

## 1. Safety and Infection Control

- Cancer treatment options: Caring for a client who is receiving brachytherapy
  - i. Limit visitors to 30 minutes.
  - ii. Have visitors maintain 6 feet from the patient.
  - iii. Linens and dressings are kept in the client's room until radiation source is removed.
- Cancer treatment options: Caring for a client who has a sealed radiation implant
  - i. Place the client in a private room with the door closed.
  - ii. The client's bodily excretions are radioactive.
  - iii. Ensure no one touches the client's excretions until the isotope has been removed from the body.

## 2. Basic Care and Comfort

- Benign Prosthetic Hyperplasia, ED, and Prostatitis: Preventing complications following a TURP
  - i. If catheter becomes obstructed, turn off the CBI and irrigate with 50 ml irrigation solution.
  - ii. The rate of the CBI is adjusted to keep the irrigation return pink or lighter.
  - iii. The rate should be increased if return is dark pink or red.

## 3. Reduction of Risk Potential

- GI Therapeutic Procedures: Identifying Placement of Transverse Colostomy

- i. Colostomy: A surgical opening into the large intestine to drain stool.
  - ii. Ileostomy: A surgical opening into the ileum to drain stool.
  - iii. Empty the bag when it is 1/3 to 1/2 full.
- Neurologic Diagnostic Procedures: Determining a Glasgow Coma Scale Score
  - i. Eye Opening
    - a. Eye opening occurs spontaneously→4
    - b. Eye opening occurs secondary to sound→3
    - c. Eye opening occurs secondary to pain→2
    - d. Eye opening does not occur→1
  - ii. Verbal
    - a. Conversation is coherent and oriented→5
    - b. Conversation is incoherent and disoriented→4
    - c. Words are spoken, but inappropriately→3
    - d. Sounds are made, but no words→2
    - e. Vocalization does not occur→1
  - iii. Motor
    - a. Commands are followed→6
    - b. Local reaction to pain occurs→5
    - c. General withdrawal from pain→4
    - d. Decorticate posture→3
    - e. Decerebrate posture→2
    - f. Motor response does not occur→1
- Postoperative Nursing Care: Priority Assessments Following a CABG

- i. Airway, Breathing, Circulation
  - ii. Positioning
  - iii. Fluid Status and Oral Comfort
  - iv. Pain
  - v. Kidney Function and Bowel Function
  - vi. Thromboembolism
  - vii. Incisions and Drain Sites
  - viii. Wound Healing
  - ix. Discharge Teaching
- Amputations: Post-Op Interventions to Prevent Complications
    - i. Use an elastic bandage to restrict blood flow and decrease edema in the extremity.
    - ii. Use a shrinker sock (easier for client to apply).
    - iii. Use an air splint to protect and shape the limb and for easier visual access to the wound.

#### 4. Physiological Adaptation

- Postop Nursing care: Priority Findings Following Anesthesia
  - i. Upon receiving a client from PACU, immediately perform a full body assessment with priority given to Airway.
  - ii. Assist with coughing and deep breathing every 1 hour.
  - iii. Assist with the use of Incentive Spirometer every 1-2 hours.
- Hemodynamic Shock: Client Positioning
  - i. For hypotension place the client flat with both legs elevated to increase venous return.
  - ii. Maintain patent IV access.

iii. Place the client on high-flow oxygen.

- Pacemakers and Implantable Cardioverter/Defibrillators: Identifying Postop Complications

i. Infection or hematoma at site- Monitor for redness/other signs of infection or bleeding.

ii. Pneumothorax or hemothorax- Assess breath sounds and chest movement.

iii. Arrhythmias- Monitor ECG after insertion.

- IV Therapy: Priority Action for Central Venous Access Device Complication

i. Infiltration or Extravasation- Stop the infusion. Elevate the extremity.

ii. Phlebitis- Discontinue the infusion and remove the catheter.

iii. Fluid overload- Stop the infusion and raise the head of the bed.

- Emergency Nursing Principles and Management: Priority Action for Abdominal Trauma

i. ABCDE Principle guides the primary survey.

ii. 5 Hs- Hypovolemia, Hypoxia, Hydrogen Ion Accumulation, Hyperkalemia or Hypokalemia, Hypothermia

iii. 5 Ts- Toxins, Tamponade, Tension pneumothorax, Thrombosis (coronary or pulmonary)

## 5. Pharmacological and Parenteral Therapies

- Osteoarthritis and Low Back Pain: Planning Pain Relief for a Client Who has Osteoarthritis

