

DHW: Ch.12. ATI: Ch. 5 & Ch 9 pp 81-83

1. What is case management indicated for? ATI pg82

- Promoting interprofessional services and increased client/family involvement
- Decreased cost by improving client outcomes
- Providing education to optimized health participation
- Reducing gaps and errors in care
- Applying evidence-based protocols and pathways
- Advocating for quality services and client rights

2. What are the roles of the case manager?Pg 248 Box 12.1 What are the limits of the roles? They are working together with other healthcare workers. They are not allowed to pay prescription, bedside care, they facilitate pt to ambulate, but they don't ambulate the pt. They do reinforcement of teaching. They are not doing primary teaching. They are more like facilitator. They find resources for the clients.

Advocacy and education, clinical care coordination/facilitation (coordinating multiple aspects of care to ensure that the client progresses), continuity/transition management (transitioning of the client to the appropriate level of care needed), utilization/financial management (managing resource utilization and reimbursement for services, performance and outcomes management (monitoring and if needed intervening to achieve desired goals and outcomes for both the client and the hospital), psychosocial management (assessing and addressing psychosocial needs, including individual, familial, and environment), research and practice development (identifying practice improvement and using evidence-based data to influence needed practice changes).

3. What are the actions of the discharge planning process?

Psychosocial assessment. Identify the client's need. Look for resources. think of the nursing process.

4. What does the home health nurse assess for regarding safety in a home? ATI pg42

Non Secure rugs, electrical outlets, and extension cords; the use of O2, low lighting, the need for safety devices in the bathroom; and other potential environmental hazards.

Think of an elderly using walker is discharging home. Ask them questions like: throw rugs, extension cords.

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

With home health, the patient can stay in their home to receive care.

Workin with the clients like ask the what their goals, then provide options, or resources what can help.

6. Which areas of a home have the highest safety concerns?

not sure bathroom? Kitchen? Stairs?

This is specific question: look at the book. the percentage

7. What key factors influenced the development of current home healthcare? Development of health insurance, rising costs in healthcare in general, and medical and nursing specialization.

Focus on gerno.

8. Where do regulations for home health care come from? **The state and local government. Insurance companies usually follow these regulations. state, and federal government**

9. What are the criteria an individual needs to meet to receive Medicare or home health services?

Homebound status is typically used to determine if the patient qualifies.

Homebound, a place of care, skilled needs, intermittent care needs, and necessity. Pg250 eg. if pt has foot problem, but he can drive. He is not qualified.

10. What are the standards of care as outlined in the Scope and Standards of Home Health Nursing Practice document? **SATA Assessment by collecting data about home care clients, diagnosis through the analysis of data, outcome identification that helps home care nurses identify nurse-sensitive measures, planning in the form of nurse-sensitive interventions directed to the identified outcomes, implementation-identified, nurse centered actions in collaboration with clients and families, evaluation outcome accomplishment through nurse-sensitive interventions.**

11. What are the 5 phases of a home visit? **SATA**

Initiating the visit, preparation, the actual visit, termination of the visit, and post visit planning.

12. Medicare is regulate by federal. Medicaid is regulate by state.

DHW: Ch. 22. ATI: Ch. 5

1. What are Primary and Secondary prevention techniques for school health?

Primary prevention:

Teach health promotion practices (brushing teeth, hand hygiene). Healthy food choices, injury prevention like seat belt use and bike safety. Substance abuse disease prevention.

- **Assess the knowledge base regarding health issues**
- **Assess the immunization status of all children (maintain current records of required immunizations).**

Secondary prevention:

- **Assess children who become ill or injured at school.**
 - **provide care to children who have HA, stomach pain, diarrhea,**
 - **Anxiety over being separated from parents**
 - **minor injuries like cuts and bruises occur in school**
- **Assess all children, faculty, and staff during emergencies.**
 - **provide emergency care like first aid, early defib. with AED, CPR.**
 - **Create emergency plans for children who have a potential for anaphylactic reactions or other health problems that could result in an emergency situation.**
 - **Maintain inventory of emergency supply equipment and secure medications.**
- **Perform screening for early detection of disease and initiate referrals as appropriate.**
 - **Vision and hearing**
 - **Height and weight**

- Oral health
- Scoliosis
- Infestations (lice)
- General physical examinations
- 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.
- Assess children for evidence of mental illness, suicide, and violence.
 - Identify children at risk
- Respond to school crises and disasters.
 - Develop a crisis plan
 - Act as a first responder or triage the injured
 - Participate in drills
 - Counsel and debrief.

2. Who should be involved in planning the school nutrition program? (not sure)

School nurse, dietitian, physician.

Food Allergy and Anaphylaxis Management Act (FAAMA): requires the US secretary of Health and Human Services to develop and make available to schools a voluntary policy to manage the risk of food allergy and anaphylaxis in schools and provide for school-based food allergy management incentive grants to support implementation of food allergy management guidelines in public schools.

School nurse, administrator, parents, cook _____. Think of stakeholders

3. What are the components of a school health education program on nutrition?

Schools look to reinforce poor eating habits. Schools are the primary setting for engaging children in the establishment of lifelong positive behaviors. The US congress established a requirement that all school districts with a federal funded school meals program develop and implement wellness policies that address nutrition and physical activity.

4. What are the components of a school health education program on safety by level. Primary prevention i.e. elementary versus adolescents?

Elementary: teaching children to be careful on the outside equipment (jungle gym)

Handwashing, equipment.

Adolescents: smoking, drinking, STD's, teen pregnancy, motorcycle etc. internet, nutrition, safe sex practice

5. School nurses' roles in the school health screening process?

Direct caregiver, health promotion.

6. Be able to give examples of the school nurse's role as a child advocate.

Provides education and communication necessary to ensure that the student's health and educational needs are met. Eg. a child whose teacher says doesn't pay attention in class and missed instructions and becomes

disruptive. The child is scheduled for the routine hearing screening and the nurse finds that the screening indicates hearing loss. The nurse will do... ..

Implements strategies to reduce disruptions in the student's school activities. Eg. A child comes to school regularly ill kept and frequently comes to the nurses' office asking for food because they know the nurse keeps snacks for the diabetic students? The nurse will do... ..

Communicates with families and healthcare providers as authorized. Eg. a child has a diagnosis of ADHD for which the nurse gives the medications at school but the parents frequently forget to get the prescription filled so often the child doesn't get their medication. The nurse will do... ..

Eg. a child on ADHD meds, the nurse can talk to the parents as the child advocate.

7. Be able to give examples of the school nurse's role as a case manager.ATI pg44

Case manager: coordinates comprehensive services for children who have complex health needs.

Case manager, advocate, counsler, care giver

8. Identify the common school health issues.: cyberbullying, violence, drinking, teen pregnancies, STD's.

9. How does the school nurse utilize the epidemiological process? 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.

While screening, look at the students' record.

10. What skills are required for school nurse practice? The nurse needs to be able to assess students, perform nursing skills (CPR, catheterization, etc), must be able to give advice and support, screenings, etc.

Pg. 556

Think of who functions independently.

11. Identify health education interventions for school nursing: education on proper eating, hand washing, brushing teeth, etc.

12. What are the common focuses of school-based community assessment? Focuses on the early detection of, and intervention in, problems that may affect academic success. Identify the strengths and weaknesses of health and safety policies & programs, enabling schools to develop an action plan for improving student health, which can be incorporated into the school improvement plan, engaging teachers, parents, students, and the community in promoting health-enhancing behaviors.

Look at the population.

13. School-based strategies to reduce the number of adolescent pregnancies. Educating adolescents on abstinence, and contraception. Direct teaching sexual behavior.

14. Education for all Handicapped Children Act, or IDEA (individuals with disabilities education act. Pg 555-556 why that act came about, what's the goal for the act.

DHW: Ch. 23. ATI: Ch. 4

- 1. Primary prevention, secondary, & tertiary prevention interventions in faith-based nursing**
Primary: programs on exercising to maintain health, smoking cessation programs, and heart-health eating programs.
Secondary: screening for hypertension and setting up screenings like mammograms.
Tertiary: work to help the health of patients with diabetes, stroke, or injury.
- 2. Strategies for identifying the needs of a faith community.:** *not sure* **talking to people, interviewing to gain primary data.**
- 3. Common misconceptions regarding the role of faith community nurse:** 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.
- 4. Nursing duties for the institution-based model:** the nurse serves as a liaison and helps plan and coordinate care, particularly at times of transition. **Pg576**
- 5. Tasks for the faith community nurse serving several local congregations.:** maintain lists of referrals, patient or family advocate, health teaching, provide spiritual care based on the belief structures of the congregation.
- 6. Roles of an advisory board for the faith community nurse.:** **SATA:** offers leadership, establishes policy, and helps develop guidelines. Having the support of the advisory board is essential for solving problems and avoiding pitfalls.
- 7. Use of epidemiology in faith-community nursing.:** To determine patterns of illness for the faith community, and risk factor assessment helps the nurse decide what programs to provide.
- 8. Examples of the faith-based nurse's role as health advocate.:****Pg587 table 23.4** the faith based nurse has an ongoing relationship with the congregation member (or whole family) and can follow up with healthcare referrals and other recommendations.
Empowerment of members of the congregation
Empowerment of the congregation to improve the health of the community
- 9. Interventions for nurses of faith-based communities.** These interventions look at the community as a whole.
- 10. Seven functions that parish nurses perform in faith community work.**
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. ATI: Ch. 4

1. Identifying clients who should be recommended for hospice services. Pg 593

Hospice provides comfort and support services to people who are terminally ill.

2. Expected roles of hospice care workers.

The nurse completes physical, psychological, social, and spiritual assessments and the nurse designs and implements plans of care to meet the patients needs. The nurse assists in pain management and supports the family even after death.

3. Maladaptive behaviors of those with terminal illness.

Be able to identify the ppl understanding the process. They say, " i don't need do that, because i am not going to die"

4. Identifying behaviors during the stages of the grieving process. Pg612 -613

Numb shock: the widow can't believe the spouse's death has occurred. Marked by shock, emotional dullness, and restless behavior.

Emotional turmoil or depression: alarm or panic-type reactions occur. Crying, low mood, sleep disturbances, and anorexia.

Reorganization or resolution: coping strategies and positive outlooks emerge. May return to prior level of functioning.

5. Identify the services of hospice care.

Pain management, emotional and spiritual support. ADLs

6. Identifying clients who would be appropriate for palliative care.

Relieves patients who are suffering a serious illness. Reduce pain, optimize function, promote effective and realistic goals. Appropriate for: acute, serious, life-threatening illnesses (stroke, trauma, cancer, MI) cure is a possibility but the treatment of burden is too high. Profressive chronic illness like dementia, CHF, or renal or liver failure.

7. What are advanced directives and what are their purposes?

Legal documents that allow people to convey their wishes for end of life care including living wills, durable powers of attorney for healthcare, and healthcare proxies.

DHW: Ch. 25. ATI: Ch. 5

1. Activities which are done as part of an occupational health needs assessment.ATI pg43

Assessing risks for work-related illness and injury, planning and delivering health and safety services in the workplace, collaborating with community healthcare providers, facilitating health promotion activities that lead to a more productive workforce. Hazard, safety issue

2. Occupational health risks for farmers and agricultural workers.

Air pollutants can cause respiratory issues. Chemicals used to spray crops may be inhaled and impact their health. They are exposure to sunlight

3. Steps of a root cause analysis. Pg 628 table 25.4 memorize the steps, we are giving scenario

Define the problem

Collect data

Identify possible causal factors

Identify the Root Causes

Recommend and implement solutions

Evaluate the outcome

4. Categories of hazards in the workplace with examples. Pg617 table 25.1

Biologic agents: living organisms. MRSA, poisonous plants, contaminated body fluid, venomous snakes,

Chemical agents: coal dust (pneumoconiosis, black lung disease). Asbestos (mesothelioma). Radiation. Heavy metals. Antineoplastic drugs.

Physical agents: vibration(Raynaud phenomenon). Radiation, temperature extremes, noise, lighting, falls, and unsafe equipment.

Psychosocial agents: stress, anger, and frustration. All factors related to patient, client and setting, organizational risk factors listed in Box 25.2 can cause stress

5. Techniques to use for an assessment of the workplace. **Workplace walk-through**

6. Roles of OSHA, FMLA, NORA.

OSHA: sets exposure standards and is responsible for enforcement of safety and health legislation.

FMLA: (family medical leave act) According to FMLA, an employee is eligible to exercise his/her right after working a minimum of 12 months and at least 1,250 hours. In the case of serious illness affecting themselves or family members, when all conditions are met under this act, employees can leave work for up to 12 weeks and return to work without penalty.

NORA: (National Occupational Research Agenda) is a partnership program to stimulate innovative research and improved practices for safer, healthier workplaces. The program is directed toward the study of disease and injury, the work environment and the workforce, and the various research methods which are used to study occupational health.

7. Workplace emergency plans. Pg 635 understand the 3 paragraphs

Key components of the emergency plan involve alarms, reporting, communication, evacuation, a system for counting the occupants, procedures for staff who do not immediately evacuate and resume and medical services.

DHW: Ch. 6, 7. ATI: Ch. 3

1. Calculation of rates related to school health, faith communities, occupational health.

2. Review Incidence, prevalence, proportions