

- **Client Rights - (1)**

- Grief, Loss, and Palliative Care: Responding to a Client Who Has a Terminal Illness and Wants to Discontinue Care (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 36 Grief, Loss, and Palliative Care)
  - 1→Client has the right to refuse care.
  - 2→Palliative care interventions are primarily used when caring for clients who are dying and family members who are grieving but can be used for a client who has a chronic or curable illness, regardless of the stage of the disease process.
  - 3→Individuals have the opportunity to start the grieving process before the actual loss.

- **Continuity of Care - (2)**

- Admissions, Transfers, and Discharge: Essential Information in a Hand-Off Report (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 9 Admissions, Transfers, and Discharge)
  - 1→On the day and time of transfer, confirm that the receiving facility or unit is expecting the client, and that the room or bed is available.
  - 2→Confirm the mode of transportation the client will use to complete the transfer or discharge (car, wheelchair, ambulance).
  - Give a verbal transfer reporting person or via telephone.
- Information Technology: Information to Include in a Change-of-Shift Report (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 5 Information Technology)
  - 1→Have a second nurse listen to a telephone prescription
  - 2→Do not refer to an incident report in a client's medical record
  - 3→Nurses cannot photocopy any part of documents between facilities and providers

- **Establishing Priorities - (1)**

- Critical Thinking and Clinical Judgment: Caring for a Client Who Has Nausea (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 8 Critical Thinking, Decision-Making, and Clinical Judgment)
  - 1→Complex critical thinking results from an increase in nursing knowledge, experience, intuition, and more flexible attitudes.
  - 2→Critical thinking is facilitated by seeking truth in an open-minded manner and being inquisitive about why something is effective or ineffective.
  - 3→Critical thinking follows a systematic process or pattern, not jumping to conclusions but using reason to guide decisions.

- **Informed Consent - (1)**

- Therapeutic Communication: Providing Written Materials in a Client's Primary Language (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 32 Therapeutic Communication)
  - 1→Elicit and attend to clients' thoughts, feelings, concerns, and needs
  - 2→Express empathy and genuine concern for clients and families issues
  - 3→Email communication becomes part of the client's medical record

- **Accident/Error/Injury Prevention - (1)**

- Safe Medication Administration and Error Reduction: Client Identifiers (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 47 Safe Medication Administration and Error Reduction)
  - 1→Acceptable identifiers include the clients name, an assigned identification number, telephone number, birth date, or other person-specific identifier (a photo identification card)

- 2→Uncontrolled substances require monitoring by a provider, but do not generally pose a risk of misuse or addiction.
- 3→Providers must re-prescribe some medications (opioids and antibiotics) within a specific amount of time or they will automatically discontinue.

- **Reporting of Incident/Event/Irregular Occurrence/Variance - (1)**

- Information Technology: Action to Take When a Visitor Reports a Fall (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 5 Information Technology)
  - 1→Change-of-shift report includes face-to-face, audiotaping, or presentation during walking rounds in each client's room (unless the client has a roommate or visitor present).
  - 2→Do not use correction fluid, erase, scratch out, or blacken out errors in the medical record. Make corrections promptly, following the facility's procedure for error correction.
  - 3→An incident is the occurrence of an accident or an unusual event.

- **Standard Precautions/Transmission-Based Precautions/Surgical Asepsis - (1)**

- Medical and Surgical Asepsis: Preparing a Sterile Field (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 10 Medical and Surgical Asepsis)
  - 1→The three essential components of handwashing are the following: soap, running water, and friction.
  - 2→Use a clean, dry paper towel to turn off the faucet.
  - 3→The outer wrapping and 1-inch edges of packing that contain sterile items are not sterile. The inner surface of the sterile drape or kit, except for that 1-inch border around the edges, is the sterile field to which other sterile items can be added.

- **Health Promotion/Disease Prevention - (1)**

- Hygiene: Bathing a Client Who Has Dementia (Active Learning Template - Nursing Skill, RM Fund 10.0 Chp 37 Hygiene)
  - 1→Avoid self-treating corns or calluses.
  - 2→Wear comfortable shoes that do not restrict circulation.
  - 3→Wash with long, firm strokes from distal to proximal. Use light strokes over low extremities for clients who have a history of DVT.

- **End-of-Life Care - (1)**

- Grief, Loss, and Palliative Care: Providing End-of-Life Care (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 36 Grief, Loss, and Palliative Care)
  - 1→Health care proxy is a document that appoints someone to make medical decisions when clients are no longer able to do so on their own behalf.
  - 2→Encourage attendance at bereavement or grief support groups. Provide information about available community resources.
  - 3→Some acceptance should be evident by 6 months after the loss.

- **Assistive Devices - (1)**

- Mobility and Immobility: Evaluating a Client's Use of a Walker (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 40 Mobility and Immobility) There were no statements about using a walker so I did crutches.
  - 1→Support body weight at the hand grips with elbows flexed 20-30 degrees.
  - 2→Hold the crutches in one hand and grasp the arm of the chair with the other hand for balance while sitting and rising from the chair.

- 3→The client should stand with a straight back, hips, head, and neck and should not place any weight on the axilla.

- **Non-Pharmacological Comfort Interventions - (1)**

- Complementary and Alternative Therapies: Contraindications for Receiving Acupuncture (Active Learning Template - Therapeutic Procedure, RM Fund 10.0 Chp 42 Complementary and Alternative Therapies)
    - 1→Be receptive to learning about clients' alternative health beliefs and practices (home remedies, cultural, vitamin use, modification of prescriptions).
    - 2→Identify clients' needs for complementary or alternative therapies, along with the clients values and treatment preferences.
    - 3→Acupuncture/acupressure is needles or digital pressure along meridians to alter body function or produce analgesia.

- **Personal Hygiene - (1)**

- Hygiene: Providing Instruction About Foot Care (Active Learning Template - System Disorder, RM Fund 10.0 Chp 37 Hygiene)
    - 1→Apply moisturizer to the feet, but avoid applying it between the toes.
    - 2→Avoid over-the-counter products that contain alcohol or other strong chemicals.
    - 3→Wear clean cotton socks daily.

- **Rest and Sleep - (1)**

- Rest and Sleep: Identifying Findings That Indicate Sleep Deprivation (Active Learning Template - System Disorder, RM Fund 10.0 Chp 38 Rest and Sleep)
    - 1→Help with personal hygiene needs or a back rub prior to sleep to increase comfort.
    - 2→Limit fluids 2 to 4 hours before bedtime.
    - 3→Nicotine and caffeine are stimulants. Caffeine and alcohol tend to cause night awakenings.

- **Medication Administration - (3)**

- Pharmacokinetics and Routes of Administration: Self-Administration of Ophthalmic Solutions (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 46 Pharmacokinetics and Routes of Administration)
    - 1→Apply gentle pressure with your finger and a clean facial tissue on the nasolacrimal duct for 30 to 60 seconds to prevent systemic absorption of the medication.
    - 2→If you have more than one medication in the same eye, wait at least 5 minutes between them.
    - 3→For eye ointment, apply a thin ribbon to the edge of the lower eyelid from the inner to the out canthus.
  - Pharmacokinetics and Routes of Administration: Teaching About Self-Administration of Clotrimazole Suppositories (Active Learning Template - Medication, RM Fund 10.0 Chp 46 Pharmacokinetics and Routes of Administration)
    - 1→Insert the medication along the posterior wall of the vagina 3-4 inches for suppositories.
    - 2→Insert the suppository just beyond the internal sphincter.
    - 3→If using a reusable applicator, wash it with soap and water. (If it is disposable, discard it.)
  - Safe Medication Administration and Error Reduction: Confirming a Client's Identity (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 47 Safe Medication Administration and Error Reduction)
    - 1→To ensure correct spelling, use aids ("b as in boy"). State numbers separately ("one, seven" for 17).

- 2→Remind the provider to verify the prescription and sign it within the amount of time the facilities policy specifies.
- 3→If possible, have a second nurse listen on an extension or on speaker in a private area (to ensure confidentiality).

- **Parenteral/Intravenous Therapies - (1)**

- Intravenous Therapy: Recognizing Phlebitis (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 49 Intravenous Therapy)
  - 1→Select the vein by using visualization, gravity, fist clenching, friction with the cleaning solution, or heat.
  - 2→Promptly discontinue the infusion and remove the catheter if there is phlebitis or thrombophlebitis present.
  - 3→Restart the infusion in a different vein proximal to the site or in another extremity.

- **Changes/Abnormalities in Vital Signs - (1)**

- Vital Signs: Palpating Systolic Blood Pressure (Active Learning Template - Nursing Skill, RM Fund 10.0 Chp 27 Vital Signs)
  - 1→The width of the cuff should be 40% of the arm circumference at the point where the cuff is wrapped.
  - 2→The bladder (inside the cuff) should surround 80% of the arm circumference of an adult and the whole arm for a child.
  - 3→Estimate systolic pressure by palpating the radial pulse and inflating the cuff until the pulse disappears. Inflate the cuff another 30 mm Hg, and slowly release the pressure to note when the pulse is palpable again.

- **Potential for Complications of Diagnostic Tests/Treatments/Procedures - (3)**

- Intravenous Therapy: Actions to Take for Fluid Overload (Active Learning Template - Therapeutic Procedure, RM Fund 10.0 Chp 49 Intravenous Therapy)
  - 1→Preventing fluid overload use an infusion pump and monitor I&O's.
  - 2→Raise the head of the bed and measure VS and oxygen saturation.
  - 3→Adjust the rate after correcting fluid overload.
- Nasogastric Intubation and Enteral Feedings: Preparing to Administer Feedings (Active Learning Template - Nursing Skill, RM Fund 10.0 Chp 54 Nasogastric Intubation and Enteral Feedings)
  - 1→Assist the client to semi-Fowler's position, or elevate the head of the bed to a minimum of 30 degrees.
  - 2→Ensure that the formula is at room temperature.
  - 3→Mix or shake the formula, fill the container, prime the tubing, and clamp it.
- Urinary Elimination: Selecting a Coudé Catheter (Active Learning Template - Nursing Skill, RM Fund 10.0 Chp 44 Urinary Elimination)
  - 1→Cleanse the catheter at least three times a day and after defecation.
  - 2→Make sure the collection bag is at a level below the bladder to avoid reflux.
  - 3→Monitor for reports of fullness in the bladder area, check for kinks in the tubing, and check for sediment in the tubing.

