RN Fundamentals 2019 **Emily Melecosky**

Black - topic missed
Red - subtopic that I need to focus on
Blue - 3 things to help me know the information
Green - extra information to go off of the 3 things

I. Management of Care (4 items)

- **Advance Directives/Self-Determination/Life Planning (1 item)**
- **Continuity of Care (1 item)**
    1. **Understand what "continuity of care" is**
        a. **The quality of care of a patient over time**
    2. **Understand when/how we use "continuity of care"**
        a. **In teamwork and collaboration**
        b. **To promote continual better care for the patient during any point of life**
    3. **Expand communication skills between care teams, different care facilities, and the patient.**
        a. **Practice therapeutic communication**
        b. **Familiarize self with medical terminology**
        c. **Familiarize self with common medical abbreviations**
- **Legal Rights and Responsibilities (1 item)**
    1. **Understand types of torts:**
        a. **Unintentional**
            i. **Negligence**
            ii. **malpractice (professional negligence)**
        b. **Quasi-intentional tort**
            i. **Breach of confidentiality**
            ii. **Defamation of character**
        c. **Intentional tort**
            i. **Assault**
            ii. **Battery**
            iii. **False imprisonment**
    2. **Understand source of laws and which medical falls under**
        a. **Federal regulations**
        ***Medical falls under this = Health Insurance Portability and Accountability Act (HIPAA), Americans with Disabilities act (ADA), Mental Health Parity Act (MHPA), and Patient Self-determination Act (PSDA)**
        b. **Criminal and civil law**
        c. **State law**
    3. **Understand who is involved with informed consent/ what is nurses role**

a. Provider - obtains informed consent
b. Patient - gives informed consent
c. nurse - witnessing informed consent
    i. Ensure provider gave the client necessary information
    ii. Ensures the client understands the procedure and the information given
    iii. Have the client sign the informed consent document
    iv. Notify the provider if the client has more questions or doesn't seem to understand the procedure
    v. Document questions the provider has and notify the provider/ reinforce teaching/ use of interpreters as needed.

- Referrals (1 item)
    1. Understand the interprofessional team and what a variety is available for a patient
        a. Spiritual and supportive staff
        b. Registered dietician
        c. Laboratory technician
        d. Pharmacist
        e. Physical therapy
        f. Occupational therapist
        g. Provider
        h. Radiologic technologist
        i. respiratory therapist
        j. Social worker
        k. speech-language pathologist
        l. Hospice and palliative care
    2. Understand what situations warrant for a referral/ when to call services such as the social worker in the hospital
        a. Death - hospice, end of life care
        b. Elderly or patient who just underwent extensive sugery - assisted living community
        c. Patient who just has surgery or healing bone/ ligament/ tendon - physical therapy
        d. Patient can't afford medication - social worker
        e. etc…
    3. Initiating referrals for client assistance, including health education; and identifying community resources is the responsibility of the RN

II. Safety and infection control (5 items)

- Accident/Error/Injury Prevention (2 items)
    1. Familiarize self with Rights of safe medication administration
        a. Right client
        b. Right medication
        c. Right dose

        d. Right time
        e. Right route
        f. Right documentation
        g. Right client education
        h. Right to refuse
        i. Right assessment
        j. Right evaluation
    2. Pay attention to TALL-man letters
    3. Familiarize self with error prone abbreviation list
    4. familiarize self with high-alert medication list
    5. What to do if an error is made
        a. Evaluate clients' response to medication and document and report them
        b. be aware of therapeutic effect and common adverse effects of wrong medication
        c. Identify adverse effects as they occur, and document/report them
        d. Notify the provider of all errors, and implement corrective measures
        e. Complete an incident report within 24 hours including
            i. Client identification
            ii. Name and dose of medication
            iii. Time and place of incident
            iv. Accurate and objective account of the event
            v. Who you notified
            vi. What actions you took
            vii. Your signature
        f. Don't include incident report in patient's medical record
        g. Report all errors to the facilities risk managers.
- Standard Precautions/Transmission-Based Precautions/Surgical Asepsis (3 items)
    1. Review types of precautions
        a. Standard (tier 1)
        b. Contact (ier 2)
        c. Droplet (tier 2)
        d. Airborne (tier 2)
        e. Protective environment (tier 2)
    2. Review what equipment is used for certain precautions
        a. Standard: hand hygiene and gloves
        b. Contact: gown and gloves (mask and eye protection if in contact w/ secretions)
        c. Blood borne: Gloves, face mask, protective eyeware or goggles, proper handling and disposing of sharps
        d. Droplet: Individual room, protective surgical masks

e. Airborne: Gloves, gown, N95 respirator mask, isolation
f. Protective environment: private room, positive airflow, HEPA filtration, mask for the client when out of the room

3. Stages of infection:
    a. Incubation
    b. Prodromal
    c. Illness
    d. Convalescence
4. Chain of infection:
    a. Causative agent
        i. Bacteria
        ii. Fungi
        iii. Virus
        iv. Prions
        v. Parasite
    b. Reservoir
        i. Human
        ii. Animal
        iii. Food
        iv. water
        v. Soil
        vi. Insects
        vii. Organic matter in inanimate surfaces
    c. Portal of exit/entry
        i. Respiratory
        ii. GI/GU
        iii. Skin/mucous membranes
        iv. blood/bodily fluid
        v. Tranplancenta
    d. Mode of transmission
        i. Contact
        ii. Droplet
        iii. Airborne
        iv. Vector borne
    e. Susceptible host
        i. Break in skin
        ii. immunocompromised

III. Health Promotion and Maintenance (1 item)

- Techniques of Physical Assessment (1 item)
    1. Review a head to toe assessment every couple of months
    2. Practice the head to toe assessment on a family member every couple of months
    3. Review what is involved with a generalized physical assessment

IV. Basic Care and Comfort (3 items)

- **Nutrition and Oral Hydration (2 items)**
    1. **Monitor patient's intake and record it**
    2. **Monitor cleint's output and record what form of output**
    3. **Monitor client's weight to get adequate I/O's**
- **Non-Pharmacological Comfort Interventions (1 item)**
    1. **Appropriate relaxation techniques**
        a. **deep breathing**
        b. **Massage**
        c. **guided imagery**
        d. **Meditation**
        e. **music**
    2. **Therapeutic listening and therapeutic communication**
    3. **Can use forms of biological and botanical therapies, mind-body therapy, energy therapy, or movement therapy**

V. **Pharmacological and Parenteral Therapies (3 items)**

- **Pharmacological Pain Management (1 item)**
    1. **Pain can be seen as the 5th vital sign, but not actually a true vital sign - use scale and OLDCART to find out more information on pain**
    2. **Parenteral routes are best for intermediate and short-term pain relief**
    3. **Can administer:**
        a. **Opioid analgesics**
        b. **Non-opioid analgesics**
        c. **Adjective analgesics**
            i. **Anticonvulsants**
            ii. **Antianxiety**
            iii. **Tricyclic antidepressants**
            iv. **Anesthetics**
            v. **Antihistamine**
            vi. **Glucocorticoids**
            vii. **Antiemetic**
            viii. **Bisphosphonates and calcitonin**
- **Medication Administration (2 items)**
    1. **Go through the six rights to administration prior to administering**
        a. **Right client**
        b. **Right dose**
        c. **Right medication**
        d. **Right route**
        e. **Right time**
        f. **Right documentation**
    2. **Check IV site prior to administrating any meds parenterally**
    3. **Know push times for medications given parenterally**
    4. **Know medication interactions for the drug you are giving**

5. Watch for any adverse effects and signs of allergic reaction/ anaphylaxis

VI. Reduction of Risk Potential (3 items)

- Potential for Alterations in Body Systems (1 item)
  1. Monitor respiratory rate, while considering depth, rate, rhythm, level of consciousness, ABGs and SpO2 saturation
  2. If airway is under 95%, assistance via nasal cannula, masks, or possible intubation can be considered
  3. Monitor for signs of hypoxia
     a. Early signs
        i. Tachycardia
        ii. Tachypnea
        iii. Pale skin
        iv. Restlessness
        v. Confusion
        vi. Use of accessory muscles
     b. Late signs
        i. Stupor
        ii. Bradycardia
        iii. Bradypnea
        iv. Hypotension
        v. Cardiac dysrhythmias
- Laboratory Values (1 item)
  1. Focus on potassium normal level
     a. K+ = 3.5 - 5.0 mEq/L
  2. Focus on Magnesium normal level
     a. Mg = 1.3-2.1 mEq/L
  3. Focus on Phosphorus normal level
     a. Phosphorus = 3.0-4.5 mEq/L
  4. Oxygen level
     a. 95-100%
- Therapeutic Procedures (1 item)
  1. Oxygen therapy
  2. Nasogastric suctioning
  3. tracheotomy

VII. Physiological Adaptation (2 items)

- Alterations in Body Systems (2 items)
  1. Stages of wounds
     a. Inflammatory stage (lasts 3-6 days)
     b. Proliferative stage (3-24 days)
     c. Maturation or remodeling stage (around day 21)
  2. Familiarize self with types if dressings
     a. Woven gauze
     b. Non Adherent material

c. Damp to damp 4-inch by 4-inch dressing
d. Self-adhesive, transparent film
e. Hydrocolloid
f. Hydrogel
g. Alginates
h. Collagen

3. Know how to prevent pressure injury
    a. Rotate patient ever 2 hours, or every hour id the patient is obese or super skinny
    b. Use support, such as pillows, for area of high pressure risk
    c. Check areas potential of high pressure sores every time you are turning/ giving bath
        i. Coccyx
        ii. Heels
        iii. Back of legs
        iv. Back of head
        v. Hips
        vi. Shoulders