

### Management of Care

#### Assignment, Delegation, and Supervision

- Delegation is the practice of handing over responsibility for a task to another member of the healthcare team while maintaining control over the outcome.
- Registered nurses can delegate tasks to other RNs, PNs, and AP
- Registered nurses cannot delegate the nursing process, client education, or tasks that require nursing judgment to PNs or to APs.

#### Client Rights

- The client has the right to refuse procedures and treatment
- The client has the right to privacy and confidentiality
- The client has the right to medical records

#### Concepts of Management

- With an understanding of the concepts of management, a nurse will be able to identify the roles and responsibilities of health care team members
- A nurse will be able to plan overall strategies to address client problems.
- A nurse will be able to handle conflict amongst clients and health care staff.

#### Establishing Priorities

- A nurse must prioritize the delivery of patient care
- When in the stage of planning, the nurse sets priorities, determines client outcomes, and selects specific nursing interventions
- Maslow's hierarchy of basic needs can be used to set priorities.

#### Information Technology

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- This increases access to and delivery of knowledge
- Makes it easier to receive and transcribe health care provider orders
- RNs utilize valid resources to enhance the care provided to a client.

### Safety and Infection Control

#### Accident/Error/Injury Prevention

- To prevent injury, avoid substances, including alcohol, that can lead to substance use disorders
- Wear a seat belt when operating a vehicle
- Secure firearms in a safe location

#### Ergonomic Principles

- Assess the client's ability to balance, transfer, and use assistive devices prior to planning care
- Ergonomics is a science that focuses on the factors in an object's design or uses that help with comfort, safety, efficiency, and ease of use
- Body alignment keeps the center of gravity stable, which promotes comfort and reduces strain on the muscles... for example: when lifting a patient, use your knees and not your back.

#### Reporting of Incident/Event/Irregular Occurrence/Variance

- This is where a nurse would identify a need or situation when reporting of incident/event/irregular occurrence is appropriate.
- Health care providers have a legal obligation to report findings in accordance with state law in instances of abuse and communicable diseases
- Nurses should conduct reporting in a confidential manner

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### Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

- With this understanding, a nurse can apply principles of infection control
- With this understanding, a nurse can use appropriate techniques to set up a sterile field and maintain asepsis.
- A nurse should use standard precautions for all clients

### Use of Restraints/Safety Devices

- Some clients do require seclusions rooms and possible restraints
- Nurse must be aware of federal, state, and facility policies for the use of restraints
- Restraints can cause complications, including pneumonia, pressure sores, and incontinence

### Health Promotion and Maintenance

#### Aging Process

- Older adult clients can require a program that addresses the aging process
- The aging process can influence medication metabolism but varies with everyone
- A normal aging process would include a decrease in bone and muscle mass and muscle strength.

#### Techniques of Physical Assessment

- Use standard precautions when in contact with body fluids, wound drainage, and open lesions during a physical exam.
- During a physical assessment, the nurse should provide adequate lighting
- Ensure a quiet/private environment

### Psychosocial Integrity

#### Grief and Loss

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- A nurse should provide care for a client experiencing grief or loss
- Inform the client of expected reactions to grief and loss
- A nurse should have a good understanding of grief. Grief is the inner emotional response to loss and is exhibited through thoughts, feelings, and behaviors

### Basic Care and Comfort

#### Mobility/Immobility

- Mobility aids include canes, crutches, and walkers
- Assistance and mobility aids should be included in the plan of care for safe transfers and ambulation
- Factors that affect mobility include falls, arthritis, and osteoporosis

#### Non-Pharmacological Comfort Interventions

- Nurses should evaluate and document the client's use and response to prescribed pain medications
- Nurses may recognize complementary therapies and identify potential contraindications
- Some examples of complementary therapies include meditation, prayer, music therapy, massage, and deep breathing

#### Rest and Sleep

- The nurse should schedule client care activities to promote adequate rest
- The nurse should assess the client's sleep and rest pattern and intervene as needed
- Adequate amounts of sleep and rest promote good health.

### Pharmacological and Parenteral Therapies

#### Medication Administration

- A nurse must verify the client's identification before each medication administration

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- Ways to identify a patient include the client's name/DOB, and room number
- One must prioritize medication administration to administer critical meds first, or to know which medications need to be given prior to treatment, surgeries, or meals

#### Parenteral/Intravenous Therapies

- A parenteral route is an administration anywhere in the body other than oral
- Signs and symptoms of intravenous therapy infection include the classic signs of infection such as swelling, soreness, redness at the site, pain, and fever
- An IV line and the insertion site are monitored and maintained by the nurse.

#### Reduction of Risk Potential

#### Changes/Abnormalities in Vital Signs

- Assess and respond to changes and/or trends in client vital sign
- The nurse should apply the knowledge needed to perform related nursing procedures and psychomotor skills when assessing vital signs.
- Regularly and frequently perform vital signs to be aware of trends or abnormalities.

#### Potential for Complications of Diagnostic Tests/Treatments/Procedures

- Position the client to prevent complications following tests, treatments, and procedures
- To reduce the potential of a complication, intervene to manage potential circulatory complications.
- Always intervene to prevent aspiration

#### System Specific Assessments

- Assess the client for peripheral edema
- Identify factors that result in delayed wound healing
- Perform a risk assessment – for bleeds, falls, infection, etc.

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## Physiological Adaptation

### Alterations in Body Systems

- The nurse should monitor wounds for S/S of infection
- The nurse should perform wound care or a dressing change
- The nurse should provide pulmonary hygiene when applicable

### Pathophysiology

- Nursing practice requires basic knowledge of pathophysiology
- Understanding pathophysiology empowers nurses to evaluate a patient's health on a deeper level and potentially identify the early stages of a disease
- An understanding of pathology in each body system helps a nurse answer the question, "Why is this patient experiencing this?"