

❖ **Psychosocial Integrity:**

Grief, Loss, and Palliative Care: Identifying the stages of Grief

- Denial: The client had difficulty believing in an expected or actual loss.
- Anger: The client directs anger towards the self, others, a deity objects, or the current circumstances
- Bargaining: The client negotiates for more time or a cure
- Depression: The client overwhelmingly saddened by the inability to change the situation
- Acceptance: The client acknowledges what is happening and plans by moving forward

Therapeutic Communication: Communicating with a Client Following a Diagnosis of Cancer

- Elicit and attend to clients' thoughts, feelings, concerns, and needs
- Express empathy and genuine concern for the clients' and families' issues
- Intervene to promote functional behavior and effective interpersonal relationship
- Evaluate clients' progress toward desired goals and outcomes

❖ **Physiological Adaption:**

Client Safety: Priority Action When Caring for a Client Who is experiencing a Seizure

- Stay with client, and call for help
- Maintain airway patency and suction PRN
- Administer medications
- Note the duration of seizure and the sequence and type of movements
- After a seizure, determine mental status and measure oxygenation saturation and vital signs

Airway Management: Suctioning a Tracheostomy tube

- The catheter should not exceed one half of the internal diameter of the endotracheal tube to prevent hypoxia.
- The nurse should use no larger than a 16 French suction catheter when suctioning an 8 mm tracheostomy tube.
- Hyper oxygenate the client using a bag-valve-mask (BVM) or specialized ventilator function with an FiO₂ of 100%.

- Apply suction intermediately by covering and releasing the suction port with the thumb for 10 to 15 seconds
- Apply suction only while withdrawing the catheter and rotating it with the thumb and forefinger.

❖ **Pharmacological and Parenteral Therapies:**

Safe Medication Administration and Error Reduction: Confirming a Client's Identity

- Acceptable identifiers include the client's name, an assigned identification number, telephone number, birth date or other person-specific identifier
- Nurses also use bar-code scanner to identify clients.
- Check for allergies by asking clients, checking for an allergy bracelet or medal, and checking the MAR.

Intravenous Therapy: Medication Administration

- Use an infusion pump to administer medications that can cause serious adverse reactions (potassium chloride). Never administer them by IV bolus.
- Never administer IV medications through tubing that is infusing blood products, or parenteral nutrition solution
- Verify the compatibility of medications with IV solutions before infusing a medication through tubing that is infusing another medication or IV fluid.

Intravenous Therapy: Selection of an Intravenous Site

- Basilic Vein: The largest arm vein of the upper extremity. It courses along the medial (ulnar) aspect of the arm from wrist to shoulder. It begins at the dorsum of the hand, crosses the elbow and drains into the brachial vein
- Brachial: These veins are the deep veins of the upper arm, usually paired and smaller than the superficial veins. They travel in the upper arm parallel to (on either side) the brachial artery and join with the basilic vein to form the axillary vein
- Cephalic Vein: This vein runs along the lateral (radial) aspect of the arm also from the wrist to shoulder and empties into the axillary vein.

Although the basilic vein is larger, the cephalic vein is more superficial and easier to access

- Median Antecubital Vein: Oblique coursing vein at the elbow that joins the basilic and cephalic veins

❖ **Reduction of Risk Potential:**

Airway Management: Collecting a Sputum Specimen

- 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.
- Use a sterile specimen container, a label, a laboratory requisition slip, a biohazard bag for delivery of the specimen to the laboratory, clean gloves, and a mask goggles if necessary

Nasogastric intubation and Enteral Feedings: Preparing to Administer Feedings

- If using a feeding bag, fill the bag with the total amount of formula for one feeding, and hang it to drain via gravity until empty (about 30 to 45 min)
- If using a syringe, hold it high enough for the formula to empty gradually via gravity.
- Continue to refill the syringe until the amount for the feeding is instilled.
- Follow with at least 30 mL water to flush the tube and prevent clogging.

Bowel Elimination: Discharge teaching About Ostomy care

- Inspect the stoma. It should appear moist, shiny, and pink.
- Use mild soap and water to cleanse the skin, then dry it gently and completely. Moisturizing soaps can interfere with adherence of the pouch
- Apply paste if necessary
- Fold the bottom of the pouch and place the closure clamp on the pouch

❖ **Safety and Infection Control:**

Information Technology: Situation Requiring an Incident Report

- An incident is the occurrence of an accident or an unusual event.
- Examples of incidents are medication errors, falls, omission of prescription, and needlesticks
- Document facts without judgement or opinion
- Do not refer to an incident in a client's medical record
- Incident reports contribute to changes that help improve health care quality

Home Safety: Teaching About Home care of Oxygen Equipment

- Place a "No smoking" sign in a conspicuous place near the front door of the home.
- Ensure that electrical equipment is in good repair and well grounded
- Replace bedding that can generate static electricity with items made from cotton
- Have a fire extinguisher readily available

Infection Control: Caring for a Client Who is Immunocompromised

- Private room
- Positive airflow 12 or more air exchanges/hr
- HEPA filtration for incoming air
- Mask for the client when out of room

❖ Basic Care and Comfort:

Mobility and immobility: Teaching About Reducing the Adverse Effects of immobility

- Consume a diet that includes fruits and vegetables and is high in fiber
- Avoid placing pillows under the knees or lower extremities, crossing legs, wearing tight clothes around the waist or on the legs, sitting for a long period of time, and massaging the legs
- Consume at least 2000 mL fluid per day, unless intake is restricted

Ergonomic Principles: Safety Transferring a Client from the Bed to a Chair

- The factors or qualities in an object and/or use that contribute to comfort, safety, efficiency, and ease of use.
- The proper use of muscles to maintain balance, posture, and body alignment when performing physical tasks.

- Use a major muscle group to prevent back strain, and tighten the abdominal muscles to increase support to the back muscles
- Distribute your weight between the large muscles of the arms and legs to decrease the strain on any one muscle group and to avoid strain on smaller muscles.

Fluid Imbalances: Calculating a Client's Net Fluid Intake 57

- Intake= sum of everything the patient has drank, plus jello, plus any IV solutions they might have had.
- Basically, any fluids that are going IN to the patient.
- Only calculate intake based on the things that melt at room temperature.
- Pudding does not, so if they give that as something consumed, do not count that in your intake total.

Nutrition and Oral Hydration: Advancing to a Full Liquid Diet

- Full liquid: clear liquid plus liquid dairy products, all juices.
- Some facilities include pureed vegetables in a full liquid diet
- Pureed: clear and full liquids plus pureed meats, fruits, and scrambled eggs
- Mechanical soft: clear and full liquids plus diced or ground foods

Pain and Management: Suggesting Nonpharmacological Pain Relief for a Client

- Acupuncture and acupressure: Stimulating subcutaneous tissues at specific points using needles or the digits
- Relaxation: includes meditation, yoga, and progressive muscle relaxation
- Distraction: includes ambulation, deep breathing, visitors, television, games, prayer and music

Rest and Sleep: Intervention to Promote Sleep

- Exercise regularly at least 2 hr before bedtime
- Establish a bedtime routine and a regular sleep pattern
- Arrange the sleep environment for comfort
- Limit alcohol, caffeine, and nicotine at least 4 hr before bedtime

❖ Management of Care:

Legal Responsibilities: Nursing Role While Observing Client Care

- Understand the aspects of care to be active in the decision-making process

- Accept, refuse or request modification of the plan of care
- Receive care from competent individuals who treat the client with respect
- Nurses should use the formal chain of command to verbalize concerns related to assignment in light of current legal scope of practice, job description, and area of competence

Information Technology: Documenting in a Client's Medical Record

- Begin each entry with date and time
- Record entries legibly, in non-erasable black ink, and do not leave blank spaces in the nurses' notes
- Do not use correction fluid, erase, scratch out, or blacken out errors in the medical record.
- Make corrections promptly, following the facility procedure for error correction.

Ethical Responsibilities: Recognizing an Ethical Dilemma

- Bioethics refers to the application of ethics to health and life. It addresses dilemmas (stem cell research, organ transplantation, gender reassignment, and reproductive technologies).
- Other ethical dilemmas include abortion and acquired immunodeficiency syndrome
- Ethical dilemmas are problems that involve more than one choice and stem from differences in the values and beliefs of the decision makers.
- A problem is an ethical dilemma when:
 - A review of scientific data is not enough to solve it
 - It involves a conflict between two moral imperatives
 - The answer will have a profound effect on the situation and the client

Legal Responsibilities: Identifying Resources for Information About a Procedure

- Health care facilities policies and procedures, which establish the standard of practice for employees of that facility
- They provide detailed information about how the nurse should respond to or provide care in specific situations and while performing client care procedures
- Published standards of nursing practice from professional organizations and specialty groups, including:
 - The American Nurses Association (ANA)
 - The American Association of Critical Care Nurses (AACN)

- The American Association of Occupational Health Nurses (AAOHN)

Information Technology: Receiving a Telephone Prescription

- Have a second nurse listen to a telephone prescription
- Repeat it back, making sure to include the medication's name, dosage, time, and route
- Question any prescription that seems inappropriate for the client
- Make sure the provider signs the prescription in person with the time frame specifies, typically 24 hr

Legal Responsibilities: Identifying Negligence

- Negligence can be defined as a failure to take reasonable care or steps to prevent loss or injury to another person.
- A nurse fails to implement safety measure for a client at risk for falls
- Negligence issues that prompt most malpractice suits include failure to:
 - Follow professional and facility-established standards of care
 - Use equipment in a responsible and knowledgeable manner
 - Communicate effectively and thoroughly with client