

Management of Care

- o Collaboration with Multidisciplinary Team
 1. The stages of wound healing starts with the inflammatory stage, followed by the proliferative stage, and ends at the remodeling stage.
 2. Assessment for wounds is made up of appearance: drainage, wound closure, status, and pain.
 3. A pressure injury is unstageable when there is slough or eschar in the ulcer.
- o Concepts of Management
 1. The four levels of basic communication are intrapersonal, interpersonal, public, and small group.
 2. Nonverbal communication is made up of appearance, facial expression, sounds, and personal space.
 3. Therapeutic communication should be client centered (not social or reciprocal), purposeful, planned, and goal-directed.
- o Legal Rights and Responsibilities
 1. Clients have the right to understand the aspects of care to be active in the decision making process.
 2. Informed consent is a legal process by which a client or the clients legally appointed designee has given written permission for a procedure or treatment.
 3. Consent is informed when a provider explains and the client understands the following:
 - The reason the client needs the treatment or procedure
 - How the treatment or procedure will benefit the client
 - The risks involved
 - Other options for treatment

Safety and Infection Control

- o Accident/Error/Injury Prevention
 1. Maslow's hierarchy of basic needs starts with physiological at the bottom and continues going up the pyramid. Physiological is followed by safety and security, love and belonging, self-esteem, and self-actualization.
 2. Questions to consider in evaluation are "did the client meet the planned outcomes?", "Were the nursing interventions appropriate and effective?", "Should I modify the outcomes or interventions?"
 3. Some factors that can lead to lack of goal achievement:
 - An incomplete database
 - Unrealistic client outcomes
 - Nonspecific nursing interventions

- Inadequate time for the client to achieve the outcomes.
- o Use of Restraints/Safety Devices
 1. Nurses must know and follow federal, state, and facility policies for the use of restraints.
 2. There needs to be an order from the provider for the restraint for it to be used.
 3. Restraints should:
 - Never interfere with treatment
 - Restrict movement as little as is necessary
 - Fit properly and be as discreet as possible
 - Be easy to remove or change

Health Promotion and Maintenance

- o High-Risk Behaviors
 1. Older adults have decreased skin turgor, subcutaneous fat, and connective tissue, which leads to wrinkles and dry, transparent skin.
 2. Because of the loss of subcutaneous fat older adults have a more difficult time adjusting to colder weather.
 3. Older adults should have annual screenings for hearing, fecal occult blood test, and eye examinations.
- o Techniques of Physical Assessment
 1. The examination of the head and neck includes the skull, face, hair, neck, shoulders, lymph nodes, thyroid gland, trachea, carotid arteries, and jugal veins.
 2. Assessment of the head and neck is made up of inspection, palpation, and auscultation.
 3. Expected findings for the skull include a normocephalic size, no depression, deformities, masses, or tenderness, and the over contour and symmetry.

Psychosocial Integrity

- o Stress Management
 1. Stress is the changes in an individual's state of balance in response to stressors. Stressors are the internal and external forces that disrupt the body's state of balance.
 2. Stress will not only impair and weaken the immune system, but it is also a casual factor in various health conditions.
 3. Different health promotion strategies (regular exercise, optimal nutrition, adequate sleep, and rest) as well as different relaxation techniques (breathing exercises, massage, yoga, and meditation) can help reduce stress.
- o Therapeutic Communication

1. Engaging in therapeutic communication allows the clients to verbalize and become aware of emotions and fears in a safe, nonjudgmental environment.
2. Different types of herbal remedies include ginger for nausea, aloe for wound healing, or garlic for platelet aggregation.
3. Complementary and alternative medicine can be split into six different categories which are: Whole medical systems, biological and botanical therapies, body based and manipulative methods, mind-body therapies, energy therapies, and movement therapies.

Basic Care and Comfort

- o Elimination
 1. Urinary diversions are created to reroute urine and can be temporary or permanent.
 2. A client who has had a urinary diversion may experience similar body image concerns as those who have bowel diversions.
 3. Caffeine and alcohol intake lead to increased urination.
- o Mobility/Immobility
 1. Systemic effects of immobility can be seen in the integumentary, respiratory, cardiovascular, and metabolic systems.
 2. Antiembolic stockings are used to prevent DVT in immobile clients.
 3. DVT can lead to a pulmonary embolism.
- o Nutrition and Oral Hydration
 1. Different causes of dehydration are prolonged fever, diabetic ketoacidosis, diabetes insipidus, or excessive intake of salt.
 2. Hct levels are increased in both hypovolemia and dehydration.
 3. Overhydration is too much fluid in the body, from excessive intake, or ineffective removal from the body.

Pharmacological and Parenteral Therapies

- o Dosage Calculations
 1. For a dosage less than 1.0 you will round to the nearest hundredth.
 2. If an electronic infusion pump is not available, regulate the IV flow rate using the roller clamp on IV tubing.
 3. There are three different methods for dosage calculations: ratio and proportion, formula, and dimensional analysis.
- o Medication Administration
 1. Provider responsibilities when administering medication are obtaining client's medical history, diagnosing, prescribing medications, monitoring the response to therapy, and modifying medication prescriptions as necessary.
 2. Nomenclature for medications include chemical name, generic name, and trade name.

3. Common medication errors are wrong medication, incorrect dose, wrong client, route, or time, omission of a dose, or inaccurate prescribing.

Reduction of Risk Potential

- o Potential for complication of Diagnostic Tests/Treatments/Procedures
 1. A patient who has excess fluid and water will need to have sodium restrictions. FVE and overhydration will then require fluid restrictions.
 2. The difference between actual dehydration and hypovolemia is that dehydration is the shift of water from plasma to the interstitial space while hypovolemia is the lack of both water and electrolytes.
 3. Older adults have an increased risk for dehydration due to multiple physiological factors including a decrease in total body mass which includes total body water content and a decrease in the ability to detect thirst.
- o Therapeutic Procedures
 1. An ostomy that ends in the colon is a colostomy and one that ends in the ileum is an ileostomy.
 2. Loop colostomies can resolve a medical emergency and are temporary. These usually happen in the transverse colon.
 3. Double-barrel colostomies consist of two abdominal stomas where one is proximal, and one is distal. Once the injured area of the intestine heals the colostomy is often reversed by reattaching the two ends.

Psychological Adaptation

- o Pathophysiology
 1. For safe medication administration and for the prevention of errors, nurses must know the therapeutic effect, potential adverse effects, interactions, contraindications, and precautions for each medication they administer.
 2. Medications have pregnancy risk categories that show how likely they are to affect the fetus. The categories are A, B, C, D, and X.
 3. Contraindications and precautions for specific medications are conditions like age, pregnancy, or lactation that make it risky or dangerous for clients to take them.

Clinical Judgement

- o Analyze Cues
 1. The basic nutrients that the body requires are carbohydrates, fats, proteins, vitamins, minerals, and water.
 2. Factors that can affect nutrition and metabolism are religious and cultural practices, financial issues, appetite, negative experiences, environmental factors, or disease and illness.

3. Dietary history should include number of meals per day, fluid intake, food preferences and amounts, allergies, medication use, and much more.
- o Prioritize Hypotheses
 1. Immobility can be the following: temporary, permanent, sudden onset, or slow onset.
 2. Factors affecting mobility can be alterations in muscles, injury to the musculoskeletal system, poor posture, impaired central nervous system, and health status and age.
 3. One of the most important nursing actions for immobility is identify clients at risk for pressure injury development and to turn every 2 hours.
 - o Take Actions
 1. Urinary elimination is a system made up of filtration, reabsorption, and excretion.
 2. Factors that can affect urinary elimination are poor abdominal and pelvic tone, acute and chronic disorders, as well as spinal cord injury.
 3. By 4 to 5 years of age, children should achieve full bladder control.