Foundations in Nursing Practice (Associate Level)
Two Easy Ways to Register

Register online (www.excelsior.edu/exams/register-for-exams). Follow the instructions and pay by Visa, MasterCard, American Express, or Discover Card.

Register by phone—(only if you are unable to register online)

Call toll free 888-647-2388 to register.

International callers: Dial your international access code, then 518-464-6959.

Use your Visa, MasterCard, American Express, or Discover Card to pay the exam registration fees.

Excelsior College Library

Access millions of authoritative resources online through the Excelsior College Library. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference services, and many other resources.

Special library pages relate to the nursing degree exams and other selected exams. The library is available to enrolled students only.

To access it, visit www.excelsior.edu/library (login is required).

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks, and other resources to help you prepare for Excelsior College® exams and courses.

bookstore.excelsior.edu

MyExcelsior Community

MyExcelsior Community enables Excelsior College students and alumni to interact with their peers online. As members, students can participate in chat groups, join online study groups, buy and sell used textbooks, and share internet resources. Enrolled students have automatic access from their MyExcelsior page.

Online Practice Exams

When you register for your test, why not purchase the corresponding practice exam as well?

Official practice exams give you a “sneak preview” of the credit-bearing exam and types of questions you may encounter. You take your practice exams using any computer with a supported web browser. Each practice exam purchased includes two forms or exams, that you may take within a 180-day period. After each practice exam, you can check your performance on each question and find out why your answer was right or wrong online. Feedback is not intended to predict your performance on the actual exam; rather, it will help you improve your knowledge of the subject and identify areas of weakness that you should address before taking the exam. We highly recommend that you take the first form of the practice exam before you begin studying—to see how much you already know—and the second form after you have finished studying to determine your degree of readiness.
General Description of the Examination

The Excelsior College examination entitled Foundations in Nursing Practice measures knowledge and understanding of material typically taught in a one-semester, three-credit, lower-level undergraduate course in nursing. The examination content focuses on the application of the nursing process to support nursing judgment for the provision of evidence-based patient-centered care. The foundations of nursing practice include the care of culturally diverse patients experiencing health problems related to discomfort, pain, and sensory impairment. Growth and development and its relationship to health, injury prevention, illness and continuity of care in a variety of settings are studied. Chronic illness, disability, and end of life needs, as well as pertinent ethical, legal and regulatory requirements and the standards of professional nursing practice are addressed. Principles, concepts, and theories from the natural and social sciences in relation to safe nursing care are applied to patients and families across the life span.

End of Program Student Learning Outcomes (EPSLO)

EPSLO1. Use a caring holistic approach to provide and advocate for safe quality care for patients and families in an environment that values the uniqueness, dignity, and diversity of patients. (Patient-Centered Care)

EPSLO2. Apply the nursing process to make nursing judgments, substantiated with evidence to provide safe, quality patient care across the lifespan. (Nursing Judgment)

EPSLO3. Use principles of management and delegation to implement plans of care with members of the intra-professional team to achieve safe, quality patient outcomes. (Nursing Judgment)

EPSLO4. Demonstrate the standards of professional nursing practice and core values within an ethical and legal framework. (Professional Identity)

EPSLO5. Apply principles of leadership and inter-professional collaboration to improve patient outcomes. (Professional Identity)

EPSLO6. Use evidence-based findings and information technology to improve the quality of care for patients. (Spirit of Inquiry)

Course Level Student Learning Outcomes (SLO)

Upon successful completion, you will be expected to demonstrate the ability to:

SLO1. Demonstrate caring and cultural sensitivity when providing patient-centered care. (Patient-Centered Care)

SLO2. Interpret functional health, developmental stages, and illness management to formulate plans of care for patients with pain, discomfort, sensory impairment, chronic illness, and end-of-life needs. (Nursing Judgment)

SLO3. Use principles of management and delegation to coordinate patient care in a variety of health care settings. (Nursing Judgment)

SLO4. Apply ethical and legal principles of professional nursing practice to the care of individuals with pain, discomfort, sensory impairment, chronic illness, or end-of-life needs. (Professional Identity)

SLO5. Use principles of interprofessional collaboration to improve patient outcomes in a variety of health care settings. (Professional Identity)

SLO6. Identify the use of evidence-based findings and technology related to the nursing skills and competencies to provide safe, quality, patient care in a variety of health care settings. (Spirit of Inquiry)
Concepts Associated With
The EPSLO and SLO

As you think about the specific Student Learning Outcomes (SLO) while preparing for this particular examination, also be mindful of how you can incorporate the following End-of-Program Student Learning Outcomes (EPSLO) to the care of clients by using these questions:

**Patient-Centered Care:** In what ways does the RN individualize nursing communication and care in a manner that respects each patient’s cultural and family beliefs, and that incorporates preferences to meet each patient’s individual needs?

**Nursing Judgment:** What are common problems faced by patients presenting with the specified health disorder or circumstances you are studying? As the RN, in what ways will you apply the nursing process to meet their needs? How will you consider the team members’ scopes of practice, in order to decide which nursing tasks you can safely delegate, and to whom you will delegate, to meet the patient’s needs?

**Professional Identity:** What legal and ethical implications arise in the care of patients with the specified health disorder or circumstances you are studying? What does the RN need to consider to address these implications, in a way that maintains the core values of the RN? With which member(s) of the interdisciplinary health team will you collaborate, and on what areas, so the patient achieves their individual outcome(s)?

**Spirit of Inquiry:** What aspects of the specified health disorder or circumstances you are studying will help you determine which evidence-based data to use, in a way that will support nursing care and assist patients in achieving their outcomes? What professionally-accepted standards of care apply to these patients? What technology will help you and the patient improve the quality of their care?

**Examination Length and Scoring**

The exam consists of approximately 130 multiple-choice questions, some of which are unscored, pretest questions. The pretest questions are embedded throughout the exam, and they are indistinguishable from the scored questions. It is to your advantage to do your best on all of the questions. You will have three (3) hours to complete the exam. Your score will be reported as a letter grade.

The ECE exams do not have a fixed grading scale such as A= 90-100%, B=80-90%, and so forth, as you might have seen on some exams in college courses. Each of the ECE exams has a scale that is set by a faculty committee and is different for each exam. The process is called standard setting and is described in more detail in the Technical Handbook. The reason we do this is that different test questions have different levels of difficulty. Getting 70% of questions correct when the questions are easy does not show the same level of proficiency as getting 70% of questions correct when the questions are hard. Every form of a test (that’s the collection of test questions that you see), therefore, has its own specific grading scale tailored to the particular questions on the form.

Please note also that on each form, some of the questions count toward the score and some do not; the grading scale applies only to those questions that count toward the score. Therefore, there is no specific number of questions on the overall form that you need to answer correctly in order to achieve a particular grade.

The area with percentage ratings on the second page of your score report is intended to help identify relative strengths and weaknesses and which content areas to emphasize, should you decide to take the examination again. It is based on both scored and pretest questions (which are not scored), so it will not necessarily reflect the total percentage that counted toward your grade.

**Examination Administration**

Pearson Testing Centers serve as the administrator for all Excelsior College computer-delivered exams. If you have a question about the administration of your exam, or wish to register for an exam, please contact the Registration Team at excelsior at: testadmin@excelsior.edu, Toll free phone: 888-647-2388, ext. 221, Fax: 518-464-8777

The Accessibility Office at Excelsior College considers requests for reasonable accommodations for exam administration. For example, if you have a documented special need or disability, you may put in a request to receive assistive study aids, an amanuensis,
Computer-Delivered Testing

You will take the exam by computer, entering your answers using either the keyboard or the mouse. The system is designed to be as user-friendly as possible, even for those with little or no computer experience. On-screen instructions are similar to those you would see in a paper examination booklet.

We strongly encourage you to use the online tutorial before taking your exam at Pearson Testing Centers. To access the tutorial, go to www.pearsonvue.com/uexcel and click on the “Pearson VUE testing tutorial and practice exam” link on the right-hand side of the page.

About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College is not affiliated with any test preparation firm and does not endorse the products or services of these companies. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student’s home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, that you consider the points outlined on our website at www.excelsior.edu/exams/advisory.
The Content Outline

The content outline describes the various areas of the test. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, systematic review, and applying the concepts. For the seven clinically focused exams in Essentials in Nursing Care and Health Differences Across the Life Span series, each content area description has two sections:

Section A, Basic Concepts, includes scientific principles underlying the condition being studied, developmental or cultural aspects of care, and clinical manifestations encountered. You might think of this as the Who, What, When, and Where. This section might be considered the facts.

Section B, Nursing Process, details how each step of the nursing process is used, with examples that are specific to the content area being studied. You might think of this as the How of nursing care. This section is how to apply the facts with the nursing process.

For the one non-clinically focused exam, Transition to the Professional Nurse Role, the section A and B format is not used, but the content is listed according to topics and how it impacts the RN and how the RN uses or applies the concepts.

NOTE: The examples are used to help clarify the content topic. However, the content of the exam is not limited to the specific examples given.

The Nursing Process Is Key

While the nursing process is explicitly studied at the beginning of the Essentials in Nursing Care: Health Safety outline, it is also used as a structure for the “Nursing Process” section in each content guide. The nursing process must be applied, not just memorized, and will form the basis of many test questions in the exam series. To encourage a more comprehensive understanding of the Nursing Process, the nursing faculty strongly advise you to review the unit on the Nursing Process in your Fundamentals textbook and to complete the online tutorial titled Critical Thinking and the Nursing Process, NUR3014 listed in your available courses. This tutorial is free of charge and is located on your MyExcelsior page under Courses and Exams. It will be available throughout your course of study.

Required Resources

A list of required textbooks and other resources are included in each content guide. The nursing faculty have selected textbooks that are used in all phases of the nursing theory series. Creating a library of these textbooks will provide you with the resources to support your success. The textbooks include online resources such as videos, podcasts, case studies, and NCLEX-style practice questions to enhance your learning.

In order to use the online textbook resources, an access code is required. If you purchase a textbook with an access code that has already been redeemed, you may be able to purchase an “access code only” from the bookstore. Refer to the information inside the front cover of the textbook to use the access code to access the online resources.

It is also recommended that you obtain a current medical or nursing dictionary/encyclopedia such as Stedman’s Medical Dictionary for the Health Professions and Nursing. You should also have access to
textbooks in anatomy and physiology, microbiology, and laboratory and diagnostic procedures to enhance your learning resources

Reading Assignments
To ensure your success, you must complete the required readings listed under each content area in the content guide. Chapter numbers and titles may differ in subsequent editions of a given textbook. If your edition is different, use the Table of Contents in the textbook to locate the appropriate chapters to read. It is also helpful to review basic anatomy, physiology, and microbiology principles as they apply to each content area.

Web-Based and Professional Journal Resources
These resources include professional standards of nursing practice, evidence-based findings, and practice guidelines and protocols to support the development of your nursing knowledge. You are expected to access these resources as you study to gain a full understanding of what the professional nurse needs to know in order to provide safe, quality patient care. The Excelsior College Library provides access to the full text of each article listed in the content guide. Several professional recommended website resources are also linked in the resource list of the library. Simply log in to www.excelsior.edu/library and look for the Nursing Research guides, then Exam Resource Pages, then the specific exam you are seeking.

Academic Integrity
Nondisclosure Statement
All test takers must agree to the terms of the Excelsior College Academic Integrity Policy before taking an exam. The agreement will be presented on screen at the Pearson Testing Center before the start of your exam. Once you accept the terms of the agreement, you can proceed with your exam. If you choose not to accept the terms of the agreement, your exam will be terminated and you will be required to leave the testing center. You will not be eligible for a refund. For more information, review the policy at www.excelsior.edu/studentpolicyhandbook.

Student behavior will be monitored during and after the exam. Electronic measures are used to monitor the security of test items and scan for illegal use of intellectual property. This monitoring includes surveillance of internet chat rooms, websites, and other public forums.

Suggestions for Success on the Nursing Theory Examinations
1) Allow yourself enough time to study. Each nursing theory exam you successfully complete earns three (3) semester hours of credit. To earn these credits for an on-campus course, you would be expected to spend at least 135 hours attending classes and doing out-of-class assignments. Plan on spending a comparable amount of time preparing for each nursing exam. The percentage of the examination associated with each content area has been calculated for you and listed under the title for each content area. Set aside a specific time for studying, and ask others to respect your need for no interruptions. Make a calendar and plan for your anticipated test date, working backward to include study time and preparation routinely.

2) Make sure you have the most current content guide available. Each content guide has a “validity date” on the cover page. Study and prepare from the most recent content guide. After studying for a while, when you start thinking about scheduling your test appointment, again check for the latest content guide for your exam on the College’s website (www.excelsior.edu/contentguides, login is required), and make sure you still have the most current content guide to assist your preparation.

3) Organize your study according to the content outline in the content guide, rather than working your way systematically through any one textbook. The Reading Assignments will help you to locate the material for each content area.

4) Complete the required readings for each content area; this includes web-based and professional journal resources. Reading only one textbook is insufficient preparation for the exams. In order to completely understand the material tested on the examination, it is important to remember that the content covers health issues from birth to death.
5) **Aim for understanding rather than memorization.** Since the exam assesses a student’s ability to provide nursing care, the exam questions are written at the application level. While you are required to know facts, such as lab values and medication doses, the exam assesses your ability to apply this information.

6) **Study all relevant age ranges.** Consider how the patient’s developmental stage may affect the response to the health issue, as well as the nursing care that is provided.

7) **Use active learning techniques.** It helps to take notes, rephrase what you have read into your own words, or quiz yourself as you study. Some students create flashcards showing important concepts. Others read aloud, recording as they go, so that they can listen to the material as they commute, exercise, etc. Think how will I apply this information or concept as a RN? Consider the Student Learning Program concepts: patient-centered care, nursing judgment, professional identity, and spirit of inquiry. What is the connection between what you are learning and these concepts? Consider if you feel able to demonstrate the associated course level student learning course outcome (SLO) that matches this content and concept.

8) **Use the practice exams appropriately** (see inside covers of this guide for more information). Take the first form of the practice exam early in your study period and use the results to identify areas for further study; create a study plan and follow it; then take the second form and see how much you have improved. If you have done well on the practice exams and are feeling confident, go ahead and schedule your appointment to test. If your score on the second form indicates that you still have some studying to do, check your registration information to confirm how much eligibility time you have remaining, and revise your study plan to complete your learning before your eligibility period expires. You should feel competent to demonstrate the course level Student Learning Outcomes (SLO) to succeed with the exam.

9) **Use the review questions, patient situation scenarios, and recommended web resources in the textbooks** to help you assess your strengths and weaknesses. Review books and workbooks summarize important points but do not provide the depth that is required to learn new content. They are helpful to use as a review after you have studied. Similarly, NCLEX review books that include question-and-answer areas can help you to assess your test-taking ability but they should not be used as your primary method of study.

10) **Use the “Test Your Knowledge” box after each content area to evaluate how well you have learned and are able to apply the concepts. You should be able to answer these questions and discuss the issues to be successful.**

11) **Practice with alternative item formats.** The sample questions in this content guide provide some examples of these item types that may appear on your nursing theory exam or your licensure exam. These sample questions also show the connection with the course level student learning outcomes(SLO) you are to be achieving. You will find more examples in NCLEX review books, at www.ncsbn.org, and in the online textbook resources. Probably the most difficult of these types is the multiple-response (select all that apply) question. To receive credit, you must choose all of the correct answers and none of the incorrect ones. When you encounter one of these questions on your exam, focus on what is being asked.

You may find it helpful to use the notebook provided at the test center to write down what you can remember about the question topic. Then eliminate any options that are clearly incorrect, and carefully re-read all the remaining options to be sure they are correct. Take advantage of the opportunity to mark this question type for review at the end of the exam.

12) **Don’t overschedule yourself.** Remember that taking an exam can be tiring and stressful. Don’t overextend yourself by registering for too many exams at once. Students who try to take more than one exam at a time or don’t allow enough time between exam appointments often fail at least one of the exams they attempt.

13) **Review computer-based testing procedures.** If you’re concerned about taking your exam by computer, look over the Pearson tutorial to get an idea of the exam process.

14) **Assess, refresh, and improve your study skills, as needed.** If you need additional assistance with study strategies and/or test taking skills,
the Excelsior College Bookstore carries several workbooks in these areas. You can find them in the Nursing Study Aids section.

15) **Make sure you are rested and comfortably dressed the day of the examination.** Anything you can do to increase your ability to concentrate during the exam will help.

16) **If you don't pass, don't despair.** Instead, try to determine why you had difficulty with the exam and take steps to correct the problem. Ask yourself, “Did I use the current content guide and the required text books? “Did I know the content well enough?” “Did I study long enough (135 or more hours)?” “Are there particular content areas that I omitted or didn’t really understand?” “Did my test-taking skills or stress level interfere with my ability to document my knowledge?” and above all, “What can I do differently next time to help myself succeed?”

Use the Detailed Score Report you received at the testing center to identify your weaker content areas for more detailed study. Review the scoring data information under Examination Length and Scoring section in this guide to be clear on percentage ratings per content area. Contact the College to set up an appointment to speak with a nurse faculty member about your preparation methods and plans to succeed, learning/applying the information and concepts. You can also join MyExcelsior Community to gain additional information and support.

**Nursing Terms in Excelsior College Examinations**

The language used in Excelsior College Examinations (ECEs) represents a range of terms used in nursing practice. Depending upon the term being used, the context of a question, and the nature of the exam, many terms may be used interchangeably and synonymously. There is often more than one appropriate term, and students should expect to see different terms throughout the materials they will use to prepare for the exams, and on the exams, themselves.

For example, the abbreviation RN is the standard term used in ECEs for someone fulfilling the role of a professional, registered nurse. However, a question in an exam on the professional development of nursing may show registered nurse (RN) spelled out because the context requires that usage. Similarly, a question on another exam may include reference to a nurse manager or a nurse colleague instead of RN, depending upon the situation.

Similarly, ECEs use the term diagnosis vs. diagnostic to refer to nursing diagnoses, although the terms are interchangeable. An example of a nursing diagnosis label (nursing diagnosis) would be Acute Pain. Nursing diagnosis labels are not to be confused with nursing diagnosis statements, which include the etiology of the nursing diagnosis label and the features that define that label for a particular patient. For example, Acute Pain related to tissue trauma as evidenced by patient report of pain level of 5 on a 0—10 numeric rating scale would be the entire nursing diagnosis statement. Nursing diagnosis labels appearing either alone or as part of an entire nursing diagnosis statement will always be capitalized.

Other examples of interchangeability include patient, the ECE term of choice for denoting the person who receives health care. However, in some questions, it may be appropriate to use client or resident if the situation takes place in a setting other than an acute care health facility. In still another example from the Reproductive Health ECE, woman may be used interchangeably with the term patient, even within the same item. Using terms interchangeably depends on the context of an item and whether the intent is to capture written or spoken language. An illustration of this could address a question on a nursing intervention for a 2-hour-old patient who is in distress in the NICU. The more clinical term neonate might appear in the question. However, if the answer choices to that question represent responses the parents might verbalize, then the term newborn might be used instead.

The broader term health care provider is used instead of MD or physician and includes practitioners who diagnose medical conditions, write medical prescriptions, and order diagnostic tests. Such practitioners can include physicians, nurse practitioners, or physician assistants.
Most ECEs will use the term *unlicensed assistive personnel (UAP)*. However, others will use *nursing assistive personnel (NAP)* or *assistive personnel (AP)* to reflect the language in the textbook used for that particular exam, such as in Essentials of Nursing Care: Health Safety.

_Emergency department (ED)_ is used interchangeably with _emergency room (ER)._ Again, it is assumed the student will identify such terms as interchangeable.

Our goal is to ensure an exam is understandable, fair, and concise, as well as correct. General language is used so as not to represent any one region or geographical location in the United States. Furthermore, each ECE undergoes a review for sensitivity and fairness. This review ensures our exams are bias-free and accessible to our diverse test-takers. In this review process, item content is “neutralized,” meaning factors such as gender, age, race, religion, ethnicity, and/or class are not included, unless they are relevant to the question.

Nursing faculty develop our exam content. Testing professionals then standardize style and usage and, in collaboration with faculty, revise and edit the content. This process ensures a coherent testing experience that measures students’ competency and reflects contemporary nursing practice.
Learning Resources for This Exam

Recommended Resources

Nursing Theory Conference Exams (NTCX)

The NTCXs combine an online conference and nursing theory examination so you can retain the flexibility of an independent learner while benefitting from an organized approach to examination preparation. The 8-week, term-based experience provides the opportunity for students to become engaged, and stay engaged, with the subject matter covered in the nursing curriculum. This option will only be available to students through the Spring I/II term 2020. The NTCX will be discontinued after Spring I/II 2020 term.

Activities include assigned readings, participation in weekly discussion questions, weekly quizzes, and feedback from faculty. The NTCXs are delivered asynchronously. Students who meet the Course or Nursing Theory Conference Examination Student Participation Policy will receive an Authorization to Test during the seventh week of the term. You will need to schedule and take your examination prior to the end of the eighth and final week of the term. For a list of dates and fees, visit www.excelsior.edu/nursing.

Required Resources for This Examination

Textbooks


Web-Based and Professional Journal Resources

For this examination, click the provided link to the web-based and professional journal resources for each content area of this content outline. Articles found in the Excelsior College Library will require you to sign in to your MyExcelsior account.

All web-based and professional journal resources are listed on the Library’s page for the Foundations in Nursing Practice exam.
Additional Resources

Students have access to an e-book through the Excelsior College Library! This e-book has unlimited user access. Nugent and Vitale have written an excellent resource for beginning nursing students, which provides information to assist with critical thinking, time management, effective study tips, and test-taking techniques. Students will find this book helpful to prepare for NCLEX-RN style questions. Follow the permalink below to explore this resource and develop effective study and test taking strategies.

The major content areas on the Foundations in Nursing Practice examination and the percent of the examination devoted to each content area are listed below.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Percent of the Examination</th>
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<tbody>
<tr>
<td>I. Patient-Centered Care</td>
<td>28%</td>
</tr>
<tr>
<td>II. Sensory Perceptual Disturbances</td>
<td>28%</td>
</tr>
<tr>
<td>III. Chronic Illness/End of Life</td>
<td>28%</td>
</tr>
<tr>
<td>IV. Community-Based Nursing</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Cognitive Activity</th>
<th>Percent of the Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Knowledge and Comprehension</td>
<td>30–40%</td>
</tr>
<tr>
<td>II. Application and Higher-Level Abilities</td>
<td>60–70%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
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The examples provided in the content outline are not intended to be comprehensive. Use the required readings for wide-ranging, current information.

**I. Patient-Centered Care**

28 PERCENT OF EXAM

In this section you are responsible for studying:

- Personalization of nursing care to respect the uniqueness, cultural background, spiritual beliefs and practices, personal preferences and experiences of each person
- Holistic health, complementary and alternative modalities integration into the nursing care and treatment plan

**REQUIRED READINGS**

  - Chapter 8: Individual Variation in Drug Responses (Section on Gender-and Race-Related Variations)
  - Chapter 108: Complementary and Alternative Therapy

  - Chapter 20: Spirituality and Health Care
  - Chapter 21: Diversity
  - Chapter 25: Integrative Health Practices
A. Concepts Related to Patient-Centered Care

1. Culture
   a. Key concepts: ethnicity, culture, cultural stereotype, cultural archetype, cultural norms, ethnocentrism, acculturation, assimilation, socialization, race, sub-cultures, cultural competence, ethnopharmacology, transcultural nursing, discrimination, genetics, genomics

   b. Health Belief Systems and impact on life processes, health, illness and cause of disease (for example: naturalistic/holistic, scientific/biomedical, magico-religious)

   c. Major cultures in the United States (for example: White, Hispanic, African American, Native-American, Asian/Pacific Islander.)

   d. Cultural characteristics affecting health (for example: communication, space, time orientation, social organization, environmental control, biological variations, association with health disparity)

   e. Culture of health care (for example: biomedical healthcare system, indigenous health care system, cultural health care norms [annual physical exams, habits of hand-washing, valuing compliance, intolerance for tardiness]; view of health as the absence of disease; subculture of nursing [caring, use of nursing process])
2. Spirituality
   a. Key terms: religion, spirituality, faith, hope, love, rituals, spiritual care
   b. Spiritual beliefs affecting health (for example: belief in miracles, spiritual healing, manifestation of pain or anxiety, meaning of suffering, illness as punishment)
   c. Major religions and their traditions, (for example: Christianity, Judaism, Islam, Hinduism, Buddhism, Native American; beliefs and rituals associated with life events [birth, death, illness, hospitalization, sexuality, and sexual preferences])

3. Holistic health
   a. Key concepts: Complementary and Alternative Modalities (CAM), alternative modalities, complementary modality, integrative healthcare, holistic nursing, holism, allopathy; National Center for Complementary and Integrative Health (NCCIH) department of National Institutes of Health (NIH)
   b. Holistic health beliefs and impact on health (for example: interconnectedness of all; shifts in balance lead to illness)
   c. Categories of Holistic Health defined by NCCIH (for example: biologically based therapies [herbs, diets]; manipulative and body-based methods [massage, chiropractic]; Mind-body medicine [yoga, meditation, imagery, relaxation]; alternative medical systems [traditional Chinese medicine, Ayurveda]; and energy therapies [Therapeutic Touch, magnets])

4. Developmental and Functional Considerations
   a. Key concepts related to expected normal growth and development: developmental milestones, patterns of change, common health problems, risks, age specific interventions, health promotion, and maintenance focus from infancy through oldest adulthood
   b. Physical growth, development and expected milestones: (for example: neonatal stage [startle and sucking reflexes]; infancy [infant smiles at 3 months]; toddlerhood [toilet training achieved]; preschool [hearing and vision matured]; school-aged [bathe and dress self independently]; adolescence [puberty onset]; young adulthood [child bearing]; middle adulthood [menopause and andropause]; older adulthood [stages {Young-Old, Middle-Old, Oldest-Old, and Frail Old}; physical changes including increased fat deposit, decreased REM sleep])
   c. Theories of development (for example: Developmental Task Theory [Havinghurst], Stages of Cognitive Development [Piaget], Psychosexual Development [Freud], Psychosocial Development [Erickson], Moral Development [Kohlberg, Gilligan], Spiritual Development [Fowler], physiologic theories of aging [wear and tear, genetic theories, cellular malfunction, autoimmune reaction])
B. Management of patient care: applying the nursing process to make nursing judgments, substantiated with evidence, to provide safe, quality patient care across the life span.

1. Assessment: collection of data that places patient at the center of care.
   a. Use of self-awareness and cultural encounters to create an atmosphere of patient-centered care (for example: and the Purnell Model for Cultural Competence [four levels of competence]; recognize barriers to providing patient-centered care for Culture [language barriers, racism, sexism]; Spirituality [personal bias, self-awareness, insufficient knowledge, fear, differences in spirituality between nurse and patient]; Holistic Health [interactive effects of conventional and complementary therapies; lack of research; lack of standardization and formulary with herbs]; Developmental and Functional Considerations [unfamiliarity with normal growth and development, stages of aging, impact of developmental delay])

b. Conduct a patient-centered health history and assessment that reflects culture, spirituality, holistic health, developmental/functional considerations (for example: Culture: patient's belief about cause of illness [magico-religious, naturalistic/holistic, or biomedical/scientific]; cultural beliefs and practices [language spoken, ethnic affiliation and identity, religious practices, verbal, and non verbal communication style]; beliefs regarding touch [gender specific restriction]; time orientation [European Americans focusing on future, Latino's focusing on the present]; cultural practices related to health [circumcision, fasting]; belief in ability to impact life and the world or belief in fate as controller; sexual orientation; sexual or gender identity; customs/rituals associated with birth and death [birth process is female oriented event for traditional Middle Eastern families and fathers may not participate in delivery, preparation of the body after death]; dietary habits; beliefs regarding respect for the aging person; cultural and/or ethnic identification; length of time in this country; social support in this country; formal educational experiences; primary language of communication; ability to speak/write English)
Spirituality: use of assessment tools [HOPE, SPIRIT, JAREL] to determine meaningful practices for the patient; attendance at religious services; religious beliefs [Sacrament of Sick for Roman Catholic, harmony with nature for Native Americans]; implications for health care [blood products]; dietary restrictions; Holistic health: use of alternative and or complementary therapies, holistic therapies, folk medicines; use of vitamins and or minerals; use of health care providers/healers who are not the admitting health care provider; dietary restrictions; Developmental/Functional considerations: Age-specific assessment and recognition of developmental milestones [anticipate toddler walking and implementing childproofing strategies]; family adjustment to achievement of developmental milestones; ability to dress self and carry out ADL's; mental status; common health screenings and problems for age groups [for example, Denver II developmental screening for infant and toddler, substance abuse in adolescents, domestic violence in the adult ages; changes in functional decline with older adults {mobility}]; follow through with health promoting actions [immunization, physical activity, avoiding unprotected sex, sex with multiple partners]).

c. Assess for the impact of patient’s cultural, spiritual, holistic practices and developmental/functional stage on the individual’s health status (for example: biologic variations such as drug metabolism and effectiveness [antihypertensive medication efficacy with African American population]; family history [genetic recessive traits seen in ethnic groups, such as Tay-Sachs, sickle cell anemia]; complementary remedies that may interfere with prescribed medications [herbal interactions]).

d. Assess the patient’s and significant other’s readiness for teaching and learning (for example: prior educational experiences; health literacy; potential topics that conflict with religious belief [male and female circumcision, family planning and birth control, transfusion of blood products for Jehovah’s Witnesses]; holistic practices that may interfere with prescribed regimen [Ayurvedic medications that are high in arsenic]; developmental stage/functional capacity and ability to learn [cognitive status, attention span]; socioeconomic factors that may impact compliance).

e. Recognize data and situations that require collaboration with appropriate members of the health care team (for example: noting delay in meeting developmental milestones, spiritual distress requiring spiritual advisor, risk-taking behaviors in adolescence, risk for falls in frail elderly population).
2. Diagnosis: Identification and prioritization of patient problems, labeled as nursing diagnoses, based on analysis of comprehensive assessment.
   a. Nursing diagnoses labels are derived from the nursing assessment data; nursing diagnoses labels are prioritized.
   b. Analyze and synthesize data for patterns and cues to identify nursing diagnosis labels using NANDA-I classification system (for example: Culture: [Impaired Verbal Communication, Nutrition: less than body requirements, imbalanced, Obesity, Powerlessness]; Spirituality: [Spiritual Distress, Moral Distress, Impaired Religiosity, Readiness for Enhanced Spiritual Wellbeing]; Holistic Health: [Imbalanced Energy Field]; Developmental/Functional considerations: [Risk for Delayed Development, Ineffective Health Maintenance related to cognitive impairment]).
   c. Set priorities based patient assessments and needs using theories and/or guidelines (for example: Maslow’s Hierarchy of Needs; expected developmental milestones [cognitive, psychosocial, and physical]).

   a. Create a patient-centered plan to address patient culture, spirituality, holistic health and/or developmental and functional considerations (for example: use technology when available and appropriate [translator phone device]; include interventions related to restoration of health, health promotion and maintenance; [qualified medical interpreter to gather data for development of plan with the patient]; consider cultural preferences and values; include spiritual preferences; consider spiritual experience’s influence on acute illness; integrate holistic beliefs as desired by patient into the comprehensive medical plan of care; include variations based on age and developmental level of patient).
   b. Establish expected outcomes and include a time frame for achievement of the outcome (for example: Culture: Patient with limited English proficiency will be able to communicate with health care team using phone translation device to make decision regarding surgical consent after device explained; Spirituality: Patient will verbalize daily religious practice of prayer is being accommodated successfully with other activities, Patient will request to see a religious advisor after being informed of spiritual resources; Holistic health: After pre-operative teaching session patient verbalizes plan to stop using gingko biloba two weeks before surgery, Patient will report reaching comfort function level of 2 after using prescribed medications and chosen CAM; Developmental/Functional considerations: Young school-aged patient will perform routine hygiene activities with care giver supervision every morning, Parent will verbalize 2 activities that support developmental tasks of the toddler after teaching session.)
c. Use established nursing standards, protocols, and evidence-based findings to move the patient towards the expected outcomes (for example: the Culturally and Linguistically Appropriate Services in Health and Health Care [CLAS Standards], Agency for Healthcare Research and Quality [AHRQ] Recommendations for Improving Patient Safety Systems With Limited English Proficiency [LEP], use of qualified medical interpreters]; QSEN Pre-licensure KSA's [section on Patient-Centered Care]).

d. Integrate ethical and legal standards (for example: practice in accordance with ANA Code of Ethics [maintain confidentiality, recognize ethical dilemmas and advocate for patient wishes even when contrary to RN’s personal beliefs]; advocate for patient choice of treatment when recommended treatment conflicts with religion [Christian Scientist regarding surgery, abortion and birth control conflict and alternatives]).

4. Implementation: implementation of the patient-centered plan of care by performing or delegating the planned interventions. This includes providing care, directing care, collaborating with other members of the health care team, and patient teaching that is respectful to patient.

a. Establish a collaborative relationship with the patient and/or the patient’s significant others to cope with the perceived health problems and expected developmental/functional changes (for example: recognize self-awareness in development of caring relationship, building trust, ability to provide hope, tolerance for beliefs that differ from own; use space, time orientation, verbal and nonverbal communication skills appropriate for patient preferences; coordinate provision of same sex caregiver as desired by patient; provide for patient’s desired ethnic foods; create an atmosphere that mitigates external stressors interfering with recovery [language issues/inability to communicate clearly with team, fear of expressing religious practices, fear prohibitions from using CAM]; preferences to not accept certain medical treatments or procedures; allow patient to participate in Sabbath practices as desired; refer patient to pastoral care services; refer to faith community nurse or parish nurse; protect patients through education and negotiation when patient discusses an unsafe treatment or practice).
b. Promote, maintain, or restore the patient's physiological and psychosocial functioning by providing patient-centered care (for example: **Culture**: use qualified medical interpreter or translation technology, nonverbal communication boards, devices, pictures; assist patient to make dietary choices that meet medical needs and cultural beliefs; **Spirituality**: active listening [presence, touch, exploring meaning, and reminiscence therapy]; forgiveness facilitation, hope inspiration, and prayer rituals [opportunity to pray 5 times per day on prayer rug]; **Holistic Health**: encouraging safe effective use of desired CAM [when it is effective or not harmful]; negotiating or restructuring techniques with patient when CAM effect is harmful [coining technique as damaging for patient with burns, TENS or magnets on upper torso when patient has a pacemaker that can be adjusted by electromagnetic waves]; **Developmental/functional considerations**: implement age specific interventions, contact school-aged child's parent to inform of visual acuity changes noted from Snellen test and assist with follow-up for full exam and glasses as needed; inform parent of upcoming changes in development to help them assist children such as with puberty changes [initiate open discussions with adolescent regarding sexuality; keeping objects and food that may cause choking out of reach of child]).

c. Integrate understanding of CAM (Complementary and Alternative Modalities) in relation to treatment plan (for example: identify possible contraindications with herbs or complementary products [combining prescribed drugs with herbs or other products]; assess pertinent laboratory data [clotting times with herbs that prolong bleeding]; explore alternate possibilities with patient and health care provider to respectfully meet patient's needs).

d. Create patient-centered teaching plans specific to the patient's needs and learning styles. Educate patient considering personal factors contributing to the health problem; self-care practices or lack of; when to contact health care provider; language and health literacy of patient/family (for example: **Culture** impact of fasting on disease management; avoidance of slang or medical jargon for patient with limited English proficiency; provide patient education literature in patient’s preferred language; **Spirituality**: use of rituals/practices to provide comfort, connection with others may impact perceived stress; **Holistic Health**: uses, risks, and effects of CAM on health and illness; assist with identifying reliable web resources for self education regarding CAM [teach that the regulations for herbal products are not the same as regulations associated with medications, and statements on the labels are not necessarily accurate and proven]; reinforce need to inform medical provider of herbal use; **Developmental/functional considerations**: educating parents about expected behaviors, how to enhance this development, and how to protect patient based upon developmental age [teach parents the age when an infant begins rolling over and may fall from a flat unprotected surface]).
e. Coordinate with health care provider, team, and other practitioners to promote continuity of care (for example: **Culture:** nurse modifies the daily routine to accommodate patient’s healer and cultural practice; referral to local community support groups associated with patient’s culture; RN collaborates with pharmacist and ordering health care provider regarding potential pharmacogenetic considerations [African American individual’s physiologic lack of response to beta blockers]; **Holistic health:** negotiate CAM requests that may be contraindicated with medical regimen or require adjustments for safety [herbs with anticoagulant effect when patient is surgical candidate or on anticoagulants, use of melatonin for long term and complicated sleep disorders]; coordinate referral of patient for ongoing CAM treatments as desired from providers known to hospital facility; **Spirituality** arrange for visit by priest to administer Sacrament of the Sick for a Roman Catholic patient; negotiates for and with patient concerning preferred spiritual health practices within treatment plan; refer to local community support groups associated with specific religion, parish nurse referral, refer patient to a spiritual advisor or facilities’ pastoral care staff; **Developmental/Functional Considerations:** work with play therapist to allow for continued development of child during illness; coordinate with social worker assisting elderly patient find a new level of safe housing).

f. Assign, supervise, and communicate patient care needs to members of the nursing care team: RN LPN/LVN, nursing assistive personnel [NAP] (for example: use the principles of delegation in accordance with cultural, spiritual, holistic health preferences as well as developmental and functional considerations to make decisions regarding assignments for a patient or for a group of patients; ensure care is delegated to staff who are unbiased and knowledgeable of cultural, spiritual, and holistic health needs and preferences; ensure that care is delegated to staff who are knowledgeable of developmental and functional status and able to incorporate into plan of care; monitor patient care provided by other members of the health care team).

5. Evaluation: evaluation of the plan of care. Determine whether the expected patient outcomes were achieved.

a. Evaluate patient response to attainment of the expected outcomes (for example: Does patient verbalize cultural, spiritual, and holistic health needs and preferences have been addressed? Does patient verbalize feeling respected? Do care providers demonstrate respect for the patient preferences in the plan of care? Has patient received CAM therapies as desired while hospitalized? Does patient report a sense of balance and healing? Does the patient report feeling able to be true self? Have the common development tasks of the patient been supported [10 month old had an opportunity to walk]).
b. Revise the patient’s plan of care based on new or additional patient data (for example: **Culture**: further consideration of cultural needs or conflicts for patients who are not progressing as predicted, re-assignment of caregiver when it is recognized that individual’s beliefs are contrary to patient’s culture; **Spirituality**: additional review of spiritual needs or conflicts for patients who are not progressing as predicted, re-assignment of caregiver when characteristics [such as gender] of the team member are contrary to patient’s spiritual and or religious beliefs; **Holistic health**: adding therapeutic touch for an anxious patient with unrelieved post-op pain; **Developmental and functional considerations**: modifying plan of care when patient is not at expected level of development [toddler regresses with toilet training progress during acute illness]).

c. Consider areas for quality improvement (for example: use evidence-based findings to improve performance such as QSEN Pre-licensure KSA’s competencies; evaluate the process for addressing errors and actions taken to prevent future errors; determine adequacy of policies and procedures; Application of CLAS guidelines, AHRQ guidelines for Limited English Proficiency [LEP] patients/families).

### TEST YOUR KNOWLEDGE

- How would you prepare yourself to provide culturally sensitive care? How will you learn of different cultures and individual patient/family beliefs?
- How does your health care organization implement and follow the CLAS Standards?
- What QSEN Knowledge, Skill, or Attitude standards apply to this content? How would you act if you felt personally held attitudes of a peer, working with people of different ethnic, cultural and social backgrounds were negatively impacting the patient care?
- What education will you provide to a patient seeking complimentary and/or alternative therapies? How might the RN modify the plan of care to incorporate holistic and or spiritual practices for a patient?
- How do age and development impact a patient’s care? How would a respiratory assessment vary if being carried out for a 5-month-old, five-year-old, a 25-year-old, a 55-year-old, or a 95-year-old patient?
- How would you provide nursing care to a patient who believes that the offered plan of care is against their beliefs?
- How does the ANA scope and standards of practice guide the RN role when working with patients with beliefs contrary to mainstream beliefs?

### II. Sensory Perceptual Disturbances

**28 PERCENT OF EXAM**

*In this section you are responsible for studying:*

- Pain and discomfort, related symptoms, influencing factors, pharmacological and non-pharmacological treatment approaches to plan and manage patients’ pain and discomfort successfully
- Common visual and hearing disturbances, factors that influence these impairments, and associated nursing process

### REQUIRED READINGS

  - Chapter 28: Opioid Analgesics, Opioid Antagonists, and Nonopioid Centrally Acting Analgesics
  - Chapter 29: Pain Management in Patients with Cancer
Chapter 30: Drugs for Headache
Chapter 104: Drugs for the Eye
Chapter 106: Drugs for the Ear
Chapter 12: Pain Management
Chapter 63: Assessment and Management of Patients with Eye and Vision Disorders
Chapter 64: Assessment, and Management of Patients with Hearing and Balance Disorders
Use Mosby’s Guide to Nursing Diagnosis 5th edition to review the nursing diagnoses specific to the content covered in this content area.
Chapter 39: Pain Management in Children (sections on “Assessing the Type and Degree of Pain” and sections on “Pain Assessment”)
Chapter 50: Nursing Care of a Family When a Child Has a Vision or Hearing Disorder
Chapter 24: Hygiene (Caring for Contact Lenses, Caring for Artificial Eyes, Caring for Hearing Aids only)
Chapter 25: Administering Medications (Routes of Administration Topical Instillation Eyes and Ears, Administering Ophthalmic Medication, Irrigating the Eyes, Administering otic medication only)
Chapter 31: Sensory Perception (Except Section on Seizures)
Chapter 32: Pain
Chapter 36: Skin Integrity and Wound Healing (section on Using Heat and Cold therapy only)

WEB-BASED AND PROFESSIONAL JOURNAL RESOURCES
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A. Types of Disturbances
   1. Pain/Discomfort
      a. Key Concepts: pain (acute, chronic, breakthrough, nociceptive, neuropathic), origins of pain (cutaneous, visceral, somatic, radiating, referred, phantom, psychogenic), physiologic process of pain (transduction, transmission, perception, modulation), pain classifications (origin, cause, duration, quality), tolerance, placebo, discomfort
      b. Treatment modalities: non-pharmacological treatments (cutaneous stimulation, immobilization, cognitive-behavioral interventions, heat/cold, environmental manipulation); pharmacological treatments (nonopioids, adjuvant analgesics, opioids, sedatives), Patient controlled analgesia (PCA), nerve blocks/epidural injections; surgeries (cordotomy)
      c. Collaborative problems: managing pain with addiction or substance abuse, risks based upon special populations (prolonged sedation with geriatric population)
2. Visual Disturbances
   a. Visual impairments: (for example: myopia, hyperopia, presbyopia, astigmatism, strabismus, blindness; glaucoma, cataracts, macular degeneration, retinal detachment, retinal vascular disorders [artery or vein occlusion]; orbital trauma [fractures, foreign bodies]; ocular trauma [splashes, foreign bodies, corneal abrasions, penetrating injuries, burns, foreign bodies]; infectious and inflammatory disorders [dry eye disease, uveitis, orbital cellulitis]; eye tumors)
   b. Treatment modalities: (for example: medications, surgery [trabeculoplasty, cataract removal, intraocular lens implants, refractive surgeries, scleral buckle, enucleation]; prosthesis)

3. Hearing Disturbances
   a. Hearing impairments (for example: presbycusis; deafness [nerve and conduction]; external, middle, and inner ear disorders [cerumen impaction, foreign bodies, otitis, tympanic membrane rupture, otosclerosis, masses], motion sickness, Meniere’s disease, benign paroxysmal positional vertigo, tinnitus, labryinthitis, ototoxicity, acoustic neuroma).
   b. Treatment modalities (for example: surgery [myringotomy, tympanoplasty, mastoidectomy, stapedotomy]; hearing aids, implanted hearing devices, guide dogs, canalith repositioning)

B. Management of patient care: applying the nursing process to make nursing judgments, substantiated with evidence, to provide safe, quality patient care across the life span to those with sensory perceptual disorders.

1. Assessment: collection of comprehensive patient-centered data to be used as the basis for identifying patient needs.
c. Assess for presence of further potential consequences or complications (for example: Pain/Discomfort: physiologic effect of chronic/unrelieved pain, addiction, tolerance; Visual and Hearing disturbances: infection [drainage, pain, fever]; decreased protective sensory function [safety, injury]; isolation [communication difficulty, sensory deprivation/overload, mental status changes, response to stimuli]).

d. Assess the patient’s and significant other’s readiness for teaching and learning and baseline knowledge (for example: determine barriers to learning [Pain/Discomfort: presence of, effect of medication on comprehension or attention span; Visual and Hearing disturbances: altered perception and interpretation of stimuli, presence of sensory deprivation or overload]; learning preferences).

e. Review diagnostic data to establish a plan of care (for example: Snellen Test, ophthalmic exam, intra-ocular pressure, color blindness testing; Hearing tests [Weber, Rhine, otoscopic exam]).

2. Diagnosis: identification and prioritization of patient problems, labeled as nursing diagnoses, based on analysis of comprehensive assessment.

a. Nursing diagnoses are derived from the nursing assessment data; nursing diagnoses are prioritized based on assessment data.

b. Analyze and synthesize data for patterns and cues to identify nursing diagnosis labels using NANDA-I classification system (for example: Pain/Discomfort: Acute Pain, Chronic Pain, Impaired Comfort; Disturbed Sleep Pattern, Insomnia, Impaired Physical Mobility, Constipation, Fatigue, Fear, Dysfunctional GI Motility, Deficient Knowledge, Nausea, Ineffective Breathing Pattern; Visual and Hearing disturbances: Sensory Deprivation, Sensory Overload, Sensory Perception disturbed [specify], Acute Confusion, Social Isolation, Diversional Activity Decreased, Impaired Verbal Communication).

c. Set priorities based patient assessments and needs using theories and/or guidelines (for example: Maslow’s Hierarchy of Needs, WHO three-step analgesic ladder).


a. Create a patient-centered plan to address patient problems; use technology for vision and hearing deficits and pain/comfort management when available and appropriate. Include interventions related to pain/comfort management and comfort throughout life and death, as well visual and auditory deficits (for example: variations based on developmental level, culture, and personal preferences/values; patient’s medical history influence on acute illness, establishing a comfort-function goal with patient).
b. Establish expected outcomes and include a time frame for achievement of the outcome (for example: Patient will rate pain as a 3 on the 0–10 numeric rating pain scale after treatment; Patient with Meniere’s disease will report relief from nausea within 30 minutes after receiving anti-emetic; Parent will demonstrate correct procedure for eye drop administration to a toddler after teaching).

c. Use established nursing standards, protocols, theories, and evidence-based findings to move the patient towards the expected outcomes (for example: ANA Standards of Professional Nursing Practice; American Academy of Pain Medicine Clinical Guidelines).

d. Integrate ethical and legal standards (for example: practice in accordance with ANA Code of Ethics, maintain confidentiality; recognize ethical dilemmas [accepting patient report of pain, use of placebos, is patient or someone else controlling the PCA button], advocate for patient wishes, use appropriate interpreters to enhance patient communication [sign language]; support services for sensory impairment [legal blindness, ADA accommodations, guide dogs]).

4. Implementation: implementation of the patient plan of care by performing or delegating the interventions that were planned. This includes providing care, directing care, collaborating with other members of the health care team, and patient teaching.
b. Promote, maintain, or restore the patient's physiological and psychosocial functioning (for example: **Pain/Discomfort:** Complementary therapies for relief [distraction, imagery, biofeedback, progressive relaxation, healing touch, Reiki]; TENs, heat/cold therapies, positioning/movement [position of comfort]; cognitive-behavioral interventions to encourage adaptive thoughts, interventions to promote sleep and rest; manipulation of environment; provide psychospiritual support. **Visual and Hearing disturbances:** Use of assistive devices [hearing aids, glasses, contacts, white cane, guide dogs]; sensory stimulation [larger print, colors, music, aromatherapy, minimize limitations, use other senses such as touch]; manage environment [light, background noise]; provide meaningful visual and auditory stimulation to address sensory overload and/or sensory deficit; safety management for vertigo, low vision, or balance disturbances; positioning/movement [avoiding movements to increase IOP following eye surgery]; effective communication/interaction strategies for people with sensory deficits [touch arm before speaking to a person with hearing impairment]; surgical care [dressings, protective patching for eyes and ears]; perform irrigations [eye, otic]; care of eye prosthesis).

c. Administer prescribed medications and intravenous therapy (for example: identify contraindications for medication administration including allergies; assess pertinent data prior to administration such as level of sedation, modifications related to the patient's age; calculate dosage for medication administration; calculate drug dosages for children according to body weight; administer medications for **Pain/Discomfort:** analgesics [opioid, opioid agonists-antagonists,]; anti-inflammatory [aspirin, NSAID, steroids]; naloxone; adjuvant drugs [antidepressants, corticosteroids, antidysrhythmics, topical anesthetics, anticonvulsants,]; sedatives [opioids, benzodiazepines]; **Ocular:** topical anesthetic, anti-infective, anti-inflammatory, ophthalmic decongestants, lubricants, immunosuppressants, antiglaucoma agents [prostaglandins, cholinergics, beta-adrenergics, alpha-adrenergics, carbonic anhydrase inhibitors, osmotic]; mydriatics, cycloplegics **Otic:** anti-infectives, ceruminolytics, antivertigo drugs).
d. Monitor patient's response to administration of medications such as therapeutic, adverse, side effects (for example **Pain/Discomfort**: opioids [respiratory depression, constipation, changes in mentation, prolonged sedation]; NSAIDs [anti-platelet activity causing bleeding, gastrointestinal irritation, liver toxicity associated with acetaminophen]; Antihistamines for pruitis causing sedation; **Ocular**: absorption of eye drops with systemic effect; **Otic**: [drowsiness with anti-vertigo agents, ototoxicity with aminoglycoside antibiotics]; assess and monitor intravenous therapy and maintenance of insertion site for peripheral, epidural and central lines; use an infusion pump to administer narcotics [Infusion Controlled device (ICD), PCA pump]; document administered medications in the Electronic Medical Record [EMR]).

e. Educate patient about disease management including personal factors contributing to the health problem. Consider health literacy of patient/family when providing education including educational materials. Incorporate medication regimens, procedures, treatments, and diagnostic tests. (for example: **Pain/Discomfort**: Pain management plan [patient contract]; use around-the-clock dosing and as needed [PRN] medications; how to use pain rating scales; additive effect of some medications [sedatives and opioids]; side effects of drugs and potential activities to avoid with usage; identify and teach misconceptions about pain; administration [who can push PCA button, duration of fentanyl patch, effective timing of medication for pain control]; **Visual disturbances**: administration of eye drops [adult and children, prevent cross infection]; eye irrigation; use of large print for education with visual impairments and disease; **Hearing disturbances**: administration of otic drops [adult and children, use of wick]; ear irrigation; significance of speech deterioration; hearing disorders and disease; use of hearing aids; diagnostic testing for **visual and hearing disturbances** [for example: Snellen; intra ocular pressure; whisper test; audiometry, otoscopic exam]).
f. Promote continuity of care (for example: act as a patient advocate; recognize RN leadership role; recognize crucial data and situations that require collaboration with the health care team; identify the need for referrals [pain clinics, palliative care programs, guide dog resources] and follow through with obtaining required orders; collaborate with members of the inter-professional health care team [working with Case Manager to identify home care needs]; identify community resources such as support groups [American Chronic Pain Association, American Foundation for the Blind, National Association for the Deaf, pain clinics]; assess whether parents/caregivers require follow up care for child at home; coordinate desired complementary therapies that reduce pain/discomfort as desired by patient).

g. Assign, supervise, and communicate patient care needs to members of the nursing care team: RN, LPN/LVN, nursing assistive personnel (NAP) (for example: use the principles of delegation to make decisions regarding assignments for a patient or for a group of patients; communicate changes in a patient(s) condition without delay; monitor patient care provided by other members of the health care team; Pain/Discomfort: delegate appropriate pain management tasks to NAP [repositioning, distraction, playing soft music]; communicate with staff to gather data on pain symptoms and need for intervention; investigate unresolved pain relief despite patient request for medication; Visual and Hearing disturbances: safety actions [setting bed alarms, guiding patient with visual deficit to ambulate]; assisting patient to use assistive devices [glasses, hearing aid]; determine whether the nursing assistive personnel [NAP] reported patient’s condition as instructed, use standardized tools for hand-off communication [SBAR]).
5. Evaluation: evaluation of the plan of care. Determine whether the expected patient outcomes were achieved.


   b. Revise the patient’s plan of care based on new or additional patient data (for example: increase the frequency of assessment for the patient and/or modify the plan of care for patient with **Pain/Discomfort**: prolonged sedation or respiratory depression after opioid administration, presence of breakthrough pain; **Visual and Hearing disturbances**: signs of infection during post-operative period, acute onset of floaters in vision, acute report of new severe pain, reassign members of the health care team when there is a change in the patient’s condition).

c. Consider areas for quality improvement (for example: use evidence-based findings to improve performance such as QSEN competencies such as parents reassurance during painful procedures; evaluate the process for addressing errors and actions taken to prevent future errors; adequacy of policies and procedures; and The Joint Commission Pain Management Standard)

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**TEST YOUR KNOWLEDGE**

How do pain and comfort differ? How does the RN promote comfort for a patient/family?

Why do TJC standards, regarding pain relief recommend assessing for functional ability? What is the comfort-functional goal for a patient?

How would you assess the pain of an 8-year-old child who does not speak English?

What is the connection between sedation and opioid analgesics? How does this impact the RN's assessment?

How will you communicate with a patient with a hearing deficit? What nursing interventions could enhance this?

What community resources might the RN recommend for a person who is blind?

How would you teach a parent to administer ear drops to a child, who is 2 years-old?

How would you evaluate a patient's learning to manage glaucoma?
III. Chronic Illness/End of Life

In this section you are responsible for studying:

- The physical and psychosocial needs experienced by the individual with chronic illness, disabilities, or nearing the end of life
- The legal and ethical concepts associated with chronic illness, disabilities, and end of life
- The application of the nursing process to the patient care associated with managing and coordinating the care of an individual/family who manage one or more chronic illnesses and or disabilities

REQUIRED READINGS

Catalano, J. (2020). *Nursing now! Today’s issues, tomorrow’s trends* (8th ed.)

Chapter 7: Bioethical Issues (Section on Use of scarce resources in prolonging life)


Chapter 9: Chronic Illness and Disability

Chapter 16: End-of-Life Care


Use Mosby’s Guide to Nursing Diagnosis 5th edition to review the nursing diagnoses specific to the content covered in this content area.


Chapter 56: Nursing Care of a Family When a Child Has a Long-Term or Terminal Illness


Chapter 11: Experiencing health and Illness

Chapter 17: Loss, Grief, & Dying

Chapter 43: Ethics and Values (section on What Are My Obligations in Ethical Situations)

Chapter 44: Legal Accountability (sections on Patient Self Determination Act, Americans with Disabilities Act)

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A. Concepts Related to Chronic Illness/End of Life Care

1. Chronic Illness
   a. Key concepts: Chronic illness, The Trajectory Model of Chronic Illness, self care, respite care, place (home) boundedness, quality of life, self-management, disease-management, vulnerable children
   b. Common problems associated with chronic illness (for example: decreased ability for self-care [inability to dress and bathe independently]; deterioration and decline of health [progressive weakness associated with musculoskeletal or neurological disease]; quality of life concerns [increasing dyspnea with progressive heart or lung disease]; fatigue; family and caregiver concerns [emotional distress, abusive behaviors toward patient]; adjustment to disease [stigma, acceptance of disease, coping skills and resources, parental, child, sibling]; inability to meet developmental task of childhood; increased morbidity/mortality of hospitalized patients with chronic illness)

2. Disability
   a. Key concepts: disability (developmental, acquired, age-associated), impairment, disabling disorders
b. Common problems associated with disability (for example: barriers to healthcare [structural, stereotypic attitudes]; transportation; socioeconomic concerns; reliance on caregivers; communication; lack of routine preventative screening and education, for example pelvic exam)

3. End of life
   a. Key concepts: palliative care, palliative sedation, hospice, heart-lung death, brain death, grief (complicated and uncomplicated), assisted suicide, euthanasia (active and passive), autonomy, terminal illness, anticipatory grief, loss (physical and psychological), Kubler-Ross Stages of Dying and Grief, awareness of death (closed, suspected, and mutual pretense), COMFORT framework for communication; post-mortem care
   b. Treatment modalities (for example: palliative care, hospice care; environment of death [hospital, home, hospice]; medications and treatments to manage symptoms [oral morphine sulfate for pain relief, low flow oxygen for dyspnea])

B. Management of patient care: applying the nursing process to make nursing judgments, substantiated with evidence, to provide safe, quality patient care across the life span for patients with chronic illness, disability, or approaching the end of life.

1. Assessment: collection of comprehensive patient-centered data to be used as the basis for identifying patient needs.
   a. Conduct a patient-centered health history including patient and family reaction to chronic illness, disability, and/or end of life (for example: consider age, developmental level, life style choices, high risk behaviors that led to development of chronic illness or disability [persistent use of tobacco, alcohol, inactivity, inadequate dietary intake, impulsivity]; patient preferences, values, personal needs; subjective symptoms, nutritional status, past illnesses, family history, allergies, severity of limitations caused by chronic illness/disability [impact on activities of daily living, adaptations to accommodate disability]; presence of multiple chronic illnesses, age and developmental stage of chronically ill or dying patient; resuscitation status, presence of Physician Orders for Life Sustaining Treatment [POLST] and Medical Orders for Life Sustaining Treatment [MOLST] form, expressed desire for organ/tissue donation and/or autopsy, unresolved patient concerns, cultural or religious traditions associated with death; final arrangements for burial; socioeconomic concerns associated with long term and end of life costs for medical care and treatment; loss of or changed employment roles; impact of illness on family [sibling care, role responsibility changes in family and work life]).
   b. Conduct assessment related to the specific chronic illness, disability and/or proximity to death.
Chronic illness/disability: (for example: symptom management concerns [fatigue, shortness of breath, pain]; ability to carry out ADLS; current supports used [assistive devices for hygiene and/or ambulation, use of referrals]; stage in Trajectory Model; patient/family psychosocial response to disease symptoms [powerlessness potentially leading to lack of treatment plan adherence, social isolation, depression, suicidal ideations, caregiver fatigue and stress]; physical activity limitations [transportation concerns, environmental barriers]; quality of life concerns; how patient’s developmental stage impacts ability to learn).

End of Life: (for example: grieving [stage of grief according to Kubler-Ross, factors affecting grief, manifestations of grief reactions]; previous experience with loss, death, coping patterns at end of life; physical changes indicating the approach of death; use of holistic healing strategies; patient/family/caregiver ability to manage symptoms; isolation for dying individual and caregiver; caregiver fatigue; feeling of satisfaction or dissatisfaction regarding completion of desired life events).

c. Assess the patient’s and significant other’s readiness for teaching and learning. (for example: determine barriers to learning, learning preferences; verify understanding of death; how previous experience with illness, crisis, loss affects current situation; ability to learn and accept prognosis at end of life; how developmental stage affects understanding of chronic illness and death).

d. Recognize situations that require collaboration with appropriate members of the health care team. (for example: uncontrolled pain; difficulty managing symptoms; unexpected changes in condition; change in level of caregiver support; socioeconomic concerns, onset of acute illness; decision making about diagnostic testing at end of life, exacerbation of illness symptoms, consequences of unhealthy lifestyle choices [persistent tobacco use with respiratory disease or presence of oxygen therapy]; adherence with treatment regimen; effect of episodic acute illness on chronic illness; psychological and physiologic adjustments associated with prolonged illness and death; differentiation between grief and depression).

2. Diagnosis: Identification and prioritization of patient problems, labeled as nursing diagnoses, based on analysis of comprehensive assessment.

a. Nursing diagnoses are derived from the nursing assessment data; nursing diagnoses are prioritized based on assessment data.

c. Set priorities based on patient assessments and needs using theories and/or guidelines (for example: Maslow's Hierarchy of Needs; Trajectory Model of Chronic Illness; Kubler-Ross Stages of Dying and Grief).


a. Create a patient-centered plan to address patient problems and improve quality of life; use technology when available and appropriate. Include interventions related to health promotion and maintenance as well as those directed at palliative care and end of life (for example: variations based on developmental level, culture, and personal preferences/values; influence of medical history symptom management).

b. Establish expected outcomes and include a time frame for achievement of the outcome (for example: Patient will verbalize increased comfort after repositioning; Caregiver will verbalize two effective coping strategies after teaching; Parent will describe support desired after the death of child; Caregiver will attend a support meeting after discussion with RN; Patient will demonstrate strategies for pacing of activity to manage fatigue after teaching).

c. Use established nursing standards, protocols, and evidence-based findings to move the patient towards the expected outcomes. (for example: ANA Standards of Professional Nursing Practice; COMFORT framework for communication in palliative care; Hospice and Palliative Nursing Association [HPNA] position statements)

d. Integrate ethical and legal aspects of care for the RN to assist patient/family decision making (for example: practice in accordance with ANA Code of Ethics; maintain confidentiality; using appropriate interpreters to enhance patient communication; recognize ethical dilemmas and advocate for patient wishes [ANA Position Statement: Euthanasia, Assisted Suicide, and Aid in Dying; Patient Self Determination Act [PSDA]; Advance Directive; Living Will; durable power of attorney {also known as health care proxy}; Do Not Resuscitate [DNR]; Medical Orders for Life Sustaining Treatment [MOLST]; Physician Orders for Life-Sustaining Treatment [POLST]; recognition of candidates for organ procurement, The Nurse’s Role in Advanced Care Planning, HPNA position statement]; food and fluids at end of life).
4. **Implementation**: implementation of the patient plan of care by performing or delegating the interventions that were planned. This includes providing care, directing care, collaborating with other members of the health care team, and patient and family teaching.

a. Establish a collaborative relationship with the patient and assist the patient and/or the patient’s significant others to cope with the health problem (for example: use therapeutic communication skills [discuss quality of life, answer difficult questions about prognosis and death, determine end of life wishes]; consider the patient’s use of coping mechanisms; provide culturally competent care, support patient and family when referring to community health agencies, establish reasonable expectations with the patient; **Chronic Illness**: identify external factors interfering with the patient’s recovery [inability to work, ability to afford medications and maintain the therapeutic regimen]; communicate and collaborate with multiple health care providers; implement communication technologies for patients who are home/place bound [telephone, computer], discuss quality of life associated with treatment options [parental overprotection]; **Disabilities**: modifying care to meet patient’s uniqueness [sit at eye level when speaking with patient in wheelchair; address the person with the disability even when accompanied by caregiver; advocate for resources to assist patient and family to live a more full life]; **End of Life**: emotional support [patient, family, caregivers, unexpected death, family presence during resuscitation]; determine end of life preferences when possible, coordinate resources to support person who is dying; include patient, family and significant other in goal setting at end of life to clarify treatment options and patient wishes).
b. Support patient’s physiological and psychosocial functioning:

**Chronic Illness:** (for example: symptom management [dyspnea associated with heart or lung disease]; avoiding complications [flu shots to prevent flu in patient with chronic illness]; incorporate interventions to promote adherence to the treatment plan [smoking cessation, paced activity with periods of rest, use of medications, lifestyle modifications]; utilize interventions that are appropriate for patient’s stage in the trajectory model [education regarding diagnostic testing during trajectory onset, revise treatment plan to manage exacerbations during unstable phase, simplify medical regimen and identify end of life preferences during downward phase]);

**Disability** (for example: allow patient extra time to speak or move; use person first language; integrate assistive devices and accommodations to promote independence with activities of daily living; remove environmental barriers; establish communication strategies [non-verbal patients, sensory impairment, cognitive disability]);

**End of Life:** meet physical and psychological needs (for example: allow hope; provide for symptom management [pain, nutrition, hydration, dyspnea, mental changes such as delirium, depression, oral secretions, terminal restlessness]; palliative sedation; support death vigil care; facilitate cultural and spiritual rituals associated with dying; death with dignity; provide after-death care for patient and family [including postmortem care, grief, mourning, bereavement, expression of feelings; management of sibling questions when child is dying, assisting children to deal with death of a family member; crisis management]).

c. Management of the medication regimen including administration of prescribed medications and intravenous therapy (for example:

**Chronic Illness and Disability:** complete medication reconciliation [assess for polypharmacy concerns, duplicate medications if multiple health care providers];

**End of Life:** collaborate to modify route if patient unable to swallow [transdermal patch, buccal administration]; consider equianalgesia; administer anticholinergics for terminal secretions [scopolamine patch]).

d. Educate patient and family about chronic illness management, disability, and end of life. Consider health literacy of patient/family when providing educational materials (for example: **Chronic Illness:** medication tolerance, personal factors contributing to the health problem, basic care needs; **Disability:** provide concrete examples for patient with cognitive disability; **End of Life:** maintaining comfort for dying patient, assurance that needs will be addressed).
e. Promote continuity of care (for example: conduct patient/family education to support care in home settings; act as a patient advocate; recognize RN leadership roles in meeting patient/family needs; identify the need for referrals and follow through with obtaining required orders [pain/symptom management, coordination of care between multiple agencies or specialists, crisis management, hospice {in-patient, long-term care, or community setting}, Ethics Committee for hospitalized patients, palliative care, community nursing service to manage home care]; collaborate with members of the inter-professional health care team [participation in advance care planning, advocacy for vulnerable populations, polypharmacy in geriatric population, crisis management]; discharge planning staff [identify home care needs, follow up home care for child with disability]; identify community resources with patient such as support groups, respite care, adult or pediatric day care, parish nurse, school nurse).

f. Assign, supervise, and communicate patient care needs to members of the nursing care team: RN, LPN/LVN, nursing assistive personnel (home health aides, personal care aides, lay caregivers, family) (for example: use the principles of delegation to make decisions regarding assignments for a patient or for a group of patients; communicate patient’s symptom management plan and situations that must be reported; evaluate effectiveness of patient care provided by other members of the health care team; supervise direct care activities; review patient’s end of life wishes with staff; inform team about ethical issues, HPNA position statement, Value of the Nursing Assistant in Palliative Care]); use standardized tools for hand-off communication (SBAR).

5. Evaluation: evaluation of the plan of care. Determine whether the expected patient outcomes were achieved.
a. Evaluate patient response to attainment of the expected outcomes (for example: **Chronic illness**: Was the patient able to manage an exacerbation of the chronic illness? Did the patient adhere to medication regime as prescribed? Was the patient able to manage symptoms and fulfill employment responsibilities? Did the patient keep follow-up physician appointments? **Disability**: Could the patient and caregiver demonstrate safe use of assistive devices? Was the parent able to manage the care of the healthy siblings? Could the patient demonstrate self-care activities? **End of life care**: Did the patient maintain a sense of hope? Were the patient’s wishes fulfilled? Did the patient communicate end of life preferences to family or health care team? Were symptoms [pain, dyspnea, anxiety] managed at end of life? Were the patient/family’s cultural/spiritual beliefs and preferences implemented during end of life, death and after-death period? Did the family express belief that the loved one had a peaceful death? Were resources and support provided for patient and family for the end of life and after death periods?).

b. Revise the patient’s plan of care based on new or additional patient data (for example: increase the frequency of home care visits for the patient who is chronically ill returning home after hospitalization for acute illness; modify the plan of care when a patient develops complication of chronic illness; consider new options when patient’s caregiver becomes ill; reorder priorities when the patient is actively dying; reassign members of the health care team when there are unexpected deterioration of symptoms or the patient has difficulty with symptom management).

c. Consider areas for quality improvement (for example: use evidence-based findings to improve performance such as QSEN competencies; evaluate actions taken to prevent future errors; identify the nurses’ role in identifying candidates for organ procurement at end of life, HPNA position statement, Assuring High Quality in Palliative Nursing)).

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**TEST YOUR KNOWLEDGE**

How does the Trajectory Model of Chronic Illness assist the RN to care for a person/family with a chronic illness?

How can the RN establish a collaborative relationship with the patient to meet their needs, when they are in a wheelchair for example?

What is person first language?

What barriers to health care do people with disabilities face?

What legal responsibilities does the RN need to consider, when educating a patient/family on Advanced Directives?

How can the RN intervene with patient and family, when a patient is dying? What are common comfort needs for a dying patient?

What nursing specialty groups provide guidelines for those dealing with end of life issues?

What health team members can be of assistance for a chronically ill patient or a patient at end of life?
IV. Community-based Nursing

16 PERCENT OF EXAM

In this section you are responsible for studying:

• Factors influencing the care of individuals in the community
• Health promotion and disease prevention from the perspective of Healthy People 2020
• Community-based nursing care within the context of health care reform
• The application of the nursing process to the patient care associated with health problems encountered by individuals in the home, school, outpatient setting, or the workplace

REQUIRED READINGS


Chapter 13: Health-Care Delivery Systems (Section on Health-care levels and Settings)
Chapter 22: Impact of the Aging Population on Health Care Delivery


Chapter 2: Community-Based Nursing Practice


Use Mosby's Guide to Nursing Diagnosis 5th edition to review the nursing diagnoses specific to the content covered in this content area.


Chapter 4: Home Care and the Childbearing and the Childbearing Family


Chapter 42: Community and Home Health Nursing
Chapter 45: Nursing Informatics (Section on Telehealth)

WEB-BASED AND PROFESSIONAL JOURNAL RESOURCES

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A. Concepts Related to Community-based Nursing

1. Types

a. Community health nursing: care delivered to an individual patient/family in a community setting with emphasis on health promotion, health management, and disease prevention (for example: home health agencies, school nursing, occupational health, parish (faith community) nursing, correctional facility care, public health clinics, disaster nursing, adult day care, residential health care facilities, skilled nursing facilities, rehabilitation centers, homeless shelters, camps, clinics, day surgery centers, health care provider offices, detoxification centers, assisted living centers)

b. Public health nursing: focus on protecting the health of the population or community at large (for example: TB surveillance, infant car seat safety)

C. Home health nursing: focus of providing holistic nursing care intermittently in the home setting

1) Competencies of the home health care nurse (for example: effective communication, health teaching, case management, advocate, counselor, collaborator, conducting a home visit, documentation [adherence to regulations]; program planning, management skills, direct care provider)
2.) Sources of payment and regulators for home health nursing: Centers for Medicare and Medicaid Services (CMS) regulating Medicare and Medicaid, private insurance, self-pay

2. Levels of prevention (for example: Primary [prenatal classes for adolescent mothers, immunizations]; secondary [screening school children for vision and hearing]; and tertiary [teaching lay caregivers procedures to carry out ordered treatments at home])

B. Management of patient care: applying the nursing process to make nursing judgments, substantiated with evidence, to provide safe, quality patient care across the life span in non acute care settings.

1. Assessment: collection of comprehensive patient-centered data to be used as the basis for identifying patient home health care needs for care.

a. Conduct a patient-centered health history and assessment including patient's/family's health and socio-demographic data with the OASIS [Outcome Assessment Information Set] assessment tool to determine reimbursement (for example: ability to pay for needed medications; family and social history; environment [does the person live in safe housing, ability to enter and exit home without barriers]; support systems [caregivers as needed]; health status and expectations as perceived by patient and family; mental status; functional status [ability to dress self and carry out ADL's]; behavioral status [carry out health promoting actions for Healthy People 2020 health indicators (physical activity, tobacco use, access to health care)]; perceived ability to follow the treatment plan [ability to self-inject medication as ordered]; health services utilization in home health care [need for home health aide, physical therapist, registered professional nursing services]; medications in use [prescribed, OTC, herbs, and other alternative]).

b. Assess for signs and symptoms pertinent to current primary health needs, health history or co-morbidities (for example: mobility [ability to ambulate in home and carry out ADLs without dyspnea]; expected variations related to developmental status [toddler achieving toilet training status]; full body physical assessment related to functional status and ability as guided by the OASIS [Outcome and Assessment Information Set] initially upon admission; focused OASIS assessment upon follow-up encounters).
c. Assess for presence of potential barriers or problems anticipated in delivering care (for example: lack of clean running water in home and need for wound care on a daily basis; unsafe environment related to potentially violent patient, animals, and others in home or neighborhood, abuse in the home [substance, domestic, child, elder], use of coping mechanisms, caregiver stress, inability of caregiver to recognize problematic signs and symptoms and seek help from health care team).

d. Assess the patient’s and significant other’s readiness for teaching and learning, (for example: determine barriers to learning [does cleanliness of home impede dressing change materials, supplies, and process; strength of prescription glasses sufficient to read instructional material regarding disease management; patient’s visual acuity and hand eye coordination to learn to self-administer injections; belief in self-ability to affect illness and manage disease]; learning preferences [does the patient learn best by observing the dressing change technique or reading about it]).

e. Assess the patient/family health beliefs and practices (for example, belief that patient deserves the illness; availability of supportive and able caregivers [is significant other physically fit and able to care for patient, caregiver needs]; communication patterns [do all who live in dwelling speak to one another]).

f. Recognize data and situations that require collaboration with appropriate members of the health care team, (for example: requesting physical therapy referral when patient is unable to climb stairs to use bathroom; notifying health care providers of trends in lab values and requesting update to treatment plan; calling 911 when patient has had significant physical deterioration and is in need of immediate life-saving care; child abuse hotline for suspected abuse, referral for domestic violence, adult protective services for unsafe living situation or elder abuse; considering counseling or psychiatric services regarding coping processes [is substance abuse common in the dwelling]).

2. Diagnosis: Identification and prioritization of patient/family problems, labeled as nursing diagnoses labels, based on analysis of comprehensive assessment.

a. Nursing diagnosis labels are derived from the nursing assessment data; nursing diagnoses labels are prioritized.

b. Analyze and synthesize data for patterns and cues to identify nursing diagnosis using NANDA-I classification system (for example: Deficient Knowledge; Caregiver Role Strain; Self Care Deficit: toileting; Ineffective Family Health Management; Impaired Home Maintenance; Ineffective Coping).

c. Set priorities based on patient assessment.

a. Create a patient-centered plan to address patient problems; use technology, when available and appropriate. Include interventions related to restoration of health, health promotion and maintenance (for example: telehealth visits for individuals living in rural area or with monitoring needs; modify plan of care based on developmental level, culture, and personal preferences/values of patient/family; consider influence of patient’s medical history on illness; availability of caregivers, presence of support systems).

b. Establish expected outcomes and include a time frame for achievement of the outcome with patient, family, and health care team (for example: Patient will demonstrate self-injection correctly within three days; Patient will self-toilet safely within one week; Caregiver will report hiring additional private help within one week; Caregiver will report feeling less fatigued after one week; Patient will report eating foods that follow the prescribed diet plan within one week; Family will initiate plans to have a wheelchair ramp installed into home within three days; Patient and family will investigate placement for a higher level of care than home within one week).

c. Use established nursing standards, protocols, and evidence-based findings to move the patient towards the expected outcomes. (for example: ANA Standards of Professional Nursing Practice; OASIS completion with initial patient admission and renewal of health care provider home health orders; IDEAL discharge planning).

d. Integrate ethical and legal standards (for example: practice in accordance with ANA Code of Ethics, maintain confidentiality [clinical records and documentation secure in a locked vehicle while making home visits; maintaining HIPAA protected patient information when questioned by non-care giving neighbor]; recognizing ethical dilemmas [physical or emotional abuse of patient by the caregiver]; using qualified medical interpreters to enhance patient communication).

4. Implementation: implementation of the patient plan of care by performing or delegating the interventions that were planned. This includes providing care, directing care, collaborating with other members of the health care team, managing case with insurance payer, coordinating care with ordering health care provider, advocating for patient, collaborating with family care givers to set visit schedule with less impact on family life, counseling patient and family by listening to fears and concerns, and patient teaching concerning treatment plan.
a. Establish a collaborative relationship with the patient and assist the patient and/or the family to cope with the health problem (for example: therapeutic communication skills [communicating with and utilizing family and others to deliver necessary health care, RN in guest role in patient’s home, contact parent to inform them of child’s vision screening result and assist with follow-up]; provide culturally competent care, support patient and family when referring to community services; establish reasonable expectations with the patient; identify external factors interfering with the patient’s recovery-stressors [inability to work, ability to afford medications and maintain the therapeutic regime]).

b. Promote, maintain, or restore the patient’s physiological and psychosocial functioning using primary, secondary, tertiary interventions, effective communication, health teaching, and case management. Advocate for example, (with insurance payer for needed services), counsel, collaborate, and utilize program planning skills (school nurse teaching oral hygiene, prevention of risk factors to student class) for patients. Manage delivery of services overall, and provide direct care for example [utilize telehealth equipment; catheterize child during school to meet elimination needs; provide assistance as needed with prescribed inhaler for student having respiratory symptoms; application of complex wound care such as negative pressure wound therapy]. Provide caregiver support [plan, teach, and supervise caregiver to carry out treatments as needed, encourage caregivers to go out for respite while home health care providers are in the home]; counsel patient on managing new illness and maintaining life style; individualize the plan of care [encourage caregivers to verbalize problems/concerns necessitating modification of plan; develop plan with patient to toilet every 2 hours and prevent urgent need to get to bathroom; advocate with pharmacy for home delivery of medications]).
c. Conducting a home visit. Recognize RN in guest role with the patient as final decision maker (for example: prepare for personal safety precautions [inform agency staff of planned visit schedule of RN, have a working cell phone, schedule visits during daylight hours when possible]; prepare for the visit [review patient data prior to visit, bring needed supplies for assessment and treatments]; plan care [complete initial OASIS assessment]; collect and verify insurance information; verify patient/caregiver ability to follow medication regimen; subsequent services and visits needed; provide direct care based upon medical orders and nursing assessment; terminate the visit and discuss follow-up [reinforce major teaching points, leave written disease management materials]; describe emergency symptoms or complications to report; how to access emergency help; when to expect next home health visit; documentation [full assessment, projected plan of care with patient outcomes and interventions, adherence to third party payer and regulatory requirements, OASIS assessment and homebound status for Medicare recipient]).

d. Administer and/or assist with prescribed treatments and medications (for example: provide information on skills related to self-administration and monitoring of medications [RN pre-pouring a week’s medication for patient and using a medication planner box for self-administration, administer parenteral nutritional therapy for patient, administer injections]; implement agency policies regarding medication administration in the home or work site; specific school/day care policies regarding medication administration to children).

e. Educate patient about managing illness and disease in the home (for example: self-care and caregiver activities to implement patient specific medical care plan [disease management, management of daily care in home, treatments (dressing changes, wound care, daily weight, gastrostomy tube feedings); use of technological equipment, medication regimen and associated side effects, when to contact health care provider, resources to assist with care]; diagnostic tests [self-monitoring of blood glucose levels]; safety concerns [mobility hazards {scatter rugs, absence of handrails}, methods to reduce infection risk]; actions to promote and increase health [life style factors contributing to the health problem]; risk reduction activities, [smoking cessation, pneumonia immunization for those over 60 years of age]; consider language and health literacy of patient/family when providing education including written materials; direct care activities to assist caregivers with care provision [feeding an infant, bathing a frail elderly parent or spouse]).
f. Promote continuity of care
(for example: act as a patient
advocate [collaborate with patient
to determine eligibility for free
medication from pharmaceutical
company]; care coordinator
[ensuring PT and OT treatment
plans align together and with
nursing plan]; identify the need
for referrals and follow through
with obtaining required orders
[durable medical equipment
needs: wheelchair, walker];
collaborate with members of the
interprofessional health care team
[contacting provider for medical
orders, coordinate nursing and
occupational therapy to achieve
pertinent outcomes, reconcile
newly prescribed medications];
identify community resources for
patient and caregivers [parish
nurse organizing caregiver support
group for people caring for patients
with cognitive impairment, shelters
for the homeless, Meals on
Wheels for food delivery]; ensure
parental notification when child
has been exposed to infectious
communicable disease like
meningitis at school; determine
and coordinate additional
resources necessary when
patient transitions from acute
care to home care to increase
independence; coordination of
care through effective discharge
planning [include patient/family in
discharge planning, discuss life at
home and anticipated changes];
education about process and
steps, use teach back techniques
to assess patient/family learning,
listen to and honor patient family
desires [AHRQ IDEAL Discharge
Planning]; coordinate with the
insurance provider to facilitate
care provision).

g. Assign, supervise, and
communicate patient care needs
to members of the nursing care
team: RN LPN/LVN, nursing
assistive personnel (home health
aide) and family or lay caregivers
(for example: use the principles
delegation to develop the home
health aide care assignment
[related to meal preparation
and personal care delivery for
a patient, what changes in a
patient’s condition to communicate
without delay, role of home health
aide in patient self-administration
of medication per agency policy];
RN to evaluate effectiveness of
patient care provided by other
members of the health care team
[is caregiver able to safely transfer
patient with the mechanical lift;
is patient satisfied with personal
care and bathing by the aide];
determine whether the nursing
assistive personnel [home health
aide] reported patient’s condition
as instructed, use standardized
tools for hand-off communication;
relay pertinent information to
scheduled therapist or home
health aide based upon change in
patient’s condition).

5. Evaluation: evaluation of the plan of
care. Determine whether the expected
patient outcomes were achieved. Has
the patient’s condition stabilized or
improved? Has the patient/family and
or caregivers learned to manage the
health care needs?
a. Evaluate patient response to attainment of the expected outcomes (for example: Can the patient self-injection daily medication correctly after three days of teaching? Can the patient self-toilet safely after the planned time of one week? Has the family caregiver hired additional private help? Does the caregiver report feeling less fatigued after one week? Does the patient report eating foods that follow the prescribed diet plan? Has a wheelchair ramp been installed into home?)

b. Revise the patient’s plan of care based on new or additional patient data (for example: increase the frequency of assessment or visits for the patient who is not progressing as predicted, [patient with increasing shortness of breath and increasing weight gain over two day period]; recommend additional interdisciplinary health care team members when there is a change in the patient’s condition [speech language therapy for patient with increasing trouble swallowing food and fluids]; primary caregivers are no longer able to fulfill care giving role; change in self-care ability of patient [increased ability, declining ability]; plan for additional care delivery as needed based upon patient changes over time, [completing OASIS reassessment at 60 day renewal period, modifying services, frequency and duration planned to maximize patient health]).

c. Consider areas for quality improvement (for example: use evidence-based findings to improve performance such as QSEN competencies; addressing Healthy People 2020 indicators and guidelines; evaluating OASIS [Outcome Assessment Information Set] results, AHRQ IDEAL Discharge Planning; evaluate the process for addressing errors and actions taken to prevent future errors for example [self-medication administration]; evaluate if telehealth is being utilized in a safe effective manner; consider hospital readmission rates for home care patients and how home health services may have impacted the situation more effectively; the RN considering and modifying the daily and weekly visit schedule to more effectively and efficiently meet patient needs overall).

TEST YOUR KNOWLEDGE

How does the Agency for Healthcare Research and Quality (AHRQ) standard on IDEAL discharge planning help the RN transition the patient to a home setting?

Identify three ways to educate patient/family while in hospital for care at home.

What role does the Outcome and Assessment Information Set (OASIS) tool play for the RN setting a plan of care for a patient, whose care is paid for by Medicare?

How does the RN carryout the TJC standard of medication reconciliation in home setting?

How does RN ensure own safety in the home setting?

How do infection control practices differ in the home setting compared to the hospital setting?

How does the RN collaborate with the health team to improve a patient’s health?

What examples of primary prevention can you identify from the federal government initiative, Healthy People 2020?
Sample Questions

The questions that follow illustrate those typically found on this examination. The answer rationales can be found on pages 48–52 of this guide. The statement “Select all that apply” in a question indicates that there are multiple answers, and you must choose them all to get the question right. Such questions are appearing in all state licensure exams and selected Excelsior College Examinations, as well. During your exam, a basic 8-function calculator will be available on your computer.

A WORD ON CALCULATION QUESTIONS IN EXCELSIOR COLLEGE EXAMINATIONS

Calculation questions for medication dosages will call for either a whole number response or a response rounded to one or two decimal places, with a leading zero (0.X) required for values less than 1.

Each calculation question will indicate whether the response needs to be a whole number or a number with one or two decimal places. If a student enters a value that is not of the right type (for example, a whole number when the question asks for one decimal place), an error message will pop up to prompt the student to enter the right type of response.

1. An RN is screening healthy adolescents for health risks. Which factor should be included in this screening?
   1) Bicycle safety
   2) Suicide
   3) Sexual abuse
   4) Healthy nutrition

2. An RN plans to incorporate spirituality into clinical practice. What action by the RN is the most appropriate way to integrate spirituality?
   1) Tells all patients that prayer will help them through this difficult journey.
   2) Listens when the patient reflects on the progression of this illness.
   3) Explains to patients that imagery can take them to a different place.
   4) Instructs patients to practice breathing techniques to assist in relaxation.

3. Which nursing action demonstrates cultural competence in patient care?
   1) Treating all older patients in a similar manner
   2) Maintaining direct eye contact with patients
   3) Providing an interpreter for patients who do not speak English
   4) Accepting health care decisions from the patient
4. A 52-year-old woman questions the need for colorectal cancer screening. Which is the most appropriate response by the RN?

1) “A negative family history and a high-fiber diet are more important indicators than age.”
2) “Occult blood testing each year is recommended for men and women beginning at age 50.”
3) “Most colon cancers do not appear until after age 65, so screening is optional at your age.”
4) “Colorectal cancer does occur more often in men, but it is recommended that women have occult blood testing also.”

5. An RN is planning primary prevention programs for families in a community. Which intervention is appropriate?

1) Immunization for older adults prior to the flu season
2) Isolation procedures for children exposed to chicken pox
3) Stress reduction workshops for patients who have had myocardial infarctions
4) Phenylketonuria (PKU) testing for children over 2 years of age with failure to thrive

6. An RN who is assessing a patient with a retinal detachment should expect the patient to present with which sign?

1) Flashing lights
2) Periorbital edema
3) Purulent discharge
4) Profuse tearing

7. A pediatric patient with a bacterial eye infection weighs 26.5 lb or 12 kilograms and is to receive 50 mg/kg/day of erythromycin in 4 equal doses. How many milligrams would the RN give in one dose?

1) 75 mg
2) 150 mg
3) 300 mg
4) 600 mg

8. Which nursing intervention will most likely prevent serious dose-related, opioid-induced side effects in a patient, if done in a timely manner?

1) Observe for increasing sedation.
2) Report respiration below 6 breaths per minute.
3) Avoid titration of dosage of opioid.
4) Administer cathartics daily.

9. An older adult patient who takes a multivitamin and aspirin daily is experiencing tinnitus. What should the RN suspect as the cause of this condition?

1) Niacin toxicity
2) Hypotension
3) Salicylate toxicity
4) Middle-ear infection

10. Which action by the RN reflects accountability in the management of a patient’s pain and discomfort?

1) Withholding a narcotic medication when a patient indicates discomfort rather than pain
2) Confronting another RN who has delayed the administration of medication to a patient who reports discomfort
3) Asserting authority over the patient in determining whether the discomfort is real
4) Excluding support persons from activities to address the patient’s discomfort in order to maintain full patient control

11. What nursing diagnosis label is the priority for a home care hospice patient?

1) Altered Bowel Elimination
2) Altered Nutritional Status
3) Self-Care Deficit
4) Grieving
12. Which action should the RN include in the plan of care to enable patients with a chronic illness to develop a realistic plan for daily living?
   1) Refer patients to the closest agency providing home health care.
   2) Chronic illness is associated with limitations and the need for adaptation. Setting priorities for self-care activities helps ensure that the most critical tasks of daily living can be accomplished within the patient’s limitations.
   3) Assign family members responsibility for assisting with specific needs.
   4) Explain to patients that they will not be able to live life as they did previously.

13. As the patient advocate, the RN should make which of the following a priority action in the care of a patient with a chronic illness?
   1) Support the patient’s family in their decisions about how they will care for the patient.
   2) Ensure the patient’s access to knowledge and respectful treatment.
   3) Provide the patient with information about advance directives.
   4) Educate the family and the patient about how to meet the patient’s care needs.

14. A hospice RN is teaching the relative and caregiver of a patient who is showing signs of impending death. Which sign would the RN emphasize as one that will occur shortly before death?
   1) Slow respiration
   2) Vomiting
   3) Drowsiness
   4) Difficulty swallowing

15. An RN is starting palliative care with a patient who is terminally ill. The patient, who is a single parent, has three children ages 27, 21, and 17. Which step should be taken to ensure that the patient’s wishes are followed?
   1) Refer the patient to a social worker.
   2) Assess concerns with the patient.
   3) Analyze the patient’s quality of life.
   4) Discuss the power of attorney for health care.

16. A home care RN is coordinating the services of the interprofessional team. Which responsibilities can be delegated to the home health aide? (Select all that apply.)
   1) Evaluating the patient’s functional level
   2) Providing daily hygiene needs
   3) Teaching patient and family to promote self-care in activities of daily living (ADLs)
   4) Providing assistance with securing needed equipment
   5) Assisting with ambulation
Sample Questions:
Connecting Rationales to the Learning Outcomes

End of Program Student Learning Outcomes (EPSLO)

**EPSLO1.** Use a caring holistic approach to provide and advocate for safe quality care for patients and families in an environment that values the uniqueness, dignity, and diversity of patients. *(Patient-Centered Care)*

**EPSLO2.** Apply the nursing process to make nursing judgments, substantiated with evidence to provide safe, quality patient care across the lifespan. *(Nursing Judgment)*

**EPSLO3.** Use principles of management and delegation to implement plans of care with members of the intra-professional team to achieve safe, quality patient outcomes. *(Nursing Judgment)*

**EPSLO4.** Demonstrate the standards of professional nursing practice and core values within an ethical and legal framework. *(Professional Identity)*

**EPSLO5.** Apply principles of leadership and inter-professional collaboration to improve patient outcomes. *(Professional Identity)*

**EPSLO6.** Use evidence-based findings and information technology to improve the quality of care for patients. *(Spirit of Inquiry)*

Course Level Student Learning Outcomes (SLO)

Upon successful completion, you will be expected to demonstrate the ability to:

**SLO1.** Demonstrate caring and cultural sensitivity when providing patient-centered care. *(Patient-Centered Care)*

**SLO2.** Interpret functional health, developmental stages, and illness management to formulate plans of care for patients with pain, discomfort, sensory impairment, chronic illness, and end-of-life needs. *(Nursing Judgment)*

**SLO3.** Use principles of management and delegation to coordinate patient care in a variety of health care settings. *(Nursing Judgment)*

**SLO4.** Apply ethical and legal principles of professional nursing practice to the care of individuals with pain, discomfort, sensory impairment, chronic illness, or end-of-life needs. *(Professional Identity)*

**SLO5.** Use principles of interprofessional collaboration to improve patient outcomes in a variety of health care settings. *(Professional Identity)*

**SLO6.** Identify the use of evidence-based findings and technology related to the nursing skills and competencies to provide safe, quality, patient care in a variety of health care settings. *(Spirit of Inquiry)*

*correct answer*
1.(IA1a)
1) Bicycle safety is a health risk for school-age children.
*2) Suicide is a health risk for adolescents.
3) Sexual abuse is a health risk for school-age children.
4) Nutrition is a health behavior and not a risk.
This question relates to EPSLO #1 and SLO #1.

2.(IB3a)
1) The RN tells the patient that prayer would help them through this difficult journey. Clarifying the patient’s understanding of and need for prayer is part of the holistic journey. The RN is telling the patient what he needs versus identifying what the patient believes regarding prayer.
*2) The RN listens to the patient discuss their difficult journey that has brought them here. It is wise to remember that merely the process of listening to and appreciating self-reflection of another nurtures the spirit and acknowledges the spiritual dimension of that person. This action allows the patient to be in control versus the RN.
3) The RN explains to the patient that imagery can take them to a different place. Imagery can take a person to a temple, an ocean, a place of religious worship, a breakfast nook, or any "sacred place" that is, a life giving and healing place for the patient. The RN should offer this as an option versus just telling the patient about imagery.
4) The RN instructs the patient to practice breathing techniques to assist them to relax. The relaxation response and prayer have been demonstrated to affect illnesses. The RN should ask the patient if they would like to try breathing techniques to assist them in relaxing.
This question relates to EPSLO #1 and SLO #1.

3.(IB4b)
1) Not all people of a specific group have the same health care needs, beliefs, or values.
2) Different cultures interpret direct eye contact differently, so it is not always appropriate.
*3) The provision of translator services for non-English speaking patients promotes culturally congruent care.
4) The RN accepts and complies with the patient’s wishes regardless of the patient’s cultural background.
This question relates to EPSLO #1 and SLO #1.

4.(IB4d)
1) While a negative family history of colorectal cancer and a diet high in fiber may reduce the risk of developing colorectal cancer, age is the greatest risk factor for developing the disease.
*2) The Centers for Disease Control and Prevention (CDC) recommends fecal occult blood testing annually beginning at age 50.
3) In addition to annual fecal occult blood testing beginning at age 50, the CDC also recommends sigmoidoscopy every 5 to 10 years beginning at age 50.
4) While men have a slightly higher incidence of colorectal cancer, it is the second leading cause of death for both men and women.
This question relates to EPSLO #6 and SLO #6.

*correct answer
5. (IB4d)
*1) Immunizing patients is an example of primary prevention intervention. Primary prevention is aimed at preventing an initial occurrence of disease of injury.

2) Isolating children exposed to chickenpox is an example of secondary prevention. Secondary prevention strategies are aimed at early identification and treatment of disease or injury. Identification of health needs, health problems, and patients at risk are central to secondary prevention.

3) Stress reduction for patients who have had myocardial infarctions is an example of tertiary prevention. Tertiary prevention is aimed at maximizing recovery after an illness or injury has occurred.

4) PKU testing for children with failure to thrive is an example of secondary prevention. Activities of secondary prevention include screening programs to enable early identification and subsequent treatment of a condition.

This question relates to EPSLO #2 and SLO #2.

6. (IIB1b)
*1) The most common symptom of retinal detachment is a sudden, painless change in vision such as flashes of lights, a shower of spots, or a sensation of a curtain being pulled down over part of the visual field.

2) Periorbital edema is associated with trauma and with hyperthyroidism.

3) Purulent discharge is associated with infections such as conjunctivitis and keratitis.

4) Excessive tearing is associated with inflammation such as ectropion, entropion, or chalazion.

This question relates to EPSLO #2 and SLO #2.

7. (IIB4c)
1) See 2).

*2) The patient weighs 26.5 lb or 12 kg. The total daily dose is for 50 mg for each kilogram, which equals 600 mg. Divided into 4 doses, the child is to receive 150 mg for each dose.

3) See 2).

4) See 2).

This question relates to EPSLO #2 and SLO #2.

8. (IIB4d)
*1) Opioid induced respiratory depression is related to dosage and preceded by sedation.

2) A respiratory rate of 6 per minute is already likely causing respiratory depression.

3) Titration of the drug is essential to prevent the complication.

4) Constipation is a side effect, but much less serious than respiratory depression.

This question relates to EPSLO #2 and SLO #2.

9. (IIB4d)
1) Adverse effects of niacin include headache, drowsiness, insomnia, and assorted gastrointestinal, genital, urinary, and musculoskeletal symptoms; they do not include tinnitus.

2) Tinnitus is associated with hypertension and other systemic disorders such as arteriosclerosis, anemia, and hypothyroidism.

*3) Tinnitus is a classic symptom of mild salicylate intoxication (sallcylism), a condition that usually occurs after repeated administration of large doses of drugs containing aspirin.

4) Tinnitus may occur with chronic ear infection but does not necessarily accompany any middle ear infection.

This question relates to EPSLO #2 and SLO #2.

*Correct answer
10.(IIIB4g)
1) The risk for addiction to narcotic medications is vastly overstated. Patients and RNs may not know this, and refuse to use a narcotic, leading to unnecessary discomfort.

*2) Delaying medication is irresponsible and unprofessional. If the other nurse does not react favorably to being confronted, the witnessing RN should file an incident report.
3) The RN should recognize that the patient is the authority on the nature and level of her or his discomfort.
4) Support staff and family members can be very distressed seeing the patient in discomfort. The RN should educate them about the nature of the discomfort, listen to them, and allow them to participate in appropriate measures to assist the patient.

This question relates to EPSLO #4 and SLO #4.

11.(IIIB2c)
1) Altered Bowel Elimination may occur in any patient on opioid therapy or prolonged bed rest.
2) Altered Nutritional Status may occur in a variety of patient situations, such as in a patient with nausea and vomiting, altered level of consciousness, dysphagia, etc.
3) Patients with pain, activity intolerance, or perceptual/cognitive impairment may not be able to dress, feed, or bathe themselves.

*4) Hospice care provides treatment for patients who are terminally ill, with an emphasis on palliative rather than curative care.

This question relates to EPSLO #2 and SLO #2.

12.(IIIB3a)
1) Not all patients with chronic illness require home health care.

*2) Chronic illness is associated with limitations and the need for adaptation. Setting priorities for self-care activities helps ensure that the most critical tasks of daily living can be accomplished within the patient's limitations.
3) Chronic illness management is a collaborative process among the patient, the family, and the health care providers.
4) Patients with chronic illness may need to recognize that their lifestyle is irrevocably altered by their illness. However, telling the patient about this does not assist the patient in planning daily living.

This question relates to EPSLO #2 and SLO #2.

13.(IIIB3d)
1) To be a patient advocate means to speak/act on behalf of the patient. Supporting the family in their decisions is not advocating for the patient.

*2) The patient advocate role requires the RN to protect the patient's human and legal rights. Basic to this function is ensuring that the patient has access to knowledge for informed decision making and is treated in a respectful manner.
3) Providing the patient with information about advance directives is a part of the RN's responsibility as a patient advocate but is only a small part.
4) Educating the patient and the family about care needs is part of the RN's teaching role.

This question relates to EPSLO #4 and SLO #4.
14.(IIIB4d)

*1) The last systems to shut down will be the respiratory and cardiovascular systems. Both of these systems will begin a progressive slowing as some of the last signs before death.

2) The gastrointestinal system will begin malfunctioning as the patient’s blood is shunted away from the system as a compensatory mechanism. The less important systems, such as the gastrointestinal, integumentary, and renal systems, will be some of the first systems to receive less blood flow and symptoms of malfunction will be seen earlier in those systems.

3) Drowsiness may indicate a lack of oxygen to the brain in a patient with terminal congestive heart failure.

4) Difficulty swallowing is a sign the patient is experiencing gastrointestinal system dysfunction. It is usually seen as an earlier sign of impending death.

This question relates to EPSLO #2 and SLO #2.

15. (IIIB4e)

1) Does not ensure wishes are carried out.

2) Does not ensure wishes are carried out.

3) Analyze the quality of life is important, but it is part of the first step of goals of care.

*4) Advanced directives are the next logical intervention and very important for this single parent with children.

This question relates to EPSLO #1 and SLO #1.

16.(IVB4g)

1) The RN evaluates the patient’s functional level and teaching activities to promote self-care in activities of daily living.

*2) The home health aide can assist or provide daily hygiene.

3) The RN evaluates the patient’s functional level and teaching activities to promote self-care in activities of daily living.

4) Assistance with securing needed equipment is provided by the RN with case management.

*5) The home health aide can assist with ambulation.

This question relates to EPSLO #3 and SLO #3.