GLOBAL EDITION

Kozier & Erb's

Fundamentals of Nursing

Concepts, Process, and Practice

ELEVENTH EDITION

Audrey Berman • Shirlee Snyder • Geralyn Frandsen

Kozier & Erb's Fundamentals of Nursing

Eleventh Edition
Global Edition

Concepts, Process, and Practice

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Dedication

Audrey Berman dedicates this eleventh edition to her mother, Lotte Henrietta Julia Sarah Rosenberg Berman Isaacs (1926–2017), who raised two strong daughters and served as a role model to each of them and also to her grandchildren, Brian and Jordanna, and great-grandsons, Benjamin and Adam. May her memory be a blessing.

Shirlee Snyder dedicates this eleventh edition in memory of her older brother, Ted Snyder, whose legacy is his loving and caring family; to her younger brother, Dan Snyder, who enjoys his retirement with his wife, children, and grandchildren; to Kelly Bishop, the best daughter ever and her first great-grandchild, Oliver; to her stepson, Steven Schnitter; to all the nurses who contribute to the nursing profession; and always, to her husband, Terry J. Schnitter, for his continual love and support.

Geralyn Frandsen dedicates this eleventh edition to her loving husband and fellow nursing colleague, Gary. He is always willing to answer questions and provide editorial support. She also dedicates this edition to her children, Claire and Joe; son-in-law, John Conroy; and daughter-in-law, Allyson Angelos.

About the Authors

Audrey Berman, PhD, RN

A San Francisco Bay Area native, Audrey Berman received her BSN from the University of California–San Francisco and later returned to that campus to obtain her MS in physiologic nursing and her PhD in nursing. Her dissertation was entitled *Sailing a Course Through Chemotherapy: The Experience of Women with Breast Cancer*. She worked in oncology at Samuel Merritt Hospital prior to beginning her teaching career in the diploma program at Samuel Merritt Hospital School of Nursing in 1976. As a faculty member, she participated in the transition of that program into a baccalaureate degree and in the development of the master of science and doctor of nursing practice programs. Over the years, she has taught a variety of medical–surgical nursing courses in the prelicensure programs on three campuses. She served as the dean of nursing at Samuel Merritt University from 2004 to 2019 and was the 2014–2016 president of the California Association of Colleges of Nursing.

Dr. Berman has traveled extensively, visiting nursing and healthcare institutions in Australia, Botswana, Brazil, Finland, Germany, Israel, Japan, Korea, the Philippines, the Soviet Union, and Spain. She is a senior director of the Bay Area Tumor Institute and served 3 years as director on the Council on Accreditation of Nurse Anesthesia Educational Programs. 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 healthcare.

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

Shirlee J. Snyder, EdD, RN

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

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

Another career opportunity in 1998 led her to the Community College of Southern Nevada in Las Vegas, Nevada, where Dr. Snyder was the nursing program director with

responsibilities for the associate degree and practical nursing programs for 5 years. During this time she coauthored the fifth edition of *Kozier & Erb's Techniques in Clinical Nursing* with Audrey Berman.

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

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

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

Geralyn Frandsen, EdD, RN

She is a tenured full professor and currently serves as assistant director of the Catherine McAuley School of Nursing at Maryville. Her administrative responsibilities include the oversight of three pre-licensure tracks and the online Baccalaureate Completion program in the Robert E. and Joan Luttig Schoor Undergraduate Nursing Program. When educating undergraduate and graduate students, she utilizes a variety of teaching strategies to engage her students. When teaching undergraduate pharmacology she utilizes a team teaching approach, placing students in groups to review content. Each student is also required to bring a completed ticket to class covering the content to be taught. The practice of bringing a ticket to class was introduced to her by Dr. Em Bevis, who is famous for the *Toward a Caring Curriculum*.

Dr. Frandsen has authored textbooks in pharmacology and nursing fundamentals. In 2013 she was the fundamentals contributor for *Ready Point* and *My Nursing Lab*. These are online resources to assist students in reviewing content in their nursing fundamentals course. She has authored both *Nursing Fundamentals: Pearson Reviews and Rationales* and, in 2007, *Pharmacology Reviews and Rationales*.

Dr. Frandsen has completed the End-of-Life Nursing Education Consortium train-the-trainer courses for advanced practice nurses and the doctorate of nursing practice. She is passionate about end-of-life care and teaches a course to her undergraduate students. Dr. Frandsen is a member of Sigma Theta Tau International and the American Nurses Association, and serves as a site visitor for the Commission on Collegiate Nursing Education.

Acknowledgments

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

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Audrey Berman
Shirlee Snyder
Geralyn Frandsen

Thank You

We would like to extend our heartfelt thanks to our colleagues across the country who have given their time generously to help us create this learning package. These individuals helped us develop this textbook and supplements by reviewing chapters, art, and media, and by answering a myriad of questions right up until the time of publication. *Kozier & Erb's Fundamentals of Nursing, Eleventh Edition*, has benefited immeasurably from their efforts, insights, suggestions, objections, encouragement, and inspiration, as well as from their vast experience as teachers and nurses. Thank you again for helping us set the foundation for nursing excellence.

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Preface

The practice of nursing continues to evolve . . . *the practice of caring is timeless.*

Nurses today must grow and evolve to meet the demands of a dramatically changing healthcare system. They need skills in science, technology, communication, and interpersonal relations to be effective members of the collaborative healthcare team. They need to think critically and be creative in implementing nursing strategies to provide safe and competent nursing care for clients of diverse cultural backgrounds in increasingly varied settings. They need skills in teaching, leading, managing, and the process of change. They need to be prepared to provide home- and community-based nursing care to clients across the lifespan—especially to the increasing numbers of older adults. They need to understand legal and ethical principles, holistic healing modalities, and complementary therapies. And, they need to continue their unique client advocacy role, which demands a blend of nurturance, sensitivity, caring, empathy, commitment, and skill founded on a broad base of knowledge.

Kozier & Erb's Fundamentals of Nursing, Eleventh Edition, addresses the concepts of contemporary professional nursing. These concepts include but are not limited to caring, wellness, health promotion, disease prevention, holistic care, critical thinking and clinical reasoning, multiculturalism, nursing theories, nursing informatics, nursing research, ethics, and advocacy. In this edition, every chapter has been reviewed and revised. The content has been updated to reflect the latest nursing evidence and the increasing emphasis on aging, wellness, safety, and home- and community-based care.

ORGANIZATION

The detailed table of contents at the beginning of the book makes its clear organization easy to follow. Continuing with a strong focus on nursing care, the eleventh edition of this book is divided into 10 units.

Unit 1, *The Nature of Nursing*, clusters four chapters that provide comprehensive coverage of introductory concepts of nursing.

In Unit 2, *Contemporary Healthcare*, four chapters include contemporary healthcare topics such as healthcare delivery systems, community-based care, home care, and informatics.

In Unit 3, *The Nursing Process*, six chapters introduce students to this important framework with each chapter dedicated to a specific step of the nursing process. Chapter 9 applies critical thinking, clinical reasoning, and the nursing process. A Nursing in Action case study is used as the frame of reference for applying content in all phases of the nursing process in Chapter 10, *Assessing*; Chapter 11, *Diagnosing*; Chapter 12, *Planning*; and Chapter 13, *Implementing and Evaluating*. Chapter 14 covers documenting and reporting.

Unit 4, *Integral Aspects of Nursing*, discusses topics such as caring; communicating; teaching; and leading, managing, and delegating. These topics are all crucial elements for providing safe, competent nursing care.

In Unit 5, *Health Beliefs and Practices*, four chapters include health-related beliefs and practices for individuals and families from a variety of cultural backgrounds.

Unit 6, *Lifespan Development*, consists of five chapters that discuss lifespan and development from conception to older adults.

Unit 7, *Assessing Health*, addresses vital signs, health assessment, and pain assessment and management skills in three separate chapters, to allow beginning students to understand normal assessment techniques and findings.

In Unit 8, *Integral Components of Client Care*, the focus shifts to those components of client care that are universal to all clients, including asepsis, safety, hygiene, diagnostic testing, medications, wound care, and perioperative care.

Unit 9, *Promoting Psychosocial Health*, includes six chapters that cover a wide range of areas that affect the individual's health. Sensory perception, self-concept, sexuality, spirituality, stress, and loss are all aspects that a nurse needs to consider to properly care for a client.

Unit 10, *Promoting Physiologic Health*, discusses a variety of physiologic concepts that provide the foundations for nursing care. These include activity and exercise; sleep; nutrition; elimination; oxygenation; circulation; and fluid, electrolyte, and acid–base balance.

HIGHLIGHTS OF THE ELEVENTH EDITION

- **QSEN linkages**. The delivery of high-quality and safe nursing practice is imperative for every nurse. The QSEN competencies were developed to address the gap between nursing education and practice. There are expectations for each of the six QSEN competencies and these expectations relate to knowledge, skills, and attitudes. Nursing students are expected to achieve these competencies during nursing school and use them in their professional role as RNs. This edition has incorporated QSEN competencies and specified expectations in most chapters. This QSEN content will guide students to learn and maintain safety and quality in their provision of nursing care.

- **Assignment:** Recognition of the evolving legal aspects of assigning and delegating nursing care, especially to assistive personnel.
- Current examples of nursing literature guiding evidence-based practice.
- Up-to-date samples of electronic health records that support nursing care.
- Updated and additional photos to assist the visual learner.
- **Standards of care.** This edition continues to value and update standards of care as evidenced by incorporating the latest National Patient Safety Goals; Infusion Nursing Society *Standards of Practice*; American Nurses Association (ANA) *Scope and Standards of Practice*; National Council of State Boards of Nursing *National Guidelines for Nursing Delegation*; current hypertension guidelines; pressure injury prevention guidelines; ANA *Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum*; Occupational Safety and Health Administration and Centers for Disease Control and Prevention bloodborne pathogens and infection prevention standards; and cancer screening guidelines.

FEATURES

For years, *Kozier & Erb's Fundamentals of Nursing* has been a gold standard that helps students embark on their careers in nursing. This new edition retains many of the features that have made this textbook the number-one choice of nursing students and faculty. The walk-through at the beginning of the textbook illustrates these features.

Supplements That Inspire Success for the Student and the Instructor

Pearson is pleased to offer a complete suite of resources to support teaching and learning, including:

- TestGen Test Bank
- Lecture Note PowerPoints
- Instructor's Manual
- Image Library.
- Additional material on global standards and practices related to nursing available at www.pearsonglobaleditions.com
- A supplement on COVID-19 available on MyLab Nursing to help nurses cope with the rapidly evolving pandemic

Features of the Eleventh Edition

SPECIAL FEATURES

provide the opportunity to link QSEN competencies and to think critically to make a connection to nursing practice. These features provide guidance on maintaining safety and quality of nursing care.

EVIDENCE-BASED PRACTICE

Evidence-Based Practice

What Is the Impact of Chlorhexidine Bathing on Healthcare-Associated Infections?

According to Denny and Munro (2017), approximately 4% of hospitalized clients contract a healthcare-associated infection (HAI) during their hospitalizations. These infections frequently result in increased morbidity, mortality, and length of hospital stay. Skin bacterial colonization aids in the transmission and development of HAIs. Nurses frequently use bathing with chlorhexidine gluconate (CHG) to reduce bacterial colonization on the client's skin. Studies have shown that bathing with CHG products has had mixed results in the prevention of HAIs. As a result, the authors performed a literature review to examine the current evidence on the impact of CHG bathing on HAIs. The literature search identified peer-reviewed studies and meta-analyses that examined the impact of CHG bathing in preventing HAIs, specifically surgical site infections (SSIs), central line–associated bloodstream infections (CLABSIs), ventilator-associated pneumonias (VAP), catheter-associated urinary-tract infections (CAUTIs), and *Clostridium difficile*–associated disease. The search resulted in 23 articles for review.

The findings concluded that there was good evidence to support using a CHG bathing regimen to reduce the incidence of CLABSIs, SSIs, vancomycin-resistant enterococci (VRE), and methicillin-resistant *Staphylococcus aureus* (MRSA) HAIs.

The authors, based on the literature search, raised questions for further research, including the value of using CHG liquid soap versus CHG-impregnated washcloths. Research has shown that application of CHG on the client's body without rinsing has greater impact than applying CHG followed by rinsing the body. Do CHG-impregnated washcloths have an advantage because the CHG in the wipes is not rinsed from the skin? Another issue raised by the authors was that most studies were conducted in targeted populations (e.g., intensive care units). They suggest that more research is needed on the benefits of bathing all clients versus a targeted (bathing only at-risk clients) approach.

IMPLICATIONS

Hospitals are beginning to replace the traditional soap and water bathing with CHG bathing in order to prevent HAIs. As the authors suggested, nurses need to assess for adverse reactions to the use of CHG and increase their awareness that, with the increasing use of CHG, organisms may develop resistance to the antiseptic.

Safety Alert! SAFETY

Side rail entrapment, injuries, and death do occur. When side rails are used, the nurse must assess the client's physical and mental status and closely monitor high-risk (frail, older, or confused) clients.

LIFESPAN CONSIDERATIONS **Diagnosing**

CHILDREN

Many developmental issues in pediatrics are not considered problems or illnesses, yet can benefit from nursing intervention. When applied to children and families, nursing diagnoses may reflect a condition or state of health. For example, parents of a newborn infant may be excited to learn all they can about infant care and child growth and development. Assessment of the family system might lead the nurse to conclude that the family is ready and able, even eager, to take on the new roles and responsibilities of being parents. An appropriate diagnosis for such a family could be willingness for improved family dynamics, and nursing care could be directed to educating and providing encouragement and support to the parents.

OLDER ADULTS

Older adults tend to have multiple problems with complex physical and psychosocial needs when they are ill. If the nurse has done a thorough and accurate assessment, nursing diagnoses can be selected to cover all problems and, at the same time, prioritize the special needs. For example, if a client is admitted with severe con-

CLIENT TEACHING **Developing Written Teaching Aids**

- Keep language level at a fifth- to sixth-grade level.
- Use active, not passive, voice (e.g., "take your medicine before breakfast" [active] versus "medicine should be taken before breakfast" [passive]).
- Use plain language; that is, easy, common words of one or two syllables (e.g., *use* instead of *utilize*, or *give* instead of *administer*).
- Use the second person (*you*) rather than the third person (*the client*).
- Use a large type size (14 to 16 point).
- Write short sentences.
- Avoid using all capital letters.
- Place priority information first and repeat it more than once.
- Use bold for emphasis.
- Use simple pictures, drawings, or cartoons, if appropriate.
- Leave plenty of white space.
- Focus material on desired behavior rather than on medical facts.
- Make it look easy to read.

ENHANCED PHOTO PROGRAM

shows procedural steps and the latest equipment.

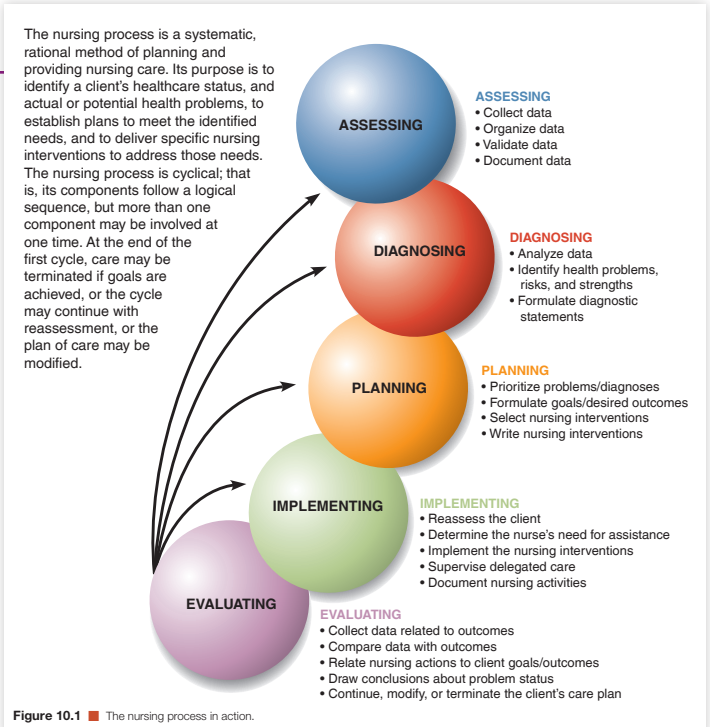


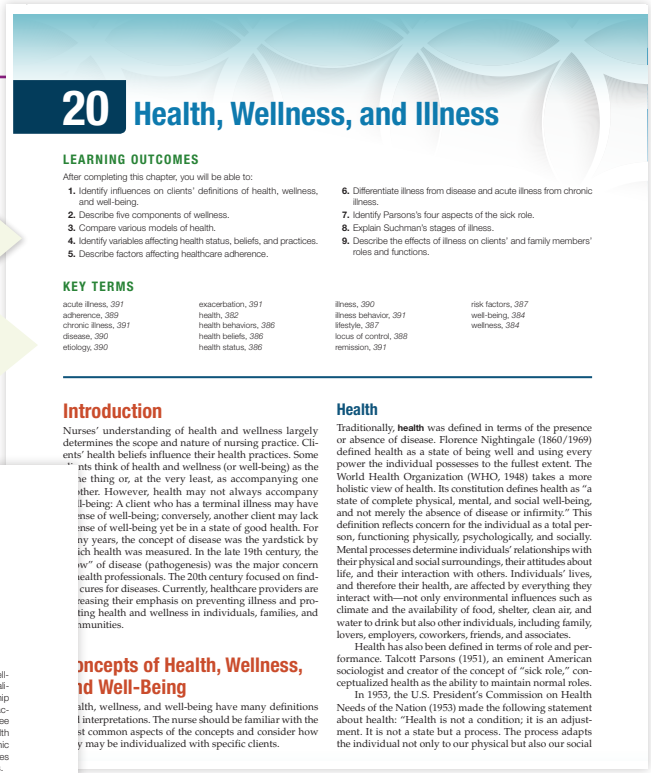
Figure 10.1 ■ The nursing process in action.

HALLMARK FEATURES

This eleventh edition maintains the best aspects of previous editions to provide the most valuable learning experience.

LEARNING OUTCOMES help identify critical concepts.

KEY TERMS provide a study tool for learning new vocabulary. Page numbers are included for easy reference.



20 Health, Wellness, and Illness

LEARNING OUTCOMES

After completing this chapter, you will be able to:

1. Identify influences on clients' definitions of health, wellness, and well-being.
2. Describe five components of wellness.
3. Compare various models of health.
4. Identify variables affecting health status, beliefs, and practices.
5. Describe factors affecting healthcare adherence.
6. Differentiate illness from disease and acute illness from chronic illness.
7. Identify Parsons's four aspects of the sick role.
8. Explain Suchman's stages of illness.
9. Describe the effects of illness on clients' and family members' roles and functions.

KEY TERMS

acute illness, *391*
adherence, *389*
chronic illness, *391*
disease, *390*
etiology, *390*
exacerbation, *391*
health, *382*
health behaviors, *386*
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well-being, *384*
wellness, *384*

Introduction

Nurses' understanding of health and wellness largely determines the scope and nature of nursing practice. Clients' health beliefs influence their health practices. Some nts think of health and wellness (or well-being) as the e thing or, at the very least, as accompanying one ther. However, health may not always accompany l-being: A client who has a terminal illness may have nse of well-being; conversely, another client may lack nse of well-being yet be in a state of good health. For ny years, the concept of disease was the yardstick by ich health was measured. In the late 19th century, the w" of disease (pathogenesis) was the major concern ealth professionals. The 20th century focused on find- cures for diseases. Currently, healthcare providers are reasing their emphasis on preventing illness and pro- ting health and wellness in individuals, families, and mmunities.

oncepts of Health, Wellness, d Well-Being

lth, wellness, and well-being have many definitions l interpretations. The nurse should be familiar with the st common aspects of the concepts and consider how y may be individualized with specific clients.

Health

Traditionally, **health** was defined in terms of the presence or absence of disease. Florence Nightingale (1860/1969) defined health as a state of being well and using every power the individual possesses to the fullest extent. The World Health Organization (WHO, 1948) takes a more holistic view of health. Its constitution defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This definition reflects concern for the individual as a total person, functioning physically, psychologically, and socially. Mental processes determine individuals' relationships with their physical and social surroundings, their attitudes about life, and their interaction with others. Individuals' lives, and therefore their health, are affected by everything they interact with—not only environmental influences such as climate and the availability of food, shelter, clean air, and water to drink but also other individuals, including family, lovers, employers, coworkers, friends, and associates.

Health has also been defined in terms of role and performance. Talcott Parsons (1951), an eminent American sociologist and creator of the concept of "sick role," conceptualized health as the ability to maintain normal roles.

In 1953, the U.S. President's Commission on Health Needs of the Nation (1953) made the following statement about health: "Health is not a condition; it is an adjustment. It is not a state but a process. The process adapts the individual not only to our physical but also our social

MEETING THE STANDARDS end-of-unit activities provide the opportunity to think through themes and competencies presented across chapters in a unit and think critically to link theory to nursing practice.

UNIT 5 Meeting the Standards

In this unit, we have explored concepts related to health, health promotion, wellness, illness, culture and heritage, and complementary and alternative healing modalities. These topics heighten awareness of the individualistic nature of the relationship between the nurse and the client and the importance of assessing the breadth of factors that affect health decisions and behaviors. In the case described here, you will see how one client demonstrates complicated, interrelated, personal definitions of health and illness influenced by her medical condition, her heritage, and her demographic characteristics (e.g., age and family structure). These definitions and perspectives in turn influence her choices for care and support—including the role of her nurses.

CLIENT: Manuela **AGE:** 55
CURRENT MEDICAL DIAGNOSIS: Still's Disease

Medical History: Manuela has experienced some type of health challenge for most of her adult life. She was diagnosed with adult-onset Still's disease (AOSD) at about age 35 after several years of tests to try to determine exactly what syndrome her symptoms reflected. She complained of joint pain, rash, and fevers, which came and went, and she had an enlarged spleen and liver. This disease shares many similarities with rheumatoid and autoimmune diseases, but those conditions were all removed from consideration because the tests were negative. AOSD is a chronic condition for which there is no known cure. In addition to joint deterioration, it can progress to affect the lungs and heart. Initial treatment consists of steroids and nonsteroidal anti-inflammatory drugs (NSAIDs). If those are ineffective, other medications, such as gold and chemotherapeutics are used; however, they have severe side effects, such as kidney damage and bone marrow suppression. The condition worsens when the individual is under physical or emotional stress. Manuela underwent a hip replacement about 4 years ago and recently has had several hospitalizations for respiratory failure.

Personal and Social History: Manuela has never married and has lived near or with her parents or siblings for all her life. She has many friends, drives, and has an active social life when she is feeling well. She uses the computer extensively for communication, especially when having visitors or talking by phone is too exhausting. She must follow a strict diet of food and liquids that are easy to swallow and digest. She is a spiritual individual but not overly religious. She is quick to laugh and generally has an optimistic outlook, but she expresses awareness that her life could end at any time—certainly long before her full life expectancy.

Manuela is a college graduate but has been able to work only part time for most of her life. Recently, she was declared permanently disabled, which allows her access to financial and other support systems. She is creative in adapting her living situation to her disabilities and unwilling to give up her beloved pet dog.

Questions

American Nurses Association Standard of Practice #3 *is Outcomes Identification: The nurse collaborates with the healthcare consumer to define expected outcomes integrating the healthcare consumer's culture, values, and ethical considerations. As you learned in Chapter 19*, Manuela's needs fall into the category of tertiary prevention in which rehabilitation and movement toward optimal levels of functionality within the individual's constraints are the focus.

1. What are some outcomes for Manuela that would reflect this focus?
2. Do you need to know her personal definitions of health and health beliefs (Chapter 20) before you can work with her to set expected outcomes?

American Nurses Association Standard of Practice #5b *is Health Teaching and Health Promotion: The nurse employs strategies to promote health and a safe environment.*

3. What are some aspects of Manuela's situation that you would consider incorporating into a teaching plan f environment for her?

American Nurses Association Standard of F formance #10 *is Collaboration: Nurses partner to create, implement, and evaluate a comprehe*

4. Which healthcare team members other than p would likely be important to include in Manue

American Nurses Association Standard of F formance #13 *is Evidence-Based Practice and*

5. What evidence might you have or seek to sup tive or complementary treatment modalities in

American Nurses Association. (2015). *Nursing: Scope and stan* Silver Spring, MD: Author.

Answers to Meeting the Standards questions are available on t Please consult with your instructor.

NURSING CARE PLANS help you approach care from the nursing perspective.

NURSING CARE PLAN Margaret O'Brien

Nursing Diagnosis: Altered respiratory status related to viscous secretions secondary to alteration in fluid volume and shallow chest expansion secondary to pain and fatigue

DESIRED OUTCOMES*/INDICATORS	NURSING INTERVENTIONS	RATIONALE
Respiratory Status: Gas Exchange [0402], as evidenced by • Absence of pallor and cyanosis (skin and mucous membranes) • Use of correct breathing/coughing technique after instruction	Monitor respiratory status q4h: rate, depth, effort, skin color, mucous membranes, amount and color of sputum. Monitor results of blood gases, chest x-ray studies, and incentive spirometer volume as available. Monitor level of consciousness.	*To identify progress toward or deviations from goal*. Altered repiratory status *leads to poor oxygenation, as evidenced by pallor, cyanosis, lethargy, and drowsiness*.
• Productive cough • Symmetric chest excursion of at least 4 cm	Auscultate lungs q4h. Vital signs q4h (TPR, BP, pulse oximetry, pain).	*Inadequate oxygenation and pain cause increased pulse rate. Respiratory rate may be decreased by narcotic analgesics. Shallow breathing further compromises oxygenation*.

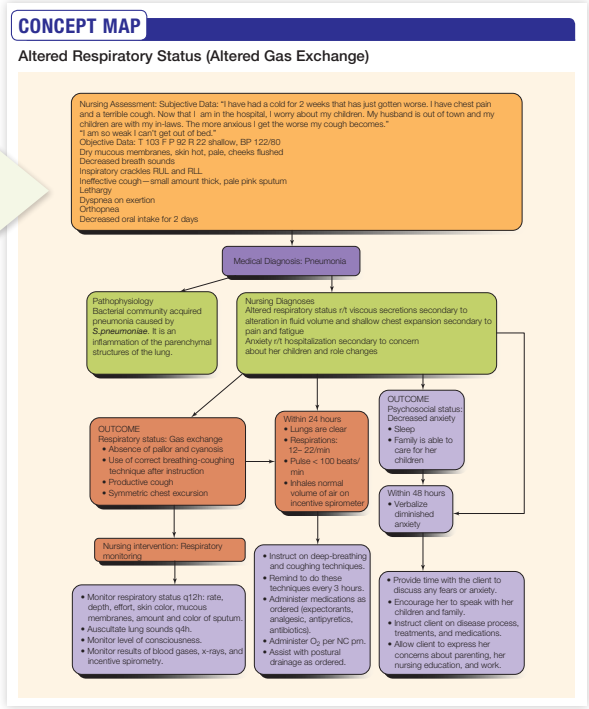
APPLYING CRITICAL THINKING questions come at the end of select sample Nursing Care Plans to encourage further reflection and analysis.

APPLYING CRITICAL THINKING

1. What assumptions does the nurse make when deciding that using a standardized care plan for impaired fluid volume is appropriate for this client?
2. Identify an outcome in the care plan and its nursing intervention that contribute to discharge care planning. What evidence supports your choice?
3. Consider how the nurse shares the development of the care plan and outcomes with the client.
4. Not every intervention has a time frame or interval specified. It may be implied. Under what circumstances is this acceptable practice?
5. In Table 12.1, altered respiratory status is Margaret's highest priority nursing diagnosis. Under what conditions might this diagnosis be of only moderate priority in Margaret's case?

Answers to Applying Critical Thinking questions are available on the faculty resources site. Please consult with your instructor.

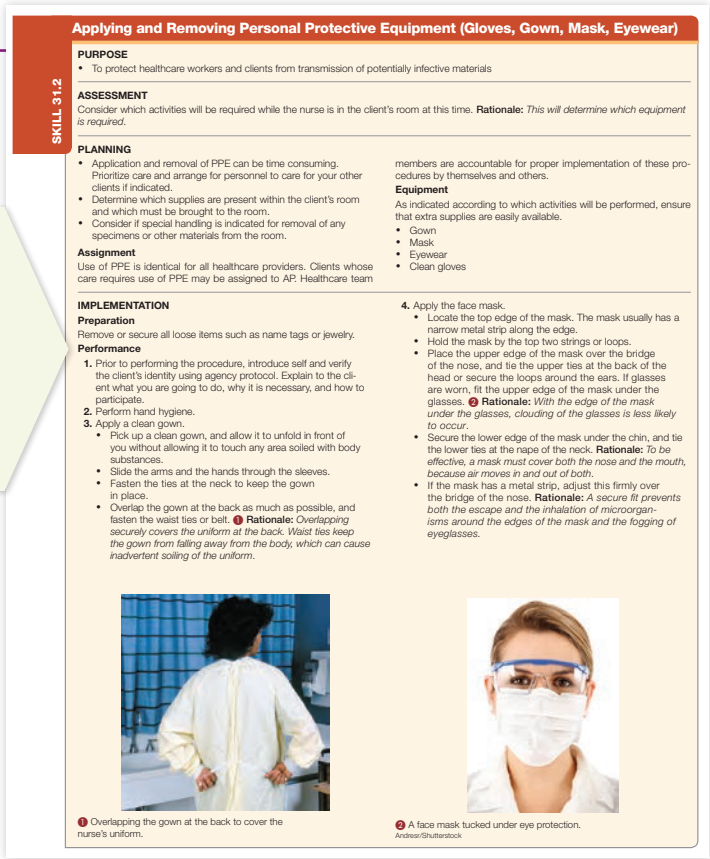
CONCEPT MAPS provide visual representations of the nursing process, nursing care plans, and the relationships between difficult concepts.



SETTING THE FOUNDATION FOR CLINICAL COMPETENCE!

STEP-BY-STEP SKILLS provide an easy-to-follow format that helps you to understand techniques and practice sequences.

- Includes a complete **Equipment** list for easy preparation.
- Clearly labeled **Assignment** boxes assist you in assigning tasks appropriately.
- Easy-to-find **rationales** give you a better understanding of why things are done.
- Critical steps are visually represented with **full-color photos** and **illustrations**.



SKILL 31.2

Applying and Removing Personal Protective Equipment (Gloves, Gown, Mask, Eyewear)

PURPOSE

- To protect healthcare workers and clients from transmission of potentially infective materials

ASSESSMENT

Consider which activities will be required while the nurse is in the client's room at this time. **Rationale:** *This will determine which equipment is required.*

PLANNING

- Application and removal of PPE can be time consuming. Prioritize care and arrange for personnel to care for your other clients if indicated.
- Determine which supplies are present within the client's room and which must be brought to the room.
- Consider if special handling is indicated for removal of any specimens or other materials from the room.

Assignment

Use of PPE is identical for all healthcare providers. Clients whose care requires use of PPE may be assigned to AP. Healthcare team members are accountable for proper implementation of these procedures by themselves and others.

Equipment

As indicated according to which activities will be performed, ensure that extra supplies are easily available.

- Gown
- Mask
- Eyewear
- Clean gloves

IMPLEMENTATION

Preparation

Remove or secure all loose items such as name tags or jewelry.

Performance

1. Prior to performing the procedure, introduce self and verify the client's identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how to participate.
2. Perform hand hygiene.
3. Apply a clean gown.
   - Pick up a clean gown, and allow it to unfold in front of you without allowing it to touch any area soiled with body substances.
   - Slide the arms and the hands through the sleeves.
   - Fasten the ties at the neck to keep the gown in place.
   - Overlap the gown at the back as much as possible, and fasten the waist ties or belt. ❶ **Rationale:** *Overlapping securely covers the uniform at the back. Waist ties keep the gown from falling away from the body, which can cause inadvertent soiling of the uniform.*
4. Apply the face mask.
   - Locate the top edge of the mask. The mask usually has a narrow metal strip along the edge.
   - Hold the mask by the top two strings or loops.
   - Place the upper edge of the mask over the bridge of the nose, and tie the upper ties at the back of the head or secure the loops around the ears. If glasses are worn, fit the upper edge of the mask under the glasses. ❷ **Rationale:** *With the edge of the mask under the glasses, clouding of the glasses is less likely to occur.*
   - Secure the lower edge of the mask under the chin, and tie the lower ties at the nape of the neck. **Rationale:** *To be effective, a mask must cover both the nose and the mouth, because air moves in and out of both.*
   - If the mask has a metal strip, adjust this firmly over the bridge of the nose. **Rationale:** *A secure fit prevents both the escape and the inhalation of microorganisms around the edges of the mask and the fogging of eyeglasses.*

❶ Overlapping the gown at the back to cover the nurse's uniform.

❷ A face mask tucked under eye protection.

Andresr/Shutterstock

Clinical Alert!

Older adults may not show the classic signs of infection (e.g., fever, tachycardia, increased WBC count); instead there may be an abrupt change in their mental status.

CLINICAL ALERTS highlight special information useful for clinical settings.

PRACTICE GUIDELINES provide instant-access summaries of clinical dos and don'ts.

PRACTICE GUIDELINES Long-Term Care Documentation

- Complete the assessment and screening forms (MDS) and plan of care within the time period specified by regulatory bodies.
- Keep a record of any visits and of phone calls from family, friends, and others regarding the client.
- Write nursing summaries and progress notes that comply with the frequency and standards required by regulatory bodies.
- Review and revise the plan of care every 3 months or whenever the client's health status changes.
- Document and report any change in the client's condition to the primary care provider and the client's family within 24 hours.
- Document all measures implemented in response to a change in the client's condition.
- Make sure that progress notes address the client's progress in relation to the goals or outcomes defined in the plan of care.

DRUG CAPSULE boxes provide a brief overview of drug information, nursing responsibilities, and client teaching to help you understand implications of pharmacotherapy in different situations.

DRUG CAPSULE

Benzodiazepine: midazolam hydrochloride (Versed)

THE CLIENT UNDERGOING ANESTHESIA

IV anesthetic agent used to induce general anesthesia.

Commonly used prior to conscious sedation to produce anxiolytic, hypnotic, anticonvulsant, muscle relaxant, and amnesic effects.

NURSING RESPONSIBILITIES

- Obtain baseline vital signs and level of consciousness before administration.
- Monitor vital signs, level of consciousness, and oxygen saturation q3–5min intraoperatively and postoperatively. Notify primary care provider or CRNA if there are any changes.
- Have resuscitative equipment readily available.
- A too rapid IV administration or excessive dose increases the risk of respiratory depression or arrest.
- Dosage must be individualized based on age, underlying disease, and desired effect. Too much or too little a dosage or improper administration may result in cerebral hypoxia, agitation, involuntary movement, hyperactivity, and combativeness.

Note: Prior to administering any medication, review all aspects with a current drug handbook or other reliable source.

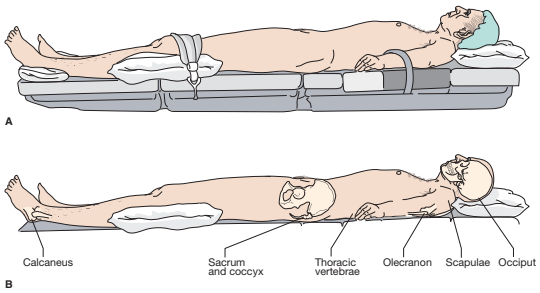
ANATOMY & PHYSIOLOGY REVIEW

ANATOMY & PHYSIOLOGY REVIEW

Client Positioning

The most common position for a client during a surgical procedure is the supine position. This position provides approaches to the cranial, thoracic, and peritoneal body cavities as well as to all four extremities and the perineum. Proper body alignment and padding of potential pressure areas are essential to preventing client risk for injury during surgery.

The potential pressure areas are the occiput, scapulae, olecranon, thoracic vertebrae, sacrum, coccyx, and calcaneus. The nursing intervention is to pad and protect bony prominences, pressure sites, and vulnerable nerves with pressure-reducing devices made of foam or gel. Proper positioning must provide optimal exposure to the surgical site as well as provide for client comfort and safety.



A, Supine position during a surgical procedure; *B*, potential pressure points noted.

QUESTIONS

A 78-year-old male client scheduled for a colon resection is brought to the operating room. He weighs 82 kg (180 lb), has type 2 diabetes, and has a history of arthritis in his hips and shoulders.

1. What baseline assessments would you gather before taking this client to the operating room?
2. What areas on this client are most likely to be injured as a result of poor positioning or inadequate padding?
3. What is the priority nursing diagnosis and outcome for this client?

Answers to Anatomy & Physiology Review Questions are available on the faculty resources site. Please consult with your instructor.

CRITICAL THINKING CHECKPOINTS provide a brief case study followed by questions that encourage you to analyze, compare, contemplate, interpret, and evaluate information.

Critical Thinking Checkpoint

Mr. Teng is a 77-year-old client with a history of COPD. Currently his respiratory condition is being controlled with medications and he is free of infection. He has just been transferred to the PACU following a hernia repair performed under spinal anesthesia. His blood pressure is 132/88 mmHg, pulse 84 beats/min, respirations 28/min, and tympanic temperature 36.5°C (97.8°F). He is awake and stable.

1. What factors place Mr. Teng at increased risk for the development of complications during and after surgery?
2. Speculate about why Mr. Teng's surgeon and anesthesiologist decided to perform Mr. Teng's surgery under regional anesthesia as opposed to general anesthesia.
3. What preparations were taken during the preoperative period to protect Mr. Teng from possible complications during and after his surgery?
4. How will Mr. Teng's postoperative assessments differ from those of a client who received general anesthesia?
5. What postoperative precautions are especially important to Mr. Teng in view of his chronic lung condition?

Answers to Critical Thinking Checkpoint questions are available on the faculty resources site. Please consult with your instructor.

EXTENSIVE END-OF-CHAPTER REVIEW

CHAPTER HIGHLIGHTS focus your attention and review critical concepts.

TEST YOUR KNOWLEDGE helps you prepare for the NCLEX® exam. Alternative-style questions are included. Answers and rationales are in Appendix A.

Chapter 28 Review

CHAPTER HIGHLIGHTS

- Vital signs reflect changes in body function that otherwise might not be observed.
- Body temperature is the balance between heat produced by and heat lost from the body.
- Factors affecting body temperature include age, diurnal variations, exercise, hormones, stress, and environmental temperatures.
- Four common types of fever are intermittent, remittent, relapsing, and constant.
- During a fever, the set point of the hypothalamic thermostat changes suddenly from the normal level to a higher than normal level, but several hours elapse before the core temperature reaches the new set point.
- Hypothermia involves three mechanisms: excessive heat loss, inadequate heat production by body cells, and increasing impairment of hypothalamic thermoregulation.
- The nurse selects the most appropriate site to measure temperature according to the client's age and condition.
- Pulse rate and volume reflect the stroke volume output, the compliance of the client's arteries, and the adequacy of blood flow.
- Normally a peripheral pulse reflects the client's heartbeat, but it may differ from the heartbeat in clients with certain cardiovascular diseases; in these instances, the nurse takes an apical pulse and compares it to the peripheral pulse.
- Many factors may affect an individual's pulse rate: age, sex, exercise, presence of fever, certain medications, hypovolemia, dehydration, stress (in some situations), position changes, and pathology.
- Although the radial pulse is the site most commonly used, eight other sites may be used in certain situations.
- The difference between the apical and radial pulses is called the pulse deficit.
- Respirations are assessed by observing respiratory rate, depth, rhythm, quality, and effectiveness.
- Blood pressure reflects the pumping action of the heart, peripheral vascular resistance, blood volume, and blood viscosity.
- Among the factors influencing blood pressure are age, exercise, stress, race, sex, medications, obesity, diurnal variations, medical conditions, and temperature.
- Orthostatic hypotension occurs when the blood pressure falls as the client assumes an upright position.
- A blood pressure cuff that is too narrow or too wide will give false readings.
- During blood pressure measurement, the artery must be held at heart level.
- A pulse oximeter measures the percent of hemoglobin saturated with oxygen. A normal result is 95% to 100%.
- Pulse oximeter sensors may be placed on the finger, toes, nose, earlobe, or forehead, or around the hand or foot of the neonate.

TEST YOUR KNOWLEDGE

1. Which of the following sites would be the most appropriate choice to use to measure the temperature of a client who has a history of heart disease and has eaten a bowl of vegetable soup 45 minutes ago?
   1. Axilla
   2. Oral
   3. Popliteal
   4. Rectal
2. Which client meets the criteria for selection of the apical site for assessment of the pulse rather than a radial pulse?
   1. A client who is in shock
   2. A client whose pulse changes with body position changes
   3. A client with an arrhythmia
   4. A client who had surgery less than 24 hours ago

READINGS AND REFERENCES

READINGS AND REFERENCES give you a source for evidence-based material and additional information.

Suggested Reading

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The author of this commentary proposes the challenges of comparing American health and mortality statistics and efficiencies with those of other countries.

Related Research

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Contents

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The Nature of Nursing

1 Historical and Contemporary Nursing Practice

LEARNING OUTCOMES

After completing this chapter, you will be able to:

1. Discuss historical factors and nursing leaders, female and male, who influenced the development of nursing.
2. Discuss the evolution of nursing education and entry into professional nursing practice.
3. Describe the different types of educational programs for nurses.
4. Describe the major purpose of theory in the sciences and practice disciplines.
5. Identify the components of the metaparadigm for nursing.
6. Identify the role of nursing theory in nursing education, research, and clinical practice.
7. Explain the importance of continuing nursing education.
8. Describe how the definition of nursing has evolved since Florence Nightingale.
9. Identify the four major areas of nursing practice.
10. Identify the purposes of nurse practice acts and standards of professional nursing practice.
11. Describe the roles of nurses.
12. Describe the expanded career roles of nurses and their functions.
13. Discuss the criteria of a profession and professional identity formation.
14. Discuss Benner's levels of nursing proficiency.
15. Describe factors influencing contemporary nursing practice.
16. Explain the functions of national and international nurses' associations.

KEY TERMS

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caregiver, *43*
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change agent, *43*
Clara Barton, *34*
client, *41*
client advocate, *43*
communicator, *43*
consumer, *41*
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Introduction

Nursing today is far different from nursing as it was practiced years ago, and it is expected to continue changing during the 21st century. To comprehend present-day nursing and at the same time prepare for the future, one must understand not only past events but also contemporary nursing practice and the sociologic and historical factors that affect it.

Historical Perspectives

Nursing has undergone dramatic change in response to societal needs and influences. A look at nursing's beginnings reveals its continuing struggle for autonomy and professionalization. In recent decades, a renewed interest in nursing history has produced a growing amount of related literature. This section highlights only selected aspects of events that have influenced nursing practice. Recurring themes of women's and men's roles and status, religious (Christian) values, war, societal attitudes, and visionary nursing leadership have influenced nursing practice in the past. Many of these factors still exert their influence today.

Women's Roles

Traditional female roles of wife, mother, daughter, and sister have always included the care and nurturing of other family members. From the beginning of time, women have

cared for infants and children; thus, nursing could be said to have its roots in the home. Additionally, women, who in general occupied a subservient and dependent role, were called on to care for others in the community who were ill. Generally, the care provided was related to physical maintenance and comfort. Thus, the traditional nursing role has always entailed humanistic caring, nurturing, comforting, and supporting.

Men's Roles

Men have worked as nurses as far back as before the Crusades. Although the history of nursing primarily focuses on the female figures in nursing, schools of nursing for men existed in the United States from the late 1880s until 1969. Male nurses were denied admission to the Military Nurse Corps during World War II based on gender. It was believed at that time that nursing was women's work and combat was men's work. During the 20th century, men were denied admission to most nursing programs.

In 1971, registered nurse Steve Miller formed an organization called Men in Nursing, and in 1974, Luther Christman organized a group of male nurses. The two groups reorganized into the National Male Nurses Association with the primary focus of recruiting more men into nursing. In 1981, the organization was renamed the American Assembly for Men in Nursing (AAMN). The purpose of the AAMN is to "provide a framework for nurses, as a group, to meet, to discuss and influence factors, which affect men as nurses" (AAMN, n.d., "Vision," para. 2).

The percentage of men included in the nation's nursing workforce does vary. For example, a survey by the National Council of State Boards of Nursing (Smiley et al., 2018) indicated a total of 9.1% male nurses in the workforce, an increase of 2.5% compared to the previous 2013 report. In 2017, the Health Resources and Services Administration (HRSA) reported 9.6%, which is less than the 12% male RNs as reported by Buerhaus, Skinner, Auerbach, and Staiger (2017b, p. 231).

Men do experience barriers to becoming nurses. For example, the nursing image is one of femininity, and nursing has been slow to adopt a gender-neutral image. As a result, people may believe that men who choose the profession of nursing are emasculated, gay, or sexually deviant, which is not true (Hodges et al., 2017). Other barriers and challenges for male nursing students include the lack of male role models in nursing, stereotyping, and differences in caring styles between men and women (Zhang & Liu, 2016).

Improved recruitment and retention of men and other minorities into nursing continues to be needed to strengthen the profession. This is illustrated by professional surveys. A 2016 National League for Nursing (NLN, 2017a) survey found that men in basic registered nursing programs represented 14% of the total enrollment, a 1% decrease compared to the 2012 survey. In comparison, bachelor of science in nursing (BSN) programs enrolled 15% male students, a 2% increase from 2012. In addition, a 2016 survey by the American Association of Colleges of Nursing (AACN, 2017) reflected that only 12% of students in baccalaureate and graduate programs were male.

EVIDENCE-BASED PRACTICE

Evidence-Based Practice

What Motivates Men to Choose Nursing?

Yi and Keogh (2016) state that "knowledge of the factors that motivate men to choose nursing will assist in the development of evidence-based recruitment strategies to increase the number of men entering the nursing profession" (p. 96). As a result, they conducted a systematic literature review of data from qualitative studies that described male nurses' motivations for choosing nursing. A comprehensive search of over 11,000 citations and screening for inclusion criteria resulted in six studies being included in the review. Analytic processes resulted in four themes.

The first theme described how early exposure to nursing and other healthcare professionals influenced the male nurses' decision to become nurses. Examples consisted of where the men received encouragement from female and male friends and relatives who were nurses. Some men were exposed to nursing through experiences of caring for a sick or dying loved one, which became a factor in their decision-making process. The second theme described how the men chose nursing by chance, based on their circumstances at the time of the decision. For example, some men were looking for work and had friends who were nurses and thus decided to try nursing. Some chose nursing because they were not accepted into their preferred program. The third theme described extrinsic motivating factors such as job opportunity and salary. The fourth theme described intrinsic motivating factors such as personal satisfaction and enjoyment with helping people. Other intrinsic motivating factors included a sense of altruism and caring and their perception of nursing as a vocation.

Implications

A limitation expressed by the researchers was that the review would have provided a more comprehensive description if both quantitative and qualitative studies had been included. Three of the themes were congruent with previous literature reviews. However, the theme of entering nursing by chance, depending on the men's circumstances, was new. As a result, the authors recommended that strategies to enhance retention within the nursing program be developed for those males who pursued nursing by chance. Examples could include providing male role models during clinical experiences and supporting male nurses' caring abilities in a welcoming environment to promote intrinsic motivating factors during the program.

Religion

Religion has also played a significant role in the development of nursing. Although many of the world's religions encourage benevolence, it was the Christian value of "love thy neighbor as thyself" and Christ's parable of the Good Samaritan that had a significant impact on the development of Western nursing. During the third and fourth centuries, several wealthy matrons of the Roman Empire, such as **Fabiola**, converted to Christianity and used their wealth to provide houses of care and healing (the forerunner of hospitals) for the poor, the sick, and the homeless. Women were not, however, the sole providers of nursing services.

The Crusades saw the formation of several orders of knights, including the Knights of Saint John of Jerusalem (also known as the Knights Hospitalers), the Teutonic Knights, and the Knights of Saint Lazarus (Figure 1.1 ■). These brothers in arms provided nursing care to their sick and injured comrades. These orders also built hospitals, the organization and management of which set a standard for the administration of hospitals throughout Europe at that time. The **Knights of Saint Lazarus** dedicated themselves to the care of people with leprosy, syphilis, and chronic skin conditions.

During medieval times, there were many religious orders of men in nursing. For example, the **Alexian Brothers** organized care for victims of the Black Plague in the 14th century in Germany. In the 19th century, they followed the same traditions as women's religious nursing orders and established hospitals and provided nursing care.

Figure 1.1 ■ The Knights of Saint Lazarus (established circa 1200) dedicated themselves to the care of people with leprosy, syphilis, and chronic skin conditions. From the time of Christ to the mid-13th century, leprosy was viewed as an incurable and terminal disease.
Florilegius/Alamy Stock Photo.

The deaconess groups, which had their origins in the Roman Empire of the third and fourth centuries, were suppressed during the Middle Ages by the Western churches. However, these groups of nursing providers resurfaced occasionally throughout the centuries, most notably in 1836 when Theodor Fliedner reinstituted the Order of Deaconesses and opened a small hospital and training school in Kaiserswerth, Germany. Florence Nightingale received her training in nursing at the Kaiserswerth School.

Early religious values, such as self-denial, spiritual calling, and devotion to duty and hard work, have dominated nursing throughout its history. Nurses' commitment to these values often resulted in exploitation and few monetary rewards. For some time, nurses themselves believed it was inappropriate to expect economic gain from their "calling."

War

Throughout history, wars have accentuated the need for nurses. During the Crimean War (1854–1856), the inadequacy of care given to soldiers led to a public outcry in Great Britain. The role Florence Nightingale played in addressing this problem is well known. Nightingale and her nurses transformed the military hospitals by setting up sanitation practices, such as hand washing. Nightingale is credited with performing miracles; the mortality rate, for example, was reduced from 42% to 2% in 6 months (Donahue, 2011, p. 118).

During the American Civil War (1861–1865), several nurses emerged who were notable for their contributions to a country torn by internal conflict. **Harriet Tubman** and **Sojourner Truth** (Figures 1.2 ■ and 1.3 ■) provided care and safety to slaves fleeing to the North on the Underground Railroad. Mother Biekerdyke and Clara Barton searched the battlefields and gave care to injured and dying soldiers. Noted authors Walt Whitman and Louisa May Alcott volunteered as nurses to give care to injured soldiers in military hospitals. Another female leader who provided nursing care during the Civil War was **Dorothea Dix**

Figure 1.2 ■ Harriet Tubman (1820–1913) was known as "The Moses of Her People" for her work with the Underground Railroad. During the Civil War she nursed the sick and suffering of her own race.
Universal Images Group/Getty Images.