CHAPTER 22
Care of patients with Alterations in Health
Selected Nursing Skills

Standard Steps in Selected Skills

- Before the Skill: Standard Procedure
  - Refer to medical order
  - Introduce yourself: include your name and title or role.
  - Identify patient.
  - Explain the procedure and the reason it is to be done in terms the patient can understand, and give the patient time to ask questions. Advise patient of any unpleasantness that might be experienced.
  - Don clean gloves according to agency policy and guidelines from the CDC and OSHA.
  - Gather supplies. Provide privacy, check for pain
  - Adjust bed for good body mechanics

Standard protocol includes the following

1. Introduction, explanation of procedure, privacy, and pain.
2. Explanation of procedure, introduction, pain, privacy, and vital signs.
4. Identify pt., introduce self, pain, explain procedure, & privacy.
**Standard Steps in Selected Skills**

- **During the Skill**
  - Promote patient involvement as possible.
  - Assess patient’s tolerance, being alert for signs and symptoms of discomfort and fatigue.

- **Completion of Procedure**
  - Assist the patient to a position of comfort and place needed items within easy reach. Be certain patient has a means to call for assistance and knows how to use it.
  - Raise the side rails and lower the bed to the lowest position.

**Standard Steps in Selected Skills (continued)**

- **Completion of Procedure (continued)**
  - Remove gloves; Wash hands; Document patient’s response, expected or unexpected outcomes, and patient teaching.

Patient teaching. = anything you want the person to watch out for, or to report. The teaching will depend on the procedure.

- **Vocabulary worksheet followed by short video on Eye treatments**

**Skills for Sensory Disorders**

- **Irrigations**
  - Eye irrigations
    - Relieve local inflammation of the conjunctiva, apply antiseptic solution, or flush out exudate or caustic solutions.
    - Warm saline and small syringe or eyedropper are usually used to instill a few hundred milliliters of solution.
    - Irrigation should always be done from the inner canthus to the outer canthus.
    - Never allow the syringe tip to touch the eye.
MD orders: Clear Eyes 3 gtts O.U. TID
You give:

1. Clear Eyes in both eyes 3 times a day
2. Clear Eyes in Left eye 3 times a day
3. Clear Eyes, 3 drops in each eye 3 times a day
4. Clear Eyes, 3 drops in Right eye 3 times a day

Skills for Sensory Disorders

- Irrigations (continued)
  - Ear Irrigations
  - Using a small syringe and solution at body temperature, the nurse can cleanse a patient’s external auditory canal of excess cerumen or exudate from a lesion or an inflamed area.
  - Slow, gentle irrigation works best.
  - Irrigation is contraindicated when a foreign body obstructs the auditory passageway.
  - Irrigation is contraindicated if the patient has a cold, a high temperature, an ear infection, or an injured or ruptured tympanic membrane.
  - Short video on ear treatments

Skills for Heat and Cold Therapy

- Assess the integrity of the body part
- Determine patient’s ability to sense temperature variations
- Understand the normal responses to local temperature variations
  - The body can tolerate wide variations in temperature.
  - Normal skin temperature is 93.2°F.
  - Temperature receptors usually adapt quickly to local temperatures between 113°F and 59°F.
  - Pain develops when local temperatures exceed these limits.
  - Excessive heat causes a burning sensation.
  - Cold produces a numbing sensation before pain
Skills for Heat and Cold Therapy

- **Effects of Heat Application**
  - Heat improves blood flow through *vasodilatation* to an injured part.
  - However, blood flow is reduced by *vasoconstriction* as the body attempts to control heat loss from the area.
  - Periodic removal and reapplication of local heat restores vasodilatation. (20 minute intervals)
  - Continuous exposure to heat damages epithelial cells.

Skills for Heat and Cold Therapy

- **Effects of Cold Application**
  - The cell’s ability to receive adequate blood flow and nutrients results in *tissue ischemia*.
  - The skin initially takes on an *erythematous* (red) appearance, followed by a bluish-purple mottling with numbness and a burning type of pain.
  - Exposure of the skin to cold results in vasoconstriction.
  - The skin’s *tissue can freeze* on exposure to extreme cold.

Skills for Heat and Cold Therapy

- **Assessment**
  - Assess patient’s physical condition for signs of potential *intolerance to heat and cold*.
  - Observe the area to be treated for impairment of skin integrity.
  - Identify conditions that contraindicate heat or cold therapy.
    - **Warm applications are contraindicated** when the patient has an acute localized inflammation; cardiovascular problems; or active bleeding.
    - **Cold applications are contraindicated** if the site of injury is edematous or the patient has impaired circulation or is shivering.
Skills for Heat and Cold Therapy

• **Patient Safety**
  • Before heat or cold treatment is applied, the patient should **understand its purpose**, the symptoms of temperature exposure, and precautions taken to prevent injury.

• **Physician's Order**
  • A prerequisite to heat or cold application is a **physician’s order**, which should include body site and **the type**, frequency, and duration of application.

Skills for Heat and Cold Therapy

• **Moist or Dry Applications? Which to use?**
  • The type of injury, the location of the body part, and the presence of drainage or inflammation are factors to be considered. *(MD will decide!)*

• **Hot, Moist Compresses**
  • For open wounds, use a sterile, hot, moist compresses improve circulation, relieve edema, and promote consolidation of purulent exudate.

Skill 22-5

*Assess condition of exposed skin and wound on which compress is to be applied.*

Skills for Heat and Cold Therapy

- **Warm Soaks**
  - Immersion of a body part in a warmed solution
  - Promotes circulation
  - Lessens edema
  - Increases muscle relaxation
  - Can provide a means to debride wounds and apply medicated solution
  - A soak can also be accomplished by wrapping the body part in dressings and saturating them with warmed solution or by whirlpool treatments.

Figure 22-1


Whirlpool moist heat therapy.

Skills for Heat and Cold Therapy

- **Paraffin Baths**
  - Bath consists of a mixture of heated paraffin wax and mineral oil.
  - Patients with painful arthritis or other joint discomforts of the hands and feet benefit most from these baths.

- **Aquathermia (Water-Flow) Pads ("K-PAD")**
  - This is used to treat muscle sprains and areas of mild inflammation or edema.
  - This consists of a waterproof plastic or rubber pad connected by two hoses to an electrical unit that has a heating element and motor.
Skills for Heat and Cold Therapy

- **Commercial Hot Packs**
  - Commercially prepared, disposable hot packs apply warm, dry heat to an injured area.
  - Sticking, kneading, or squeezing the pack mixes the chemicals and releases the heat.

- **Electric Heating Pads**
  - Pad consists of an electric coil enclosed within a waterproof pad covered with cotton or flannel cloth.
  - The pad is connected to an electric cord that has a temperature-regulating unit for a high, medium, or low setting.

Skills for Heat and Cold Therapy

- **Cold Moist and Dry Compresses**
  - Cold compresses should be applied for 20 minutes at a temperature of 59°F to relieve inflammation and edema.
  - Commercially prepared cold packs are available for dry application.
  - The nurse should observe for burning or numbness, mottling of the skin, erythema, extreme paleness, or cyanosis.
Skills for Urinary or Reproductive Tract Disorders

- Urinary Elimination
  - This is a natural process that individuals take for granted until it is altered by some uncontrollable physiological factor.
  - Patients may require physiological and psychological assistance from the nurse.
  - Physiological support may require the use of an invasive procedure, such as insertion of a urinary catheter into the bladder.
  - Psychological assistance may be needed to help the patient adjust to a visible urine collection drainage bag.
• Urinary Elimination (continued)
  • Catheter
    • This is a flexible tube that can be inserted into a vessel or cavity of the body to withdraw or instill fluids.
    • Most catheters are made of soft plastic or rubber.
    • Catheters may be used for treatment or diagnosis.
    • Catheterization of the bladder involves introducing a urinary catheter through the meatus and urethra and into the urinary bladder.

Skills for Urinary or Reproductive Tract Disorders

• Urinary Elimination (continued)
  • Maintaining adequate urinary drainage
    • Urinary catheters are used to
      • Maintain urine flow
      • Divert urine flow to facilitate healing postoperatively
      • Introduce medications via irrigation
      • Dilate or prevent narrowing of some portions of the urinary tract
      • May be used for intermittent or continuous drainage

Skills for Urinary or Reproductive Tract Disorders

• Urinary Elimination (continued)
  • Maintaining adequate urinary drainage
    • Urinary catheters may be introduced into the bladder, ureter, or kidney.
    • The type and size of urinary catheter used are determined by the location and cause of the urinary tract problem.
    • Catheters are measured by the French system (Fr).
    • Urethral catheters range in size from 14 to 24 Fr for adult patients.
    • Ureteral catheters are usually 4 to 6 Fr and are must be inserted by a physician.
Skills for Urinary or Reproductive Tract Disorders

- Types of Catheters
- See your book, page 574
  - Foley Catheter
    - Designed with a balloon near the tip so that the balloon may be inflated after insertion, holding the catheter in the urinary bladder for continuous drainage
  - Condom catheters
    - This device is not a catheter but a drainage system connected to the external male genitalia.
    - It is used for the incontinent male to minimize skin irritation from urine.

Figure 20-15

(A) Condom catheter. (B) Condom catheter attached to leg bag.

(From Elkin, M.K., Perry, A.G., Potter, P.A. [2004]. Nursing interventions and clinical skills [3rd ed.]. St. Louis: Mosby.)

Figure 20-17

Drainage system must be below the level of the bladder.

Skills for Urinary or Reproductive Tract Disorders

**Routine Catheter Care**
- Perineal care and the cleansing of the first 2 inches of the catheter every 8 hours are expected at minimum.
- The use of powders or lotions on perineum is contraindicated.
- Assess the urethral meatus and surrounding tissues for inflammation, swelling, and discharge. Note amount, color, odor, and consistency of discharge.

Skills for Urinary or Reproductive Tract Disorders

**Routine Catheter Care (continued)**
- The urinary tubing and collection bag should be changed only if there are signs of leakage, odor, or sediment buildup. Follow facility policy
- Check the drainage tubing and bag to ensure that no tubing loops hang below the level of the bladder, that the tube is coiled and secured onto the bed linen, and that the tube is not kinked or clamped.
- An indwelling catheter must be removed or changed after a certain period of time. MD ORDER
- It may be removed and replaced by a new catheter or removed and the patient allowed to excrete urine via the normal route

Skills for Urinary or Reproductive Tract Disorders

**Bladder Training**
- Involves developing the use of the muscles of the perineum to improve voluntary control over voiding; may be modified for different problems.
- In preparation for the removal of a urethral catheter, the physician may order a clamp/unclamp routine to improve bladder tone.
- For the patient with stress incontinence, instruct to perform Kegel exercises.
- For habit training, a voiding schedule is established.
Managing Incontinence
- Urinary incontinence occurs because pressure in the bladder is too great or because the sphincters are too weak.
- Kegel exercises
- Bladder training
- Disposable adult undergarments or underpads
- It’s a sensitive issue: Maintain privacy and DIGNITY

Skills for Gastrointestinal Disorders
- Flatulence
  - May cause distention of the stomach and abdomen and mild to moderate abdominal cramping and pain
  - One of the most effective measures to promote peristalsis and passage of flatus is walking
  - Rectal tube may be used

Skills for Gastrointestinal Disorders
- Administering an Enema
  - This involves the instillation of a solution into the rectum and sigmoid colon.
  - Primary reason for an enema is promotion of defecation.
  - The volume and type of fluid instilled can lubricate or break up the fecal mass, stretch the rectal wall, and initiate the defecation reflex.
  - Patients should not rely on enemas to maintain bowel regularity because enemas do not treat the cause.
  - Frequent enemas disrupt normal defecation reflexes, resulting in dependency on enemas for elimination.
Skills for Gastrointestinal Disorders

- Fecal Incontinence
  - The first step in care of the patient with fecal incontinence is to assess whether fecal impaction is the cause.
  - An impaction involves the presence of a fecal mass too large or hard to be passed voluntarily.
  - Either constipation or diarrhea can suggest the presence of an impaction.
  - An oil retention enema lubricates the rectum and colon, softens the feces, and facilitates defecation.
  - It can be used alone or with manual removal of a fecal impaction.