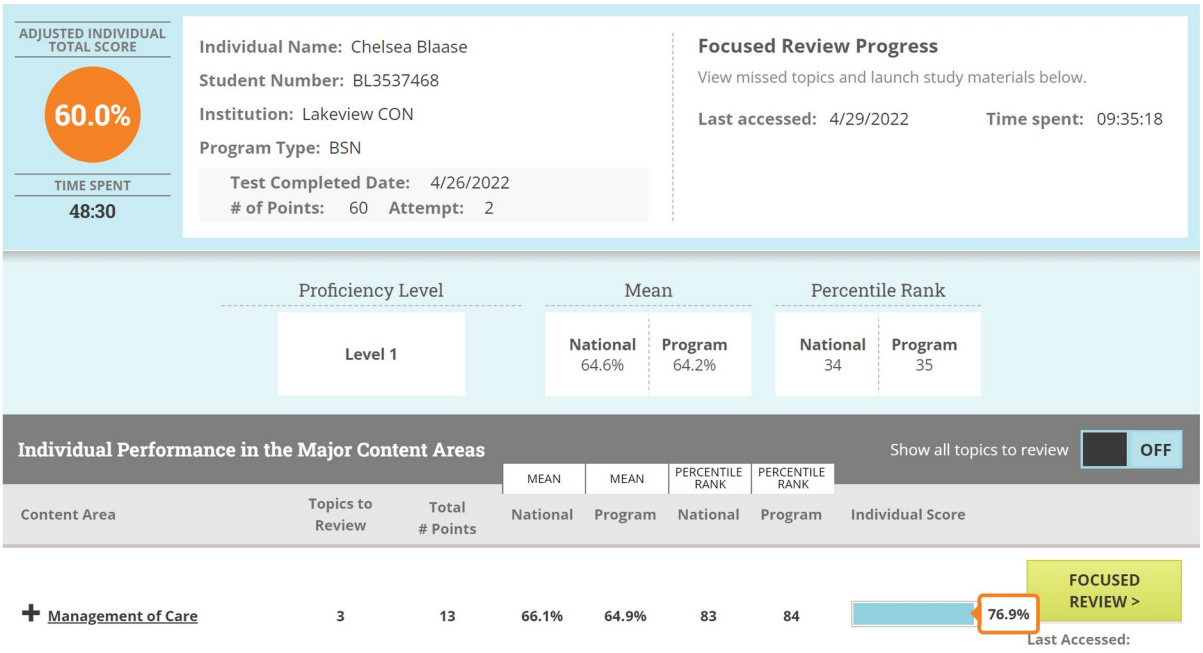
Med Surg 1 Remediation



Establishing priorities

- When there are multiple clients, it is important to review all of the client's information and determine, which clients should be prioritized.
- It is important to determine when caring for a client to prioritize the delivery of care to provide the client with the most appropriate order of treatment.
- Prioritizing also includes delegating tasks to appropriate staff when needed.

Information technology

- Document patient assessment into the medical record
- Client's medical records must be up to date and complete to provide appropriate care.
- All patient information is factual and accurate by using subjective and objective data to verify diagnoses.

Legal rights and responsibilities

- The client has the right to refuse treatment and it is important to ensure patient's autonomy.
- Client information must remain confidential to meet HIPAA regulation.
- Negligence is defined as not proving care to an individual in need of care and ignoring your duty as a healthcare provider.

Accident/error/injury prevention

- Fall risk bracelets are worn to notify personal to check necessary safety measures such as the bed alarm
- Nurses should place the bed at the lowest level to help prevent falls
- The nurse must use the rights of medication administration to help prevent medication errors

Safe use of equipment

- Sterile solution expires after 24 hours after opening and in some hospitals the protocol is to discard sterile solution after one use.
- Hold the sterile bottle of solution placing the palm over the label so the solution does not run down the label making it illegible.
- Enable bed alarms before leaving a client's room as a safety measure to prevent falls

Standard precautions/transmission-based precautions/surgical asepsis

- Sterile field is maintained by remaining above the waist and below the chest.
- Clients under standard precaution do not require a private room
- Airborne precaution requires the use of an N95 mask

Use of restraints/safety devices

- Devices such as belts, vests, and mitts are physical restrains and sedatives are considered a pharmacological restraint
- A prescription for restrains is only viable for 4 hours for adult clients
- Prescriptions for restraints must be renewed if appropriate after 24 hours by a provider

Health promotion/disease prevention

- Client must be ready to learn when teaching the client on various interventions to prevent health issues, such as how to manage blood sugar.
- Screenings for at risk clients is important in providing timely care
- Breast exams are a great way to promote health and prevent advance stage cancer with timely treatment.

End-of-life care

- The nurse should make clients aware of an advance directive to help the client receive the care they want they are unable to make choices for themselves
- Palliative care is provided to clients with an incurable disease to alleviate pain and symptoms.
- Hospice care is provided to individuals with six months or less to love

Grief and loss

- The Kubler-Ross model of the grieving process is denial, anger, bargaining, depression, acceptance.
- Encourage the family that is grieving a lost loved one to partake a grief support group.
- In complicated grieving clients can start to have suicidal ideations or

Elimination

- An exercise client is educated on for bladder control are called Kegel exercises

- Clients with a urinary catheter are at a greater risk of urinary tract infection
- Symptoms of a UTI are urinary frequency, urgency, nocturia, flank pain, cloudy and stinky urine

Mobility/immobility

- Immobility places clients at risk for DVTs, constipation, and bed soars
- Respiratory function is diminished lowering oxygen transportation capability
- Immobility reduces muscle strength which increases the fall risk for older adults

Rest and sleep

- Adolescents should get 9 to 10 hours and adults should get 7 to 8 hours
- Insomnia is the inability to fall asleep or feel rest once you are able to sleep
- Clients can also suffer from narcolepsy which is sudden onset of uncontrollable sleep.

Medication administration

- It is good to know both the generic and trade names of medication. Generic names are the official names of medications and trade names are the brand name.
- Controlled substances must be monitored by two nurses when wasting.
- Its is essential to use the medication administration rights: right route, right dose, right client, right time, right education, right to refuse

Pharmacological pain management

- Pain is to be assessed first by a pain rating scale and vital signs taken
- Pain medication should be taken before physical therapy so that clients are able to complete their treatment
- When a client is using a PCA pump it is important inform the client and family that only the client is able to press the button under any circumstance.

Potential for complications of diagnostic tests/treatments/procedures

- Nurses must monitor after administering a blood transfusion for signs of a reaction
- If a client presents with signs of anaphylactic shock the nurse should stop the infusion of the medication and administer epinephrine
- If a client experiences dehiscence the nurse must call the surgeon and place a sterile covering over the wound

Alterations in body systems

- It is important to continuous monitor wounds for signs of infection and to keep the wound clean
- Clients that are malnourished are at risk for inadequate nutrition which can put them at risk for insufficient calcium levels ultimately weakening their bones.
- A client that is dehydrated will be at risk of electrolyte imbalances, potassium can be serious because it effects cardiac function