JUDITH M. WILKINSON LESLIE S. TREAS
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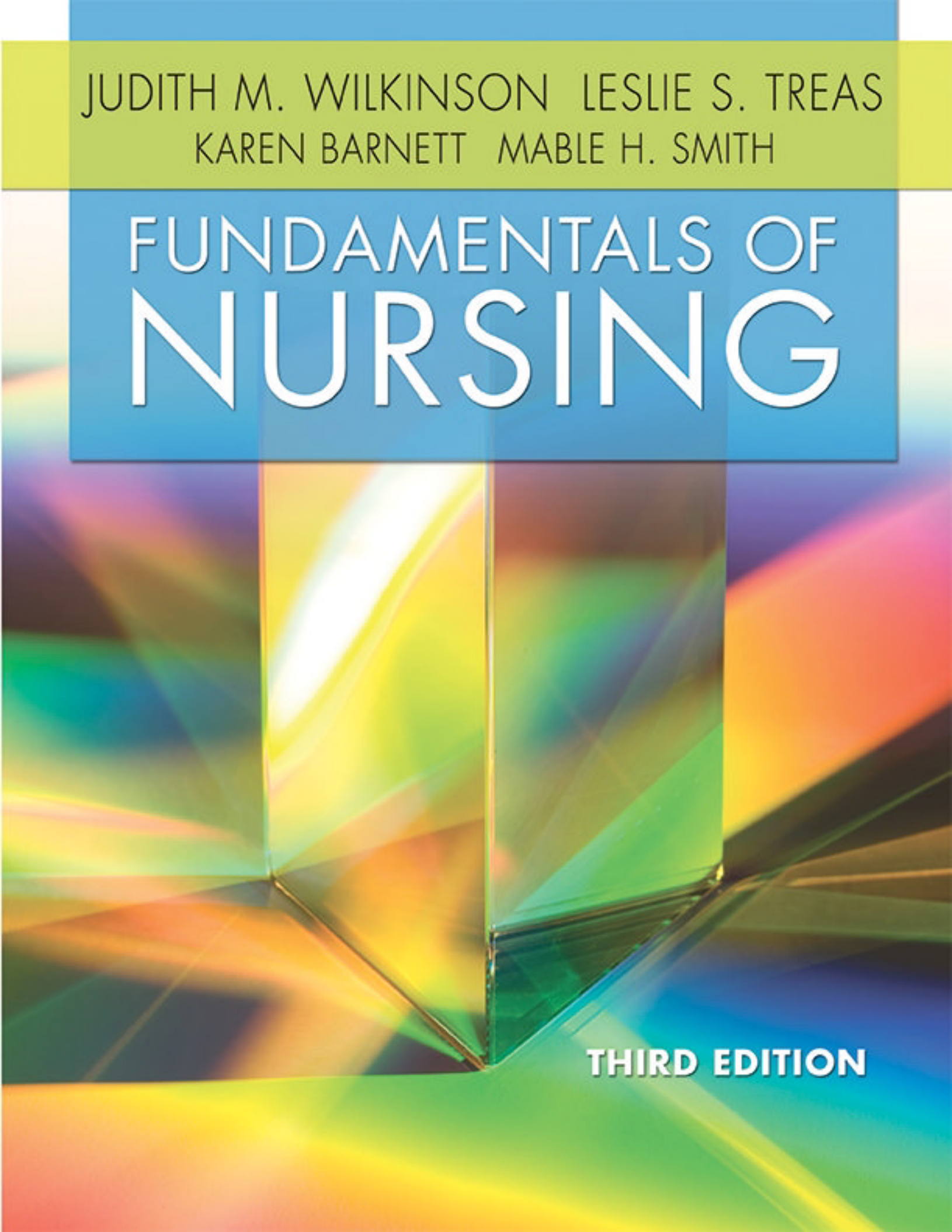
FUNDAMENTALS OF NURSING



THIRD EDITION

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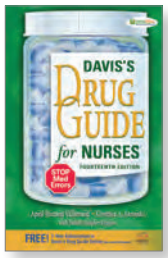

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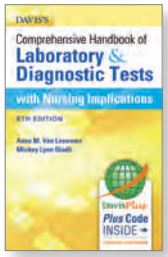

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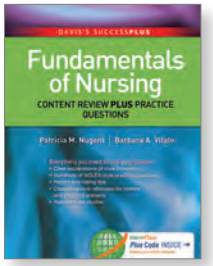

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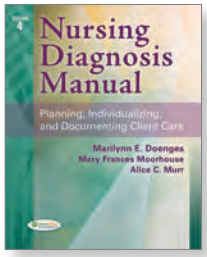

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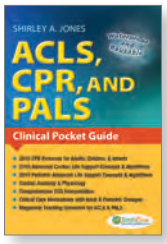

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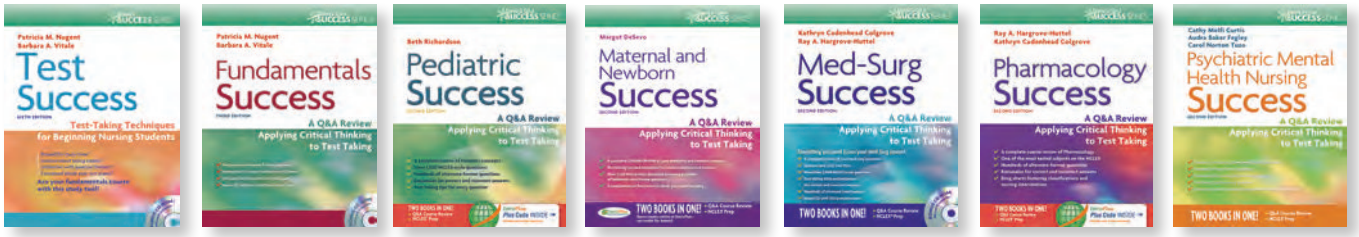

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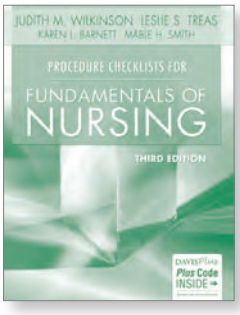

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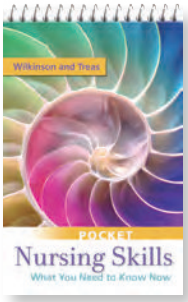

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THIRD EDITION

FUNDAMENTALS OF NURSING

VOLUME 1

THEORY, CONCEPTS, AND APPLICATIONS

Judith M. Wilkinson, PhD, CNS, APRN
Leslie S. Treas, PhD, RN, CPNP-PC, NNP-BC
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Judith M. Wilkinson, PhD, CNS, APRN, Author

Judith Wilkinson taught fundamentals of nursing for 22 years, and more recently, has taught graduate-level courses in theory, research, and health policy. She also developed, and taught for many years, an LPN-to-RN transition course. She has given numerous presentations and provided consultation and faculty development workshops for nursing and other schools—primarily in the areas of critical thinking and nursing ethics, but also in standardized nursing languages, teaching strategies, testing, evaluation, and curriculum.

She obtained her PhD in Nursing from the University of Kansas School of Nursing, and master's degrees in Nursing and Education from the University of Missouri–Kansas City. Her basic nursing degree was an ADN from Johnson County Community College, followed by a BSN from Graceland College. She was granted a National Endowment for the Humanities fellowship to study nursing ethics, and a Nurses' Educational Fund (Isabel Hampton Robb) scholarship for her nursing doctoral study. Her master's thesis was a seminal work in moral distress; her doctoral dissertation also studied nursing ethics.

Dr. Wilkinson's clinical background is broad, and includes emergency, critical care, med-surg (float), and obstetric nursing. While engaged in full-time teaching, she maintained certification in inpatient obstetric nursing; her advanced practice license is in nursing care of women.

She is co-author of another fundamentals textbook, Treas and Wilkinson, *Basic Nursing: Concepts, Skills, and Reasoning*. Her other publications include a nursing process text, a nursing diagnosis handbook (each going into multiple editions and international publication), a maternal-newborn care planning book (as a co-author), and journal articles on the topics of curriculum, critical thinking, and nursing ethics. Over the years, she has contributed chapters to several textbooks and authored many ancillary materials, including test banks, learning modules, and review modules.

Leslie S. Treas, PhD, RN, CPNP-PC, NNP-BC, Author

Dr. Leslie Treas, one of the founders and former vice-president, Research and Development of *Assessment Technologies Institute™, LLC* (ATI) demonstrated leadership and expertise forecasting and directing the design and development of ATI product testing and educational product line since the formation of the company. In this role, Dr. Treas planned and implemented norming, test validation, and standard-setting studies to support data-driven product development, constructing tests with sound psychometric properties. Under her management, she produced a series of NCLEX-review books and nursing skills DVD set. She has conducted clinical and educational research, publishing in peer-reviewed journals of health and education.

Dr. Treas was involved in the start-up of a continuing education company for nurses, physicians, and allied health professionals, serving as Director of Education and Accreditation, *AcaMedic Institute™, LLC*.

Dr. Treas earned a BSN from Pennsylvania State University and an MSN degree with emphasis in maternal-child health at the University of Kansas. She obtained a PhD from the University of Kansas in the Educational Psychology and Research Department with dual areas of study of testing and measurement and nursing education. Her primary area of clinical expertise is the care of sick newborns in the NICU and labor and delivery settings in the clinical role of a neonatal nurse practitioner for 13 years. Dr. Treas obtained dual pediatric and neonatal nurse practitioner certifications at the Cleveland Metropolitan General Hospital, affiliate of Case Western University.

Her journal and textbook publications have featured various clinical topics ranging from fundamentals of nursing to care of neonatal patients. Other publications are education-based areas related to nursing licensure preparation and prediction, critical thinking,

and others. She has also written articles geared to new graduate readers, addressing contemporary issues involving role change, employment, and communication.

Dr. Treas has presented for annual conferences for Sigma Theta Tau, National Association of Associate Degree Nurses, National Association of Neonatal Nurses, American Association of Colleges of Nursing, National Conference on Professional Nursing Education and Development, Association for the Advancement of Educational Research, to name a few.

She has test-writing expertise as a former item writer for the National Certification Examination for Pediatric Nurse Practitioners and Nurses, and also the National Certification Corporation for Neonatal Nurse Practitioner Exam.

Karen L. Barnett, DNP, RN, Co-author

Karen Barnett has been a nurse for more than 25 years and has held various positions in nursing, including patient care, administration, and education. Most recently, Dr. Barnett serves as Dean of Nursing for St. Vincent's College in Bridgeport, Connecticut, where she oversees more than 800 pre-nursing and nursing students in AD and RN to BSN programs. Prior to that, she taught medical-surgical nursing, professional nursing theory, and clinical education to undergraduate students and has taught advanced pathophysiology to graduate nursing students. Dr. Barnett's clinical background includes critical care, medical-surgical, and cardiac-telemetry nursing. While engaged in full-time teaching, she continues to maintain clinical competence in her role as nursing supervisor at an acute care community hospital.

Dr. Barnett earned a BSN from Southern Connecticut State University and an MSN degree with a focus in nursing administration from Sacred Heart University. She earned a DNP from the Francis Payne Bolton School of Nursing at Case Western Reserve University in 2010 with a focus in nursing education. Dr. Barnett is a member of the American Nurses Association, Connecticut Nurse Association, the National League for Nursing, and Sigma Theta Tau International Nursing Honor Society. She was honored with a Nightingale Award for Excellence in Nursing in 2013. Research interests include student learning outcomes, simulation as a learning tool, and critical thinking/clinical judgment. Dr. Barnett has contributed to chapters in several textbooks and authored other ancillary material including test banks and concept maps.

Mable H. Smith, BSN, MN, JD, PhD, Co-author

Dr. Mable Smith is the founding Dean of Nursing of the Colleges of Nursing at Roseman University of Health Sciences (formerly the University of Southern Nevada), Nevada and Utah. She has extensive experience in nursing education and has taught at all academic levels, including undergraduate courses in professional nursing, leadership and management, role transition, legal and ethical aspects of practice, and adult health nursing. Dr. Smith has published and presented in numerous arenas on legal and ethical issues in nursing education and in nursing/healthcare. Her publications have appeared in leading referred journals, and she authored the book *The Legal, Ethical and Professional Dimensions of Nursing Education,* currently in its second edition.

Dr. Smith earned a BSN from Florida State University (FSU) and an MN from Emory University, with an emphasis in education. She obtained a PhD in Higher Education Administration and JD from FSU. Dr. Smith has served on the faculties of Florida A&M

University, Old Dominion University, and the University of Southern Mississippi. Her primary area of clinical expertise is adult health nursing. Dr. Smith is a member of the American Nurses Association, Nevada Nurse Association, National League for Nursing, and the American Association of Nurse Attorneys. She was honored by the National Association of Women Business Owners as a *Woman of Distinction* for her contributions to the education field in southern Nevada and was named a Healthcare Headliner by *In Business Las Vegas*, one of southern Nevada's premier business publications. She is also a Robert Wood Johnson Executive Nurse Fellow alumna.

We dedicate this book to:

The people at F. A. Davis Company, who have supported us for many years and in many ways. To point out a few: the sales team, the marketing team, and especially the editorial team, with whom we have the closest relationships. They have allowed—even encouraged—us to think outside the box and to explore new paths without knowing for certain where they would lead.

My husband, Franklin Hiam, who relieves me of many (most) activities of daily living, and who I am sure expected me to have more free time during our "golden years."

My sons, Todd, Bryan, and Chris—for being kind, responsible men, who each in his own way makes the world a little better. They internalized my message that it's okay to march to the beat of a different drummer. They do that, and they accept people who step to a different beat from theirs.

My father, who when I was a small (literally) child, called me "Dynamite" when everyone else was calling me "JudyBug"; and said over and over, "You can do anything you think you're big enough to do." Almost, Daddy; almost.

—Judith M. Wilkinson

No work, however seemingly solitary, is ever produced in isolation. I'd like to heartily express my deep gratitude to the many people in my life who made it possible for me to pursue this textbook and arduously see it through to completion. Foremost to my loving husband, Randy, and our children, Megan, Bridget, and Jack, who have supported me with unwavering support in this journey from nurse practitioner to nurse entrepreneur to scholar and writer. Randy tirelessly carried the load and picked up the pieces all along the way. To my mother, who always urged me to tackle extraordinary tasks with persistence and diligence. She once said, "How do you eat an elephant? . . . One bite at a time." This book certainly was just that—one small bite after another, one step at a time, followed by a leap of faith that this important work could be, and would be done. My mother-in-law, Sandy Treas, has been an encourager and supporter, not only providing many meals for my family during these demanding times but her kindred spirit as a strong woman who has kept her eyes on the horizon, not succumbing to the challenges that pressed upon her.

To Diana Rieser, Nurse Manager of the NICU at Saint Luke's, Kansas City, who walked the walk of what it means to be a thinking, doing, and caring nurse to sick newborns and their families. She mentored "new nurses" with wisdom and care and taught them what it means to be the hands of compassion and competence. To Dr. John Callenbach, neonatologist, who was "all in" no matter what it took, day or night in addressing the needs of critically ill and convalescing infants; and who respected and relied on the nurses as the eyes and ears and the heart of quality care.

But mostly to my dear friend and respected colleague, Judith Wilkinson, who from the creation of this work has never once settled for good enough. Intent on perfection, committed to excellence, Judith's tenacity and wisdom raise the bar for teaching and learning. From the very design of this work, Judith passionately strives to draw students into the experience of learning throughout their journey from student to nurse. "Tell me and I forget, teach me and I may remember, involve me and I learn." — Benjamin Franklin

—Leslie S. Treas

Preface

We chose our book title carefully. We have used the words *theory, concepts, application, thinking, doing,* and *caring* because we believe that excellent nursing requires an equal mix of knowledge, thought, action, and caring. It is knowledge and its application—not just the tasks nurses do—that delineate the various levels of nursing. Even so, skillful performance of tasks is essential to full attainment of the nursing role.

We chose the word *fundamentals* because this text, and its concomitant course, is truly that: the foundation for all that follows. This basic content teaches essential functions that nurses will use throughout their careers, and in that sense, we believe it is of central importance. It is—or should be—the most important course students take. We want them to say, "Everything I need to know, I learned in fundamentals—all I needed to know about how to think, what to do, and how to be" (at least at a basic level). You will see those themes integrated throughout each chapter.

The thoroughly revised and updated third edition, kept fresh by the acquisition of two new co-authors, preserves the same open, user-friendly, easy-to-read style that students have been telling us they love.

ORGANIZATION

We have organized the learning package into two volumes to make it easier for on-the-go students to have at hand the material they need in either the classroom or the clinical setting. The content of Volumes 1 and 2 is comprehensive. Our chapters are self-contained and rich in cross-references so that teachers and students can use them in any order that fits their needs. The cross-references assist them to see the relationships between Volumes 1 and 2 and among the chapters, as well as to navigate easily between the two volumes.

Content within each chapter is generally organized into two major sections: Theoretical Knowledge (Knowing Why) and Practical Knowledge (Knowing How). There is some overlap in these concepts because the two types of knowledge are interdependent. We have made this general distinction because many nursing programs begin with content learned in supporting prerequisite classes and then layer on additional Theoretical Knowledge to explain the rationale for nursing actions and activities (Practical Knowledge). The distinction also affords more flexibility in teaching fundamentals. For example, it is useful to teachers who believe students are more motivated when they present first the concrete (Practical Knowledge), and then the abstract (Theoretical Knowledge); it is equally useful for those who teach from the theoretical to the practical.

Enrichment (Supplemental Material)—We have tried to write a text that meets the needs of most students and instructors and that can be used as a reference throughout the student's career—one that is comprehensive but not overwhelming. To minimize weight and bulk, and to keep the content manageable for students, we have put some enrichment material in the Electronic Study Guide on Davis*Plus* for students who need it or who wish to pursue a subject in more depth. It is all clearly cross-referenced. Instructors who believe that content to be essential can make it a reading requirement.

PEDAGOGICAL FEATURES

The book has numerous pedagogical features to facilitate student learning.

New for Third Edition

NEW!! Key Concepts and Example Problems—In the chapter opener, we have listed the key concepts. An explanation of their use (About the Key Concepts) is found at the beginning of the Theoretical Knowledge section. A Concept Map on Davis*Plus* illustrates the relationships among the key concepts and subconcepts in each chapter. Example Problem sections (e.g., Urinary Retention in Chapter 30) help students begin to think conceptually about patient care instead of trying to organize their thinking according to medical diagnoses.

NEW!! End-of-chapter box—This is another navigation tool: a list of features to remind students and help them use Davis*Plus* to their advantage. In Volume 2, the box is in the chapter opener.

NEW!! More Key Points—We know students skim the content, so we have made visible many points we want to be certain they see and remember.

Reorganized chapters—To better address the needs of many educators, we have reorganized some chapters for this edition:

- ***Life Span: Infancy Through Middle Adulthood***—To replace the summarized content contained in the second edition, we have moved and rewritten the expanded content into Chapter 9 in the book. Each stage is discussed in depth, but now more easily accessible in the book, at the request of users.

- ***Life Span: Older Adults***—Because of the recent emphasis in nursing care of the growing older adult population, we now have a separate chapter on older adults (Chapter 10). The content has been expanded in this edition.
- ***Oxygenation***—To allow students to focus better on one concept, we have divided the old Oxygenation chapter. The complex oxygenation content is now presented in Chapter 36, separate from the circulation content.
- ***Circulation***—For the same reasons, the circulation content is now presented separately, and expanded, in Chapter 37.
- ***Community & Home Health***—Because these two concepts are so interrelated, we now combine the content from the two second edition chapters (Community Nursing and Nursing in Home Care), presenting them in Chapter 43. We have not decreased the coverage of either topic – simply trimmed down redundant coverage.

Features Continued from Previous Editions

- ***Learning Outcomes (Volume 1) and What Are the Main Points in This Chapter? (Volume 2)***—These focus the student's study and provide repetition to facilitate retention of material. In addition, a cross-reference is provided to a Chapter Overview podcast on the Davis*Plus* Web site.
- ***Interactive Approach***—The text is written in an engaging style that speaks directly to the student. Recall and critical-thinking questions occur frequently in Volume 1 to break the reading up into small, manageable segments and maintain interest.
  - ***Knowledge Checks***—These questions allow students to test their recall of the material presented in the text. Answer sheets and answers are provided on the Electronic Study Guide (ESG).
  - ***Think Like a Nurse Exercises***—Thought-provoking questions in both volumes facilitate critical thinking and clinical reasoning and allow the student to synthesize content and explore personal beliefs. Response sheets are provided on the Electronic Study Guide; suggested responses are found on the Instructors' Guide on Davis*Plus*.
- ***Meet Your Patient***—This chapter-opening feature in Volume 1 introduces one or more patients. The scenario is used throughout the chapter to illustrate theoretical points and make the content come alive. These patients are often followed in the clinical reasoning activities in Volume 2. This facilitates contextualizing information rather than learning facts in isolation.
- ***Safety Features***—To emphasize and help students remember important aspects of safe care, we have specially marked the most important points about safety to make them visible and memorable. They are color-shaded, with an icon to draw attention to them. We do, of course, have an entire chapter on promoting safety.
- ***Knowledge Maps***—In Volume 2 every chapter now has a Knowledge Map of the Volume 1 theoretical content. This serves as a content review and helps students learn visually how chapter concepts relate.
- ***Care Plans***—Seventeen care plans integrating NANDA-I, NIC, and NOC are found in Volume 1 and on Davis*Plus*. They are based on case studies that allow students to see the nursing process in action. Evidence-based rationales support interventions.
- ***Care Maps***—For each care plan, a Care Map allows visual learners to grasp the connection between the phases of the nursing process and illustrates an alternative method of care planning.
- ***Care Planning and Care Mapping Exercises***—Several Volume 1 chapters link students to the Student Resources on the Davis*Plus* Web site for practice in constructing care plans, both in columnar format and as concept maps, using the Concept Map Generator on the Web site.
- ***Practice Documentation***—Several Volume 2 chapters link students to Practice Documentation exercises on Davis*Plus*.
- ***Highlights of Procedures Boxes***—This Volume 1 box contains the highlights of all chapter procedures presented in Volume 2. These boxes serve as a reference when studying the Practical Knowledge content in Volume 1, or as a quick review just before performing a procedure in the clinical area.
- ***Caring for the Nguyens***—This is an ongoing case study that begins every chapter of Volume 2. It allows students to become familiar with a single family and to experience vicariously the continuity of care they may encounter in outpatient settings. As with all exercises in the two volumes, response sheets are provided on the Davis*Plus* Web site.
- ***Applying the Full-Spectrum Nursing Model***—In Volume 2, these clinically based exercises guide students to safely apply their thinking skills to chapter content. At the same time, they reinforce the full-spectrum model concepts of thinking, doing, and caring introduced in Volume 1.
- ***Critical Thinking and Clinical Reasoning***—This set of clinically based exercises (in Volume 2) guides students to safely practice critical thinking in preparation for doing so in the clinical area. Frequently, these clinical exercises make use of material related to the Meet Your Patient scenario in Volume 1.
- ***Thinking About the Procedure***—Procedures in Volume 2 include a cross reference to Davis*Plus* for exercises that require students to watch the associated Davis's Nursing Skills Videos to answer the questions. Answers are provided on Davis*Plus*.
- ***What If . . .***—Volume 2 procedures include a section to aid students in knowing what to do in special situations that require decisions during a procedure. For

example, what if you perform a fingerstick to monitor blood glucose, and the monitor shows a very unusual result or an error message? What should you do? We provide the answer. What If's are placed after the procedure steps so they will not distract from the steps while the student learns the procedure.

- ***Diagnostic Testing Boxes***—These are found in Volume 2, and on Davis*Plus* in applicable chapters. We believe it is more meaningful to place the diagnostic test information near the related content rather than in an isolated chapter containing all the diagnostic testing content. If students need a more comprehensive reference, we recommend a diagnostic testing book.

THEMES

At least 20 themes are important in professional nursing. Our book weaves these almost seamlessly through the content of both volumes of the book. The following themes that are stressed throughout—some of them in every chapter:

- ***Safety.*** Safety is a central focus in nursing and healthcare. To emphasize and help students remember important aspects of safe care, we have key safety points marked for high visibility. We also have an entire chapter on Promoting Safety.
- **New for Third Edition.** ***PICOT Boxes.*** We have added this feature to most chapters to facilitate the skill of inquiry, especially as it relates to evidence-based practice.
- **New for Third Edition.** ***More QSEN Boxes.*** To promote competency-focused learning, we have introduced the Quality and Safety Education for Nurses (QSEN) competencies in the early chapters of Volume 1, and reinforced them where relevant throughout the text. To remind students that these competencies have practical implications, approximately 30 of the chapters have a QSEN box, providing an example of how a particular competency is related to a chapter concept and expressed in practice.
- **New for Third Edition.** ***Gerontology.*** To allow for an in-depth discussion of aging and gerontology, provided by an expert on this topic, Chapter 10 is entirely devoted to the older adult developmental stage. Assessments and interventions specifically for the young-old, middle-old, oldest-old, and frail elderly are provided. We have also included interventions specific to older adults in clinical chapters where they apply (e.g., assessing for pain, in Chapter 31; variations for older adults in the health assessment procedures in Chapter 22). Content specific to older adults is marked with a distinctive icon, and the beginning and end of the section are indicated by a colored bar. You will also find that many features and exercises use an older adult as the patient.
- **New for Third Edition.** ***Developmental Stages.*** The Theoretical Knowledge in most chapters devotes a section to discussing the effects of life span on the chapter topic. In Volume 2, procedures include variations for children and older adults. The thorough discussion of life span considerations for all age groups, formerly on Davis*Plus*, has been moved to Chapters 9 and 10 by request of users.
- ***Critical Thinking.*** We emphasize critical thinking and clinical reasoning in various ways. The following are two examples.
  - In addition to the critical-thinking questions and exercises in Volumes 1 and 2, concepts in Volume 1 are often presented in an inductive manner, or pose a question to the student (e.g., "What would happen if . . . ?").
  - **The full-spectrum model of nursing** (presented in Chapter 2) is a comprehensive approach to care that uses critical thinking in all aspects of care. It is not rigidly used to structure the chapters. Instead, the full-spectrum model is reinforced in every chapter of Volume 2 with a set of exercises (Applying the Full-Spectrum Nursing Model) that require students to use the model concepts of thinking, doing, and caring to structure their thinking. Because students cannot focus on everything at once, different model parts are stressed at different times. Sometimes they ask, "What theoretical knowledge do you need to . . . ?" In other instances they might ask, "What biases do you have that might interfere with . . . ?"
- ***Toward Evidence-Based Practice Boxes.*** In every chapter, we describe research related to the chapter topic and pose critical-thinking questions for students to examine these findings. The concept of evidence-based practice is introduced in Chapter 6 (Nursing Process: Planning Interventions), further explained in Chapter 8 (Evidence-Based Practice: Nursing Theory & Research), and mentioned frequently in other chapters as well.
- ***Nursing Process.*** Nursing process is a common framework for nursing thinking. Chapter 2 relates nursing process and critical thinking. Chapters 3 through 7 are a comprehensive presentation of the nursing process, which is presented as reflexive rather than linear. The Practical Knowledge sections of Volume 1 are organized according to the nursing process phases; the procedures in Volume 2 have assessment and evaluation components. In addition, many of the questions and exercises provide opportunity for students to apply the nursing process.
- ***Standardized Languages: NANDA-I, NIC, and NOC.*** Because these are important for electronic health records, the book includes a thorough discussion of these taxonomies in the nursing process and other chapters. NOC outcomes and NIC interventions are included in every chapter of Volume 1; many are presented in tables in Volume 2 or on Davis*Plus*. The Omaha System and the Clinical Care Classification are also used in the community and home health chapters.

- ***Caring.*** Caring is integrated throughout many chapters and is a part of the Volume 2 book title. Chapter 1 provides historical examples of nursing as a caring profession. Chapter 8 describes the important caring theories. Watson's theory is used throughout the chapter to illustrate how theory is applied in nursing. As well, the Applying the Full-Spectrum Nursing Model exercises in Volume 2 all have questions involving caring (one of the model concepts).
- ***Wellness.*** Many examples and scenarios in this text refer to people who are not ill. Chapter 11 emphasizes health; Chapter 42 talks about the nurse's role in health promotion.
- ***Culture.*** Cultural diversity is highlighted throughout the text in clinical scenarios, illustrations, and theoretical discussion. Chapter 15 focuses on culturally sensitive nursing care. The *Caring for the Nguyens,* an ongoing case study throughout Volume 2, features an extended family; ethnic variations are described in procedures, as applicable.
- ***Spirituality.*** Chapter 16 is probably the most extensive presentation of spiritual care available in a fundamentals text. Spirituality is integrated within various chapters in scenarios, examples, and exercises.
- ***Documentation.*** All chapters include reference to documentation, where relevant. The procedures in Volume 2 all have guidelines for and examples of how to document the procedure. In addition, we have included some Practice Documentation exercises on Davis*Plus*. Chapter 18 contains a thorough presentation of documentation and reporting.
- ***Delegation***. Delegation is introduced early, in the nursing process chapters, and is a thread in most Volume 1 chapters. Chapter 40, Leading & Managing, also discusses delegation. In Volume 2, all procedures have guidelines for delegating.
- ***ANA Standards***. Nursing and other healthcare standards (e.g., The Joint Commission, Medicare) are frequently referenced. Links to pertinent Web sites are given so students can keep up with changes to standards.
- ***Ethics.*** In addition to the extensive treatment in Chapter 44, ethical knowledge is an aspect of our full-spectrum model. As such, many of the critical-thinking exercises ask students to grapple with ethical issues. Good examples are found in Chapter 6, Volume 2, and in the Applying the Full-Spectrum Nursing Model in every chapter.
- ***Legal Issues.*** Chapter 45 is devoted to legal issues that nurses face in their practice. Legal issues are integrated in many other chapters as well (e.g., licensing in Chapter 1; end-of-life legal considerations in Chapter 16).
- ***Community and Home Healthcare.*** Chapter 43 is devoted exclusively to these topics. In other chapters, clinical scenarios and examples involve nurses in these settings. Procedures in Volume 2 have sections for adapting skills to home care; Volume 1 has special feature boxes:
- ***Home Care Boxes***—These provide guidelines for safely modifying care for delivery in the home.
- ***Teaching: Self-Care Boxes***—Self-Care boxes appear throughout Volume 1. They are similar to the traditional "teaching boxes," but focus on equipping patients to perform self-care.
- ***Complementary Therapies.*** The book conceptualizes nursing as holistic. Chapter 46 (on Davis*Plus*) is devoted exclusively to complementary and alternative therapies. Several chapters in Volume 1 (e.g., Chapter 15, Culture & Ethnicity) contain material related to this topic. For example, you will find Complementary & Alternative Modalities (CAM) boxes in several chapters. Some describe a complementary therapy related to the chapter topic. Others present research concerning a particular complementary therapy (e.g., intercessory prayer in Chapter 16).
- ***Contemporary Issues.*** In Chapter 23, we include extensive information about bioterrorism, multidrug-resistant organisms, and emerging infectious diseases, and healthcare-related infections. Those topics are also included in Chapter 43 as relevant to Community Nursing. The safety chapter includes ways to assess for and cope with violence in the healthcare setting.
- ***Nursing Informatics.*** Chapter 41 is an excellent introduction to nursing informatics. Standardized languages and electronic care planning and documentation are interspersed throughout the book (for example, in the nursing process and medications chapters), and especially in standardized language tables in Volume 2 and on Davis*Plus*. We also emphasize electronic documentation in Chapter 18 and in our illustrations for documenting some procedures in Volume 2. We further encourage use of technology by providing students with links to material on Davis*Plus* and other Web sites related to the chapter topic.

THE TEXT AS A RESPONSE TO CHANGE

This book was developed to address the needs of today's nursing students and in response to the following changes in nursing education and practice.

Changes in Students

- **Nontraditional Students.** Students range from younger students just out of high school to older, second-career students. Many have work or family responsibilities that compete with school for attention. To address this change, we have followed two principles of adult learning: that learning must be relevant, efficient, and meaningful to the person. *Efficiency:* Volume 1 is intended for classroom use, while Volume 2 is for clinical use.

- *Technology:* The Electronic Study Guide on Davis*Plus* delivers enhancements to the printed text, developed with the knowledge that highly motivated students will welcome the chance to use technologies to maximize their learning.
- *Meaningfulness/Relevance:* To make the content more meaningful, each chapter opens with a patient scenario or story of a practicing nurse. This story is woven throughout the chapter to provide context for factual information and to show how concepts are applied and how nurses think.
- *Practical Application:* We stress practical application throughout the text because adults want to apply knowledge in real-life circumstances. The Nguyen family case, in all chapters of Volume 2, is a prime example of this.

- **Variety in Learning Styles.** Students learn in different ways. To address this, we have used more than 1,400 photos and many diagrams and concept maps to assist visual learners. Podcasts, animations, and sound files of body sounds and other clinical assessment findings are included on Davis*Plus* for auditory learners. To teach psychomotor skills, we have, in addition to step-by-step procedures, included skills videos and checklists that students can print out for practicing procedures or for teachers to use in evaluations.
- **Reading Comprehension.** Whether because of changes in admission requirements, or because English is a second language, or for other reasons, some schools are finding students' reading abilities to be lower than in the past. We addressed this change by writing in an informal style, addressing the student directly ("you will . . ."). We have not made the content more superficial, but have made reading about it more inviting and user-friendly. We define new terms at their first use in each chapter, and include a glossary on Davis*Plus* for additional unfamiliar terms.
- **The Technology Generation.** The newer generations of students are accustomed to using technology and multitasking. To hold their attention, in addition to our easy-to-read style, we present information in an interactive manner, and in relatively short segments interspersed with review questions and critical-thinking questions. For this same reason, the text frequently directs students to find related information on Davis*Plus* and on the Internet, often in the form of podcasts or sound files. eBooks offer the convenience of accessing the book from wherever the student has Internet access without having to lug around heavy books.

Changes in Curricula

- **Teachers say they do not have enough time to "cover the content."** One way to address this problem is not to re-teach material students have had in other classes. We provide, for example, just enough anatomy and physiology in each chapter to aid students who need to review A&P, or who are taking A&P concurrently with nursing courses. You should not need to "cover" it in class.
- **Understanding and retention continue to be a problem.** To aid in retention, we have interspersed knowledge checks and critical-thinking questions throughout Volume 1 to allow students to check their recall and understanding of the content as they progress through the chapters. Recognizing that repetition aids retention, we provide Learning Outcomes at the beginning of each chapter in Volume 1. In addition, chapters in Volume 2 include a list titled *What Are the Main Points in This Chapter?* and a full-page Knowledge Map of the chapter content. To accompany each chapter, there is also a podcast on the Davis*Plus* Web site that overviews chapter content. And finally, the Student Resources contain an Audio Glossary.
- **Some curricula have de-emphasized mental health.** Mental health may be taught in other (e.g., medical-surgical) clinical areas, with no separate mental health course in the curriculum. In response to pleas from educators, we include expanded mental health content and tools for psychosocial assessment. In addition to the usual concepts of self-concept and self-esteem, Chapter 13 includes basic assessments and interventions for the Example Problems of anxiety and depression, which students will encounter commonly in all areas, not just on mental health units. In Chapter 21, the communication chapter, we have excellent content on the nurse-patient relationship and communication techniques that mental health teachers find so essential. Chapter 12, Stress & Adaptation, includes information about defense mechanisms.
- **The curriculum does not include separate pharmacology, nutrition, ethics, or nursing process courses.** Because all nurses need grounding in these topics, we have provided extensive coverage of these topics, both in Volume 1 and on Davis*Plus*. The medications chapter provides in-depth pharmacology information. Chapter 27, Nutrition, provides a foundational understanding of patients' nutritional needs. Chapter 44 is a comprehensive look at nursing ethics. We have, arguably, the most useful and thorough presentation of nursing process available in a fundamentals text. These chapters, as well as most others, will be a valuable reference for students when they take other clinical nursing courses.

Changes in Nursing and Healthcare

- **The nursing role is increasingly complex, requiring management, decision-making, delegation, and supervision skills early in the career.** To address this change, we have included a comprehensive discussion of leadership and management in Chapter 38. The critical-thinking exercises, especially in Volume 2, and the Nguyens feature help students to develop clinical decision-making skills. Delegation is presented early, in the nursing process chapters, and

stressed in the rest of the chapters in Volume 1, as applicable. Each clinical procedure in Volume 2 contains a Delegation section.

- **Healthcare has moved increasingly from the hospital to the home and community.**
  To address this change we have included a provocative discussion about the evolving healthcare system in Chapter 1. In addition, Chapter 43 discusses Community and Home Care. Those concepts are also integrated throughout Volume 1 (e.g., *Healthy People 2020* goals are cited where they are relevant to content); and the procedures in Volume 2 include home-care adaptations, as well as patient-teaching points that enable patients and caregivers to assume more responsibility for care.
- **Nurses need to be critical thinkers and life-long learners.**
  To address this change, we have organized the text around a model of Full-Spectrum Nursing, a comprehensive approach to care that uses critical thinking in all aspects of care. The model is reinforced in each chapter of Volume 2 in the feature Applying the Full-Spectrum Nursing Model. Critical thinking is integrated throughout both volumes of the text, both in discussion and in critical-thinking exercises. Discussion of this model follows.

THE FULL-SPECTRUM MODEL OF NURSING

We believe that nursing knowledge is a fusion of theoretical knowledge, practical knowledge, self-knowledge, and ethical knowledge. To function at the highest level, nurses use critical thinking and the nursing process to blend thinking and doing to put caring into action. We refer to this blend as *Full-Spectrum Nursing*. We have organized our learning package to reflect this philosophy. This model is presented in Chapter 2 and referred to and used throughout the text.

THE LEARNING PACKAGE

This is a well-integrated and cross-referenced package containing a two-volume text; an Electronic Study Guide on Davis*Plus* (Chapter Resources); and instructors' materials provided on Davis*Plus*. Although any item can be used either in classroom or clinical settings, Volume 1 will usually be used in the classroom setting, whereas Volume 2 will usually be used in the clinical setting or learning laboratory. You can also purchase a set of skills videos, a book of procedure checklists, and a *Fundamentals Skills Notes* pocket guide.

Volume 1

Volume 1 contains all the theoretical and conceptual material typically present in a fundamentals text, presented in a clinically focused, user-friendly manner, and incorporating many examples. This presentation allows students to see how the content will be useful to them. In Chapters 8 through 46, the nursing process is used as the model to organize the Practical Knowledge section.

Unit 1—focuses on how nurses think. It begins by showing how nursing history relates to our present healthcare system. Chapter 2 focuses on critical thinking, and Chapters 3 through 7 provide an extensive treatment of the nursing process. This unit prepares students to follow the organization of subsequent chapters and provides the thinking tools and processes they need to apply the content of the other chapters. Chapter 8 contains an overview of the processes of theory building, nursing research, and evidence-based practice as they relate to the nurse in practice.

Unit 2—is about the internal and external factors that affect an individual's health (e.g., family, culture, spirituality, and life stage). Internal factors are personal beliefs or attributes that influence how the client views health, healthcare, and nursing. A groundbreaking feature is Chapter 11, which describes the health-illness-wellness continuum in an experiential way, encouraging self-knowledge, personal growth, and affective learning of that content.

Unit 3—examines essential nursing interventions. We consider these skills "essential" because nurses use some or all of these skills in *all* areas of nursing, regardless of setting or patient diagnosis. The unit begins with documentation and includes communication, teaching, taking vital signs, physical assessment, asepsis, safety, hygiene, and medication administration.

Unit 4—concentrates on nursing care that supports physiological function. We examine broad categories of physiological function (e.g., nutrition, elimination, oxygenation) and discuss related nursing care.

Unit 5—explores diverse nursing functions. For example, we look at leadership and management, the use of technology and informatics, and health-promotion activities. Chapter 41 is a more thorough introduction to informatics than you will usually find in a fundamentals text.

Unit 6—looks at the context for nurses' work. This includes chapters on community and home care, as well as the ethical and legal contexts for nursing work. And we are especially proud of Chapter 46 (on the Davis*Plus* Web site), which provides a deeper treatment of holistic healing than you will typically find. We believe that a fundamentals book, overall, provides all concepts needed for a holistic view of the patient—just scan our chapter titles to see what we mean by that. We went one step further with Chapter 46.

Volume 2

Volume 2 is designed primarily, but not exclusively, for use in the skills lab and clinical setting. As does Volume 1, it includes thinking, doing, and caring. The critical-thinking exercises require students to use their

thinking skills and the nursing process to apply theoretical knowledge to specific patient situations. The clinical procedures, assessment tools, clinical forms, diagnostic testing information, and standardized language tables make up the practical knowledge sections. Throughout Volume 2, students have access to a simulated experience known as *Caring for the Nguyens*, an ongoing case study through which they learn about the nursing role, the healthcare system, and the real-world application of the content in Volume 1.

Student Resources on DavisPlus

Sometimes referred to as an Electronic Study Guide (or ESG), the Student Resources on the Davis*Plus* Web site at **DavisPl.us/Wilkinson3** contains expanded discussions of some of the Volume 1 material, mastery questions, answers to the Volume 1 Knowledge Checks, a panel of NCLEX-style and chapter review test questions for practice, a glossary, additional care plans and care maps, and procedure checklists. Also included are forms that students can print out to write their answers to Knowledge Checks, Critical Thinking questions, and Mastery questions as well as the Volume 2 critical-thinking exercises. It also provides other types of forms that students can print out and use in clinical settings, for example, some assessment tools. The questions themselves have expandable space so that answers can be typed in on the electronic form and then printed out. The large glossary provides definitions of all bolded terms used in the text as well as supplementary terms that may be helpful to students.

Procedure checklists can be used to study for skills lab or clinical, or as a means to assess skill mastery. Checklists are provided in two formats: One is a detailed list of steps for each procedure; another is a generic, principles-based list that instructors can use to evaluate all procedures.

Other Resources on DavisPl.us/Wilkinson3

- ***Podcasts***—For audio learners, podcasts for each chapter summarize the main ideas for convenient prep for class or review for quizzes or exams. There are 12 "stress buster" podcasts: one for each month. You will also find 24 clever and revealing test-taking tips to give you the "one-up" on getting a better test result.
- ***NCLEX-style and chapter review questions for students***—We have added more questions to help students right from the beginning of their nursing studies to become comfortable answering NCLEX-style questions while reviewing chapter content.
- ***eBook***—Tired of lugging around heavy books? Now you can access this two-volume textbook electronically. Log on to the Davis*Plus* site for on-screen reading—just as though you were turning pages in your own book.

INSTRUCTOR'S GUIDE

The Instructor's Guide contains everything in the Student Resources plus additional features to assist faculty. These include an image bank of illustrations from the book, PowerPoint lecture outlines with illustrations, "clicker" questions, and a critical-thinking question.

New for Third Edition. The PowerPoint lecture outlines now include notes you can refer to when lecturing from the slides.

New for Third Edition. The Lesson Plans have been replaced by a new feature called Flipping the Classroom. These are presented as Word files so teachers can add to or delete from them to meet their unique needs.

Also included are teaching strategies to accompany each chapter, suggested responses for the critical-thinking exercises in Volumes 1 and 2, instructions for using concept mapping, and a test bank of more than 2,300 NCLEX-style and chapter review questions, including the newer NCLEX formats. The number of learning strategies has been significantly increased.

HOW TO USE THIS LEARNING PACKAGE (FOR TEACHERS)

You are fortunate to be working with students at perhaps the most formative point in their nursing education: the fundamentals course. We are certain that each of you will bring your own special style to the teaching of this most-important-of-all nursing courses, and that you will find new and creative ways to use the many teaching and learning features we have provided. We hope your enjoyment of this new and improved learning package is equal to our pride in it.

For suggestions about how to use this integrated learning package (in both text and podcast format),

Go to How to Use This Learning Package in the Instructor's Resources on the Davis*Plus* Web site, at **DavisPl.us/Wilkinson3.**

Go to Getting the Most Out of This Learning Package podcast on the Davis*Plus* Web site.

Schools that adopt our textbook also have access to a PowerPoint slide presentation and a podcast explaining how to use the learning package. You can use this and/or the podcast to orient new teachers and students so they can easily navigate and make best use of the entire learning package.

GETTING THE MOST OUT OF THIS LEARNING PACKAGE (FOR STUDENTS)

For ideas about how to use your textbooks and the Electronic Study Guide (Student and Chapter Resources) to get the best results from your studying,

Go to Getting the Most Out of This Learning Package on the Davis*Plus* Web site.

For those times when you'd rather listen than read, we offer podcasts that describe ways for you to use the different components of your learning package—that is, your two-volume book set, nursing skills DVD set, your online Chapter Resources, NCLEX-style practice and chapter review questions, animations, documentation exercises, care mapping exercises, concept map generator, and many more, worthwhile learning tools.

Go to Getting the Most Out of This Learning Package podcast on the Davis*Plus* Web site.

We also know that being a student in a nursing program is hard work and can be overwhelming. Log on to the Davis*Plus* Web site for 12 useful strategies to reduce your stress while you are on your journey to becoming a nurse.

Go to Stress Busters podcast on the Davis*Plus* Web site.

Your goal is to do well in your courses. Knowing testing is an important part of your experience while in school, we now offer clever, test-taking tips to help you to take tests with excellence and show what you know!

Go to Test-Taking Tips podcast on the Davis*Plus* Web site.

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3 Nursing Process: Assessment

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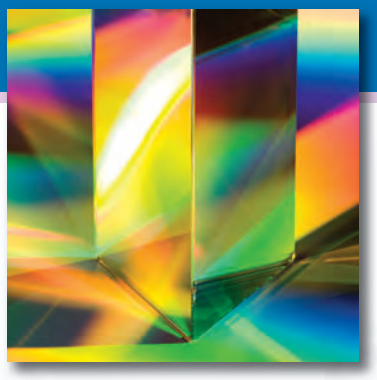
CHAPTER 1



Evolution of Nursing Thought & Action

Learning Outcomes

After completing this chapter, you should be able to:

- Define *nursing* in your own words.
- Discuss the transitions nursing education has undergone in the last century.
- Differentiate among the various forms of nursing education.
- Explain how nursing practice is regulated.
- Give four examples of influential nursing organizations.
- Name and recognize the four purposes of nursing care.
- Describe the healthcare delivery system in the United States, including sites for care, types of workers, regulation, and financing of healthcare.
- Name nine expanded roles for nursing.
- Discuss issues related to healthcare reform.
- Delineate the forces and trends affecting contemporary nursing practice.

*If you were assigned the Expanded Discussion on the Davis*Plus*, you should also be able to demonstrate the following outcomes:*

- Identify the factors that led to the change of nursing from a vocation of men and women to a predominantly female profession.
- Describe the various images of nurses through history.
- Describe the role of religion in the development of nursing.
- Explain the role of the military in the development of the nursing profession.

Key Concepts

Nursing
Nursing history
Contemporary nursing education
Contemporary nursing practice
Healthcare delivery system

Related Concepts

See the Concept Map on Davis*Plus*.

This volume contains only a brief introduction to nursing history. For more detailed information,

Go to Student Resources, Chapter 1, **Evolution of Nursing Thought and Action—Expanded Discussion,** on Davis*Plus*.

Nurses Make a Difference . . .

Then & Now

Time: 1854, Üsküdar (now part of Istanbul, Turkey) in the Crimea

The hospital tent is set up away from the battlefield. The injured and dying soldiers are lying upon the bare earth, soiled and covered with crusted blood. Outside the air is cool, yet the tent is stifling with the rank odor of disease and death. Scanning the scene, Florence Nightingale gathers her staff of 38 nurses. They review the environmental condition of the hospital tent, the health problems of the soldiers, and the supplies and equipment they have to work with. First, they open the tent to allow in fresh air. Then they clean the tent, bathe the wounded, and provide clean bedding. They assess and dress the wounds, feed the soldiers a nutritious meal, and comfort those dying or in pain. They offer encouragement and emotional care to the healthier soldiers and help

(Continued)

Nurses Make a Difference . . . (continued)

them to write letters home. Within a brief period of time the mortality rate drops from 47% to 2% and morale improves immeasurably.

Time: 2012, Your Local Hospital

While standing at the bedside mixing an antibiotic solution, Susan listens to the ventilator cycle. She notes that her patient has begun to trigger breaths on his own. In the background she hears the cardiac monitor sounds, which have become more irregular over the past hour. She mentally runs through her patient assessment. "Why is his heart so irritable?" she wonders. She calls the lab for the morning blood work results. When the lab technician e-mails the results to the unit, Susan notes that the potassium level is low (2.9 mEq/L). She notifies the physician of the lab results and the cardiac irritability. Susan tells the physician, "The patient's potassium is low from the diarrhea he's had since we began the antibiotics." Together they develop a plan to administer intravenous (IV) potassium chloride to raise the serum potassium level and to check it every 8 hours. Several hours later Susan documents that the *ectopy* (irregular heartbeat) has decreased to less than 2 beats/min.

Time: 2030, A Local Home

Yesterday, Mr. Samuels underwent cardiac surgery. He was discharged home this morning and is now under your care. As a home health nurse, your role is to assess his condition; provide skilled care; teach Mr. Samuels how to care for himself; instruct his family about his care; and coordinate any required additional services. You have been monitoring his condition remotely (telehealth) since discharge before the visit. Mrs. Samuels greets you at the front door. She tells you that her husband is in a lot of pain and that the chest drainage system appears full. She looks frightened as she says, "When my father had cardiac surgery 25 years ago, he spent 4 days in the hospital. I don't understand why my husband got sent home so quickly." You explain that changes in technology and the healthcare system allow you to take care of clients in the home who would previously have been in the hospital. As you begin your assessments, you tell Mrs. Samuels, "After I've gathered more information, we'll make a plan that will make all of us more comfortable."

In each of these scenarios, the nurses engaged in *full-spectrum nursing;* that is, they used their minds and their hands to improve the client's comfort and condition. As the scenarios illustrate, nursing roles have changed over time. Yet nursing remains a profession dedicated to client care.

Think**Like a Nurse** 1-1

The Quality and Safety Education for Nurses (QSEN) project and the Institute of Medicine (IOM) have identified quality and safety competencies for nurses: (1) patient-centered care, (2) teamwork and collaboration, (3) evidence-based practice, (4) quality improvement, (5) safety, and (6) informatics (Cronenwett, Sherwood, Barnsteiner, et al., 2007). Which of these did Florence Nightingale demonstrate? Explain your thinking.

ABOUT THE KEY CONCEPTS

The overarching concept for this chapter is **nursing**. As you come to understand key concepts (i.e., nursing history, contemporary nursing education, contemporary nursing practice, healthcare delivery system) you will grasp how nursing has emerged from historical influences to become today's contemporary nursing practice.

HISTORICAL CONTEXT OF NURSING

Key Point: ***An understanding of the past can lend insight into the customs, values, and future of nursing.*** When exploring history, it becomes apparent that societal beliefs, Christianity, and the military had strong influences on the evolution and images of professional nursing.

Early civilizations had numerous health practices, including massages, hydrotherapy, acupuncture, Roman baths, quarantines, prayer, and dances, to name a few. Their practices were related to societal beliefs about health and illness, as are today's practices. The following are examples:

- In the prehistoric period, illness was thought to be caused by evils spirits that had invaded the body. Care was aimed at removing the evil spirits through ceremonial rituals.
- Early Egyptians prayed to various gods and goddesses to remove illness and maintain health. Women assumed the role of nursing, providing comfort and supportive care to the sick.

Images of Nursing

As you think of each of the three scenarios at the opening of this chapter, what images of the scene and of the nurse do you see? Does each of these images reinforce nursing's legacy of caring? What is your image of yourself as a nurse?

The following are images of the nurse that have developed throughout history—and which persist to a greater or lesser extent even now.

Angel of Mercy This image grew out of the influence of religion and the risks inherent to the practice of nursing. Images of the angel-nurse are usually serene and content, with a halo or other religious symbol.

Battle-Ax The image of the nurse as a battle-ax emerged, as science and philosophy grew popular during the 17th century, when religious orders became less common. A more recent historical example is found in the 1975 film *One Flew Over the Cuckoo's Nest*, in which Nurse Ratched personifies the nurse as the battle-ax or torturer, treating her patients with cruelty and disdain.

Nurse as Professional The battle-ax image of an unprofessional nurse remained until transformed by Florence Nightingale (Fig. 1-1). Florence Nightingale kept meticulous notes and statistics that were used for advocating and obtaining changes in healthcare. She used her political connections and social standing to return nursing to a respectable profession. The Nightingale School for Nurses was opened in 1860 and is considered the first official nursing program.

Naughty Nurse The image of the sexy, risqué nurse arose in the early part of the 20th century with burlesque shows and still persists. For example, in many television programs such as *M*A*S*H* and *Grey's Anatomy*, nurses are portrayed as sexy, mindless, irrelevant, or simply potential dates for bright and talented surgeons.

Military Image Throughout the last century (the 1900s), nurses were frequently portrayed in uniform providing support at the battlefield, and nurses are still often characterized as warriors fighting disease. The impact of wars has had positive influences on the development of nursing as a profession. Nurses took the lead in providing care to the sick, wounded, and dying soldiers in each of the following wars, which highlighted the need for nurses to be trained: American Civil War, Spanish American War, World Wars I and II; and the Korean, Vietnam, Iraq, and Afghanistan conflicts.

FIGURE 1-1 Florence Nightingale (1820–1910).

Handmaiden Image This stereotype portrays the male physician in the dominant role, with the female nurse merely assisting the doctor, or perhaps supporting the patient at the bedside. This image grew out of the nurse's early limited role in healing, from the legal and financial authority of physicians, and from the nurse's work position as an employee.

Nursing Today: Full-Spectrum Nursing

Nurses today are highly trained, well educated, caring, and competent professionals. They are essential members of the healthcare team. The complexity of the healthcare delivery requires that nurses use their critical thinking, communication, organizational, leadership, advocacy, and technical skills to ensure that patients receive safe and effective care.

Key Point: ***Nurses apply knowledge from the arts and sciences in their various roles to provide patient-centered care (Table 1-1).***

Nurses use clinical judgment, critical thinking, and problem-solving as they care for patients. (You will learn more about full-spectrum nursing in the section in Chapter 2, What Is Full-Spectrum Nursing?)

To provide safe care, nurses must carefully consider their actions and think carefully about the patient, the treatment plan, the healthcare environment, the patient's support system, the nurse's support system and resources, and safety.

Clinical judgment involves observing, comparing, contrasting, and evaluating the client's condition to determine whether change has occurred. It also involves careful consideration of the client's health status in light of what is expected based on the client's condition, medications, and treatment. These actions, collectively known as nursing process, are discussed in Chapters 3 through 7 and in each of the clinically focused chapters.

Critical thinking is a reflective thinking process that involves collecting information, analyzing the adequacy and accuracy of the information, and carefully considering options for action. Nurses use critical thinking in every aspect of nursing care. Critical thinking is discussed at length in Chapter 2 and applied in every chapter in this text.

Problem-solving is a process by which nurses consider an issue and attempt to find a satisfactory solution to achieve the best outcomes. You will often use problem-solving in your professional life. The nursing process (see Chapters 2–7) is one type of problem-solving process.