

VOLUME 1

KOZIER
AND ERB'S

FUNDAMENTALS OF NURSING

AUSTRALIAN EDITION

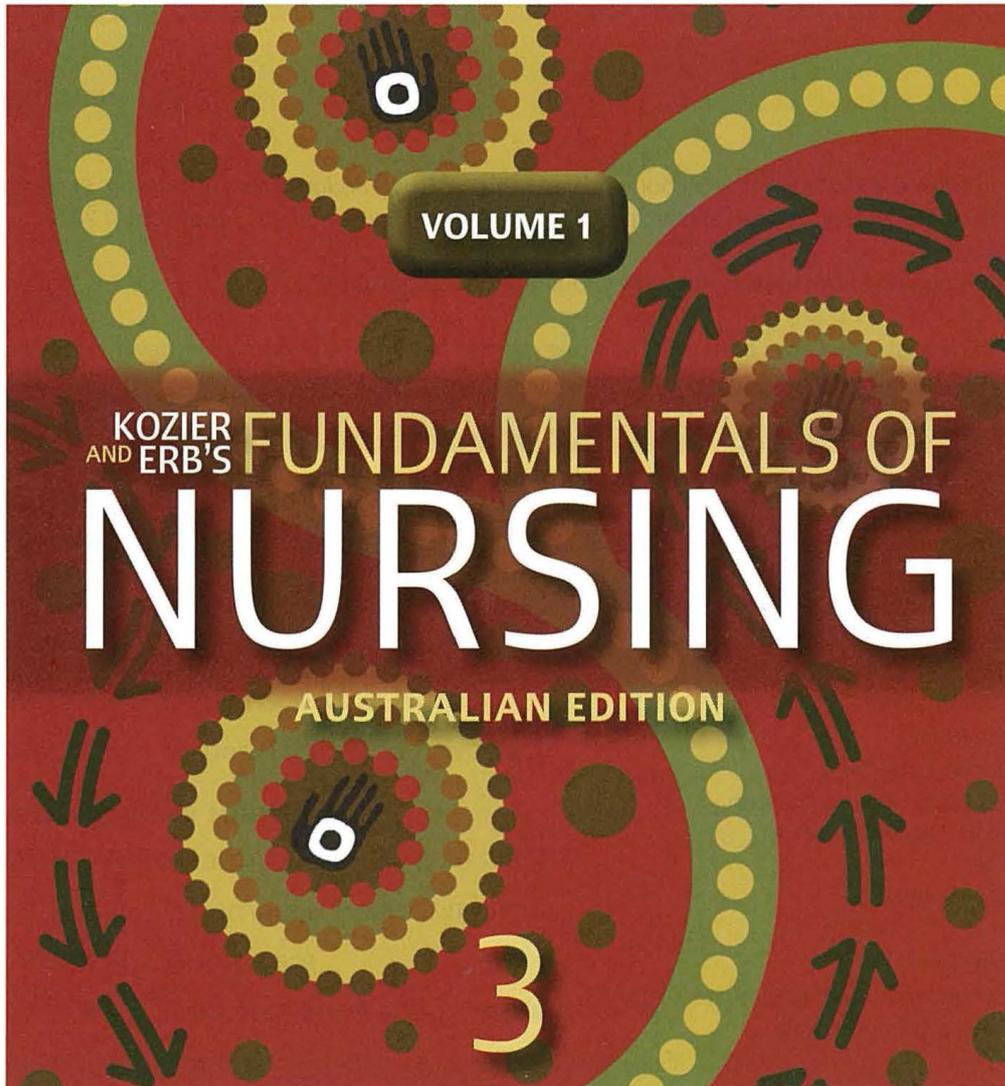
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AUSTRALIAN EDITION

3



BERMAN SNYDER LEVETT-JONES DWYER HALES HARVEY
MOXHAM PARK PARKER REID-SEARL STANLEY

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ABOUT THE AUTHORS



AUDREY BERMAN received her Bachelor of Science Nursing from the University of California, San Francisco, and later returned to that campus to obtain her Master of Science Nursing 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 in nursing program. Over the years, she has taught a variety of medical-surgical nursing courses in the prelicensure programs. She currently serves as the Dean of Nursing at Samuel Merritt College (an affiliate of Sutter Health).

Dr Berman has travelled extensively, visiting nursing and health care institutions in Australia, Botswana, Brazil, Germany, Israel, Japan, Korea, the Philippines, the Soviet Union and Spain. She serves on the board of directors for the Bay Area Tumor Institute. 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 has been a co-author of *Kozier and Erb's Fundamentals of Nursing* since the sixth edition and, with Shirlee Snyder, co-author of the fifth and sixth editions of *Skills in Clinical Nursing*.

Audrey Berman dedicates this edition to Bo-Gunnar Edvard Dahlström without whom it would not have been possible. There are few people on earth who can simultaneously challenge and support me—even with all my sharp edges—and he is one. I am grateful for his intellect and English skills, which exceed my own. He loves three nurses unconditionally: his sister, his daughter and me.



Shirlee J. Snyder graduated from Columbia Hospital School of Nursing in Milwaukee, Wisconsin, and subsequently received a Bachelor of Science in Nursing from 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 alumna 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 eight years. During this teaching experience she became interested in computer-assisted instruction (CAI) and initiated web-based assessment testing for student learning. She has presented locally and nationally on topics related to using multimedia in the classroom and promoting ethnic and minority student success.

Dr Snyder moved to Portland, Oregon, in 1990 and taught in the ADN program at Portland Community College for eight years. During this teaching experience she became interested in computer-assisted instruction (CAI) and initiated web-based assessment testing for student learning. She has 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 five years. During this time she became involved in co-authoring the fifth edition of *Skills 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. She is currently the Associate Dean of the School of Nursing at Nevada State College in Henderson, Nevada.

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 an advisory board member for the Clinical Simulation Center of Las Vegas, a member of the American Nurses Association Sigma Theta Tau, Nevada Organization of Nurse leaders, and Nevada Nursing Education and Practice Alliance, which is a statewide group that addresses professional nursing issues in Nevada. She has been a site visitor for the National League for Nursing Accrediting Commission and the Northwest Association of Schools and Colleges.

Dr Snyder's experiences in nursing education and teaching keep her current in nursing and nursing education. She appreciates all she has learnt from the students she has taught and her past and present faculty colleagues.

Shirlee Snyder dedicates this edition in loving memory of her late mother, Jean Snyder, and to her husband, Terry J. Schnitter, for his unconditional love and support.

Barbara Kozier was educated in Vancouver, British Columbia, Canada. After obtaining a Bachelor of Arts degree from the University of British Columbia, she entered the nursing program at that institution. After four years of study she graduated with a bachelor's degree in nursing. She obtained a position at Bella Bella, an aboriginal settlement on the northern coast of British Columbia. She then nursed with the Victorian Order of Nurses providing home care. Following a position with a large general hospital as an acute care nurse in a medical-surgical unit, she taught medical and surgical nursing, paediatric nursing, psychiatric nursing and community nursing courses at the Vancouver General Hospital School of Nursing. Ms Kozier then enrolled at the University of Washington where she studied for two years, taught part time and obtained her Master of Nursing title.



Barbara is a member of three honour societies: Sigma Theta Tau (nursing), Pi Lambda Theta (education) and Delta Sigma Pi (Canadian Honor Society for University Women). Barbara was a member and a chair of many nursing and government committees. She wrote a number of texts and collaborated with Glenora Erb on four books: *Techniques of Clinical Nursing*, *Fundamentals of Nursing*, *Concepts and Issues in Nursing Practice* and *Essentials of Nursing Practice*.

Glenora Lea Erb was born in Calgary, Alberta, Canada. All her schooling took place in Calgary and, with her identical twin sister, she attended the Nursing School of Calgary General Hospital. She was awarded a gold medal when she graduated and was recognised as an outstanding bedside nurse.



Following two years travelling in Asia, Europe, India, Australia and New Zealand, Ms Erb returned to Vancouver and taught nursing at St Paul's Hospital School of Nursing, and later at a two-year program at the British Columbia Institute of Technology. At this time she also co-authored textbooks on *Fundamentals of Nursing*, *Techniques of Clinical Nursing*, *Concepts and Issues in Nursing Practice* and *Essentials of Nursing Practice*.

Glen died at home on 24 December 2001 of breast cancer. Her death has meant that nursing has lost a highly skilled clinical nurse and her friends and family have lost a sensitive and giving person.



ABOUT THE AUSTRALIAN AUTHORS

The authors listed below are the Unit coordinators for the third Australian edition of *Kozier and Erb's Fundamentals of Nursing*. For a complete list of contributors, see page xxviii.

● **TRACY LEVETT-JONES**, RN, PHD, MED & WORK, BN, DIPAPPSC (NURSING)



Professor Tracy Levett-Jones is Director of the Research Centre for Health Professional Education at the University of Newcastle and the Deputy Head of School (Teaching and Learning) in the School of Nursing and Midwifery. Her research interests include the phenomenon of 'belongingness' interprofessional education, clinical reasoning, simulation, cultural competence and patient safety. Tracy's doctoral research explored the clinical learning experiences of students in Australia and the United Kingdom. She has a broad clinical background and prior to her academic career worked as a women's health nurse, nurse educator and nurse manager. Tracy has authored six books on clinical learning, over twenty book chapters and more than 100 peer-reviewed journal publications. She has been awarded ten teaching and learning awards including the 2007 New South Wales Minister for Education Quality Teaching Award and an Australian Teaching and Learning Council Award for Teaching Excellence.

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



Trudy Dwyer is an active member of the Australian College of Critical Care Nurses (ACCCN) and Associate Professor in the School of Nursing and Midwifery at CQUniversity. Her research interests include patient safety, resuscitation, clinical education and population health. She has written numerous publications including peer-reviewed journal publications, books and book chapters, and is the co-author of the highly successful *Student Nurse: Clinical Survival Guide*.

● **MAJELLA HALES**, RN, BN, GRAD CERT HE, MAPP SCI



Majella Hales has a long history in the tertiary education sector. Currently, she is a Lecturer at ACU teaching bioscience to all undergraduate health science student in the Faculty of Health. After undertaking her hospital training, she completed a post-registration Bachelor of Nursing, Master's of Applied Science (Research), and a Graduate Certificate in Higher Education. Majella is passionate about developing print and digital 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. Majella's international experience includes presentations in Japan, Brazil and the USA. She has also been a member of teams providing critical care and education assistance to Solomon Islands, Fiji and Brazil.

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

Nichole Harvey undertook her nursing training at the 'old' Townsville General Hospital between 1985 and 1988. Nichole has extensive clinical experience, having worked in both 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 in an academic role with James Cook University, the 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. In 2013, Nichole was awarded a University Citation for Outstanding Contributions to Student Learning and was also a recipient of an Australian Award for University Teaching.



● **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 three-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 has been and still is the principal supervisor for many HDR students, a journal editor and reviewer, chair of a university HREC and passionate lecturer. 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 PARK**, RN, RM, BNSC, GRAD DIP MHN, MMID, GRAD CERT ED (TT), PHD

Tanya Park is a Registered Nurse, a mental health nurse and a midwife. Her nursing experience includes private and public settings (in rural, remote and urban centres) including crisis, community and emergency mental health services. She joined the School of Nursing, Midwifery & Nutrition at James Cook University in 2005 and has had the opportunity to teach both undergraduate and postgraduate students. Tanya has held a variety of teaching and administration roles in the School of Nursing, Midwifery & Nutrition at JCU including Tutor, Subject Coordinator, Clinical Director and Director of Undergraduate Studies. Tanya is currently the Deputy Head of School. Tanya recently completed a quantitative PhD investigating the effects of a healthy lifestyle program on weight gain for people with serious mental illness. This study has resulted in two additional qualitative studies investigating the experience of weight gain from the perspective of the person and the family. She is a member of the Australian College of Mental Health Nurses and the Australian College of Nursing.



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



Barbara Parker has worked extensively in the clinical environment, specifically in the areas of anaesthetics and recovery, and orthopaedic and urology surgical nursing. She has published in the area of obesity and diabetes and has expertise in gastrointestinal and nutritional physiology as well as expertise in programs in obesity, impaired glucose tolerance and diabetes in both pharmacological and lifestyle interventions. Dr Parker is a Program Director in the School of Nursing and Midwifery and teaches within the undergraduate nursing program at the University of South Australia.

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



Kerry Reid-Searl is an Associate 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 degree, a Masters 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 four clinical nursing student survival guides 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, BA NG, DIP HE (NURSING), RN, RM, TF, GERONTIC CERT



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) and after a number of years of volunteer work in Africa, he moved to the United Kingdom and worked as the Coordinator of Children's Services and as a nurse practitioner. He completed a Master's of Health Science degree at Birmingham University. For a short time he worked in Central Australia for Remote Health Services, before returning to the United Kingdom 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 Charles Sturt University in New South Wales as an Associate Professor.

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, flexible and knowledgeable. They must have 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 must be highly skilled with the ability to problem solve and they must possess sophisticated critical thinking skills. Nurses must be lifelong learners and confident in the use of information and communication technology. They must be able to communicate effectively, with their clients, with each other and with other 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 third 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 the third edition continues to focus on the three core philosophies:

1. Person-centred care
2. Critical thinking and clinical reasoning
3. Cultural safety.

These three philosophies 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.

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We extend a sincere thank you to the talented team involved in the third 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.

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Tanya Park, Barbara Parker, Kerry Reid-Searl and
David Stanley

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 healthcare 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 person-centred care are ethical, open-minded, 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, Gilligan, Outram & Horton 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 that students 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 et al. 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, worldviews 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 (The 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 one's own culture may have on their professional practice.

LANGUAGE AND TERMINOLOGY

Patient, clients and people receiving health care

In developing this text we have used terminology that is familiar and applicable to most Australians. While person-centred care is most often used to reflect our philosophical stance, the terms 'patient' and 'client' are 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

In 2002, the North American Nursing Diagnosis Association (NANDA) was changed to NANDA-International (NANDA-I), in recognition of the broadening global scope of its membership. The NANDA-I taxonomy provides nurses with a shared language of diagnostic terminology and is particularly useful for the beginning nurse, and thus we have incorporated it into our text. We do acknowledge, however, that Australian nurses often adapt the NANDA-I terminology to meet their own context and specific client needs.

FEATURES



Chapter 19 Circulation 1521

Anatomy & Physiology Review

Questions

- What is the function of the heart?
- What is the function of the heart's electrical system?
- What is the function of the heart's valves?
- What is the function of the heart's coronary vessels?

Answers

- The heart pumps blood throughout the body.
- The heart's electrical system coordinates the heart's pumping action.
- The heart's valves prevent backflow of blood.
- The heart's coronary vessels supply the heart with oxygenated blood.

1500 Unit 19 Promoting Psychological Health

NURSING MANAGEMENT

ASSESSMENT

History

Physical examination

Psychological assessment

Diagnosis

Outcomes

Interventions

Evaluation

Chapter 29 Leading, Managing and Dealing 561

CASE STUDY

Chapter 29 Review

Chapter Highlights

Concept Check

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 followed by questions that encourage students to analyse, compare, contemplate, interpret and evaluate information.

1510 Unit 19 Assessing Health

CONCEPT MAP

Ineffective Airway Clearance

Causes

Signs and Symptoms

Assessment

Interventions

Evaluation

1512 Unit 19 Promoting Psychological Health

CONCEPT MAP

Ineffective Airway Clearance

Causes

Signs and Symptoms

Assessment

Interventions

Evaluation

Chapter 35 Fundamentals 613

DRUG CAPSULE

Pharmacokinetics

Pharmacodynamics

Pharmacotherapeutics

Pharmacovigilance

Pharmacoeconomics

Pharmacopolicy

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

808 Unit 7 / Nursing Health

Home Care Considerations

HOME CARE

Home care may be initiated by the advanced practice nurse (APN) or other qualified personnel. The APN or other qualified personnel may provide home care for the patient or family. Home care may be provided for the patient or family in the home or in a community setting. Home care may be provided for the patient or family in the home or in a community setting. Home care may be provided for the patient or family in the home or in a community setting.

PULSE ON HEART RATE

The pulse is a vital sign that is measured by counting the number of heartbeats per minute. The pulse rate is an important indicator of the patient's health. The pulse rate is measured by counting the number of heartbeats per minute. The pulse rate is measured by counting the number of heartbeats per minute.

IDENTIFYING NURSING DIAGNOSES, OUTCOMES AND INTERVENTIONS

EFFECTIVE PERIPHERAL TISSUE PERFUSION

Nursing diagnosis	Interventions	Expected outcomes
Impaired peripheral tissue perfusion	Monitor vital signs, including pulse rate, blood pressure, and temperature. Assess for signs of peripheral vascular disease, such as cool, pale, or numb extremities. Encourage the patient to walk regularly to improve circulation.	Improved peripheral tissue perfusion, as evidenced by warm, pink, and moist extremities.

845 Unit 7 / Nursing Health

LifeSpan Considerations

LifeSpan Considerations are the changes in the body that occur as a person ages. These changes affect the way the body functions and the way the body responds to stress. LifeSpan Considerations are the changes in the body that occur as a person ages. These changes affect the way the body functions and the way the body responds to stress.

LifeSpan Considerations

Older adults

- Changes in skin color and texture occur as a person ages. The skin becomes thinner and more fragile. The skin becomes thinner and more fragile. The skin becomes thinner and more fragile.
- Changes in hair color and texture occur as a person ages. The hair becomes grayer and thinner. The hair becomes grayer and thinner. The hair becomes grayer and thinner.
- Changes in the eyes and ears occur as a person ages. The eyes become more sensitive to light and the ears become less sensitive to sound. The eyes become more sensitive to light and the ears become less sensitive to sound.

Assessment Tools

Assessment tools are used to evaluate the patient's health. These tools include physical examination, laboratory tests, and imaging studies. Assessment tools are used to evaluate the patient's health. These tools include physical examination, laboratory tests, and imaging studies.

846 Unit 7 / Nursing Health

Practice Guidelines

Practice Guidelines are the standards of care that guide the practice of nursing. These guidelines are based on the best available evidence and are used to ensure the highest quality of care. Practice Guidelines are the standards of care that guide the practice of nursing. These guidelines are based on the best available evidence and are used to ensure the highest quality of care.

Practice Guidelines

Home Care Considerations

Home Care Considerations are the factors that affect the patient's ability to receive care at home. These factors include the patient's health, the patient's resources, and the patient's support system. Home Care Considerations are the factors that affect the patient's ability to receive care at home. These factors include the patient's health, the patient's resources, and the patient's support system.

Medication Reconciliation

Medication Reconciliation is the process of comparing the patient's current medications with the medications listed on the patient's medical record. This process helps to identify and resolve any discrepancies between the patient's actual medications and the medications listed on the medical record. Medication Reconciliation is the process of comparing the patient's current medications with the medications listed on the patient's medical record.

Home Care Considerations instruct students to consider adaptation for performing the skill in the home.

LifeSpan Considerations alert students to the needs of people of different ages.

Practice Guidelines provide instant summaries of clinical dos and don'ts.

809 Unit 7 / Nursing Health

LifeSpan Considerations

LifeSpan Considerations are the changes in the body that occur as a person ages. These changes affect the way the body functions and the way the body responds to stress. LifeSpan Considerations are the changes in the body that occur as a person ages. These changes affect the way the body functions and the way the body responds to stress.

Figure 80-13 Perfusion of blood pressure cuffs

847 Unit 7 / Nursing Health

Perfusion Phase

The perfusion phase is the phase of the nursing process in which the nurse assesses the patient's circulation. This phase involves checking the patient's pulse, blood pressure, and temperature. The perfusion phase is the phase of the nursing process in which the nurse assesses the patient's circulation.

Research Note

Research Note: A study conducted by Smith et al. (2010) found that the use of a blood pressure cuff with a wide cuff width resulted in more accurate blood pressure readings compared to a narrow cuff width. Research Note: A study conducted by Smith et al. (2010) found that the use of a blood pressure cuff with a wide cuff width resulted in more accurate blood pressure readings compared to a narrow cuff width.

848 Unit 7 / Nursing Health

Skill 84-10 Changing an Occupied Bed

IMPLEMENTATION

1. Explain the procedure to the patient and family.
2. Perform hand hygiene and don the appropriate PPE.
3. Place the patient in a supine position.
4. Roll the patient onto their side.
5. Remove the old linens and place them in the laundry.
6. Place the new linens on the bed.
7. Roll the patient back to their original position.
8. Perform hand hygiene and remove the PPE.

849 Unit 7 / Nursing Health

Research Note

Research Note: A study conducted by Jones et al. (2011) found that the use of a bed with a built-in mattress resulted in fewer pressure ulcers compared to a bed with a separate mattress. Research Note: A study conducted by Jones et al. (2011) found that the use of a bed with a built-in mattress resulted in fewer pressure ulcers compared to a bed with a separate mattress.

Real-World Practice provides students with a real-world perspective of practice.

Research Notes introduce students to the concept of evidence-based nursing practice by reviewing relevant nursing research and discussing the implications for nursing practice.

Step-by-Step Skills help students understand techniques and practice sequence. They include a complete equipment list and full-color photos and illustrations for critical steps.



Patient Education

Asking About the Urine Specimen

- Avoid alcohol, caffeine, and tobacco for the period recommended by the manufacturer and during the test. Usually specific foods and items are restricted for 3 days before the test and specific medications for 7 days before the test.
- Use a sterile pot to hold the specimen with your name, address, age and date of specimen. Usually three specimens are collected from consecutive and different voiding movements. Each specimen must be dated accurately.
- Avoid collecting specimens during your menstrual period and for 3 days afterward and while you have bleeding hemorrhoids or a blood in urine.
- Remove toilet bowl cleaners from the toilet bowl. Flush the toilet bowl before proceeding with the test.
- Avoid contaminating the specimen with urine or toilet tissue from your toilet before the test. To facilitate specimen collection, urinate the usual 10 to 15 minutes before the specimen is collected.
- Use the orange filter provided to transfer the specimen to the test factor or tube. Only a small amount of stool is required.

Urine Specimens

The nurse is responsible for collecting urine specimens for a number of tests. Clean voided specimens for routine urinalysis, midstream urine specimens for urine culture and other urine specimens for a variety of tests that depend on the person's specific health problem. Urine specimen collection may require education via teach-back method. If this is necessary, refer to Chapter 26, Skill 26.1.

Clean Voided Urine Specimen

A clean voided specimen is usually adequate for routine urinalysis. Many people are able to collect a clean voided specimen and provide the specimen independently with minimal assistance. Make patients aware of void directly into the specimen container and females usually sit or squat over the toilet, holding the container against their legs during voiding. Routine urine examination is usually done on the first voided specimen in the morning because it tends to have a higher, more uniform concentration and a more acidic pH than specimens later in the day.

At least 10 mL of urine is generally sufficient for a routine urinalysis. People who are unusually ill, physically incapacitated or disoriented may need to use a bedpan or urinal in bed, which may require assistance or assistance in the bathroom. Whatever the situation, clear and specific directions are required.

- The specimen must be free of fecal contamination, so urine must be kept separate from feces.
- Females who should avoid the toilet tissue in the toilet or urinal to avoid urine contamination. Urine in the toilet tissue makes laboratory analysis more difficult.
- Put the lid tightly on the container to prevent spillage of the urine and contamination of other objects.
- If the outside of the container has been contaminated by urine, clean it with a disinfectant.

Figure 26.1 • Disposable MSU equipment.
Source: © Jones & Bartlett.

Patient Education gives students a guide for what to do when educating patients.

APPENDIX EVIDENCE-BASED PRACTICE AND NMBA MAPPING

UNIT 1 The Nature of Nursing

1	Collaborative and Therapeutic Relationships	18. Collaborate with the interdisciplinary health care team to provide patient care (Nursing Core Competency 4)	Communicates with a range of people when providing patient care, an essential nursing skill (Nursing Core Competency 4)
1	Critical Thinking and Analysis	19. Participates in ongoing professional development of self and others	Participates in professional development activities, an essential nursing skill (Nursing Core Competency 4)
1	Prevention and Coordination of Care	1. Conducts a comprehensive and individualized nursing assessment	1. Conducts a comprehensive and individualized nursing assessment, a significant aspect of the interdisciplinary health care team
		2. Provides comprehensive, safe and effective evidence-based nursing care to diverse identified health-care group health outcomes	2. Provides comprehensive, safe and effective evidence-based nursing care to diverse identified health-care group health outcomes, a significant aspect of the interdisciplinary health care team
		3. Evaluates progress towards expected individual group health outcomes in collaboration with individuals/groups, significant and interdisciplinary health care team	3. Evaluates progress towards expected individual group health outcomes in collaboration with individuals/groups, significant and interdisciplinary health care team
2	Applied Thinking and Analysis	2. Participates in ongoing professional development of self and others	Attends professional development activities (Nursing Core Competency 4)
2	Professional Practice	3. Participates in ongoing professional development of self and others	Attends professional development activities (Nursing Core Competency 4)
2	Collaborative and Therapeutic Practice	10. Collaborates with the interdisciplinary health care team to provide patient care (Nursing Core Competency 4)	Collaborates with the interdisciplinary health care team to provide patient care, an essential nursing skill (Nursing Core Competency 4)
3	Professional Practice	2. Provides either a professional and ethical nursing assessment	Provides either a professional and ethical nursing assessment, a significant aspect of the interdisciplinary health care team
3	Collaborative and Therapeutic Practice	15. Collaborates with the interdisciplinary health care team to provide patient care (Nursing Core Competency 4)	Collaborates with the interdisciplinary health care team to provide patient care, an essential nursing skill (Nursing Core Competency 4)
3	Professional Practice	3. Provides either a professional and ethical nursing assessment	Provides either a professional and ethical nursing assessment, a significant aspect of the interdisciplinary health care team
3	Collaborative and Therapeutic Practice	10. Collaborates with the interdisciplinary health care team to provide patient care (Nursing Core Competency 4)	Collaborates with the interdisciplinary health care team to provide patient care, an essential nursing skill (Nursing Core Competency 4)
4	Professional Practice	2. Provides either a professional and ethical nursing assessment	Provides either a professional and ethical nursing assessment, a significant aspect of the interdisciplinary health care team

Appendix maps examples from the text to relevant National Competency Standards for the Registered Nurse, 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. Each chapter contains multiple-choice, short-answer and essay type questions featuring problems of varying complexity and structured by Learning Objective and mapped to 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.

POWERPOINT SLIDES Contain selected images, figures and tables from the book.



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Skill 30.6: Blood Pressure

Learning resources

To further reinforce understanding, Study Plan problems link to additional learning resources, such as relevant sections of the eText. Videos and Flashcards are also available for students.

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✦ 7.2 Identify various types of communities	Practice	Quiz Me	0 of 1 MP
✦ 7.3 Describe various community-based primary health initiatives	Practice	Quiz Me	0 of 1 MP
✦ 7.4 Explain essential aspects of collaborative health care	Practice	Quiz Me	0 of 1 MP
✦ 7.5 Describe the role of the nurse in providing continuity of care	Practice	Quiz Me	0 of 1 MP

Study plan

A personalised Study Plan is generated from each student's results on assignments or sample tests. The Study Plan indicates Learning Objectives where they need more practice, and helps them work towards mastery.



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