

Management of Care:

- **Case Management**
 - **Case managers work to meet patient needs through assessment, coordination, and planning, and by evaluating the available options and services.**
 - **These services meet an individuals and family's comprehensive health needs.**
 - **Nursing case management is a dynamic and systematic collaborative approach to provide and coordinate health care services to a defined population.**
- **Confidentiality/Information Security**
 - **Nurses should never discuss patients with others who do not have the access.**
 - **Nurses must protect and secure client written records.**
 - **The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical, in the work setting and off duty in all venues, including social media or any other means of communication.**
- **Establishing Priorities**
 - **Determining immediate threats to life as part of the initial assessment and is based on the ABC mnemonic focusing on the airway as priority, moving to breathing, and circulation.**
 - **Creating an individual plan of care that includes adequate nutrition and hydration**
 - **Identify the problem that needs to be addressed**
- **Ethical Practice**
 - **Mental health providers live out the ethical principles of beneficence, no maleficence, justice, and respect for people in their efforts understand, appreciate and empathize with their patients.**
 - **Ethics is a branch of philosophy that deals with distinguishing right from wrong.**
 - **Autonomy emphasizes the status of persons as autonomous moral agents whose rights to determine their destinies should always be respects.**
- **Legal Rights and Responsibilities**
 - **Types of Rights: Human rights (W.H.O), Legal rights, Civil rights, Clients (Patient) Rights.**
 - **Clients have the right to freedom from physical or mental abuse or harm**
 - **The client's right to confidentiality in the therapy process is a cornerstone of the profession.**

Safety and Infection Control:

- **Accident/Error/Injury Prevention**
 - If a patient falls, the nurse wants to take priority of assessing the client's level of consciousness first.
 - It's important to avoid injury to the nurses back by raising the bed when administering a Foley catheter.
 - To reduce the risk of falls for the patient with delirium, it's best to check on the patient every hour.
- **Use of Restraints/Safety Devices**
 - Assess the appropriateness of the type of restraint/safety device used.
 - Follow requirements for use of restrains and/or safety device
 - Monitor/evaluate client response to restrains/safety device

Health Promotion and Maintenance:

- **Aging Process**
 - Delirium is not part of the normal aging process.
 - Only 10% of older adults meet commonly recommended physical activity goals.
 - An increase in atrial ectopy is a common physiologic change to the heart due to aging.

Psychosocial Integrity:

- **Abuse/Neglect**
 - Physical abuse is any physical injury as a result of punching, beating, kicking, biting, shaking, throwing, and stabbing.
 - Signs of neglect: frequently absent from school, dirty with body odor, discussed trying alcohol, and begs or steals money/food.
 - Shaken baby syndrome is a type of inflicted traumatic brain injury that happens when a baby is violently shaken.
- **Behavioral Interventions**
 - Reinforcement: increases behavior, can be positive/negative
 - Positive reinforcement: adding something good to increase behavior.
 - Most popular principle of behavior change: positive reinforcement and basic building block of human behavior.
- **Coping Mechanisms**
 - Projection: seeing your own unwanted feelings in other people
 - Rationalization: creating logical reasons for bad behavior
 - Repression: subconsciously hiding uncomfortable thoughts.
- **Mental Health Concepts**
 - If a nursing measure doesn't afford pain relief, then the nurse can report the client's continued pain to the health care provider.

- The defense mechanism of displacement involves the discharge of intense feelings for one person onto a substitute person or object that is less threatening to satisfy an impulse.
- In stating, “I would like to ask you a series of parenting questions to determine your fitness, “the nurse insensitively uses the word, “fitness”, which is nontherapeutic.
- **Stress Management**
 - Acute= short term
 - Daily stress= can be acute or chronic
 - 3 parts of the nervous system: CNS, SNS, and PNS
- **Substance Use and Other Disorders and Dependencies**
 - Substance use is the ingestion of psychoactive substances in moderate amounts that don’t significantly interfere with social, educational, or occupational functioning.
 - Substance intoxication is a physiological reaction to ingested substances—drunk or getting high.
 - Substance dependence is described as an addiction
- **Therapeutic Communication**
 - Nonverbal communication is the use of physical movement to convey messages; besides body language, nonverbal communication can include voice sounds.
 - Therapeutic communication is the foundation for establishing a therapeutic nurse-patient relationship
 - Respect is when the nurse must have unconditional positive regard for the patient.

Pharmacological and Parenteral Therapies:

- **Adverse Effects/Contraindications/Side Effects/Interactions:**
 - Atropine does not have a direct effect on the SA node.
 - If a patient is showing signs of toxicity, the best action is to hold the drug and call the health care provider.
 - Lithium has a narrow therapeutic window, which should be monitored closely.
- **Dosage Calculation**
 - Glycosylated hemoglobin is the best indicator of average blood glucose levels for the past 120 days.
 - Dizziness is the side effect of orthostatic hypotension
 - $\text{ml/hr.} \times \text{drop/ml} \text{ } 40\text{ml/hr.} \times 15 \text{ drops/ml time in minutes} = 60 \text{ min.}$

Reduction of Risk Potential:

- **Laboratory Values**
 - A side effect of lisinopril is hyperkalemia.

- o Urinary output of 185 mL in an 8-hour period could indicate nephrotoxicity, which is an adverse side effect of an aminoglycosides.**
- o Headache and nausea are withdrawal symptoms that can occur when a client stops taking fluoxetine**