

Information Technology

DOCUMENTATION

- Purposes for medical records include communication, legal documentation, financial billing, education, research, and auditing.
- The purpose of reporting is to provide continuity of care and enhance communication among all team members who provide care to the same clients, thus promoting client safety.
- Nurses should conduct reporting in a confidential manner

LEGAL GUIDELINES

- 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.
- Sign all documentation as the facility requires, generally with name and title.
- Documentation should reflect assessments, interventions, and evaluations, not personal opinions or criticism about client or other health care professionals' care

DOCUMENTATION FORMATS

- Have all the data ready prior to contacting any member of the interprofessional team.
- Use a professional demeanor.
- Use exact, relevant, and accurate information.
- Document the name of the person who made the call and to whom the information was given; the time, content of the message; and the instructions or information received during the report

Nursing Process

NURSING PROCESS FRAMEWORK

- During this assessment/data collection, the nurse validates, interprets, and clusters data.
- Documentation of the assessment data must be thorough, concise, and accurate
- Methods of data collection include observation, interviews with clients and families, medical history, comprehensive or focused physical examination, diagnostic and laboratory reports, and collaboration with other members of the health care team

ASSESSMENT/DATA COLLECTION

Primary sources

SUBJECTIVE: What the client tells the nurse

Secondary sources

SUBJECTIVE

- What others tell the nurse
-

Thorax, Heart, and Abdomen

BREASTS

- Perform breast examinations on female and male clients.
- Use the techniques of inspection and palpation to examine the breasts
- The optimal time to conduct a BSE is 4 to 7 days after menses begins, or right after menstruation ends.

THORAX AND LUNGS

- This examination includes the anterior and posterior thorax and lungs.
- Use the techniques of inspection, palpation, percussion, and auscultation
- Maximize sounds by:
 - Having the client take deep breaths with an open mouth each time you move the stethoscope.
 - Placing the diaphragm stethoscope directly on the skin to prevent muffling or distortion of sounds.
 - Facilitating breathing by medicating for pain, giving clear directions, and assisting the client to a sitting position.

HEART

To measure the heart rate, listen and count for 1 min

- Positioning the client in three different ways allows for optimal assessment of heart sounds, as some positions amplify extra or abnormal sounds.
- Sitting, leaning forward
- Lying supine
- Turned toward the left side
- **Carotid arteries:** Over the carotid pulses
- **Abdominal aorta:** Just below the xiphoid process
- **Renal arteries:** Midclavicular lines above the umbilicus on the abdomen
- **Iliac arteries:** Midclavicular lines below the umbilicus on the abdomen
- **Femoral arteries:** Over the femoral pulses

Ergonomic Principles

PUSHING OR PULLING

- Widen your base of support.
- When opportunity allows, pull objects toward the center of gravity rather than pushing them away.

- If pushing, move your front foot forward and, if pulling

TRANSFERS AND USE OF ASSISTIVE DEVICES

- Evaluate the need for additional staff or assistive devices (transfer belt, hydraulic lift, sliding board).
- Assess and monitor the use of mobility aids (canes, walkers, crutches).
- Include assistance or mobility aids in the plan of care for safe transfers and ambulation

GUIDELINES FOR PREVENTING INJURY

- Use smooth movements when lifting and moving clients to prevent injury from sudden or jerky muscle movements.
- When standing for long periods of time, flex your hips and knees by using a footrest. When sitting for long periods of time, keep your knees slightly higher than your hips.
- Avoid repetitive movements of the hands, wrists, and shoulders. Take a break every 15 to 20 min to flex and stretch joints and muscles whenever possible

BED AND CLIENT POSITIONS

- The client lies supine with the head of the bed elevated 15° to 45° (typically 30°).
- This position prevents regurgitation of enteral feedings and aspiration by clients who have difficulty swallowing.
- It also promotes lung expansion for clients who have dyspnea or are receiving mechanical ventilation

High-Fowler's

- The client lies supine with the head of the bed elevated 60° to 90°.
- This position promotes lung expansion by lowering the diaphragm and thus helps relieve severe dyspnea.
- It also helps prevent aspiration during meals
- Airway Management

PULSE OXIMETRY AND OXYGEN THERAPY

Tracheostomy collar: a small mask that covers the surgically created opening of the trachea

- Delivers an FiO₂ of 24% to 100% at flow rates of at least 10 L/min.
- Provides high humidification with oxygen delivery
- Monitor respiratory rate and pattern, level of consciousness, behavior, and SpO₂

SPUTUM SPECIMEN COLLECTION

- Obtain specimens early in the morning.
- Wait 1 to 2 hr after the client eats to obtain a specimen to decrease the likelihood of emesis or aspiration.
- Perform chest physiotherapy to help mobilize secretions
- Use a sterile container for routine cultures and AFB testing

SUCTIONING

- Assist the client to high-Fowler's or Fowler's position for suctioning if possible.
- Encourage the client to breathe deeply and cough in an attempt to clear the secretions without artificial suction.
- Obtain baseline breath sounds and vital signs, including SaO₂ by pulse oximeter. Can monitor SaO₂ continually during the procedure

ARTIFICIAL AIRWAYS AND TRACHEOSTOMY CARE

- Artificial airways can be placed orotracheally, nasotracheally, or through a tracheostomy to assist with respiration.
- Tracheostomy tubes vary in their composition (plastic, steel, silicone), number of parts, size (long vs. short), and shape (50° to 90° angles)
- The outside cannula has a flange or neck plate that sits against the skin of the neck and has holes on each side for attaching ties around the neck to stabilize the tracheostomy tube

ANALYSIS/DATA COLLECTION

Analysis/data collection requires nurses to look at the data and

- Recognize patterns or trends.
- Compare the data with expected standards or reference ranges.
- Arrive at conclusions to guide nursing care

Dosage Calculation

STANDARD CONVERSION FACTORS

- 1 mg = 1,000 mcg
- 1 g = 1,000 mg
- 1 kg = 1,000 g
- 1 oz = 30 mL
- 1 L = 1,000 mL
- 1 tsp = 5 mL
- 1 tbsp = 15 mL
- 1 tbsp = 3 tsp
- 1 kg = 2.2 lb
- 1 gr = 60 mg