Nursing

NTQF Level III

Learning Guide # 27

Unit of Competence: Performing Basic Nursing Care Procedures and Techniques
Module Title: Performing Basic Nursing Care
LG Code: CON MAS2 M01 L01-0919
TTLM Code: CON MAS2 TTLM 0112v1

LO 1: Identify clients need to Individualize nursing care.

Instruction Sheet	Learning Guide #3

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics –

1. 2.Personal skill development
1.2. Developing strategies and care plan
1.3. Indications and contraindication
1.4. Identification of materials and tools
1.5. Clean and tidy patient unit and equipments
1.6. Client and provider relation ships
1.7. Nursing care procedures
1.8. Aseptic techniques
1.9. Client consent and cooperation
1.10. Patient privacy
1.11.OHS procedures

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to –

State the purposes of giving mouth care

- Develop strategies and care plan
- Describe Indications and contraindication of procedures
- Identification of materials and tools
- Clean and tidy patient unit and equipments
- Use Nursing care procedures to Detect pt needs
- Follow Aseptic techniques
- Explain OHS procedures

1.11. OHS procedures **Learning Instructions:**

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described
3. Read the information written in the "Information Sheet" Accomplish the "Self-check
4. Ask from your teacher the key to correction (key answers) or you can request your teacher to correct your work. (You are to get the key answer only after you finished answering the Self-check).
5. If you earned a satisfactory evaluation proceed to " next Information Sheet". However, if your rating is unsatisfactory, see your teacher for further instructions or go back to Learning Activity.
6. Submit your accomplished Self-check. This will form part of your training portfolio.
7. Read the information written in the "Information Sheet ". Try to understand what are being discussed. Ask you teacher for assistance if you have hard time understanding them.
8. Accomplish all self chck

Information Sheet-1	Key terminology

2 Developing Nursing care procedures and strategies

Nursing Process

The common thread uniting different types of nurses who work in varied areas is the nursing process. The essential core of practice for the registered nurse to deliver holistic, patient-focused care. One definition of the nursing process…"**an assertive, problem solving approaches to the identification and treatment of patient problems**. It provides an organizing framework for the practice of nursing and the knowledge, judgments, and actions that nurses bring to patient care."

Assessment

An RN uses a systematic, dynamic, rather than static way to collect and analyze data about a client, the first step in delivering nursing care. Assessment includes not only physiological data, but also psychological, socio cultural, spiritual, economic, and life-style factors as well. For example, a nurse's assessment of a hospitalized patient in pain includes not only the physical causes and manifestations of pain, but the patient's response—an inability to get out of bed, refusal to eat, and withdrawal from family members, anger directed at hospital staff, fear, or request for more pain medication.

Diagnosis

The nursing diagnosis is the nurse's clinical judgment about the client's response to actual or **potential health conditions or needs**. The diagnosis reflects not only that the patient is in pain, but that the pain has caused other problems such as anxiety, poor nutrition, and conflict within the family, or has the potential to cause complications—for example; respiratory infection is a potential hazard to an immobilized patient. The diagnosis is the basis for the nurse's care plan.

Planning / Goal / Outcome

Based on the assessment and diagnosis, the nurse sets measurable and achievable short- and long-range goals for this patient that might include moving from bed to chair at least three times per day; maintaining adequate nutrition by eating smaller, more frequent meals; resolving conflict through counseling, or managing pain through adequate medication. Assessment data, diagnosis, and goals are written in the patient's care plan so that nurses as well as other health
professionals caring for the patient have access to it.

Implementation

Nursing care is implemented according to the care plan, so continuity of care for the patient during hospitalization and in preparation for discharge needs to be assured. Care is documented in the patient's record.

Evaluation

Both the patient's status and the effectiveness of the nursing care must be continuously evaluated, and the care plan modified as needed.

Strategies

Component and Description	Purpose	Activities
Assessment Collecting, organizing, validating, and documenting	To establish a database about the client's response to health concerns or illness and the ability to manage health care needs	Establish a database: Subjective data (not measurable) Objective data (measurable) • Obtain a nursing health history • Review client records • Review nursing literature • Consult support persons • Consult health professionals Update data as needed Organize data Validate data Communicate/document data
Diagnosis Cluster, Analyze and synthesize data. Problem identification Nursing diagnosis label	To identify client strengths and health problems that can be Prevented or resolved by collaborative and independent nursing interventions. To develop a list of nursing diagnoses and collaborative Problems.	Interpret and analyze data: • Compare data against standards • Cluster or group data (generate tentative hypotheses) • Identify gaps and inconsistencies .Determine client's strengths, risks, and problems Formulate nursing diagnoses and collaborative problem statements **Actual Nursing Diagnosis (3-part)** PES = **Problem** related to the **Etiology** (cause) as evidenced/manifested by the **Signs and Symptoms** (Defining characteristics). **Potential Nursing Diagnosis/Risk (2-part)** PE = **Potential problem** related to the **Etiology** (Cause). There are no signs and symptoms, because the problem has not occurred yet
Planning/Goal/Outcome Determining how to prevent, reduce, or resolve the identified client problems; how to support client strengths; and how to implement nursing interventions in an organized, individualized, and goal directed manner	To develop and individualized care plan that specifies client goals/desired outcomes and related nursing interventions. Outcome statement must be patient centered, specific, and measurable.	Set priorities and write goals/outcomes in collaboration with client. Consult with other health professionals Write nursing orders and nursing care plan Communicate care plan to relevant healthcare providers Short term and long term goals
Implementation Carrying out the planned nursing interventions	To assist the client to meet desired goals/outcomes; promote wellness and disease; restore health; and facilitate coping with altered Functioning.	Select nursing strategies/interventions Determine need for nursing assistance Perform or delegate planned nursing interventions Communicate what nursing actions were implemented: • Document care and client

		responses to care • Give verbal reports as necessary • Carry out the plan; "DO" what it takes to meet goals. Nurse initiated – Physician initiated – Collaborative.
Evaluation Measuring the degree to which goals/outcomes have been achieved and identifying factors that positively or negatively influence goal achievement	To determine whether to continue, modify, or terminate the plan of care.	Collaborate with client and relate nursing actions to client outcomes • Determine if goals/outcomes have been met/achieved. If not, re-evaluate: • Data – did you collect enough/correct data? • Diagnosis – did you analyze the data accurately? • Etiology – is it accurate? • Outcome – patient centered, measurable and realistic? • Interventions – realistic and doable? • Revise/modify the care plan as indicated.

1.5 Clean and tidy patient unit and equipments (materials and tools)

a. Scope of Responsibility.

Nursing service personnel are responsible for the bed, bedside cabinet, chair, overbid table (when used), lamp, and curtain or cubicle partition.

In addition, when custodial housekeeping services are not available, the medical specialist is also responsible for the floor and windowsills within the patient unit area and the adjoining bathroom.

b. Types of Cleaning.

The two types of unit cleaning are termed **concurrent and terminal.**

(1) Concurrent unit cleaning is the cleaning of a unit daily or in accordance with local standing operating procedure (SOP). A similar procedure is required on a regularly scheduled basis for a long-term patient to ensure that any accumulation of dust and germs is eliminated.

(2) Terminal unit cleaning is the cleaning of a unit, when the patient is discharged, transferred, or dies. This type of cleaning includes more activity than the daily (concurrent) cleaning of the area.

c. Equipment.

The equipment required to clean a patient unit follows:

(1) Wheeled utility cart.

(2) Wheeled laundry camper.

(3) Cleaning cloths.

(4) Wastebasket with paper bag or plastic liner.

(5) Basin of prescribed detergent-germicide solution.

d. Terminal Cleaning Procedure. (Operation sheet)

(1) Assemble the equipment in the utility room and take it to the patient unit.

(2) clear the bedside cabinet (and over bed table if used). Check for any personal articles left by the patient and turn them in to the ward master. Place all utensils and any reusable treatment equipment on the cart. Discard waste in the wastebasket. Place any unused linen in the unit in the laundry hamper.

(3) Strip the bed. Remove the pillow, placing the pillow on the chair and the pillowcase in the hamper. Lower the Gatch bed. Loosen the bedding all around, walking around the bed and lifting the mattress edge to release the linen without snagging it on the bedsprings.

Check to see that no articles are concealed in the linen folds. Roll each piece toward the foot of the bed. Check the pocket of discarded pajamas and bathrobe. Place all linen in the hamper. Fold woolen blankets, if used, and place them on the cart for special laundry.

(4) Clean the bed. Wash the top of the plastic mattress cover and inspect it for any tears. Rinse the cloth frequently and use it damp but not dripping wet. Replace any damaged cover. Turn the clean surfaces of the mattress together, toward the head of the bed. Wash the bottom half of the bed frame and all crevices. Lower the Gatch bed at the knee. By grasping the clean fold of the mattress, lift and swing its clean side crosswise on the clean half of the spring and wash the exposed surface.

Place the pillow on the unwashed upper half of the spring. Wash the top surface of the pillow. Place the pillow clean side down on the clean mattress surface and wash the other side. Wash the upper spring, raising the head portion of the bed, to complete bed cleansing

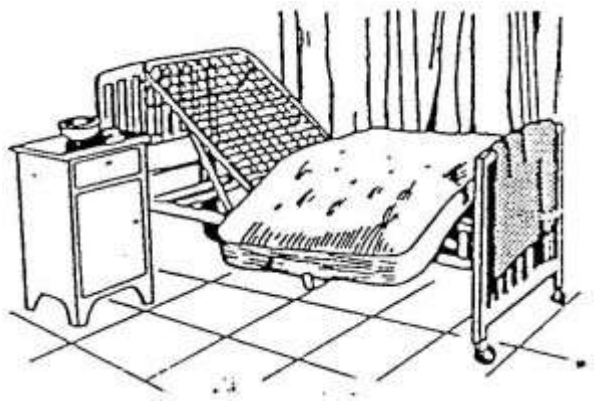

Figure --- Cleaning the bedside unit.

(5) Wash the cabinet, inside and out. Complete the unit cleaning by washing the chair, bed lamp (cord unplugged), signal cord, and over bed table.

(6) If you are responsible for the floor, sweep and mop it and wash the windowsills. Wash your hands when the cleaning is completed and remake the bed for a new occupant.

(7) Discard the waste. If cleaning cloths are to be reused, place them in the laundry hamper.

(8) Wash the collected utensils and place them in the utensil boiler (sanitizer) for a 30-minute boiling period. Wash the utility cart and return it to the storage place.

(9) Wash hands.

(10) Remove the clean utensils from the utensil boiler. Dry and return them to the storage shelf.

Aseptic techniques

Aseptic technique is absolutely necessary for the successful establishment and maintenance of plant cell, tissue and organ cultures. The in vitro environment in which the plant material is grown is also ideal for the proliferation of microorganisms. In most cases the microorganisms outgrow the plant tissues, resulting in their death. Contamination can also spread from culture to culture. The purpose of aseptic technique is minimizing the possibility that microorganisms remain in or enter the cultures. The environmental control of air is also of concern because room air may be highly contaminated. Example: Sneezing produces 100,000 - 200,000 aerosol droplets which can then attach to dust particles. These contaminated particles may be present in the air for weeks

- Contaminants
  - ✓Bacteria, fungi and Viruses
  - Bacteria: Bacteria are the most frequent contaminants. They are usually introduced with the explants and may survive surface sterilization of the explants because they are in interior tissues. So, bacterial contamination can first become apparent long after a culture has been initiated. Some bacterial spores can also survive the sterilization procedure even if they are on the tissue surface. Many kinds of bacteria have been found in plant tissue cultures including Agrobacterium, Bacillus, Corynebacterium, Enterobacter, Lactobacillus, Pseudomanas, Staphylococcus, and Xanthomonas. Bacteria can be recognized by characteristic "ooze"; the ooze can be many colors including white, cream, pink, and yellow. There is also often a distinctive odor.
  - Fungi;-Fungi may enter cultures on explants or spores may be airborne. Fungi are frequently present as plant pathogens and in soil. They may be recognized by their "fuzzy" appearance, and occur in a multitude of colors.
  - Yeast; - Yeast is a common contaminant of plant cultures. Yeasts live on the external surfaces of plants and are often present in the air.
  - Viruses:- Viruses, mycoplasma-like organisms, spiroplasmas, and rickettsias are extremely small organisms that are not easily detected. Thus, plant culture is not necessarily pathogen-free even if microorganisms are not detected, and this can influence culture success. Special measures such as meristem culture are often necessary to eradicate such contaminants.

III. Sterilization and Use of Supplies and Equipment:

- Sterilizing tools, media, vessels etc.
  - Autoclaving:-Autoclaving is the method most often used for sterilizing heat-resistant items and our usual method for sterilizing items. In order to be sterilized, the item must be held at 121°C, 15 psi, for at least 15 minutes. It is important that items reach this temperature before timing begins. Therefore time in the autoclave will vary, depending on volume in individual vessels and number of vessels in the autoclave. Most autoclaves automatically adjust time when temperature and psi are set, and include time in the cycle for a slow decrease in pressure. There are

tape indicators that can be affixed to vessels, but they may not reflect the temperature of liquid within them. There are also "test kits" of microorganisms that can be run through the autoclave cycle and then cultured. Empty vessels, beakers, graduated cylinders, etc., should be closed with a cap or aluminum foil. Tools should also be wrapped in foil or paper or put in a covered sterilization tray. It is critical that the steam penetrate the items in order for sterilization to be successful.

- Autoclaving and Fiter-sterilizing Media and Other Liquids.

Two methods (autoclaving and membrane filtration under positive pressure) are commonly used to sterilize culture media. Culture media, distilled water, and other heat stable mixtures can be autoclaved in glass containers that are sealed with cotton plugs, aluminum foil, or plastic closures. However, solutions that contain heat-labile components must be filter-sterilized. For small volumes of liquids (100 ml or less), the time required for autoclaving is 15-20 min, but for larger quantities (2-4 liter), 30-40 min is required to complete the cycle. The pressure should not exceed 20 psi, as higher pressures may lead to the decomposition of carbohydrates and other components of a medium. Too high temperatures or too long cycles can also result in changes in properties of the medium. Organic compounds such as some growth regulators, amino acids, and vitamins may be degraded during autoclaving. These compounds require filter sterilization through a 0.22 µm membrane. Several manufacturers make nitrocellulose membranes that can be sterilized by autoclaving. They are placed between sections of a filter unit and sterilized as one piece. Other filters (the kind we use) come pre-sterilized. Larger ones can be set over a sterile flask and a vacuum is applied to pull the compound dissolved in liquid through the membrane and into the sterile flask. Smaller membranes fit on the end of a sterile syringe and liquid is pushed through by depressing the top of the syringe.

The size of the filter selected depends on the volume of the solution to be sterilized and the components of the solution. Nutrient media that contain thermo labile components are typically prepared in several steps. A solution of the heat-stable components is sterilized in the usual way by autoclaving and then cooled to 35°-50° C under sterile conditions. Solutions of the thermo labile components are filter-sterilized. The sterilized solutions are then combined under aseptic conditions to give the complete medium. In spite of possible degradation, however, some compounds that are thought to be heat labile are generally autoclaved if results are found to be reliable and reproducible. These compounds include ABA, IAA, IBA, kinetin, pyridoxine, 2-ip and thiamine are usually autoclaved.

- Ethylene;- Oxide Gas Plastic containers that cannot be heated are sterilized commercially by ethylene oxide gas. These items are sold already sterile and cannot be desterilized. Examples of such items are plastic petri dishes, plastic centrifuge tubes etc.
- UV Radiation

  It is possible to use germicidal lamps to sterilize items in the transfer hood when no one is working there. We do not do this. UV lamps should not be used when people are present because the light is damaging to eyes and skin. Plants left under UV lamps will die.
- Microwave

It is also possible to sterilize items in the microwave;

- More Comments

- Know which of your implements, flasks, etc. are sterile and which are not. Sterile things will have been autoclaved and should be wrapped with some kind of protective covering, e.g. foil, for transport from the autoclave to the hood.
- Our usual autoclave time of 20 minutes is intended for relatively small volumes. Large flasks of media, water, etc. may require longer autoclaving periods. It is preferable to put no more than one liter of liquid in a container to be autoclaved. Also, be sure to leave enough room in the container so that the liquid does not boil over.
- Items that come packaged sterile, e.g. plastic petri plates, should be examined carefully for damage before use. If part of a package is used, seal up the remainder and date and label. Use up these items unless there is some question about their sterility; they are expensive.

1.3 Indication and contraindication

Indication; - Show what should be done: to make somebody think that something should be done or used (usually used in the passive). In a **case** like this, a firm approach is indicated. Cases for which Medicine or procedure can be identified as management safely.

Contraindication ;-

State to be inadvisable: to state something to be inadvisable while taking particular medication because of a likely adverse reaction. E.g. taking aspirin with this drug is contraindicated

Occupation Health Safety

When an injured worker visits his/her health care provider, the worker must be accompanied by a Functional Abilities Form. It is the role of the health care provider to complete this and any other WSIB form in order to help facilitate a return to work (either regular duties or modified/alternative duties). A copy of these forms will be returned to the WSIB, the worker and Interprovincial Insulation.

As a fee is paid to the health care provider to complete these forms, the form must be completed thoroughly and legibly. Interprovincial Insulation will use the information provided on these forms to bring the worker back to work safely and without further physical aggravation.

WSIB

It is important that once a worker is physically capable of returning to some form of work, that Interprovincial Insulation makes a modified work offer in writing.

If Interprovincial Insulation makes a suitable offer of modified work, the injured employee is expected to accept his offer. If the employee refuses the offer, it is then the responsibility of the adjudicator to make a ruling on the suitability of the work offered. If the adjudicator finds that the offer was legitimate, any time lost after the date of the offer will not be paid for by the WSIB.

As well, it is the responsibility of the adjudicator to ensure that the worker's health care provider is actually providing the documentation necessary to facilitate the worker's return. Interprovincial Insulation cannot communicate with a health care provider directly without the written permission of the worker. However, the adjudicator can speak with the health care provider and clarify whatever information necessary

Procedures

It is extremely important that when a work related injury occurs that the worker obtains and be given immediate first aid and care. The health and safety of the worker and all others is the foremost concern at this time. In the event of a workplace injury/illness, the following procedure must be followed:

- If able, the injured worker shall obtain all the necessary documents and forms, including a Functional Abilities Form, from their supervisor as per the Injury/Incident Reporting Policy.
- The injured worker and any witnesses must complete a written statement. It is advised that if possible, the worker complete the form personally. The balance of the documentation is to be turned over to the attending physician.
- All forms must be completed in their entirety and returned to the company in a timely manner. This will ensure prompt reporting to the WSIB. Any extra costs will be borne by the company.

Further medical assessments by specialists may be required by Interprovincial Insulation or the WSIB from time to time.

Each time a physician is seen or the injured worker's condition changes, the Claim Consent Form and Functional Abilities Form, or the equivalent must be completed and immediately forwarded to management.

The worker's full cooperation, participation and commitment at these times and throughout the program are essential and required by the Workplace Safety and Insurance Act (WSIA).

Early and safe return-to-work programs are individualized to meet the injured worker's needs. The Health and Safety Coordinator will assist, when required, in establishing the necessary programs and plans. After changes to the work and/or workplace, a thorough analysis is done to assure worker/task compatibility and the health and safety of the worker and their co-workers. Placement in programs must not pose a health or safety hazard to the injured worker or co-workers.

A supervisor or an appropriate designate, is assigned to provide the worker with job instructions, training and evaluation. The worker and the Health and Safety Coordinator must agree to the performance standards by which the worker is to be evaluated.

The early and safe return-to-work program terms are negotiated and all involved parties including the physician reach a consensus. The plan sets out the objectives, programs, activities and time frames necessary to bring the worker back to work, or as close as possible, to the pre-injury earnings profile. Such a plan may be periodically changed depending on the worker's progress and available work.

Modified work, which is a part of the early and safe return-to-work program, is specifically designed to help workers re-adjust to employment so they can gradually improve their physical capabilities and increase their tolerance. Such programs will also give all parties involved an opportunity to observe how the worker prepares and copes with the assigned tasks.

- To prevent or eliminate unpleasant body odors
- To give an opportunity for the nurse to assess ill clients
- To prevent pressure sores

Self check assessment	**Identify clients need to Individualize nursing care.**

1. Discuss type of cleaning
2. Explain what contaminants are.
3. Discuss what are **Nursing care procedures**
4. Describe what are the procedure must be followed as event of a workplace injury/illness management.
5. Discuss the concept of indicatin and contraindication of Treatment or procedures

Short answer

1. _____

2. _____

3. _____

4. _____

5. _____

List of Reference Materials

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