



KOZIER AND ERB'S
FUNDAMENTALS
OF NURSING **VOLUMES**
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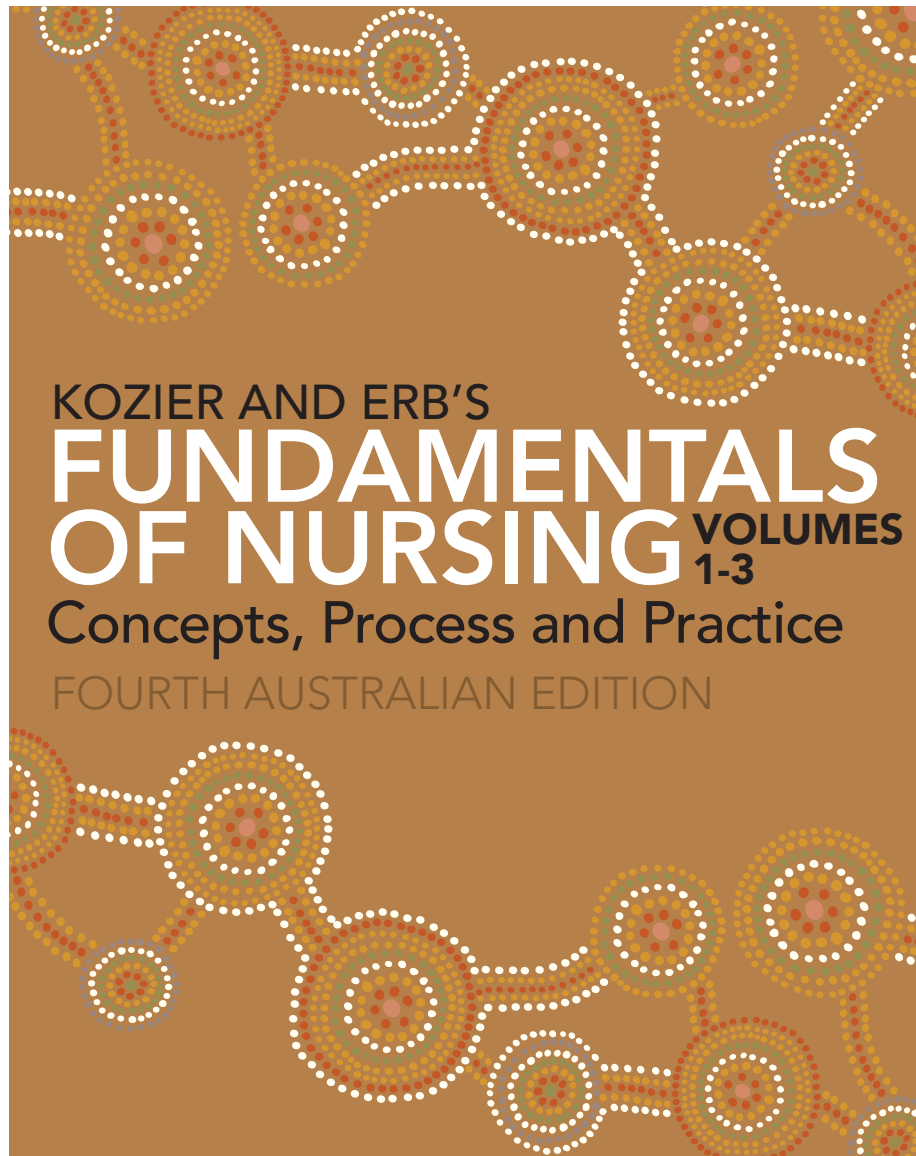
CONCEPTS, PROCESS AND PRACTICE
FOURTH AUSTRALIAN EDITION

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ABOUT THE AUTHORS

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A San Francisco Bay Area native, Audrey Berman received her BSN from the University of California–San Francisco, and later returned to that campus to obtain her MS in physiological nursing and her PhD in nursing. Her dissertation was entitled *Sailing a Course Through Chemotherapy: The Experience of Women with Breast Cancer*. She worked in oncology at Samuel Merritt Hospital prior to beginning her teaching career in the diploma program at Samuel Merritt Hospital School of Nursing in 1976. As a faculty member, she participated in the transition of that program into a baccalaureate degree and in the development of the Master of Science and Doctor of Nursing Practice programs. Over the years, she has taught a variety of medical–surgical nursing courses in the pre-licensure programs. She currently serves as the Dean of Nursing at Samuel Merritt University. She was the 2014–16 president of the California Association of Colleges of Nursing.



Dr Berman has travelled extensively, visiting nursing and health care institutions in Australia, Botswana, Brazil, Germany, Israel, Japan, Korea, the Philippines, the former Soviet Union and Spain. She serves on the board of directors for the Bay Area Tumor Institute and the East Bay American Heart Association. She is a member of the American Nurses Association and Sigma Theta Tau, and is a site visitor for the Commission on Collegiate Nursing Education. She has twice participated as an NCLEX-RN item writer for the National Council of State Boards of Nursing. She has presented locally, nationally and internationally on topics related to nursing education, breast cancer and technology in health care.

Dr Berman authored the scripts for more than 35 nursing skills videotapes in the 1990s. She was a co-author of the sixth, seventh, eighth, ninth and tenth editions of *Fundamentals of Nursing* and the fifth, sixth, seventh and eighth editions of *Skills in Clinical Nursing*.

● SHIRLEE J. SNYDER EDD, RN

Shirlee J. Snyder graduated from Columbia Hospital School of Nursing in Milwaukee, Wisconsin, and subsequently received a Bachelor of Science in nursing from the University of Wisconsin–Milwaukee. Because of an interest in cardiac nursing and teaching, she earned a Master of Science in nursing with a minor in cardiovascular clinical specialist and teaching from the University of Alabama in Birmingham. A move to California resulted in her becoming a faculty member at Samuel Merritt Hospital School of Nursing in Oakland, California. Shirlee was fortunate to be involved in the phasing out of the diploma and ADN programs and development of a baccalaureate intercollegiate nursing program. She held numerous positions during her 15-year tenure at Samuel Merritt College, including curriculum coordinator, assistant director–instruction, Dean of Instruction and Associate Dean of the Intercollegiate Nursing Program. She is an associate professor alumnus at Samuel Merritt College. Her interest and experiences in nursing education resulted in Shirlee obtaining a doctorate of education focused on curriculum and instruction from the University of San Francisco.



Dr Snyder moved to Portland, Oregon, in 1990 and taught in the ADN program at Portland Community College for 8 years. During this teaching experience, she presented locally and nationally on topics related to using multimedia in the classroom and promoting ethnic and minority student success.

Another career opportunity in 1998 led her to the Community College of Southern Nevada in Las Vegas, Nevada, where Dr Snyder was the nursing program director with responsibilities for the associate degree and practical nursing programs for 5 years. During this time she co-authored the fifth edition of *Kozier & Erb's Techniques in Clinical Nursing* with Audrey Berman.



In 2003, Dr Snyder returned to baccalaureate nursing education. She embraced the opportunity to be one of the nursing faculty, teaching the first nursing class in the baccalaureate nursing program at the first state college in Nevada, which opened in 2002. From 2008 to 2012, she was Dean of the School of Nursing at Nevada State College in Henderson, Nevada. She is currently retired.

Dr Snyder enjoyed travelling to the Philippines (Manila and Cebu) in 2009 to present all-day seminars to approximately 5000 nursing students and 200 nursing faculty. She is a member of the American Nurses Association and Sigma Theta Tau. She has been a site visitor for the National League for Nursing Accrediting Commission and the Northwest Association of Schools and Colleges.

● **GERALYN FRANSDEN, EDD, RN**



Geralyn Frandsen graduated in the last class from DePaul Hospital School of Nursing in St Louis, Missouri. She earned a Bachelor of Science in nursing from Maryville College. She attended Southern Illinois University at Edwardsville, earning a Master of Science in nursing with specialisations in community health and nursing education. Upon completion, she accepted a faculty position at her alma mater, Maryville College, which has since been renamed Maryville University. In 2003 she completed her doctorate in higher education and leadership at Saint Louis University. Her dissertation was *Mentoring Nursing Faculty in Higher Education*. Her review of literature was incorporated in the *Maryville University Guide to Promotion and Tenure*.

In service to the university, she has been a member and chair of the promotion and tenure committee for the past 10 years. She is a tenured full professor and currently serves as Assistant Director of the Catherine McCauley School of Nursing at Maryville. When educating undergraduate and graduate students, she utilises a variety of teaching strategies to engage her students. When teaching undergraduate pharmacology, she utilises a team teaching approach, placing students in groups to review content. Each student is also required to bring a completed ticket to class covering the content to be taught. The practice of bringing a ticket to class was introduced to her by Dr Em Bevis, who is famous for *Toward a Caring Curriculum*.

Dr Frandsen has authored textbooks in pharmacology and nursing fundamentals. In the ninth edition of *Kozier & Erb's Fundamentals of Nursing*, she contributed the chapters on *Safety, Diagnostic, Testing, Medications Perioperative Nursing* and *Faecal Elimination*. In 2013, she was the fundamentals contributor for *Ready Point* and *My Nursing Lab*. This is an online resource to assist students in reviewing content in their nursing fundamentals course. She has authored both *Nursing Fundamentals: Pearson Reviews and Rationales* and, in 2007, *Pharmacology Reviews and Rationales*.

Dr Frandsen has completed the End-of-Life Nursing Education Consortium train-the-trainer courses for advanced practice nurses and the Doctorate of Nursing Practice. She is passionate about end-of-life care and teaches a course to her undergraduate students. She also teaches undergraduate pharmacology and advanced pharmacotherapeutics. Her advanced pharmacotherapeutics class is taught at the university and online. Dr Frandsen is a member of Sigma Theta Tau International and the American Nurses Association, and serves as a site visitor for the Commission on Collegiate Nursing Education.

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● **TRUDY DWYER, RN, ICUNSGCERT, BHLTHSCN (NSG), GRAD CERT FLEXLEARN, MCLINEDU, PHD**

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Majella Hales has taught in the tertiary education sector for many years. She is currently a casual lecturer and facilitator at Australian Catholic University in Brisbane, teaching bioscience to undergraduate health science students. She is a co-founder of Sciencopia, a company that produces novel and unique educational resources for students of health science. After completing her hospital training, she undertook a post-registration Bachelor of Nursing, Masters of Applied Science (Research), and a Graduate Certificate in Higher Education. Majella is passionate about developing print and digital, and 3D printed resources to assist teaching and learning, especially in relation to complex content. She has extensive experience in emergency and intensive care and is still clinically active, undertaking regular agency critical care shifts and clinical facilitation of undergraduate nurses. Majella's international experience includes presentations in Japan, Brazil and the US. She has also been a member of teams providing critical care and education assistance to the Solomon Islands, Fiji and Brazil. Majella has co-authored and contributed to numerous print and digital resources, including fundamentals and medical–surgical nursing textbooks, digital case study resources, skills videos and the *Essential Aussie Drugs* pocket book.





● **NICHOLE HARVEY, RN, RM, CRITCARECERT, BN(POST REG), MNST, GRAD CERT ED (TERTIARY TEACHING), PHD**



Nichole Harvey undertook her nursing training at the Townsville General Hospital between 1985 and 1988. Nichole has extensive clinical experience, having worked in large-city and rural and remote locations, as well as overseas. After working in a number of locations around Australia and overseas, she embarked on midwifery studies, becoming an endorsed midwife in 1995. Her main area of clinical expertise is emergency and trauma nursing, with a special interest in midwifery.

In 2000, Nichole commenced an academic role with James Cook University, School of Nursing, Midwifery and Nutrition; she then moved to the School of Medicine and Dentistry in 2011.

During this time, Nichole has been involved in the development and teaching of nursing, midwifery and medical curricula. Her current role involves teaching clinical skills to Years 1–3 medical students in simulated environments. Nichole completed her PhD in 2012, which investigated the triage and management of pregnant women in emergency departments. Nichole is a group member recipient of two James Cook University Citations for Outstanding Contributions to Student Learning and a group member recipient of an Australian Award for University Teaching, Office for Learning and Teaching. Nichole sits on a number of national, state and local professional clinical reference groups and also is one of the authors of the first edition of the Australian *Skills in Clinical Nursing* textbook.

● **LORNA MOXHAM, RN, MHN, PHD, BHSC (UWS), DAS(NSG) (MIHE), MED (UNSW), CERT OH&S (CQU), CERT QUAL MGMT (CQU), CERT IV (TRAINING & ASSESSMENT) (CQIT), FACMHN, FCON**



Dr Lorna Moxham is a 3-year specialist hospital-trained psychiatric nurse and holds the position of Professor of Mental Health Nursing in the Faculty of Science, Medicine and Health at the University of Wollongong (UOW). Lorna actively contributes to the nursing profession at state, national and international levels as well as to the broader community in numerous ways. Lorna has served on numerous ministerial committees as member and/or chair and has held several leadership and governance roles, both within the tertiary education sector and in industry. Currently, Lorna is the Academic Lead for Living Well, Longer, a research stream within the UOW Global Challenges program which brings researchers from a variety of

disciplines together across Australia and internationally to create larger-scale collaborative teams to solve real-world problems. Lorna's involvement in nurse regulation enables her to actively contribute to ongoing professional integrity and development. Passionate about nursing, its past, present and future, Lorna has an extensive publication record and has both led and been a team member in many research projects. She is the principal supervisor for many postgraduate students, a journal editor and reviewer, and is passionate about mental health nursing in which she leads Recovery Camp, an Australian initiative offering innovative clinical placements (www.recoverycamp.com.au). As a fellow of the Australian College of Mental Health Nurses and also a Fellow of the Australian College of Nursing, Lorna believes this Australian text will contribute in a positive way to the future of nursing—a profession she has dedicated her life to.

● **TANYA LANGTREE, RN, BNSC, PGDIPACN(NEUROSC), PGCERTNSC(INTCARE), MNST, JP(QUAL)**



Tanya Langtree has been a Registered Nurse since 2000. Tanya has worked in both public and private sectors, with her main areas of clinical expertise being neurosciences and critical care nursing. She has a keen interest in psychomotor skill development and clinical simulation, and has been teaching undergraduate nursing students in the simulated environment since 2005. In 2010, Tanya joined the discipline of Nursing, Midwifery and Nutrition at James Cook University (JCU). Since then, she has held a variety of roles including subject coordinator, year level coordinator and Director of Clinical Simulation. In 2016, Tanya relocated from the Townsville campus of JCU to the Mt Isa Centre for Rural and Remote Health as the Site

Coordinator for the BNSc program. Tanya is currently completing her PhD investigating the influence of a seventeenth-century Spanish nursing text on nursing knowledge, education and identity.



● **BARBARA PARKER, RN, BSC(HONS), GRAD CERT ED (HIGHER ED), PHD**

Following a 10-year appointment as Program Director for the Bachelor of Nursing in the School of Nursing and Midwifery, Dr Barbara Parker is currently Associate Dean: Online Education in the Division of Health Sciences at the University of South Australia. Barbara has worked extensively in the clinical environment, specifically in the areas of anaesthetics and recovery, and orthopaedic and urology surgical nursing. She completed a PhD on the impact of gastrointestinal alterations in appetite regulation of older adults, and has published in gastrointestinal and nutritional physiology and diabetes. Barbara has expertise in coordinating research programs in obesity, impaired glucose tolerance and diabetes with both pharmacological and lifestyle interventions.



Her current research interests include the use of simulation in nursing and health education, and online education.

● **KERRY REID-SEARL, RN, RM BHSC (NSG), MCLINEDU, PHD, MRCNA, FCN**

Kerry Reid-Searl is a Professor at CQUniversity. She first completed her nursing qualifications in Tasmania. Since then, she has gained experience in Queensland as a remote area nurse, a generalist nurse and a midwife and, in more recent years, she has worked in the clinical area of paediatrics. Kerry has over 22 years' experience in undergraduate nursing education. She holds a Bachelor of Health Science, a Master's in Clinical Education and a PhD. Kerry has a strong interest in clinical education and simulation, wound care and medication safety. She is also the pioneer in an innovative simulation technique termed MASK ED (KRS Simulation), which involves the educator teaching using realistic and wearable silicone props.



Kerry has co-authored multiple textbooks and many peer-reviewed journal publications. She has been the recipient of numerous teaching and learning awards, including the 2007 CQU Vice-Chancellor's Award for Teacher of the Year, the Pearson Australia and ANTS Nursing Educator of the Year in 2009, a Vice-Chancellor's Award for Excellence in Learning and Teaching in 2010, a Faculty Teaching Excellence Award in 2007 and 2010, an Australian Teaching and Learning Council Citation for Outstanding Contributions to Student Learning in 2008 and 2012, an Australian Award for University Teaching in 2012, and in 2013 was awarded the Simulation Australia Achievement Award.

● **DAVID STANLEY, NURSD, MSC HS, BA NG, DIP HE (NURSING), RN, RM, TF, GERONTIC CERT, GRAD CERT HPE**

David Stanley began his nursing career in the days when nurses wore huge belt buckles and funny hats. He 'trained' as a Registered Nurse and midwife in South Australia and worked through his formative career in a number of hospitals and clinical environments in Australia. In 1993, he completed a Bachelor of Nursing at Flinders University, Adelaide (for which he was awarded the University Medal). After a number of years of volunteer work in Africa, he moved to the UK and worked as the Coordinator of Children's Services and as a Nurse Practitioner. He completed a Master's of Health Science at Birmingham University.



For a short time, David worked in Central Australia for Remote Health Services, before returning to the UK to complete his nursing doctorate, researching in the area of clinical leadership. He retains a research interest in clinical leadership, men in nursing and the role of the media in nursing. He is currently employed at The University of New England in New South Wales as Professor in Nursing, Discipline Lead for Nursing and BN and MNP Course Coordinator. David is also an avid poet and writer of children's books.

PREFACE

Contemporary nursing in Australia and internationally is challenging, complex, dynamic and very rewarding. Many of the people we care for, both in the community and in hospitals, are older and sicker than they were a decade ago, often with complex health and psychosocial needs. This means that nurses today must be clinically competent, empathic, flexible and knowledgeable. They need a broad and deep understanding of physiology, pathophysiology, pharmacology, epidemiology, therapeutics, culture, ethics and law, as well as a commitment to evidence-based practice.

Today's nurses have many roles and functions—clinician, educator, leader, researcher, to name just a few. They require highly developed skills in problem solving, critical thinking and clinical reasoning. Today's nurses must be lifelong learners who are confident in the use of information and communication technology, and able to communicate effectively with their patients and with all members of the health care team. Above all, they must care for people in ways that signify respect, acceptance, empathy, connectedness, cultural sensitivity and genuine concern.

This fourth Australian edition of *Kozier and Erb's Fundamentals of Nursing* has once again undergone a rigorous review and writing process. Contemporary changes in the regulation of nursing are reflected in the chapters, and this edition continues to focus on the three core philosophies:

1. person-centred care
2. critical thinking and clinical reasoning
3. cultural safety.

These three philosophical foundations are interwoven in a meaningful way through each chapter. In the pages that follow, the definitions of these three philosophies, as they apply to this edition of *Kozier and Erb's Fundamentals of Nursing*, are outlined.

NEW TO THIS EDITION

- All references to NANDA have been removed and nursing diagnoses more clearly explained. A new feature, Links to the National Safety and Quality Health Service Standards, is displayed in each unit, along with practical examples on how the standard is applied.
- The Research Notes and Real World features are updated to reflect contemporary Australian and New Zealand research and clinician stories.
- Reference to the concept of disability has been integrated where applicable to the content and context.
- Considerable new and more contemporary references have been added to support the latest information.
- Unit 2 has been updated to ensure the statistics, health policy legislation and funding arrangements reflect current practices. In addition, Chapters 6 and 7 have been modified to accommodate the new structure of the federal government's Primary Health Networks and National Disability Insurance Scheme (NDIS). Chapter 8 examines health care reform over a decade and Chapter 10 explores the evolution of e-health reform in Australia.
- In Unit 4, Chapter 19 has been significantly modified to encompass an Australian Indigenous focus, recognising Indigenous Australian culture and the historical

background, legislation, policies and practices that have impacted on and shaped the interrelationship between Indigenous Australians and other cultural groups, and the health, culture and wellbeing of Indigenous Australians.

- Unit 9 has further incorporated person-centred care by implementing an inclusivity philosophy. This was achieved by including further discussion regarding the health concerns of diverse population groups including the LGBTI community and those living with a disability and/or mental illness.

ACKNOWLEDGMENTS

We extend a sincere thank you to the talented team involved in the fourth Australian edition of this book: the contributors who provided content and very helpful feedback; the nursing students, for their questioning minds and motivation; and the nursing academics, who provided many valuable suggestions for this edition.

We also thank:

Trish Burton from Victoria University for mapping each of the learning outcomes and examples in the text to the relevant Nursing and Midwifery Board of Australia *Registered Nurse Standards for Practice*, thereby linking the core concepts to contemporary Australian nursing practice.

Dr Cheryl Ross, Senior Lecturer (Nursing), School of Nursing and Midwifery, University of Southern Queensland for the development of the PowerPoints and Test Bank for each chapter and the mapping of learning outcomes to the NMBA Standards for Professional Practice within the digital learning platform, MyLab Nursing.

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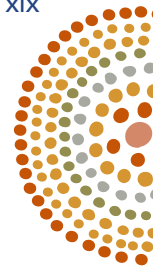
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OUR CORE PHILOSOPHIES



PERSON-CENTRED CARE

There are various definitions of the term 'person-centred care', with each underpinned by principles such as empathy, dignity, autonomy, respect, choice, transparency and desire to help individuals lead the life they want. Person-centred care is built on the understanding that each person brings their own experiences, skills and knowledge about their condition and illness. It is a holistic approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships between health care professionals, patients and families. Person-centred care applies to people of all ages and can be practised in any health care setting.

Health professionals who practise in a person-centred manner are ethical, open-minded and self-aware, and have a profound sense of personal responsibility for actions (moral agency). They place the 'person' at the centre of health care and consider their needs and wishes as paramount (Levett-Jones et al. 2014).

CRITICAL THINKING AND CLINICAL REASONING

Critical thinking is the disciplined, intellectual process of applying skilful reasoning as a guide to belief or action. In nursing, critical thinking is the ability to think in a systematic and logical manner and with openness. It requires the ability to question and reflect in order to ensure safe nursing practice and quality care. To think like a nurse requires students to learn the content of nursing, the knowledge, ideas, skills, concepts and theories of nursing, and develop their intellectual capacities and skills to become disciplined, self-directed, critical thinkers.

Clinical reasoning is the way clinicians think about the problems they deal with in clinical practice. It involves clinical judgments (deciding what is wrong with a patient) and clinical decision making (deciding what to do). Clinical reasoning is a logical process by which nurses (and other clinicians) collect cues, process the information, come to an understanding of a patient problem or situation, plan and implement interventions, evaluate outcomes, and reflect on and learn from the process (Levett-Jones & Hoffman 2013).

CULTURAL SAFETY

An increase in cultural diversity in Australia has placed greater emphasis on nurses' ability to provide culturally safe care and facilitate culturally safe working environments. This includes the ability to manage complex differences in communication, attitudes, religion, world views and language. Culture includes, but is not restricted to, age or generation, gender, sexual orientation, occupation and socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief and disability.

Cultural safety is an essential component of quality care. Culturally safe behaviour means making decisions based on principles, such as social justice, and is an outcome of education that enables safe practice as defined by the patient. Cultural safety centres on the experiences of the patient and includes acceptance of human diversity.

Culturally safe practice is caring for a person or family from another culture, in a way that is determined by that person or family. Unsafe cultural practice comprises any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual (Nursing Council of New Zealand 2008, p. 5). In order to be culturally safe, nurses must reflect on their own cultural identity and recognise the impact that their own culture may have on their professional practice.



LANGUAGE AND TERMINOLOGY

Patients and people receiving health care

In developing this text, we have used terminology that is familiar and applicable to most Australians. While the term 'person' is often used to reflect our commitment to a person-centred philosophical stance, the term 'patient' is also used as appropriate throughout the text, according to the context.

Indigenous Australians

Throughout the text, we have integrated issues relevant to the Indigenous Australian population. In covering the issues, we have acknowledged the importance of using non-discriminatory and appropriate language to describe groups of people, policies and events, and have thus followed the guidelines as set out by NSW Health in its publication, *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*.

Nursing diagnoses

This edition of *Kozier and Erb's Fundamentals of Nursing* provides relevant nursing diagnoses written in a way that is reflective of Australia nursing practice and nomenclature. We do not refer to the North American Nursing Diagnosis Association (NANDA) taxonomy of diagnostic terminology, as this approach is not considered to be appropriate in the Australian context.

FEATURES

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ANATOMY & PHYSIOLOGY Review

Use the anatomical diagrams to answer the questions. The patient allows approval for the chest, thoracic parietal and pleural body cavities, as well as all four quadrants and the peritoneum. Correctly label alignment and padding of areas for potential emergency resuscitation or emergency resuscitation.

The patient asks for pressure relief on the occiput, trochanter, sacrum, coccyx and calcaneus. The nursing intervention to pad and protect bony prominences, sacrum and calcaneus will prevent pressure ulcers from developing.

Proper positioning must provide optimal exposure to the surgical site as well as provide for the individual's comfort and safety.

Questions

- A 70-year-old male scheduled for a colon resection is brought to the operating suite. He weighs 90 kg and has type 2 diabetes and a history of asthma in his past medical history.
- What baseline assessments would you gather before taking this person to the operating room?
- What assessment of the adult male would be required to ensure a safe airway during the procedure?
- What are the priority nursing interventions and evaluation for this person?

Preparing for ongoing care of the postoperative patient

While the person is in the operating suite, the person's head and neck are prepared for the postoperative phase. Some of the time the person is brought back to the unit on a trolley and monitored in the recovery room. For other reasons, the person is brought to the recovery suite and the person is kept in the recovery suite until the person is ready to be transferred to the ward. In the latter situation, the full steps to ready the person to be taken to the operating suite must be followed. It is important that the person is assessed and set up any special equipment, such as an intake to the operating suite, before the person is taken to the operating suite. Factors identified by nurse as necessary to prepare them will include assessment plan, pre-operative instructions, venous accessibility, individual nurse characteristics and bedside practice (Giamberini & Cummings 2016).

Staff satisfaction

Nursing leaders and managers are responsible for enhancing teamwork within the organization. They therefore need to be familiar with group processes. Groups develop in stages, during which roles and relationships are established. The purpose of the team as a whole and the role of each member must be clear; every member must feel that their contribution is valued and accepted by the manager and by other members.

Nursing leaders and managers must be thoughtful in their attention to levels of staff satisfaction in respect to managing and motivating quality nursing care. Some of the factors related to staff satisfaction have been summarized by Podsakoff et al. (2006) as follows: working autonomy, being able to provide person-centred care and having strong nursing leadership. A cohesive working environment, a fair and appropriate workload and meaning and purpose in one's work.

Clinical leadership

While there is strong agreement on the clinical leadership in critical care, there is an agreed definition (Mason, Wilkes & Clark 2010). Clinical leadership is the primary component of nursing management through which effective care is provided (Dunne, Elliott and Daly 2008) summarizes some of the qualities of effective clinical leaders in those who promote health care that is capable to build effective teams, an effective role model and value-based excellence.

Preparation for clinical leadership should begin by understanding nursing management in a person who is coordinating another person's care in a leadership role. There is recognition that clinical leadership requires a lot of time, and that there is a need to be present. There is a need to be present in the role in a person's presence. There is a need to be present in the role in a person's presence. There is a need to be present in the role in a person's presence.

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Preventing HAIs

Many HAIs can be prevented using proper hand hygiene techniques and environmental controls, and implementing standard and non-standard hand protocols and ANTS when warranted. Other considerations include identification and management of individuals at risk of infection, antibiotic stewardship, monitoring infections and managing outbreaks.

ASSESSMENT INTERVIEW

FOR INDIVIDUAL AT RISK OF INFECTION

- What signs and symptoms have you noticed in the past 24 hours?
- What do you think has caused this?
- What do you think has caused this?
- What do you think has caused this?
- What do you think has caused this?

NURSING MANAGEMENT

During the assessment phase of the nursing process, the nurse assesses the person's history, conducts the physical assessment and performs laboratory data.

Health history

During a health history, nurses assess (a) the degree to which an individual is at risk of developing an infection, and (b) any reports from the person regarding the presence of infection. To identify individuals at risk, nurses review the individual's chart and assess the nursing intervention to collect data regarding factors influencing the development of infection, especially chronic disease, history of recurrent infection, current medications and therapeutic measures, current chronic conditions, nutritional status and history of immunizations and use of immune system of animals or contact (see the Assessment interview).

Physical assessment

Clinical manifestations of an infection vary according to the body area involved. For example, respiratory, urinary or ocular discharge from the nose and nasal mucosa, conjunctivitis with an infection of the eye and skin, urinary frequency and possible cloudy or discoloured urine often occur with a urinary infection. Commonly the skin and mucous membranes are involved in a local infectious process, resulting in the following:

- Localized swelling
- Redness
- Pain or tenderness with palpation or touch
- Warmth
- Change in function of the body part affected, depending on the site and extent of involvement
- Change in appearance, such as redness, swelling or discharge
- Change in function of the body part affected, depending on the site and extent of involvement

Clinical manifestations of systemic infection include the following:

- Fever
- Increased pulse and respiratory rate if the fever is high
- Malaise and loss of energy

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Evaluating

Using data collected during care (vital signs, lung sounds, skin status, characteristics of sites of other drainage, Laboratory blood values) nurses can determine whether the individual's outcomes have been achieved.

If outcomes are not achieved, nurses may need to consider the following questions:

- Were appropriate measures implemented to prevent skin breakdown and lung infection?
- Was appropriate aseptic technique implemented for invasive procedures?
- Are prescribed medications affecting the immune system?
- Is the person's placement appropriate to reduce the risk of infection or micro-organisms?
- Did the person and family understand or fail to comply with necessary instructions?

CASE STUDY

Ms Antonio is an independent 70-year-old person living alone in a private residential care facility. She has a long history of asthma, which she manages with a long-term low-dose inhaled corticosteroid. She has a long history of asthma, which she manages with a long-term low-dose inhaled corticosteroid. She has a long history of asthma, which she manages with a long-term low-dose inhaled corticosteroid.

Chapter 32 review

CHAPTER HIGHLIGHTS

- Microorganisms are everywhere. Most are harmless and some are beneficial, however, many can cause infection in susceptible people.
- Effective control of infectious disease is an international, national, community and individual responsibility.
- Antigens in the body from infectious microorganisms are recognized by the immune system.
- Factors contributing to health-care-associated infections include antibiotic use, invasive procedures, medical devices, the presence of long-term care facilities, immunosuppression, use of antibiotics and immunosuppressive drugs, immunosuppression, use of antibiotics and immunosuppressive drugs, immunosuppression, use of antibiotics and immunosuppressive drugs.

Anatomy & physiology reviews

provide students with a quick review of the human bioscience that is fundamental to competent practice.

Assessment interviews show

students how to ask appropriate questions in their clinical encounters.

Case studies at the end of the

chapter provide students with an opportunity for practical application: a brief scenario is introduced, and is then followed by questions that encourage students to analyse, compare, contemplate, interpret and evaluate information.

548 Unit 9 Integral Aspects of Nursing

CLINICAL CONSIDERATION

Enhancing the team's performance

Several ways to enhance employee performance are available to nurse leaders who are responsible for facilitating their own development by providing appropriate learning opportunities through their work activities, assessment or professional development and education, encouraging achievement of individual objectives such as delegates or higher degrees. Nursing leaders support nurses by the provision of education, support resources and encouragement to participate, empowered staff have greater commitment to the institution, are more effective in their role, have increased self-esteem and are better able to meet their goals. Factors identified by nurse as necessary to prepare them will include assessment plan, pre-operative instructions, venous accessibility, individual nurse characteristics and bedside practice (Giamberini & Cummings 2016).

Staff satisfaction

Nursing leaders and managers are responsible for enhancing teamwork within the organization. They therefore need to be familiar with group processes. Groups develop in stages, during which roles and relationships are established. The purpose of the team as a whole and the role of each member must be clear; every member must feel that their contribution is valued and accepted by the manager and by other members.

CLINICAL CONSIDERATION

Managing conflict

The competent leader must effectively and assist others to do the same. Many factors inhibit the good use of time, such as a preference for doing things the way they have always been done rather than considering and embracing new approaches. Doing things someone else has done before they would prefer not to have the responsibility or even that they don't see a value in doing. It is important that the manager and staff are available for possible use of time before the time is used, assessing opportunities, initiating regular time to meet, assessing opportunities, initiating regular time to meet, assessing opportunities, initiating regular time to meet.

1132 Unit 9 Promoting Psychological Health

CONCEPT MAP

The concept map illustrates the relationship between the components of psychological health. It shows how different factors like cognitive, emotional, and social health interact and influence each other. Key elements include: Cognitive health (thoughts, beliefs, perceptions), Emotional health (feelings, moods, stress), and Social health (relationships, support systems). The map also highlights the role of the nurse in promoting psychological health through assessment, intervention, and evaluation.

Chapter 44 review

CHAPTER HIGHLIGHTS

- How an individual deals with loss is closely related to the individual's stage of development, personal resources and social support resources.
- People who are grieving often experience physical, physiological, and psychological changes.
- People who are grieving often experience physical, physiological, and psychological changes.

DRUG CAPSULE

Selective serotonin reuptake inhibitor (SSRI) sertraline HCl (Zoloft)

The person taking anti-anxiety medication

Ms Antonio is a 70-year-old person living alone in a private residential care facility. She has a long history of asthma, which she manages with a long-term low-dose inhaled corticosteroid. She has a long history of asthma, which she manages with a long-term low-dose inhaled corticosteroid.

Chapter 43 Stress and Coping 1097

Stress is a natural response to a perceived threat or challenge. It can be both positive and negative. Coping strategies are used to manage stress. Effective coping involves recognizing stressors, assessing resources, and taking action to reduce stress. Support from family and friends is also important.

Clinical considerations highlight

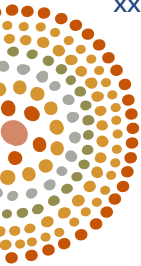
relevant information and important 'tips' as they apply to clinical practice.

Concept maps reinforce the steps

of the nursing process by using different colours and by mapping difficult concepts diagrammatically.

Drug capsule helps

students learn the implications of certain medications that they may see in their clinical encounters.



838 Unit 8 Integral Components of Individualised Care

Computed tomography
Computed tomography (CT), also called **CT scanning**, **computerised axial tomography** or **computerised tomography (CAT)**, is a **non-invasive** x-ray procedure that has the **unique capability of displaying cross-sectional images of the body of interest**. The CT produces a three-dimensional image of the object or structure, making it more sensitive than a x-ray machine.

Magnetic resonance imaging
Magnetic resonance imaging (MRI) is a **non-invasive** diagnostic scanning technique in which the person is placed in a **magnetic field**. People with **implanted metal devices** (e.g. pacemakers) **must be prohibited** from undergoing an MRI because of the **strong magnetic field**. There is no exposure to radiation. If a contrast media is injected during the procedure, it is not an **ionising contrast medium** although for MRI it is a **gadolinium** based contrast between normal and abnormal tissue than the CT scan. It is **however more costly**.

The MRI is commonly used for visualisation of the brain, spine, limbs and joints, heart, blood vessels, abdomen and pelvis. The procedure involves the person lying on a platform that moves into a narrow **scanner**, closed, high-magnetic, **scanner or unit**, open, low-magnetic scanner. The person may be very still. A **real-time communication system** is used to monitor the person's response and to help relieve feelings of claustrophobia. Examples are utilised to the person to reduce the discomfort from the loud noise that occur during the test. The procedure has been shown to be **more cost-effective** (Figure 35.10).

Figure 35.10 MRI lab.
 Source: © iStockphoto.com

Nuclear imaging studies
 Nuclear scans are **radioactive substances** to visualize structures and functions inside the body, either other studies (e.g. CT, MRI scans).

PATIENT EDUCATION
MRI safety

Prior to undergoing an MRI procedure, the person must complete a screening form to ensure that there are no known risks for an MRI scan. The form includes questions about the use of metal objects on the person's neck, and may vary by hospital and region. The person should be informed of the potential risks of the procedure and the person's responsibility for ensuring that a person can only undergo an MRI scan if they are screened for metal objects on the person's body. The person should be informed of the potential risks of the procedure and the person's responsibility for ensuring that a person can only undergo an MRI scan if they are screened for metal objects on the person's body. The person should be informed of the potential risks of the procedure and the person's responsibility for ensuring that a person can only undergo an MRI scan if they are screened for metal objects on the person's body.

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LINKS TO NATIONAL PATIENT SAFETY STANDARDS

NMBA Standard 46: Medication Safety

The intention of this standard is to ensure that clinicians are competent to safely provide, dispense and administer medicine in accordance with the medication. (ACSQHC 2016, p. 30)

Implementing this standard is achieved by the establishment of integrated roles systems to support and promote safe medication management. These systems include direct governance and quality improvement to support medication management, processes facilitating complete documentation of patient education and continuity of medication management. Organizational processes like the use of patient safety committees should also be used to promote safe medication management by actively involving people in their own care, by ensuring the person's information needs by providing education.

Medicine are the most common treatment used in health care and they are associated with both a significant improvement in health outcomes and the risk of harm. Medication errors are the second most common type of incident reported in Australian hospitals, and 30% of medication errors occur in the administration stage (McGregor & Taylor 2007). Medication errors affect the health outcome of the consumer and have an impact on health care costs. Nurses play a major role in the process of medication management, and the identification and prevention of these errors can improve medication safety by preventing medication incidents.

It is also important for the nurse to identify any problems the person may have in self-administering a medication. A person with poor eyesight, for example, may require special labels for the medication container. Older people with sensory tasks may not be able to build a system to input themselves or another person. Obtaining information on how and where a person enters their medication is also important. If a person has difficulty opening container closures, they may change containers that have labels on, which increases the risk of medication errors.

The nurse needs to identify psychosocial factors for all people but especially for older adults. Two common problems are lack of transportation to obtain medication and inadequate finances to purchase medication. When aware of these problems, the nurse can refer people to resources for the person.

Medication reconciliation

Another safety issue that affects the nurse is to ensure that a person receives the appropriate medication and dosage on admission, during transfer and at discharge. A study conducted in Mayo Health System identified that poorly communicated medical information on admission and other health care transition points is responsible for as many as 50% of all medication errors in hospitals (Grossman et al. 2010, p. 5). Furthermore, approximately 1 out of 3 medication administration errors that arise from medication reconciliation result in harm (Barnes et al. 2008, pp. 2–409).

As a result, the Institute for Healthcare Improvement campaign for medication reconciliation and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) incorporated medication reconciliation into its National Patient Safety Goals. The JCAHO defined medication reconciliation as the process of comparing a patient's medication orders to all of the medications that the person has been taking. The reconciliation is done to avoid medication errors such as omissions,

MAPPING TO THE NMBA REGISTERED NURSE STANDARDS FOR PRACTICE

AUTHOR: Trish Burton

UNIT 1
The Nature of Nursing

Chapter	Standard	Criteria	Evidence-based examples (including page no.)
1	1. Monitor the readiness for practice	1.1 conduct assessments that are holistic as well as culturally appropriate 1.2 provide comprehensive, safe, quality responses to achieve agreed goals and outcomes that are responsive to the nursing needs of people 1.3 evaluate and monitor progress towards the required goals and outcomes 1.4 promote, analyse and use the best available evidence that includes research findings for safe, quality practice	1.1 conduct assessments and interventions for practice in Patient Study, p. 16 1.2 evaluate reflective attitudes, technical knowledge and clinical skills effectively in Real World Practice, p. 16 1.3 assess mental health outcomes in Real World Practice, p. 33
1	4. Competently conduct assessments	4.1 conduct assessments that are holistic as well as culturally appropriate 4.2 provide comprehensive, safe, quality responses to achieve agreed goals and outcomes that are responsive to the nursing needs of people 4.3 evaluate and monitor progress towards the required goals and outcomes	1.1 conduct assessments and interventions for practice in Patient Study, p. 16 1.2 evaluate reflective attitudes, technical knowledge and clinical skills effectively in Real World Practice, p. 16 1.3 assess mental health outcomes in Real World Practice, p. 33
2	1. Think critically and analyse nursing practice	1.1 think critically and analyse nursing practice 1.2 engage in therapeutic and professional relationships 1.3 engage in therapeutic and professional relationships	1.1 think critically and analyse nursing practice in Patient Study, p. 16 1.2 evaluate reflective attitudes, technical knowledge and clinical skills effectively in Real World Practice, p. 16 1.3 assess mental health outcomes in Real World Practice, p. 33
3	2. Engage in therapeutic and professional relationships	2.1 engage in therapeutic and professional relationships 2.2 engage in therapeutic and professional relationships 2.3 engage in therapeutic and professional relationships 2.4 engage in therapeutic and professional relationships 2.5 engage in therapeutic and professional relationships 2.6 engage in therapeutic and professional relationships	1.1 think critically and analyse nursing practice in Patient Study, p. 16 1.2 evaluate reflective attitudes, technical knowledge and clinical skills effectively in Real World Practice, p. 16 1.3 assess mental health outcomes in Real World Practice, p. 33 1.4 evaluate reflective attitudes, technical knowledge and clinical skills effectively in Real World Practice, p. 16 1.5 evaluate reflective attitudes, technical knowledge and clinical skills effectively in Real World Practice, p. 16 1.6 evaluate reflective attitudes, technical knowledge and clinical skills effectively in Real World Practice, p. 16 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Patient education gives students a guide for what to do when educating patients.

Links to National Patient Standards give the relevant standards from the Australian Commission on Safety and Quality in Health Care as they relate to patient safety.

Mapping to the NMBA Registered Nurse Standards for Practice maps examples from the text to relevant Registered Nurse Standards for Practice, thereby aligning the content to contemporary professional practice in Australia.

THE TEACHING AND LEARNING PACKAGE

A full suite of additional supplementary materials is provided with this textbook to assist teaching and learning. The educator resources contains a variety of useful features including:

- TEST BANK** of questions, available in Microsoft Word format as well as in Moodle, Canvas and Blackboard-compatible formats. Each chapter contains multiple-choice, short-answer and essay-type questions featuring problems of varying complexity. They are structured by Learning objective and mapped to the NMBA Standards for the educator's convenience, with questions for every learning objective, allowing for the creation of customised exams in minutes.
- SOLUTIONS MANUAL** Fully revised and updated to include the answers to all the questions contained in the text, including Concept check, Critical thinking and Case study questions.
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