Care	7	13	66.1%	64.9%	14	16	46.2%

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