

Remediation

Management of care (3)

Continuity of Care (1)

1. Hand-off reports should include the latest vitals signs, medications and last doses, allergies, plan of care, diagnosis, and other relevant data.
2. Assessing the client is priority before filing an incident report.
3. An effective report should relate recent changes in medications, treatments, procedures, and the discharge plans.

Information Technology (1)

1. Having a second nurse listen to a verbal telephone order.
2. The nurse should document the name of the person who made the call and to whom the information was given to.
3. Telephone orders should be signed by the provider within 24 hours.

Legal Rights and Responsibility (1)

1. False imprisonment means a person uses restraints against their will (restraints without an order).
2. Negligence means a nurse fails to implement safety measures for a client at risk for falls or a medication error.
3. Battery is an intentional and wrongful physical contact with a person that involves an injury or offensive contact.

Safety and Infection Control (4)

Accident/Error/Injury Prevention (1)

1. An acceptable patient identifier is the client's phone number.
2. An acceptable patient identifier is a photo identification card.
3. An acceptable patient identifier is the client's birth date.

Standard Precautions/Transmission-Based Precautions/Surgical Asepsis (2)

1. An immunocompromised patient should have a private room.
 2. An immunocompromised patient should wear a mask when out of their room.
 3. An immunocompromised patient should have a room with positive airflow with 12 or more air exchanges/hr.
1. Open additional sterile packages next to the sterile field and drop the item onto the sterile field.
 2. Hold the bottle of sterile solution with the label in the palm of the hand so that the solution does not run down the label.
 3. Place the bottle cap of the sterile solution face up on a clean (non-sterile) surface.

Uses of Restraints/Safety Devices (1)

1. Assess skin integrity, and provide skin care every 2 hours.
2. Secure the restraints to a moveable part of the bed.
3. Pad bony prominences to prevent skin breakdown.

Health Promotion and Maintenance (2)

Health Screening (1)

1. The client should be standing 20 feet away from the Snellen chart.
2. Both eyes should be evaluated and then each eye separately.
3. The client should read aloud the smallest line of print visible.

Techniques of Physical Assessment (1)

1. The size of the cuff should surround 80% of the arm circumference.
2. The BP cuff should be 1 inch above the antecubital space.
3. Inflate the cuff 30 mmHG above the palpated systolic pressure.

Basic Care and Comfort (1)

Elimination (1)

1. Leave a 1-2 inch space at the tip of the condom catheter.
2. If the patient is uncircumcised, leave the foreskin in the natural position.
3. After applying the catheter, gently squeeze along the shaft of the penis to secure the skin adhesive.

Pharmacological and Parenteral therapies (2)

Medication Administration (2)

1. Drop the medication into the sac, avoiding placing it directly on the cornea.
2. Have the client sit upright or lie supine with their head slightly tilted to look at the ceiling.
3. Apply gentle pressure with your finger on the nasolacrimal duct for 30 to 60 second to prevent systemic absorption of the medication.
1. Ensure that the medication is being given to the right client by identifying two client identifiers.
2. Ensure that the medication matches the MAR three times before administering.
3. Ensure time-critical medications are given within 30 minutes of the prescribed time.

Reduction and Risk Potential (2)

Potential for Complications of Diagnostic Tests/Treatments/Procedures (2)

1. If a client is experiencing fluid overload stop the infusion.
2. If a client is experiencing fluid overload raise the head of the bed.
3. If a client is experiencing fluid overload measure vital signs and oxygen saturation, adjust infusion rate, and administer diuretics.
1. An example of a coude catheter is a foley catheter.
2. An example of a coude catheter is a straight catheter.
3. Coude catheters are inserted through the urethra and into the bladder to allow urine to flow out of the body.

Physiological Adaptation (2)

Alterations in Body Systems (1)

1. Cleanse the wound from the least contaminated part to the most contaminated part.
2. Do not use cotton balls and other products that shed fibers when cleaning a wound.
3. Isotonic solution is the preferred cleansing agent for cleaning a wound.

Pathophysiology (1)

1. Cheyne-Stokes respirations are a period of fast, shallow breathing, followed by slow, heavier breathing and moments of apnea. (labored breathing)
2. Cheyne-Stokes respirations are also known as the death rattle.
3. The death rattle often means that death is very close (minutes to hours.)