



Patient Teaching Plan

Intravenous Therapy in the Home

When intravenous therapy is ordered outside the acute care setting, explain what will be done and why. Teaching should begin well before discharge so that the patient's ability to do the care can be assessed. With long-term therapy, it is especially important to teach the patient (and family, if appropriate) the following:

- Infusion site care
- Proper administration of fluids or drugs
- Signs that should be reported to the physician or home health nurse
- How to flush infusion ports if appropriate
- Care of central lines or implanted infusion ports

Details depend on the situation.

ity is to preserve life and minimize effects of injuries, the manner in which you conduct yourself also can soothe and reassure the victim.

The nursing process is used in emergencies just as it is in other nursing situations. The important difference is that assessment and intervention must be done very quickly and very efficiently to identify and treat priority needs immediately.



Pharmacology Capsule

A drug given "piggyback" is administered through the tubing of a continuous infusion using the injection port that is closest to the fluid bag. The injection port closer to the patient is used for IV push medications. If the patient does not need continuous fluids, a resealable latex lock can be used to give the medication.

NURSING ASSESSMENT IN EMERGENCIES

Patient emergencies can occur in every setting. Sometimes nurses observe the events and know what has happened, but at other times evidence at the scene is needed to determine the circumstances. It is difficult to intervene appropriately in emergencies that cannot be immediately understood.



Put on Your Thinking Cap

What observations would lead you to think a patient is excessively anxious before surgery? What are some things you could do that might reduce the patient's anxiety?

Be prepared to do a quick assessment and then act promptly to provide appropriate care that may save a life. The health history and physical examination are

Box 16-2 Emergency and Disaster Preparedness: Core Competencies for Nurses

- Describe the agency's role in responding to a range of emergencies that might arise
 - Describe the chain of command in emergency response
 - Identify and locate the agency's emergency response plan (or the pertinent portion of it)
 - Describe emergency response functions or roles and demonstrate them in regularly performed drills
 - Demonstrate the use of equipment (including personal protective equipment) and the skills required in emergency response during regular drills
 - Demonstrate the correct operation of all equipment used for emergency communication
 - Describe communication roles in emergency response.
 - Identify the limits of your own knowledge, skills, and authority, and identify key system resources for referring matters that exceed these limits.
 - Apply creative problem-solving skills and flexible thinking to the situation, within the confines of your role, and evaluate the effectiveness of all actions taken
 - Recognize deviations from the norm that might indicate an emergency and describe appropriate action
 - Participate in continuing education to maintain up-to-date knowledge in relevant areas
 - Participate in evaluating every drill or response and identify necessary changes to the plan
- Additional competencies specific to nurses with managerial or leadership responsibilities are:
- Ensure that there is a written plan for major categories of emergencies
 - Ensure that all parts of the emergency plan are practiced regularly
 - Ensure that identified gaps in knowledge/skills are filled.

Source: Gebbie, K. M., & Qureshi, K. (2002). Emergency and disaster preparedness: Core competencies for nurses. *American Journal of Nursing*, 102(1), 46-51.

presented separately here but, in fact, may be done almost simultaneously in emergencies.

HEALTH HISTORY

If the victim is able to speak or a witness is available, obtain a brief health history of the victim. Data collection is limited in emergency situations and should include the chief complaint, the treatment given, and the relevant medical history.



Consider the Alternative

Patients who have migraines may be taking feverfew, an herbal supplement, for headache prevention. There is no evidence of effectiveness in treating other conditions. Advise patients that feverfew can increase the risk of bleeding in patients taking aspirin, warfarin, or heparin.