9th Edition

Clinical Nursing Skills & Techniques



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Clinical Nursing Skills & Techniques

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About the Authors

As always, this book is dedicated to my children. To be their mother brings more joy, honor, and sense of pride than I could have ever imagined. They and their loved ones are truly my shining stars.

As they grow, things change, and I now dedicate this book to:

My daughter, Rebecca Lacey Perry Bryan; her husband, Robert Donald Bryan; their three daughters, Cora Elizabeth Bryan, Amalie Mary Bryan, and Noelle Anne Bryan; and their son, Shepherd Charles Bryan;

And to my son, Mitch Perry-Cox; and his husband, Samuel Perry-Cox.

Anne Griffin Perry

I wish to dedicate this new edition of our textbook to the exceptional professional nurses at Barnes-Jewish Hospital. It has been my privilege to have worked with so many talented people.

They continue to inspire me each day.

Patricia A. Potter

For Toba and Harris, who never saw this achievement but would be proud of its influence on today's and tomorrow's nurses. And, as always, for my always supportive and patient husband.

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Preface to the Student

Numerous features are built into this text to help you identify key pieces of information and study more efficiently. Additional study tools and review questions may be found on the companion Evolve site: http://evolve.elsevier.com/Perry/skills

> Objectives highlight the primary aims of chapter content.

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Parenteral Medications

SKILLS AND PROCEDURES

Skill 22.1 Preparing Injections: Ampules and Vials, p. 580

Procedural Guideline 22.1 Mixing Parenteral Medications in One Syringe, p. 586

Skill 22.2 Administering Intradermal Injections, p. 589

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Skill 22.4 Administering Intramuscular Injections, p. 600 Skill 22.5 Administering Medications by Intravenous Bolus, p. 607

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Skill 22.7 Administering Continuous Subcutaneous Medications, p. 620

by the parenteral route enter body tissues in by injection. Injected medications are no oral medications. Parenteral routes are comiting or cannot swallow, when rapid, seeds, analof when patients are restricted. These medication administration proces-a pose greater tisk than those associated senteral medications (see Chapter 21). requires a certain set of skilb to ensure has the proper location. There are four instration:

m: Injection into tissues just under the

tion: Injection into the body of a

n: Injection into the dermis just

OBJECTIVES

- Confectly prepare injectative ineucations from a war and air ampule.
 Identify advantages, disadvantages, and risks of administering medications by each parenteral route.
 Evaluate the effectiveness and outcomes of administering medications by each parenteral route.
 Explain the importance of selecting the proper-size syringe and needle for an injection.
 Discuss factors to consider when selecting injection sites.
- Discuss ways to promote patient comfort while administering an injection.
 Correctly administer intradermal, subcutaneous, and inframuscular injections.
 Compare the risks of three different intravenous routes.

- routes.

 Correctly administer an intravenous medication by intravenous piggyback, intermittent infusion, or bolus initiate, maintain, and discontinue a continuous subcutaneous infusion.

MEDIA RESOURCES

EVOÍVE http://evolve.elsevier.com/Perry/skills
 Review Questions

- Nso Nursing Skills Online



Clinical Decision Point Aspiration after injecting a subsutaneous medication is not necessary. Piercing a blood sessel in a subsutaneous injects sery rure. Aspiration after injecting heparin and insulin is not recommended (Lilley et al., 2012).

- 17. Apply gentle pressure to site: Do not massage site. (If heparin is given, hold alcohol swab or gause to site for 30 to 60 seconds.)

 18. Help patient to comfortable position.

 19. Discard uncapped needle or needle enclosed in safety shield (see illustrations) and atrached syringe into puncture- and leak-proof receptacle.
- Withdraw needle quickly while placing antiseptic swab or gauze gently over site.

 Apply gentle pressure to site. Do not massage site. (If heparin is given, hold alcohol swab or gauze to site for 30

 Supporting tissues around injection site minimizes discomfort during needle withdrawal. Dry gange may minimize patient discomfort associated with alcohol on nonintact skin.

 Add absorption. Massage can damage underlying tissue. Time interval prevents bleeding at site.
 - Prevents injury to Recapping need (OSHA, n.d.).





STEP 19 Needle with plastic guard to prevent needlesticks. A, Position of guard before inj B, After injection guard locks in place, covering needle.

- 20. Remove gloves and perform hand hygiene.21. Stay with patient for several minutes and observe for any allergic reactions.



- Return to room in 15 to 30 minutes and ask if patient feels any acute pain, burning, numbness, or tingling at injection site.

 Inspect site, noting brusing or induration. Provide warm compress to site:

 Observe patient's response to medication at times that correlate with onest, peak, and duration of medication. Review laboratory results as appropriate (e.g., blood glucose, partial thromboplastin).

 Use Teach-Back: "I want to be sure I explained to you the reason for this subcutaneous injection. Tell me why you are receiving this injection." Revise your instruction now or develop a plan for revised patient or family caregiver teaching if patient or family caregiver teaching if patient or family caregiver is not able to teach back correctly.
- Continued discomfort may indicate injury to underlying bone
- nerves.

 Bruising or induration indicates complication associated with
- injection.

 Adverse effects of parenteral medications develop rapidly.

 Evaluate effect of medication on basis of onset, peak, and duration of action.

Determines patient's and family caregiver's level of understanding of instructional topic.

STANDARDS OF CARE

- Centers for Medicare & Medicaid Services (CMS), 2015—Preparation and Administration of Drugs
 Infusion Nurses Society, 2016—Infusion Nursing Standards of Practice
 Institute for Safe Medication Practices (ISMP), 2011; 2012; 2015—Safe Medication Preparation
 The Joint Commission, 2016—Patient Identification

PRINCIPLES FOR PRACTICE

- When managing a patient's medications, communicate clearly with the interprofessional team, assess and incorpo-rate the patient's priorities of care and preferences, and use the best evidence when making decisions about patient
- Use technology (e.g., bar scanning, electronic medication administration record [MAR]) that is available in your agency when preparing and giving medications.

Clinical Decision Points highlight points to consider when performing skills to ensure effective outcomes and promote safety.

Extensive illustrations demonstrate stepby-step procedures for more thorough understanding.

Quick Response codes may be scanned to link to video clips directly from the text page.

Unexpected Outcomes/Related

and respond appropriately.

Interventions help you anticipate problems

Recording and Reporting guidelines for

SKILL 22.5 ADMINISTERING MEDICATIONS BY INTRAVENOUS BOLUS

4. Use Teach-Back: "I want to be sure I explained to you why you are receiving this IV bolus medication. Can you explain to me what the medication is for and when to call the nurse. Revise your instruction now or develop a plan for revise patient or family caregiver teaching if partent or family caregiver is not able to teach back correctly.

Determines patient's and family caregiver's level of of instructional topic.

Recording and Reporting

Special Considerations

- Inexpected Outcomes

 Patient develops adverse reaction to medication.
- 2. IV medication is incompatible with IV fluids (e.g., IV fluid becomes cloudy in tubing) (see agency policy).
- 3. IV site shows symptoms of infiltration or phlebitis (see Chapter 29).

Immediately record medication administration, including drug, dose, route, time instilled, and date and time administered on MAR in nusers' notes in electronic health record (EHR) or chart. Include initials or signature.

Record patient reaching, validation of understanding, and patient's response to medication in nurse's notes in EMR or chart.

cnart.
Report any adverse reactions to patient's health care provider.
Patient's response sometimes indicates pred for additional medical therapy.

Patient's response same time medical therapy.
Record patient's medication response in nurses' notes in EHR or chart.

Teaching

• Teach patient and/or family caregiver that effects of IV push medications occur rapidly. Explain reasons for giving medication slowly and teach signs of adverse effects.

Bentatric
The therapeutic dosage of IV push medications for infants and children is often small and difficult to prepare accurately, even with a tuberculin syringe. You need to infuse these medications slowly and in small volumes because of the risk for fluid volume.

- lelated Interventions
 Slop delivering medication immediately and follow agency policy or quidelines for appropriate response to allergic reaction (e.g., administration of antihistramine such as diphenhydramine or epinephrine) and reporting of adverse drug reactions.
 Notify patient's health care provider of adverse effects impuestably, advantages and the control of the control

- Notify patient's health care provider of adverse effects immersitely. Add allerg information to patient's record.
 Stop N fluids and clamp N line.
 Flush N line with 10 mt. of 0.9% sodium chiefle or sterile water.
 Glive N bolus over appropriate amount, a line.
 Flush with mother 10 mt. of 0.9% sodium chiefle or sterile water at same rate as medication use daministered.
 Restart N fluids with pur bibling at prescribed rate.
 If unable to stop if influsion, start new N site (see Chapter 29) and administer pedication using N push (N look) method.
 Stop I Ministry immediately or discontinue access device and restart.

overload Hockenberry and Wilson, 2015). To maintain pedi-tric catient safety, carefully follow agency policies when thinistering medications via IV

the renal and metabolic systems of because of the aging process. To effects of IV push medications, have adverse effects and drug interaction ate IV push medications if they a

Home Care

• IV push medications are freque Nurses, pharmaciast, and health laborate closely in the care of t family caregivers who are ind managing IV medications need t administration safery. Adequate e ity are necessary to manipulate it understand their venous access of tions, and how to flush their account of the control of the co

Recording and Reporting

- Record drug, dose, route, site, time, and date on MAR in nurses' notes in electronic health record (EHR) or chart immediately after administration, not before. Correctly sign MAR according
- of ID injection and appearance of skin in nurses'

 Pediatric

 Children
- Record area of 1D injection and appearance of skin in nurses notes in EHR or chart.
 Report any undesirable effects from medication to patient's health care provider and document adverse effects according to Record patient teaching, validation of understanding, and patient's response to medication in nurses' notes in EHR or chart.

 Record patient teaching, validation of understanding, and patient's response to medication in nurses' notes in EHR or chart.

SKILL 22.3 Administering Subcutaneous Injecti

each skill detail what to document and report.

Special Considerations indicate special teaching considerations, as well as procedure modifications needed for pediatric, gerontological, and home care populations.

SKILL 22.3 ADMINISTERING SUBCUTANEOUS INJECTIONS

· Patient should wear medical identification band listing all

- Caution patient not to wash off pencil markings around injec-
- Explain to patient how to observe for skin reactions.

- Pediatric

 Children who are exposed to people with confirmed or suspected infectious tuberculosis should be tested for it immediately following exposure (Hockenberry and Wilson, 2015).

 Children with ongoing exposure to high-risk individuals (e.g., HIV-infected, homeless, incarcerated) should be tested for tuberculosis every 2 to 3 years (Hockenberry and Wilson, 2015).

erontological
The skin of the older adult is less elastic and must be held taut to ensure that ID injection is administered correctly.

NSO icon links to online course lessons.

KEEP THIS CARD. Clinical Skills Neonatal Collection

Video C Nursing Skills Online Injections Module / Lesson 3 Subcutaneous injections involve depositing medication into the officutaneous injections involve depositing medication into the loose connective tissue underlying the demis. Because subcutaneous tissue does not contain as many blood vessels as muscles, medications are absorbed more slowly than with intramuscular (IM) injections. Physical exercise or application of hot or cold compresses influences the rate of drug absorption by altering local blood flow to tissues. Any condition that impairs blood flow to stussue. Any condition that impairs blood flow to store tissue is sensitive to printain solutions and large

the other states of the subcutaneous injections.

Subcutaneous tissue is sensitive to irritating solutions and large Journes of medications. Thus you only administer small volumes of the classifications. Thus you only administer small volumes to 5 to 1.5 mL) of water-soluble medications subcutaneously to bulbs. In children, you give smaller volumes up to 0.5 mL (Hock-therry and Wilson, 2015). Examples of subcutaneous medications clude epinephrine, insulin, allegry medications, opioids, and eparin. Because subcutaneous tissue contains pain receptors, the titent often experiences some discomfort.

The best subcutaneous injection sites include the outer aspect the upper arms, the abdomen from below the costal margins the iliac crests, and the anterior aspects of the thighs (Fig. 2.12). These areas are easily accessible and are large enough allow rotating multiple injections within each anatomical carition.

hoose an injection site that is free of skin lesions, bony promise, and large underlying muscles or nerves. Site rotation prethe formation of lipohypertrophy or lipoatrophy in the skintent's body weight and adipose tissue indicate the depth of the
uneous layer. Therefore choose the needle length and angle
tion on the basis of a patient's weight and an estimation of
unit of subcutaneous tissue (Ogston-Tuck, 2014a). Nurses
use a 25-gauge, 16-mm (½-inch) needle inserted at a
angle or a 12-mm (½-inch) needle inserted at a
angle or a 12-mm (½-inch) needle inserted at a
subcutaneous medications to a normal-size
ut. Some children require only a 12-mm (½-inch)
e patient is obese, pinch the tissue and use a needle
to insert through fatty tissue at the base of the
patients often do not have sufficient tissue for subcuuss the upper abdoment is usually the best site in this s; the upper abdomen is usually the best site in this that a subcutaneous medication reaches the subcutaneous tissue, follow this rule: If you can grasp 5 cm (2 inches) of tissue, insert the needle at a 90-degree angle; if you can grasp only 2.5 cm (1 inch) of tissue, insert the needle at a 45-degree

angle. Research on insulin administration shows that insulin needles that are 8 mm (f_{sh} inch) or longer often enter the muscles of men and people with a body mass index (BMI) of 25 or less. Shorter or 4 to 5 mm (f_{sh} -inch) needles were associated with less pain, adequate control of blood sugars, and minimal leakage of medication (Diggle, 2014; Hirsch et al., 2012). Thus, when administering insulin, needles of f_{sh} inch (410 S mm) administered at a 90-degree angle should be used to reduce pain and achieve adequate control of blood sugars with minimal advense effects for people of all BMIs, including children (AADE, 2013).

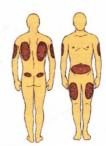


FIG 22.12 Common sites for subc

Clinical Skills: Essentials Collection contains 144 entirely new, high-definition video skills.

ELSEVIER

Preface to the Instructor

The evolution of technology and knowledge influences the way we teach clinical skills to nursing students and improves the quality of care possible for every patient. However, the foundation for success in performing nursing skills remains a competent, well-informed nurse who thinks critically, asks the right questions at the right time, and makes timely decisions. That outcome is the driving factor behind this new edition.

In this ninth edition of Clinical Nursing Skills & Techniques, we have created a very different format for our textbook. Each chapter opens by introducing students to key concepts: Standards of Practice, Principles for Practice, Evidence-Based Practice, Patient-Centered Care, and Safety Guidelines. These have been streamlined into a quick, easy-to-read bulleted format. Our new approach emphasizes yet simplifies these important concepts.

In addition, these concepts align with the *Quality and Safety Education for Nurses* (QSEN) initiative. Chapter 1, Using Evidence in Nursing Practice, prepares students to understand and use the evidence-based practice information included in every chapter.

All topics and skills, including sample documentation, have been updated to the most recent standards in nursing practice.

Your students will find that this edition of Clinical Nursing Skills & Techniques provides a comprehensive resource that will serve them well through their nursing education and right into their clinical practice careers.

CLASSIC FEATURES

- Over 200 basic, intermediate, and advanced nursing skills and procedures are covered.
- Five-step nursing process format provides a consistent presentation that helps students apply the process while learning each skill.
- Skills and Procedures list and Objectives open each chapter.
- Over 1200 full-color photos and drawings help students master the material covered.
- Evidence-Based Practice sections in each chapter present students with the newest scientific evidence for the procedures presented. Recent research findings are discussed, and their implications for patient care are explored.
- Patient-Centered Care sections prepare students to recognize
 the importance of having patients partner in performing skills
 in a compassionate and coordinated way based on respect for a
 patient's cultural preferences, values, and needs (QSEN core
 competency).
- Safety Guidelines sections cover global recommendations on the safe execution of the particular skill set covered in each chapter (QSEN core competency).
- NSO icon links text content with the new edition of *Nursing Skills Online*, which has been simultaneously revised with the textbook to provide completely coordinated information.
- Rationales are given for steps within skills so students learn the why as well as the how of each skill. Rationales include citations from the current literature.

- Delegation and Collaboration sections define communication within the patient care team and the nurse's responsibility when delegating to assistive personnel.
- Clinical Decision Points alert students to key steps that affect patient outcomes and help them modify care as needed to meet individual patient needs.
- Evaluation sections highlight steps students must take to evaluate the outcomes of the skills performed.
- Teach-Back is included in each evaluation section, where we demonstrate to students how to phrase a Teach-Back question appropriately.
- Recording and Reporting sections follow the evaluation discussion and alert students to what information should be documented in each situation.
- Unexpected Outcomes and Related Interventions sections inform students to be alert for potential problems and help them determine appropriate nursing interventions.
- Special Considerations sections include additional considerations when performing the skill for specific populations of patients or in specific settings and may include:
 - Teaching Considerations
 - Pediatric Considerations
 - Gerontological Considerations
 - Home Care Considerations
- Quick Response codes (scan with smartphone or tablet with camera to view video clips) on the text pages link video clips to the appropriate skill or procedure, allowing students to view the video immediately after reading the implementation section of the skill.
- Glossary (on Evolve) defines all key terms.
- Additional review questions (on Evolve) include a brand new set of unique questions for every chapter.
- TEACH for RN instructor manual helps you capitalize on the new clinical material in the text, skills video series, and online course. Additional case studies and discussion questions unique to the TEACH manual expand the in-class material available
- As with the eighth edition, an Image Collection is available with Clinical Nursing Skills & Techniques.

NEW TO THIS EDITION:

- Standards of Care sections summarize the most recent evidence-based standards and/or the professional clinical standards recommended for the skills within each chapter.
- Principles for Practice sections highlight the key nursing principles that apply to all skills within a chapter.
- Expanded and improved end-of-chapter exercises include a Clinical Debrief case study, examples of SBAR communication, and review questions.

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