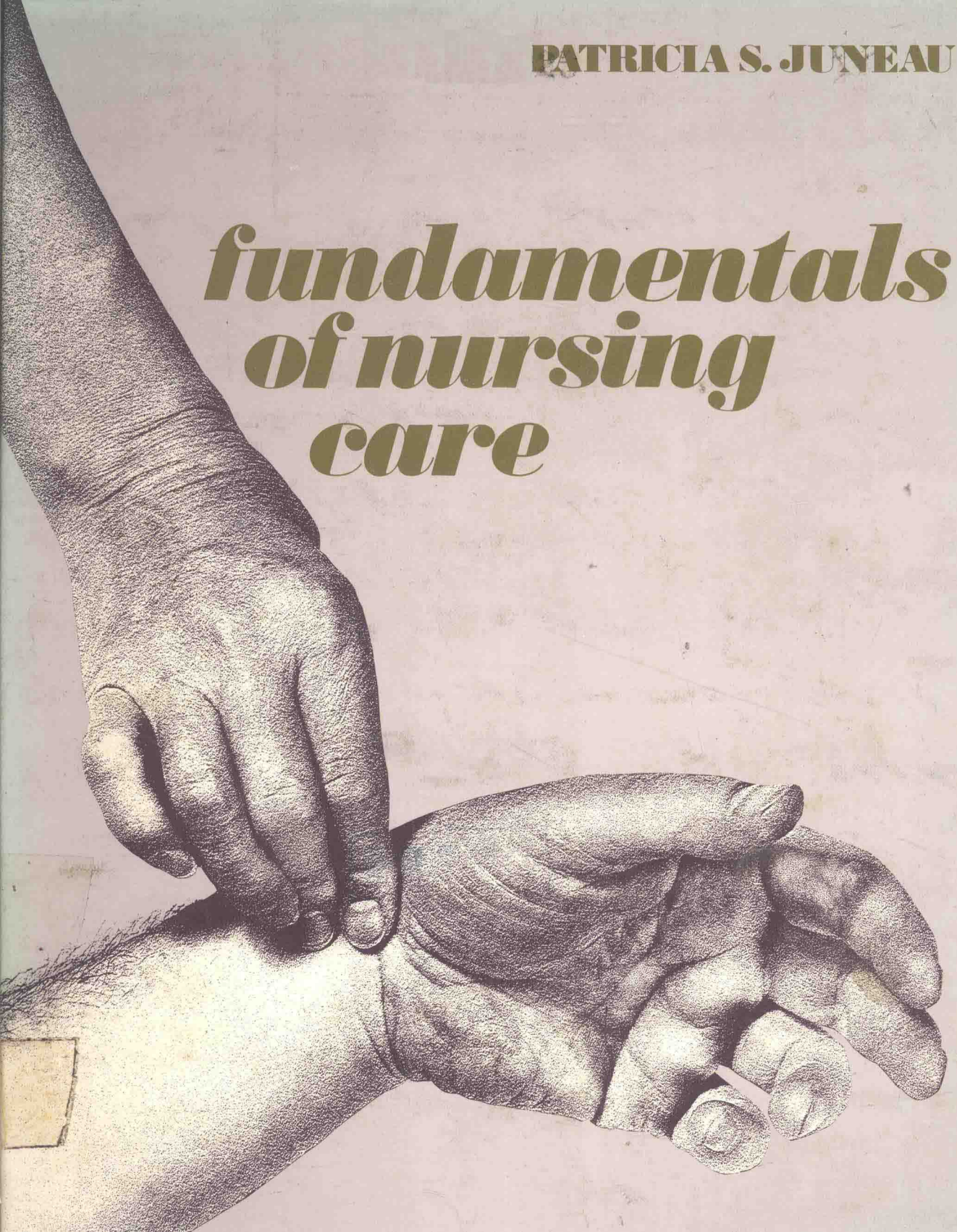


PATRICIA S. JUNEAU

*fundamentals  
of nursing  
care*



# FUNDAMENTALS OF NURSING CARE

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The total art and science of nursing is today being critically examined and new levels of nursing practice are evolving. Regardless of the various changes that occur, improvement of bedside care of the patient remains the motivating force behind many of these changes.

Experience has shown that the well-prepared nurse is a key member of the health care team. The nurse's orientation and motivation toward meeting the patient's needs at the bedside should begin as a student when she or he is initially exposed to patient care. This text is intended as an introduction to the care of the patient with emphasis on the fundamental skills which are commonly employed at the bedside. The book is divided into five sections: Introduction, Basic Care Principles, Nutrition and Patient Care, Pharmacology and Drug Therapy, and Care of the Emotionally Disturbed Patient.

Mastery of the concepts and skills presented in this text will provide the student nurse with the basic knowledge and skills needed to administer intelligent and safe bedside care, and will also provide a foundation for continuing growth and development as she or he receives continuing instruction throughout the course of study, and in later practice.

## PREFACE

Unit I: Introduction. Designed to orient the learner to patients and patient care, and to present some of the general guidelines upon which subsequent units of the text are based.

Unit II: Basic Care Principles. Presents most of the basic nursing procedures in a step-by-step format along with a brief discussion of the underlying scientific principles. The relationship of principle to practice is dealt with in a manner that will be understandable, but not cumbersome in its attention to detail. An attempt is made to enhance the visual aspect of learning by organizing material, whenever possible in a manner that facilitates absorption through eye movement. Liberal, simple illustrations are included to emphasize equipment and activities referred to in the text of the material.

Unit III: Nutrition and Patient Care. Covers the fundamental aspects of nutrition, as well as an introduction to therapeutic diets.

Unit IV: Pharmacology and Drug Therapy. Presents concepts basic to the safe care and handling of drugs, preparation and administration of drugs, and an introduction to the major families of drugs.

Unit V: Care of the Emotionally Disturbed Patient. Designed to afford the learner an opportunity to explore reasons why patients act as they do, personality structure, defense mechanisms, and some suggestions for the nursing management of the more commonly

encountered types of behavior. Nursing actions presented are those which would be helpful, regardless of whether the patient is in a general hospital, in a psychiatric hospital, or someone encountered in the community. Diagnosis of behavior is not emphasized, since presenting behavior is more important to the practitioner than is the patient's diagnosis.

The preparation of the material in this textbook reflects much of the basic philosophy of the author, who believes that the total care of a patient in a manner which promotes physical, emotional, and spiritual relief of discomfort should be a primary concern of *anyone* who approaches the bedside of a patient. One of the most difficult aspects in preparing this text has been the determination of what material must be left out of the manuscript. It would have been impossible to include all of the material I would like to have included in each section of each chapter. It is to be hoped that the learner's thirst for knowledge will be stimulated to do additional research in areas that are of especial interest.

Many individuals have aided and assisted me during the months of preparation of the manuscript. I wish it were possible to mention each and every one of them individually. But time and space will not permit it. However, some individuals to whom I would especially like to express my personal "thanks" include my director, Mr. J. W. Gaspard and my fellow instructors (who loved and tolerated me *IN SPITE OF* myself): Doris Millet, R.N.; Ruby Hall, R.N.; Pat Breeding, R.N.; Betty Rose, R.N.; Barbara McCarty, R.N.; Gertrude Laborde, nutrition instructor; Dot Betar, R.N.; Charlotte Roy, R.N.; Gloria Haley, R.N.; Janet Householder, R.N.; Peggy Brouillette, R.N.; and Kate Moreau, R.N. I would also like to thank Rose Broussard and Louise Ryland, both Registered Dietitians and personal friends, and Sandra and Bobby Dufour who so ably assisted me in the typing and proofreading of the manuscript. I am grateful to my long-time friend, L. D. Clepper, Jr., and his parents, The Reverend and Mrs. L. D. Clepper. Thanks also to my friends and neighbors who continued to remember to do all those "little things" throughout the long months of preparation of the manuscript. Finally, those who stuck by me and guided me so lovingly, competently, and continuously: my husband, Maxwell; our families; and T. P. McConahay, my editor at Macmillan Publishing Company, without whom this work would not have existed.

Patricia Self Juneau



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# I INTRODUCTION



- CHAPTER 1. Patients and Patient Care**
- CHAPTER 2. Body Mechanics**
- CHAPTER 3. Learning to Observe**
- CHAPTER 4. Principles of Charting**
- CHAPTER 5. Physician's Orders**
- CHAPTER 6. Admitting, Transferring, and Discharging a Patient**

# 1

## Patients and Patient Care

## Introduction and Vocabulary

Nursing may be defined as *the act of assisting the ill or handicapped person to meet his basic needs for life and health*. The practice of caring for the sick and infirm can be traced back in history to the beginning of mankind. Nursing was not recognized as a profession, however, until the middle of the 19th Century when Florence Nightingale, through her practice and writings, started nursing on its journey from that of an ill-defined craft that was considered socially unacceptable to the highly respected, highly skilled, scientific vocation (profession) it has become today.

Modern nurses are involved in a variety of patient care functions. For example, nursing can be a *curative art* when the emphasis of patient care is on the regaining of health. When the nurse is involved in helping patients keep well and avoid disease, it becomes *preventive nursing*. If the nurse is involved in assisting the patient to regain the best possible use of his or her abilities following a disease, the practice is defined as *rehabilitation*. Another important part of the function of a nurse is administering *supportive care*. This is frequently accomplished by as simple a measure as a smile, the touch of a hand, or just being there with the patient.

When applying nursing measures to patient care, there are a number of *principles* which one learns to use as a guide in formulating and implementing a nursing care plan. A principle is the “why” or the reason for performing a nursing action in a particular way. These nursing principles are facts or truths that were developed after careful study of a given event or process. The actual steps of a nursing procedure may vary widely, but the underlying principles remain unchanged.

The *nursing procedure* is a suggested method of performing a particular skill. The steps listed in a nursing procedure will be based on underlying principles. When performing a nursing procedure, the steps within the procedure may be altered to meet the needs of the particular patient. The procedure may also be altered because of various types of equipment, because of the environment at the moment, or for a number of other reasons. However, the underlying *principles* remain unchanged and should *never* be sacrificed or ignored by the nurse who is performing the procedure.

Many hospitals or employing agencies have specific *policies* which must be followed by employed personnel. A policy is a directive or regulation which has been adopted by the particular health care agency to help it run smoothly and efficiently. Therefore, all employees should

respect and abide by the policies of their employing agencies in a loyal and upright manner. Those nurses who find these policies intolerable should resign and seek other employment.

## Total Patient Care

One of the most important factors in providing good patient care in the modern hospital is that of having nursing personnel who have enough insight into the patient's needs to be able to consider him or her as a *total* patient rather than as a diagnosis, a room number, a symptom, or some other fragmented view. Often, one needs only to pick up a chart at random in the hospital and turn to the nursing notes to quickly discover the lack of insight nurses have exhibited. Entries are frequently limited to "quiet night," or "slept well," or "no complaints at present." Included with these entries will be long lists of medication and treatments performed, but seldom does one catch a glimmer of the personality or needs of the patient about whom these very sterile, factual, impersonal entries were made.

For the patient to truly receive total patient care, every nurse, practical nurse, physician, nurse aide, orderly, ward clerk—literally everyone on the staff—must be rigorously involved in responding to the patient's physical and psychological needs. There must be a total team approach to patient care. There are two major teams available to meet these total needs of patients: the Health Team and the Nursing Team.

*The Health Team* is the total health career field performing their individual, specialized skills to insure health care for the patient. This team extends beyond medicine, dentistry, and nursing, and today encompasses over 200 health careers in which there is specialization of skills on all levels. This health care team comprises the medical and nursing personnel as constant team members who come in contact with the patient at all times. However, it also includes any other individual who, either directly or indirectly, performs a service to individuals or the community which will affect their health and welfare. Included on this team are the physician, nurse, pharmacist, sanitation worker, social service worker, chaplain, water supply attendants, laboratory personnel, dietitian, and medical records personnel—virtually anyone and everyone who contributes either directly or indirectly to health services.

*The Nursing Team* refers to those individuals who administer direct care to the patient—Registered Nurses, Student Nurses, Practical Nurses, Student Practical Nurses, and Nursing Assistants. The Physician is responsible for directing the activities of the various members of this team according to his or her diagnoses and prescriptions for the patients.

The Registered Nurse is the leader of the nursing team. She or he meets the responsibilities of leadership by formulating and implementing nursing care plans for each patient. After the plan has been formulated, the nurse delegates appropriate duty assignments to each team member.

## Factors which Influence Nursing Care

*Health* is a state of physical, mental, and social well-being, and not merely the absence of disease or infirmity.

*Illness* is any departure from health which causes undue distress, discomfort, or pain.

*Nursing* was previously defined as: the act of assisting the ill or handicapped person to meet his or her needs for life and health.

*Basic needs* have been identified as follows:

1. Physiologic needs, such as air, food, water, sleep, etc.
2. Safety needs, such as security, freedom from fear, etc.
3. Psychological needs, such as love, belonging, etc.
4. Social needs, such as companionship, intimacy, etc.
5. Spiritual needs, such as purpose, meaning to life, etc.

*Activities of Daily Living (ADL)*: All patients have essentially the same basic human needs. In addition, hospitalized individuals often require assistance in performing the activities of daily living. These activities include eating, resting, working, exercising, dressing, personal hygiene, communicating, and learning.

The daily nursing needs of a hospitalized patient may be thought of as a combination of the ADL and the basic human needs. Meeting these daily nursing needs is the goal of the nursing care plan, and in formulating the individual care plan, the nurse should always remember that, while basic needs remain the same for everyone, the ADL are specific to each individual patient and to this particular time.

## Planning, Organizing, and Implementing Nursing Care

The nursing care plan of a patient is formulated on the basis of the daily nursing needs of the patient, along with the assessment of the

physician and the nursing assessment. Once the physician has evaluated the patient's status and leaves orders for medical management, nursing personnel will implement the orders. For example: if the physician orders the patient's intake to be limited to 1,000 cc of fluid per 24 hours, nursing personnel would realize that the patient would need to be placed on intake and output; fluids would need to be allotted for each duty schedule, the greater part being allowed during the day; frequent oral hygiene would become necessary; environmental temperature would need to be carefully regulated to prevent excessive perspiration and discomfort; the family would need special instruction along with the patient; and daily weights would be needed. The physician should not need to *specifically* order each of these measures. They are *accepted* nursing functions designed to meet the total needs of a patient.

Some additional considerations which go into the formulation of a nursing care plan include: other diseases and illnesses which are present; age; marital status; religion; and the degree of dependency of the patient (helpless, able to assist in care, capable of self-care, etc.)

Every nursing procedure consists of four basic phases.

1. Preparation
2. Performance
3. Aftercare
4. Recording

*Preparation.* Preparation includes the preparation of the nurse (through study, practice, etc); preparation of the patient (explaining to him or her *before* the equipment is brought into the room); preparation of the equipment (gathering all necessary equipment and making certain it is functional *before* entering the patient environment); and preparation of the environment (the area where the patient is to be when the procedure is performed).

*Performance.* Performance is the actual administration of the nursing procedure. It must be completed in a manner that is safe, comfortable, therapeutic, and efficient (in terms of supplies, time, and energy).

*Aftercare.* Aftercare refers to the care of the patient following the performance of the procedure as well as the aftercare of the equipment which was used.

*Recording.* Recording includes noting in the appropriate areas of the patient's chart what was performed, *plus* any pertinent observations made during the time the procedure was being performed.

NOTE: Recording also implies that it is the responsibility of the nurse for *reporting* to the team leader or charge nurse any pertinent observation.

Preparation, Performance, Aftercare, and Recording are usually performed in that sequence. A skill, for example, cannot be performed until the proper preparation has been made. Recording or reporting however, may occur at any point in the sequence if the nurse makes an observation he or she feels is important, or one that will alter the nursing care plan.

Often nursing functions are grouped together to form large blocks which can be performed at one time. By grouping procedures together, integration and organization can occur.

Nursing care is offered at intervals throughout the day. *Early morning care* ("A.M. Care") is the care given a patient early in the morning, usually before breakfast. This care offers the nurse a chance to observe the patient early in the day and administer those personal care needs required in preparation for breakfast. At this time the following procedures are suggested to be carried out:

1. Offer the bedpan.
2. Take vital signs: TPR and B/P.
3. Wash face and hands.
4. Offer oral hygiene.
5. Straighten linens as needed to make patient comfortable. If patient is wet, change those linens which are necessary.
6. Position patient in readiness for breakfast.
7. Remove any offensive article from the room (e.g., a urinal with urine from the night) in preparation for breakfast.
8. Place fresh water in the room.
9. Make those pertinent observations which are necessary and which will be used to formulate the nursing care plan for the day, e.g., I.V. bottles, dressing, tubes, catheters, etc.
10. Adjust the environment (lighting, temperature, etc.).

*Afternoon Care* ("P.M. Care") is the care administered to the patient in preparation for the afternoon meal. At this time the nurse can observe the patient's condition at the end of the day. The following procedures are suggested to be carried out:

1. Offer bedpan.
2. Wash face and hands.
3. Offer oral hygiene.
4. Straighten linen as necessary for comfort.
5. Position patient to receive evening tray.



6. Provide fresh water.
7. Prepare the environment by removing any unpleasant sight, sound, or smell.

*Evening Care* is the care administered to the patient that is designed to promote comfort and prepare for sleep. This care is administered to the patient before he or she goes to sleep. This is a good time to make pertinent observations, chat with the patient, and in general try to help him or her relax and get into a mental and physical state that will be conducive to rest and sleep. At this time the following procedures are suggested to be carried out:

1. Take vital signs.
2. Offer bedpan.
3. Wash face and hands.
4. Offer oral hygiene.
5. Wash, rinse, dry, and rub back.
6. Tighten linen, change as necessary, fluff and rearrange pillows, apply blankets as needed.
7. Change the patient's position as necessary.
8. Adjust the environment: temperature, lighting, ventilation.
9. Provide fresh water.
10. Tidy up room.
11. Place signal cord within patient's reach.
12. Encourage any visitors who might be present to prepare for the patient's rest.

As can be readily noted, by organizing and grouping procedures nursing personnel can provide patient care in a manner that is more efficient in terms of time and energy, and will provide care that more efficiently meets the basic needs of the patient.

There is one other grouping of procedures. This arrangement frequently constitutes a large part of the care administered to the patient during the day. This is referred to as *Morning Care*. It is designed to provide the nursing staff an opportunity to observe the patient and to administer nursing procedures which are designed to cleanse, relax, and provide comfort for the patient; and at this time the prescribed therapeutic measures are administered. Many times this is referred to as "total patient care," since, by virtue of its grouping, it allows one individual to assume responsibility for meeting the total physical nursing needs of the patient. It is usually administered after breakfast. At this time the following procedures are suggested to be carried out:

1. Offer bedpan.

2. Administer oral hygiene.
3. Administer the prescribed bath (bed, shower, tub, partial, etc.).
4. Administer skin and back care. Observe the skin for signs of pressure areas. Care for the nails.
5. Make bed.
6. Care for the hair. Assist the male patient to shave.
7. Tidy patient's unit.
8. Perform any prescribed therapeutic measures, e.g., ambulation, passive exercises, active exercises, application of elastic bandages, change dressings, etc.

## Primary Nursing Care

Primary nursing, an approach to nursing care which is gaining rapid momentum, is designed to provide a one-to-one nurse-patient relationship and individual responsibility for nursing of a patient. It establishes nursing responsibility and accountability for specific patients.

In primary nursing, the care of a specific patient is under the continuous guidance of one nurse—from admission through discharge. This primary nurse assesses the patient's needs for care, plans that care, coordinates it with other health care workers, and evaluates the effectiveness of care. In summary: The primary nurse is responsible for the total nursing process for that patient throughout his or her hospitalization. Other health care workers function under the supervision and guidance of this nurse—e.g., staff nurses, licensed practical nurses, nursing assistants.