

Management of Care

- **Advance Directives/Self-Determination/Life Planning - (1)**
 - Professional Responsibilities: Evaluating Understanding of Advance Directives
 - Ask the client if he has an advance directive.
 - Document the client's advance directive status.
 - Provide written information to the client regarding advance directives about the client's rights.
- **Assignment, Delegation and Supervision - (2)**
 - Managing Client Care: Assigning Client Care Tasks to an AP
 - Activities of daily living: bathing, grooming, dressing, toileting, ambulating, feeding (without swallowing precautions), positioning
 - Routine tasks: specimen collection, bed making, intake and output, vital signs (for stable clients)
 - LPNs can do the following: reinforce client education, trach care, suctioning, checking nasogastric tube patency, inserting urinary catheters, administering enteral feedings, and administering meds (except IV meds).
 - Managing Client Care: Priority Action for a Client Who Has Manifestations of Dysphagia
 - place the client in an upright or high Fowler's position to facilitate swallowing
 - stay with the client due to the risk of aspiration
 - refer to a speech therapist for evaluation
 - make diet alterations, avoid thin liquids and sticky foods
- **Client Rights - (1)**
 - Professional Responsibilities: Informed Consent for Participating in a Research Study
 - Nurses must be knowledgeable in client rights, advocacy, informed consent, advance directives, confidentiality, information security, information technology, legal practice, disruptive behavior, and ethical practice.
 - Nurses' role in supporting clients by ensuring that they are properly informed, that their rights are respected and that they are receiving the proper level of care.
 - The nurse should seek the assistance of an interpreter if the client does not speak and understand the language used by the provider.
- **Collaboration with Interdisciplinary Team - (1)**
 - Managing Client Care: Implementing Facility Protocols
 - Unless a do not resuscitate (DNR) or allow natural death (AND) prescription is written, the nurse should initiate CPR when a client has no pulse or respirations.
 - The written prescription for a DNR or AND must be placed in the client's medical record. The provider consults the client and the family prior to administering a DNR or AND.
 - Nurses who disclose client information to an unauthorized person can be liable for invasion of privacy, defamation, or slander.

- Clients have the right to privacy and confidentiality in relation to their health care information and medical recommendations.
- **Concepts of Management - (1)**
 - Managing Client Care: Effective Roles of a Nursing Leader
 - It is essential for nurses to be aware of the rights of clients regarding privacy and confidentiality.
 - Facility policies and procedures are established to ensure compliance with HIPAA. It is essential that nurses know and adheres to the policies and procedures.
 - HIPAA regulations also provide for penalties in the event of non-compliance with the regulations
- **Information Technology - (1)**
 - Safe Medication Administration and Error Reduction: Identifying Electronic Databases for Research
 - Only healthcare team members directly responsible for the client's care are allowed access to the client's records. Nurses may not share information with other clients or staff not involved in the care of the client.
 - Clients have a right to read and obtain a copy of their medical records, and agency policy should be followed when they request to read or have a copy of the record.
 - Electronic records should be password-protected, and care must be taken to prevent public viewing of the information. Healthcare workers should use only their own passwords to access information.
- **Legal Rights and Responsibilities - (1)**
 - Epidemiology and Communicable Diseases: Reportable Infectious Diseases
 - Epidemiology is used to monitor disease trends.
 - This consists of the host, the environment, and the agent.
 - Public health nurses can use the core functions to target communicable diseases.
- **Performance Improvement (Quality Improvement) - (1)**
 - Coordinating Client Care: Teaching About Implementing Critical Pathways
 - Health information systems (HIS) are used to manage administrative functions and clinical functions. The system's clinical portion is often called the clinical information system (CIS). The CIS may be used to coordinate essential aspects of client care.
 - To address these issues, the Nurse Licensure Compact [NLC] has been adopted by many states. This allows nurses who reside in an NLC state to practice in another NLC state.
 - State boards may prohibit a nurse from practicing under the NLC if a board of nursing has restricted the license of the nurse.

Safety and Infection Control

- **Accident/Error/Injury Prevention - (3)**
 - Adverse Effects, Interactions, and Contraindications: Identifying Treatment for Urticaria

- Nephrotoxicity can occur with several medications but primarily with antimicrobial agents and NSAIDs.
 - Phenytoin can increase hepatic medication-metabolizing enzymes that affect warfarin, thereby decreasing the blood level and the effects of the medication.
 - Aminoglycosides can injure cells in the renal tubules of the kidneys.
 - Client Safety: Caring for a Client Who Is on Fall Precautions
 - Ensure the client has the fall precautions identification.
 - The nurse should ensure the patient's bed alarms are on.
 - Older adults and other clients with decreased sensory perception are at an increased risk for falls.
 - Mobility and Immobility: Pressure Injuries
 - The nurse should ensure that the client turns every two to four hours.
 - The nurse can use pillows to help support pressure points.
 - The nurse should do full skin assessments of patients with a higher risk of pressure injuries.
- **Ergonomic Principles - (1)**
 - Mobility and Immobility: Evaluating Client Understanding of Crutch Safety
 - Do not alter crutches after fitting.
 - Support body weight at the hand grips with elbows flexed at 20 to 30 degrees.
 - The client should not stand with a straight back, hips, head, and neck.
- **Standard Precautions/Transmission-Based Precautions/Surgical Asepsis - (1)**
 - Infection Control: Identifying the Need for Sterile Gloves
 - Health-care-associated infections are most common in the urinary tract.
 - Providers should use standard precautions when caring for the client.
 - A client with HIV should eat foods high in protein and drink plenty of fluids.
- **Use of Restraints/Safety Devices - (1)**
 - Client Safety: Reason for the Use of Restraints
 - A provider must prescribe restraints.
 - Restraints should only be used when all other options have been tried.
 - The nurse should only use restraints when the client is at risk of harming others or themselves.

Health Promotion and Maintenance

- **Health Promotion/Disease Prevention - (2)**
 - Heart Failure and Pulmonary Edema: Risk Factors for Heart Failure
 - Weak muscles in the heart can cause CHF, which leads to pulmonary edema.
 - Hypertension is another risk factor for HF.
 - Coronary artery disease is the most common risk factor for heart failure.
 - Neurocognitive Disorders: Risk Factors for Alzheimer's Disease
 - Heart disease, diabetes, strokes, and high cholesterol have been linked to patients with Alzheimer's.

- Alzheimer's is a progressive disease.
 - Age and family history are the best indication of the risks of Alzheimer's.
- **Health Screening - (1)**
 - Musculoskeletal Congenital Disorders: Screening for Idiopathic Scoliosis
 - Visual inspections of the spine can be a screening tool for children.
 - Asymmetry of the shoulders, shoulder blades, and hips may cause idiopathic scoliosis.
 - Adam's forward bend test is used to diagnose and screen for scoliosis.
- **High-Risk Behaviors - (1)**
 - Overview of Community Health Nursing: Identifying the Stage of Change
 - Promote the health and welfare of clients across the lifespan and from diverse populations
 - Nurses in the community should understand the foundations of community health, principles, health promotion, and disease prevention
 - Nursing to promote, preserve and maintain the health of the population through disease and disability prevention and health protection of the community as a whole
- **Lifestyle Choices - (1)**
 - Contraception: Contraindication for Oral Contraceptives
 - Oral contraceptives can cause high blood pressure.
 - Endometrial cancer is a contraindication for getting oral contraceptives.
 - Oral contraceptives can be in estrogen or progestin.

Psychosocial Integrity

- **Abuse/Neglect - (1)**
 - Family and Community Violence: Priority Intervention for Intimate Partner Violence
 - The primary intervention for a nurse with a client who has been a part of partner violence is to provide a calm trusting environment.
 - The nurse should not push information out of the client.
 - Maltreatment and malnutrition are examples of violence and abuse.
- **Behavioral Interventions - (3)**
 - Anxiety Disorders: Action for a Client Who Is Experiencing a Panic Level of Anxiety
 - The nurse should stay with the client that is experiencing a panic attack.
 - The nurse should implement cognitive behavioral therapy when the client is ready.
 - The nurse should teach breathing techniques.
 - Group and Family Therapy: Identifying Characteristics of a Therapeutic Group
 - Intensive treatment involves therapeutic communication through the care team.
 - Group therapy allows the client to view other people's perspectives and create a new support system.
 - Family therapy should include boundaries and expectations.

- o Personality Disorders: Caring for a Client Who Has Antisocial Personality Disorder
 - Antisocial personality disorder shows no regard for right or wrong actions.
 - These clients ignore the feelings of others.
 - These clients would rather be alone than with a group.
- **Crisis Intervention - (1)**
 - o Crisis Management: Sequence of Actions to Take for a Client Who Is Experiencing a Crisis
 - The nurse should stay with the client when they are experiencing a crisis.
 - The nurse can request for help or medication to help calm the patient.
 - The nurse should always assess the risk for themselves and the client during the crisis.
- **Cultural Awareness/Cultural Influences on Health - (2)**
 - o Cultural, Ethnic, and Religious Influences: Assessing a Client's Dietary Acculturation
 - The nurse should always take the client's cultural diet into consideration when caring for a client.
 - Muslims do not eat meat like beef or lamb.
 - Jewish religions will only eat food that is Kosher.
 - o Cultural, Ethnic, and Religious Influences: Planning Client Care During Passover
 - Bread and pasta are not to be eaten over Passover.
 - The nurse should respect the client's wishes for food.
 - Some Jewish clients may want to keep their heads covered during these times.

Basic Care and Comfort

- **Non-Pharmacological Comfort Interventions - (3)**
 - o Benign Prostatic Hyperplasia, Erectile Dysfunction, and Prostatitis: Identifying Medication Interactions With Saw Palmetto
 - Saw Palmetto is also called the enlarged prostate.
 - Warfarin and aspirin can interact with BPH.
 - Cold weather can make saw palmetto worse.
 - o Pain Management: Caring for a Client Who Is in Active Labor
 - Clients who are in active labor can get epidural anesthesia for pain.
 - The nurse should help the client with deep breathing and changing positions.
 - The nurse can also perform a sacral massage.
 - o Pain Management: Promoting Comfort During a Heel Stick
 - The nurse can place sucrose water in a pacifier for an infant getting a heel stick.
 - The nurse can also Caresse or massage the area.
 - The nurse should have the mother hold the child skin to skin.
- **Nutrition and Oral Hydration - (2)**

- o Cancer and Immunosuppression Disorders: Teaching a Client Who Has Anorexia
 - Malnutrition is common in clients who have immunosuppression disorders.
 - The client should eat small amounts of high-protein foods.
 - Eating disorders can lead to a weakened immune system.
- o Sources of Nutrition: Best Source of Vitamin C
 - Patients should take vitamin C when taking iron supplements.
 - Vitamin C is in oranges, green veggies, and fruits.
 - Ascorbic acid is the purest form of vitamin C.
- **Personal Hygiene - (2)**
 - o Grief, Loss, and Palliative Care: Performing Postmortem Care Prior to a Family Visit
 - When doing post-mortem care, the nurse should respect the client's wishes.
 - Postmortem care should be done as soon as possible to prevent tissue damage.
 - The family should be allowed all the time they need to say goodbye.
 - o Mobility and Immobility: Evaluating the Use of a walker
 - The walker should be adjusted to the client's height.
 - It should be at the client's hips with the elbows slightly bent.
 - The patient should not lift their walker at any time.

Pharmacological and Parenteral Therapies

- **Adverse Effects/Contraindications/Side Effects/Interactions - (3)**
 - o Eye and Ear Disorders: Teaching About Adverse Effects of Timolol
 - Timolol may cause heart failure in some patients.
 - The nurse should monitor for trouble breathing and ringing in the ears.
 - The nurse should administer the eye drop to the inner corner of the eyes.
 - o Medications for Depressive Disorders: Monitoring for Interactions Between Citalopram and St. John's Wort
 - This places the client at an increased risk for serotonin syndrome.
 - Alcohol should not be drunk with Citalopram.
 - The client should not drink alcohol or eat foods high in tyramine when taking st. John's wort.
 - o Therapeutic Procedures to Assist with Labor and Delivery: Identifying a Contraindication to Oxytocin Administration
 - Oxytocin should not be administered to clients with uterine rupture.
 - The nurse should check on the client every 15 minutes when on oxytocin.
 - The fetal heart rate should be assessed continuously when on this medication.
- **Central Venous Access Devices - (1)**
 - o Intravenous Therapy: Preparing Client for Insertion of a Nontunneled Percutaneous Central Venous Access Device
 - The provider will prescribe types and amounts of IV fluids and volume.

- Never administer IV medications through tubing that is infusing blood or parenteral nutrition solutions.
 - The nurse should monitor the IV site for infiltration or phlebitis.
- **Dosage Calculation - (1)**
 - Dosage Calculation: Calculating a Dose of Phenytoin
 - The phenytoin loading dose depends on the client's weight in kg.
 - The nurse should administer the dose immediately after it is prepared.
 - Phenytoin is not a continuous infusion.
- **Expected Actions/Outcomes - (1)**
 - Pain Management: Pudendal Block
 - A pudendal nerve block is injected into the pelvic region.
 - This is used for chronic pain relief.
 - This is used with an X-ray or ultrasound for guidance.
- **Medication Administration - (3)**
 - Diabetes Mellitus: First Action When Mixing NPH and Regular Insulin
 - Inject air into the insulins first.
 - Always draw the regular insulin into the syringe first.
 - Never mix NPH and Regular insulin.
 - Neurocognitive Disorders: Providing Teaching About Memantine
 - Memantine is used in clients with Alzheimer's.
 - Memantine is used as
 - Non-Opioid Analgesics: Administering Headache Medications to a Client Who Has a History of a Peptic Ulcer
 - A peptic ulcer is an erosion of the mucosal lining of the stomach, esophagus, or duodenum.
 - The mucous membranes can become eroded to the point that the epithelium is exposed to gastric acid and pepsin.
 - Expected findings include heartburn, bloating, nausea and vomiting, and a feeling of fullness or hunger.
- **Parenteral/Intravenous Therapies - (2)**
 - Blood and Blood Products: Identifying Supplies for Transfusion
 - There should always be two nurses that check off the blood and patient.
 - The blood should always be infused with a 20g or larger.
 - The blood needs to be infused within 1 hour of hitting the floor.
 - Hospitalization, Illness, and Play: Preparing a School-Age Child for IV Catheter Insertion
 - The nurse should use pretend play.
 - The nurse should always try to use atraumatic care.
 - Let the child play and perform on a toy.
- **Pharmacological Pain Management - (1)**
 - Opioid Agonists and Antagonists: Medication to Treat Moderate Acute Pain
 - Hydrocodone, tramadol, oxycodone, codeine, and others are all considered opioids.
 - The nurse should always understand where the naloxone is when administering opioids.

- Nurses should always assess the client's pain before administering pain meds.

Reduction of Risk Potential

- **Changes/Abnormalities in Vital Signs - (1)**
 - Vital Signs: Measuring Pulse Deficit
 - If a vital sign is abnormal, the nurse should count for a while minute.
 - The nurse should use the apical pulse while the other measures the peripheral pulse.
 - This means there is a difference between the beats of the hearts and the beats observed.
- **Laboratory Values - (1)**
 - Electrolyte Imbalances: Nursing Interventions for Hypocalcemia
 - Ingestion is the process of consuming food by mouth, which moves through the digestive system.
 - BMR refers to the amount of energy used in 24 hours for involuntary activities of the body.
 - Fever may be a sign of malnutrition.
- **Potential for Alterations in Body Systems - (1)**
 - Blood Neoplasms: Caring for a Child Who Has Neutropenia
 - Nursing care for clients who have cancer should include collaboration with supportive therapies and services, counseling, and transfer of care to another provider at discharge.
 - Clients should be placed on neutropenic precautions and fall risks.
 - Neutropenia can be caused due to bone marrow suppression by cytotoxic medications.
- **Potential for Complications of Diagnostic Tests/Treatments/Procedures - (1)**
 - Gastrointestinal Therapeutic Procedures: Priority Finding to Report Following a Paracentesis
 - The nurse should monitor the client's temperature to monitor for infection.
 - The nurse should measure abdominal girth.
 - The nurse should document the fluid's volume, color, and consistency.
- **Potential for Complications from Surgical Procedures and Health Alterations - (2)**
 - Acute Infectious Gastrointestinal Disorders: Manifestations of Dehydration
 - Changes in stool pattern.
 - Weight loss.
 - Reports of malaise or fatigue.
 - Postoperative Nursing Care: Evaluating Readiness for Discharge From the PACU
 - Brain tumors occur in any part of the brain, occupy space within the skull, and are classified according to the cell or tissue.
 - Hearing loss or ringing in the ear, visual changes, facial drooping, difficulty swallowing, nystagmus, cross-eyed, or decreased vision.
 - Treatment of DI consists of massive fluid replacement, administration of synthetic vasopressin, and replacement of essential nutrients as indicated.

- **Therapeutic Procedures - (1)**
 - o Gastrointestinal Therapeutic Procedures: Client Teaching for Colostomy Care
 - Gastrointestinal diagnostic procedures often involve endoscopes and X-rays to visualize parts of the gi system.
 - A blood test can provide information on the functioning of the GI tract.
 - EGD is inserted through the mouth to examine the esophagus, stomach, and duodenum.

Physiological Adaptation

- **Alterations in Body Systems - (3)**
 - o Acute and Infectious Respiratory Illnesses: Caring for an Infant Who Has Respiratory Syncytial Virus
 - Symptoms include decreased activity, breathing difficulties, and irritability.
 - The nurse should monitor the client's respirations for a full minute.
 - The infant is at a higher risk for RSV because their lungs are not fully developed.
 - o Angina and Myocardial Infarction: Plan of Care Following Acute Myocardial Infarction
 - Nurses should be familiar with cardioversion and defibrillation procedures for treating dysrhythmias.
 - ECGs measure the heart's electrical activity and can also be monitored by telemetry.
 - The nurse should monitor for manifestations of dysrhythmias and hypoxia.
 - o Medical Conditions: Hyperemesis Gravidarum
 - Extreme persistent nausea and vomiting during pregnancy.
 - Confused with morning sickness.
 - The nurse should monitor the client's weight and fluid intake.
- **Hemodynamics - (1)**
 - o Heart Failure and Pulmonary Edema: Expected Finding of Elevated Pulmonary Artery Wedge Pressure
 - This can measure left ventricular failure.
 - Tachycardia is a common sign of this.
 - PAWP greater than 18mmHg can show pulmonary edema.
- **Illness Management - (2)**
 - o Cancer and Immunosuppression Disorders: Teaching About Food Safety and Preparation for a Client Who Has AIDS
 - Cancer can cause anorexia, increased metabolism, and negative nitrogen balance
 - Systemic effects result in poor food intake, increased nutrient and energy needs, and catabolism of body tissues.
 - Poor nutritional status leads to wasting and fever, further increasing susceptibility to secondary infections.
 - o Chronic Obstructive Pulmonary Disease: Client Teaching
 - Maintain a healthy weight and good diet.

- The nurse should ensure the client understands when they need to rest.
 - Advise the patients to stay away from allergens that might cause airflow blockages.
- **Medical Emergencies - (2)**
 - Burns: Priority Action for a Toddler Who Has Burns
 - The nurse should infuse normal saline to keep the client's fluid balance even.
 - The nurse should assess the client's respiratory and fluid status first.
 - The nurse should place the burn under normal water temperature and should not use oils or ice.
 - Musculoskeletal Trauma: Identifying Manifestations of a Fat Emboli
 - The first sign of a fat embolism is respiratory distress.
 - Petechiae can also be found on the chest.
 - A fat embolism can occur 24 to 72 hours after the trauma.
- **Pathophysiology - (1)**
 - Pressure Injury, Wounds, and Wound Management: Staging a Pressure Ulcer
 - The nurse should assess the client's pain and give pain medication before doing wound care.
 - Stage I: The skin is intact with the presence of non-blanch-able erythema.
 - Stage III: There is a full-thickness loss of skin that extends to the subcutaneous tissue but does not cross the fascia beneath it

Clinical Judgement

- **Recognize Cues - (1)**
 - Fractures: Identifying Findings Requiring Follow-up for a Child Who Has Arm Pain
 - The nurse should evaluate for other bruising or signs of child abuse.
 - The nurse should ask the child what happened if capable.
 - The nurse should assess to see if the fracture and the story line up.
- **Generate Solutions - (1)**
 - Fractures: Anticipating Potential Provider Prescriptions for a Child Who Has Arm Pain
 - Children should never take aspirin for the risk of Reyes syndrome.
 - The child should rate their pain on every encounter if possible.
 - NSAIDs such as ibuprofen should be given for pain when needed.
- **Take Actions - (1)**
 - Fractures: Priority Actions for a Child Who Has a Fracture
 - The nurse should administer analgesics for pain.
 - The nurse should evaluate for child abuse.
 - The nurse should monitor the site when moving the extremity and ensure the child sticks nothing in the cast.
- **Evaluate Outcomes - (1)**
 - Substance Use and Addictive Disorders: Identifying Manifestations
 - Taking larger than the prescribed amount.
 - Having urges to take more.

- Needing more of the drug to get the same effect.