



Management of care:

Advocacy- Cultural and spiritual nursing care. Effective communication when caring for a client who speaks a different language than the nurse.

- Make sure an interpreter is available when discussing care with patients who speak another language. Use only a facility-approved medical interpreter. Do not use the client's family or friends.
- Use printed materials suited to the client's level of understanding if there is a language barrier.
- When speaking to a client with limited English proficiency, do not use abbreviations and slang. Use layman's terminology.

Continuity of care- Information technology- commonly used abbreviations.

- Only use abbreviations and symbols that the facility and the joint commission approve of.
- Document facts and information precisely without any interpretations of the situation.
- Don't use unnecessary words or irrelevant data. Be accurate when documenting in a patient's chart.

Establishing priorities- client education

- Use methods that emphasize the learning style. Use demonstrations, lectures, role-playing, visual aids, and media resources.
- When teaching patients information on their medical illness and procedures, make sure to have them return demonstration and have the patient explain information in their own words.
- Identify factors that could affect the patient's learning. Examples include- psychomotor deficits, environmental distractions, and sensory and perceptual deficits.

Informed consent- Legal responsibilities

- For an invasive procedure or surgery, the client must provide written consent.
- The nurse must verify that consent is informed and witness the client signing the consent form.
- Clients must consent to all care they receive in a health care facility.

Information technology-

- Effective reports include significant objective information about the client's health problems. It should proceed in a logical sequence. It relates to recent changes in medications, treatments, procedures, and the discharge plan
- Telephone prescriptions must be repeated to the provider, and the prescription should consist of the medication name, dosage, time, and route.
- Incident reports should be filled out when an accident or an unusual event occurs. An incident report should not be in a client's medical record. Incident reports contribute to changes that help improve healthcare quality.

Legal rights and responsibilities- Identifying an intentional tort.

- Assault- the conduct of one person makes another person fearful and apprehensive.
- Battery- Intentional and wrongful physical contact with a person that involves an injury of offensive contact.
- False imprisonment- A person is confined or restrained against their will.

Safety and Infection Control:

Accident/Error/Injury Prevention (2) Medical and surgical asepsis & Safe medication administration and Error Reduction.

Medical and surgical asepsis- Latex allergy

- When a patient has a latex allergy, the team must use latex-free gloves, equipment, and supplies.
- Before beginning a task or procedure, ensure that the team checks for latex allergies, as it requires a different setup.
- When dealing with a latex allergy patient, use latex-free items and supplies.

Safe administration and error reduction- rights of safe medication administration

- Acceptable identifiers for a patient are the patient's name, the birth date assigned identification number, telephone number, or photo identification card.
- Nurses must check allergies before medication administration. Check allergies by asking clients or checking the MAR.
- Rights of safe medication administration include the right client, time, medication, dose, route, documentation, client education, refusal, assessment, and evaluation.

Standard precautions/Transmission-Based Precautions/Surgical Asepsis (2) Infection control & Medical and surgical asepsis- preparing a sterile field

Sterile field-

- Touch sterile materials only with sterile gloves.
- Any object held below the waist or above the chest is considered contaminated.
- Sterile materials can touch other sterile surfaces. Contact with non-sterile materials at any time will contaminate a sterile area.

Infection control- multidrug-resistant infections

- Obtain specimens for culture and sensitivity before initiation of antimicrobial therapy.
- Monitor antimicrobial levels and ensure that therapeutic levels are maintained.
- Make sure the client is educated on completing the full course of antimicrobial therapy.

Health Promotion and Maintenance:**Techniques of physical assessment- Abdominal assessment**

- Inspect the abdomen to ensure it is free from lesions, scars, dilated veins, jaundice, ascites, or cyanosis.
- Auscultate starting in the right lower quadrant and listen for a full minute. If no bowel sounds, then listen for a full 5 minutes.
- After percussion, use light and deep palpation to feel for masses or organomegaly.

Psychosocial Integrity:**Coping Mechanisms- Coping with a terminal illness**

- Be empathetic in communication and encourage the client to verbalize feelings.
- Identify available community resources and refer the client for counseling if needed.
- Encourage client autonomy with decision-making.

Grief and loss- Providing client support after a mastectomy

- Acknowledge the patient's anger, depression, and denial as feelings are to be expected when adjusting to body changes.
- Reinforce clients' strengths and help them find the assistance they need.
- Establish a therapeutic relationship with the patient. A caring and nonjudgmental manner puts the patient at ease and fosters meaningful communication.

Basic Care and Comfort:**Assistive devices- Sensory perception- hearing aid**

- Educate the client to use the lowest setting that allows hearing without feedback.
- Clean ear mold with soap and water while keeping the hearing aid dry.
- When a hearing aid is not used, turn it off and remove the battery. Make sure the client knows to keep replacement batteries on hand.

Elimination- Urinary elimination- Indwelling catheter

- Cleanse the catheter at least three times a day and after defecation.
- Monitor the patency of the catheter. Check for kinks in the tubing and check for sediment in the tubing.
- Make sure the collection bag is below the bladder to avoid reflux.

Mobility/immobility- Bowel elimination- Fracture pan

- For patients using a fracture pan, make sure to raise the head of the bed to 30 dg.
- Never leave a client lying flat on a regular bedpan.
- If the client cannot lift their hips, roll the client to one side, position the fracture pan, and roll the client back onto the fracture pan.

Nutrition and Oral hydration (2)- Fluid imbalances & Nutrition and Oral hydration

Fluid imbalances- fluid intake.

- A cause of hypervolemia can be from excessive sodium intake from IV fluids, diet, or medications.
- Overhydration is too much fluid in the body from excessive intake or ineffective removal from the body.
- Dehydration is a lack of fluid in the body from insufficient intake or excessive loss.

Nutrition and Oral hydration- Full liquid diet.

- Full liquid diet consists of clear liquids plus liquid dairy products.
- A pureed diet consists of clear and full liquids plus pureed meats and fruits.
- A mechanical soft consists of clear and full liquids plus diced or ground foods.

Pharmacological and Parenteral Therapies:

Dosage calculation and Medication Administration (2)

Dosage calculation-

- Know the standard conversion factors before calculating a medication dose.
- Different types of medication calculations include IV infusion rates, solid oral medications, and injectable medications.
- There are 3 different methods for dosage calculation: ratio and proportions, dimensional analysis, or formulas.

Medication Administration- Diabetes & Routes of administration

Diabetes- Insulin mixing

- Draw the short-acting insulin into the syringe first, then do the longer-acting insulin.
- The reason why we draw short-acting insulin first, is because it prevents the possibility of accidentally injecting some of the longer-acting insulin into the shorter-acting insulin vial.
- For insulin suspensions, make sure to gently rotate the vial between the palms to disperse the particles throughout the vial before withdrawing insulin.

Routes of administration- Enteral administration on medications

- Do not mix medications with enteral feedings.
- Use liquid forms of medications; if not, make sure to crush the medication before administering.
- Administer each medication separately don't mix the medication together.

Reduction of Risk Potential:

Potential for alterations in body systems- Hygiene: foot care

- Teach the patient to apply moisture to the feet but avoid applying it to the toes.
- Teach the patient to inspect feet daily, making sure to look between the toes.
- Teach the patient to use warm water when washing feet and to dry the feet thoroughly when done. Make sure the patient knows not to self-treat corns or calluses.

Therapeutic procedures- Nasogastric intubation and enteral feedings

- Monitor the tube placement and inspect the patient's skin.
- Check the patients' gastric contents. Normal gastric pH is between a 0 and 4.
- There are 4 different enteral formulas, including standard (polymeric), Modular, Elemental, and Specialty formulas.

Physiological Adaptation:

Alterations in Body Systems- Vital signs- High Fever

- Provide fluids and rest. Use a cooling blanket to help reduce the patient's fever.
- Assess/monitor white blood cell counts, sedimentation rates, and electrolytes.
- Keep environmental temperature between 70 and 80 dg F.