

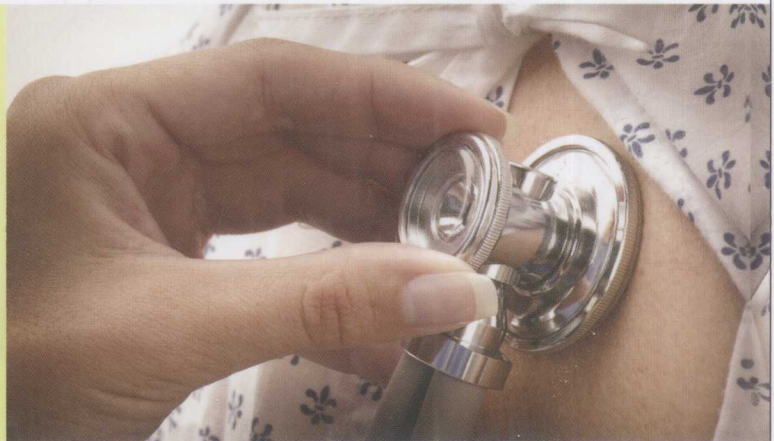
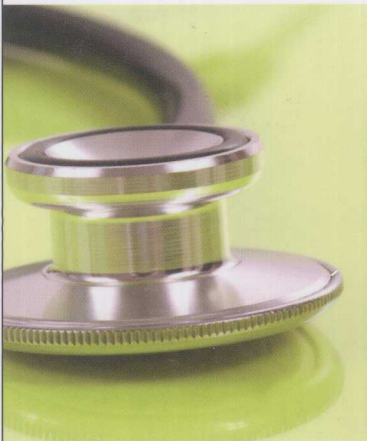
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SECOND EDITION

NURSING HEALTH ASSESSMENT

A Best Practice Approach



Sharon Jensen



Wolters Kluwer



Wolters Kluwer

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RRS1408

Organization of the Text

Case Study (woven throughout)

Presents a patient with a health concern corresponding to the chapter; ongoing related information, exercises, and details continue throughout the chapter.

Structure and Function

Reviews anatomy and physiology, with additional content on variations according to lifespan and culture.

Urgent Assessment

Summarizes emergency signs and symptoms to look for and immediate assessments and interventions.

Subjective Data

Focuses on areas for health promotion, risk factors, risk assessment, health goals, and health-related patient teaching. It also includes focused assessments for common symptoms. Questions for risk factors and symptoms are accompanied by rationales. Additional questions associated with older adult and cultural variations are included, as is sample documentation of findings.

Objective Data

Covers equipment, preparation, techniques, normal findings, abnormal findings, older adult and cultural adaptations, and sample documentation. Recurring checklists differentiate RN-level from APRN-level practice.

Critical Thinking

Discusses methods for organizing and prioritizing, key laboratory and diagnostic tests, and foundations for diagnostic reasoning.

Key Points

Key points of the chapter are summarized as reinforcement that the student has understood the most important information

Review Questions

These questions are consistent with the objectives at the beginning of the chapter and review important points.

Tables of Abnormal Findings

Cluster common abnormalities related to the assessment being explored, with compare-and-contrast information on key data points.



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Nursing Health Assessment

A BEST PRACTICE APPROACH

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EDITION

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- **The team at Wolters Kluwer Health** is truly invested in nursing and on the frontlines of health care. Annette Ferran, Rosanne Hallowell, Russ Hall, Corey Wolfe, Enrique Mares, Gwen Christensen, and the marketing team labor well beyond what is expected.
- **The contributors** worked diligently to revise the first edition manuscript and provide current evidence-based information in their specialty areas.
- **Nursing students in the United States, Canada, and internationally** are passionate about providing excellent care. Students do make a difference in the lives of educators, practicing nurses, and their patients.
- **Family, friends, and colleagues** provided support and encouragement to develop a text that shows how an assessment strongly supports high-quality outcomes.

We truly hope that this text lays out real-life situations so that nurses understand the importance of observation, with subjective and objective assessment as the process on which all nursing is based.

Inspiration

“The most important practical advice that can be given to nurses is to teach them what to observe.”

(Florence Nightingale, Notes on nursing: What it is, and what it is not, 1860)

Dedication

- To my parents, Jack and Gwen Erickson, who instilled in me my strong work ethic and understanding of community.
- Thank you to my siblings, Mike Erickson, Kathy Keithly, Alan Erickson, and their families who have supported me during this process.
- I honor and appreciate my children, Anna Jensen and Eric Jensen.
- To the students at Seattle University and the University of Hawaii, whose effort and ability allow me the privilege of serving as a guide and mentor during their education.



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Preface



Nursing Health Assessment: A Best Practice Approach reflects a progressive, modern approach to both nursing education and clinical nursing practice. The goal is to combine the most successful elements of “traditional” health assessment texts (e.g., two-column approach to physical examination and systems approach) with innovative elements to help students apply knowledge. The text not only includes thorough and comprehensive examinations for each specific topic but also presents features on safety integrating the QSEN competencies and clinical significance features that integrate clinical and theory (Benner’s work on Transforming Nursing Education). It presents adequate information to teach and to reinforce knowledge.

Unique features assist students with application and analysis, enhancing their critical thinking skills and better preparing them for practice. It attempts to move students from beyond “noticing” to focused observation, recognizing deviation from expected, seeking information, making sense of data, and prioritizing (Tanner’s work on Integrated Teaching). Case study features assist with application and analysis, enhancing critical thinking skills and better preparing all readers for active practice.

You have reviewed how subjective and objective assessment data are used in developing a diagnosis, planning care, and evaluating progress toward established outcomes. Using the nursing process and your critical thinking skills, consider all the case study findings woven throughout this chapter. While answering the following questions, begin drawing conclusions to see how the pieces of assessment work together to create an environment for individualized, evidence-based, high-quality nursing care.

- Why is the sternal angle (angle of Louis) an important landmark for assessment of the thorax?
- What subjective data collected are cause for concern?
- What health promotion and teaching needs are identified for Mr. Lee?
- Is Mr. Lee’s condition stable, urgent, or something requiring immediate attention?
- How will the nurse individualize assessment to meet Mr. Lee’s specific needs, considering his condition, age, and culture?
- How will the nurse evaluate the success of patient teaching for Mr. Lee?

Applying Your Knowledge



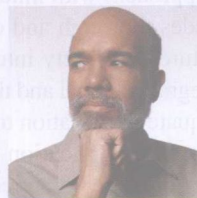
- In addition to the case studies, other distinctive aspects of this text include the following:
- **Emphasis on health promotion, and risk factor reduction.** The emphasis is included in each “Subjective Data” section. Because history taking and risk assessment is so important to nursing practice, the history and risk factor questions are separated from assessment of the signs and symptoms.
 - **Distinctions between common techniques and specialty or advanced practice skills.** A recurring table in the “Objective Data” section explains which techniques are more commonly performed in routine examinations to distinguish basic from specialty practice. This structure helps users prepare for actual patient interactions as well as to expect to modify techniques for individual situations.

TABLE 15.3 Basic Versus Focused/Specialty or Advanced Techniques Related to Nose, Sinuses, Mouth, and Throat Assessment			
Technique	Purpose	Screening or Registered Nurse Assessment	Focused or Advance Practice Examination
Inspect the nose.	To gather information regarding the integrity of the nose	X	
Inspect the mouth.	To gather information regarding the integrity of the oral cavity	X	
Inspect the throat.	To gather information regarding the integrity of the throat	X	
Inspect the nose with otoscope and nasal speculum.	To gather information about inflammation, infection, and structure		X Inflammation, infection, structure

- **Focus on documentation and communication between health professionals.** There is a separate chapter on documentation and interdisciplinary communication. Each chapter includes samples of normal and abnormal documentation. Additionally, SOAP note and SBAR features show how assessment information is communicated both in writing and verbally.

Remember Mr. Farhan, the patient with diabetes who was planning on fasting for Ramadan. Initial subjective and objective data collection is complete, and the nurse has spent time reviewing findings with the primary care provider. The following nursing note illustrates how subjective and objective data are collected and analyzed and nursing interventions are developed.

Progress Note: Analyzing Findings



- **Emphasis on evidence-based critical thinking, diagnostic reasoning, knowledge application, and analysis.** End-of-chapter review sections contain questions and critical thinking challenges related to the previously established case study. The last section of each chapter focuses on prioritizing and modifying assessment to promote the best care possible and summarizing multiple findings to create appropriate plans for patient's health.

Organization of the Text

Unit 1, *Foundations of Nursing Health Assessment*, provides in-depth coverage of the basic components of nursing health assessment. The rest of the text builds on and expands the material in this first unit. The nurse's role in assessment, interview and health history, and techniques are included. The unit concludes with information on the important components of documenting findings and sharing them with other health care team members. Using the correct medical terminology and proper documenting is important, especially avoiding the use of "good" and "normal." A special icon notes documentation in the data collection column of the general examinations chapters.

 **Skin texture is firm, even, and elastic. Turgor is intact, as shown by rapid return of skin after pinching.**

Unit 2, *General Examinations*, presents those assessments consistently applicable to all content areas. These topics reflect the holistic nature of nursing health assessment, as opposed to the traditional medical model that generally focuses on the physical domain and "body systems." Topics in Unit 2 include vital signs; pain; nutrition; developmental stages; mental health and violence; and social, cultural, and spiritual health.

Unit 3, *Regional Examinations*, presents individual chapters focusing on assessment of the key areas of the body, beginning with the skin and ending with the genital and rectal examinations. The material focuses primarily on adults to avoid overwhelming students with assessment of younger patients (usually presented at a later point in the curriculum). Older adult and cultural variations are highlighted at crucial points of review. Diversity is integrated to provide students with information and real-life situations.

Unit 4, *Special Populations and Foci*, presents content of assessments for pregnant women, newborns and infants, children and adolescents, and older adults.

Unit 5, *Putting It All Together*, reinforces the book's previous learning by outlining how to complete a full, comprehensive, head-to-toe examination for an adult. The hospitalized adult includes additional issues, such as focus on falls, skin breakdown, and sepsis. The head-toe-toe chapter includes a complete assessment that takes about an hour to complete, with over 100 points; this is a summary of the units previously studied in depth.

Chapter Organization and Features

Case Features

- **Progressive case study material** is woven throughout every chapter. From the beginning to the end of the content presentation, readers follow a patient's story and are challenged to apply their reading to the unfolding scenario. A recurring structure serves as a mechanism for supplying more information but also for reinforcing the core assessment foundations of critical thinking, therapeutic communication, documentation, findings analysis, application collaboration, and "pulling it all together." The case begins with a picture, reading, and bulleted list of three to five questions. These elements introduce the patient and generate beginning issues to consider.
- **Therapeutic Dialogue: Collecting Subjective Data** These displays provide examples of effective communication with patients in challenging situations, such as crying, cognitive impairment, or ethical issues. "Critical Thinking Challenges" offer an opportunity to consider how to collect subjective data in a holistic and challenging context.

Remember Karen Pitoci, the 15-year-old girl receiving home care following hospitalization for anorexia nervosa. The home health nurse is collecting data to assess the patient's health. The nurse uses professional communication techniques to gather subjective data from Karen. The nurse is interviewing the patient to obtain a 24-hour diet recall.

Therapeutic Dialogue: Collecting Subjective Data



- **Progress Note: Analyzing Findings:** The feature focuses on documented summaries of findings related to the case in four areas: subjective data (S), objective data (O), analysis (A), and plan (P). The format follows the nursing process, with assessment as the first and most important step.
- **Documenting Case Study Findings:** The Documenting Case Study feature summarizes abnormal findings relevant to the case study patient in the physical examination: inspection, palpation, percussion, and auscultation.
- **Collaboration With the Interprofessional Team:** This unique feature describes scenarios in which the nurse in the case must coordinate referrals or other advocacy needs for the patient. The feature shows how to organize details using the SBAR framework: **S**ituation, **B**ackground, **A**nalysis (or **A**ssessment), and **R**ecommendations. A Critical Thinking Challenge ends the section, prompting the student to consider how the nurse might have better communicated findings and recommendations.

Both occupational and physical therapists work with patients to increase mobility and functional abilities for rehabilitation. Generally, physical therapists focus on larger motor groups, whereas occupational therapists focus on fine motor skills and the upper body. Nurses may consult occupational therapists for patients with difficulties involving bathing, dressing, grooming, home and money management, assistive technology, or increasing ROM, tone, sensation, or coordination.

Mrs. Runningbird has been working with occupational therapy (OT) to increase function and to attain adaptive devices for her in the home. The following conversation illustrates how the nurse might communicate progress when OT comes.

Collaborating With the Interprofessional Team



- **Laboratory and Diagnostic Testing:** Common tests are included to supplement the assessments and assist with critical thinking and diagnostic reasoning. For example, in the abdominal section, the labs for the liver and kidneys are included to trigger students to look up these findings as part of the critical thinking and diagnostic reasoning process.
- **Pulling It All Together:** A table shows how to bring all the elements of assessment together when arriving at a nursing diagnosis based on previous findings and beginning to develop goals, interventions, rationales, and evaluation criteria.

The nurse uses assessment data to formulate a nursing care plan for Maria Ortiz. After these interventions are completed, the nurse will reevaluate the patient and document the findings in the chart to show critical thinking. This is often in the form of a care plan or case note similar to the one below.

Pulling It All Together



Nursing Diagnosis	Patient Outcomes	Nursing Interventions	Rationales	Evaluation
Knowledge deficit related to new diagnosis and medication	The patient states what to do for symptoms of hypoglycemia.	Discuss signs and symptoms of hypoglycemia. Discuss what to do if the patient is hypoglycemic, and provide a list of appropriate foods to increase blood glucose level.	Written information reinforces verbal information and can be used as a resource once the patient is at home.	Patient stated signs and symptoms of hypoglycemia. Patient named four foods that contain 10–15 g fast-acting carbohydrates. Patient will bring questions to next clinic visit.

- **Applying Your Knowledge:** This last case-related feature in the chapter includes summary text and repeats the bulleted questions found at the start of the chapter. This feature shows how assessment generates intervention, evaluation, and collaboration based on accurate and complete data to generate more effective care.

Other Features

- **Learning Objectives:** These objectives present the most important goals for learning by the time of completing the chapter.
- **Clinical Significance:** This feature highlights content critically related to a point of application. It may appear wherever applicable in the chapter.



Clinical Significance

Reduced cardiac output is associated with the medical diagnosis of heart failure. In this clinical syndrome, reduced contractility causes preload to increase. Blood backs up, causing congestion. Congestion on the left backs blood into the lungs, whereas congestion on the right backs blood into the body, especially the legs and feet. Signs and symptoms of heart failure are shortness of breath, weight gain, and swollen ankles with decreased cardiac output.

- **Safety Alert:** These recurring boxes present important areas of concern or results that require immediate intervention or adjustments. Safety Alert features are placed wherever applicable in the chapter.

SAFETY ALERT

If a patient is experiencing chest pain, dyspnea, cyanosis, diaphoresis, or dizziness, focus assessment on collecting data to resolve the discomfort. Gather information while performing treatments (such as administration of oxygen and nitroglycerine tablets sublingually as ordered) and diagnostic tests (such as electrocardiography). If chest pain continues, ask for help because more than one clinician may be necessary to collect data and to intervene appropriately.

- **Equipment Needed:** This box reviews essential equipment that the nurse will want to identify, clean, and gather before entering the patient's room relative to each assessment.
- **Key Points:** Key points are summarized at the end of the chapter to reinforce the most important information.
- **Review Questions:** Each chapter has 10 test questions written as a summary. The case study and related critical thinking questions are a higher level of thinking. They should be discussed with the instructor.
- **Tables of Abnormal Findings:** Tables of abnormal findings are summarized at the end of the chapter. Art or tables of normal findings may be integrated into the chapter in the appropriate location, but comparative depictions of abnormal findings generally are found in groups at the end.



TABLE 20.2 Abnormal Abdominal Findings

Finding	Description
Common Sites of Referred Pain	Abdominal pain may present with pain directly over the organ involved or the pain may be referred to a site where the organ was located in fetal development because the human brain has no felt image for internal organs. During fetal development, the organs migrate to their final location, but the nerves persist in the former location, and the patient feels the referring sensation. Pain in referred areas without representative history or other physical findings may not have an abdominal origin.

Icons



This icon clues readers to visit thePoint to review a corresponding video asset.



This icon clues readers to visit thePoint to review a corresponding animation.

A Comprehensive Package for Teaching and Learning

To further facilitate teaching and learning, a carefully designed package of instructor and student resources is available. In addition to the usual print resources, Wolters Kluwer Health is pleased to present multimedia tools that have been developed in conjunction with the text.

Resources for Students

thePoint Accessible through the access code in the inside front cover of the book, thePoint (thepoint.lww.com) offers a variety of resources for students that test knowledge and enhance understanding of health assessment. On thePoint, you will find the following:

- More than 500 self-study questions
- Concepts in Action™ Animations
- Watch and Learn™ Videos
- Journal Articles
- Spanish-English Dictionary with Pronunciation

Resources for Instructors

thePoint Instructors can access thePoint (thepoint.lww.com) using a code provided with each adoption. There they will find all of the student resources as well resources specifically designed to support instruction:

- A thoroughly revised Test Generator, containing more than 500 NCLEX-style questions
- Sample syllabus
- Strategies for effective teaching
- PowerPoint™ presentations, guided lecture notes, and prelecture quizzes

- An image bank
- Discussion topics and assignments
- Case studies

A Fully Integrated Course Experience

We are delighted to introduce an expanded suite of digital solutions and ancillaries to support instructors and students using Jensen's *Nursing Health Assessment: A Best Practice Approach*, 2nd edition. To learn more about any solution with the Jensen suite, please contact your local Wolters Kluwer representative.


Lippincott CoursePoint: An Adaptive Learning Experience

Lippincott

CoursePoint

Lippincott CoursePoint is a fully adaptive and integrated digital course solution for nursing education. CoursePoint synthesizes adaptive learning tools and content with an electronic version of the text and a wide array of integrated learning aids—all in one convenient location.

At the heart of CoursePoint is our adaptive learning system, powered by prepU.

In numerous studies, prepU has demonstrated improved student performance in both nursing courses and on the NCLEX. CoursePoint extends prepU's adaptive tools by connecting students to the resources that will help them *understand* the correct answers, with quiz results linked to relevant sections of the *Nursing Health Assessment* integrated eBook as well as videos, animations, interactive tutorials, audio tutorials, and interactive case studies via SmartSense links .

As the instructor, you have everything you need to develop your course, with easily accessible resources, organized by type or chapter, including the following:

- A thoroughly revised Test Generator, containing more than 500 NCLEX-style questions
- Sample syllabus
- Strategies for effective teaching
- PowerPoint™ presentations, guided lecture notes, and prelecture quizzes
- An image bank
- Discussion topics and assignments
- Case studies

CoursePoint's instructor reporting tools enable you to monitor individual student and class progress and strengths and weaknesses.

Lippincott

CoursePoint+

Available in Fall of 2015, Lippincott CoursePoint+ takes learning one step further by integrating additional skills and simulation tools within the CoursePoint platform. Specifically, CoursePoint+ integrates *vSim for Nursing: Assessment* to provide students with a complete skills experience.

Simulation and Innovative Resources

vSim for Nursing

- ***vSim for Nursing: Fundamentals*** Lippincott's new computer simulation platform (available in Lippincott CoursePoint+ or via thePoint). Codeveloped by Laerdal Medical and Wolters Kluwer, *vSim for Nursing: Assessment* helps students develop clinical competence and decision-making skills as they interact with virtual patients in a safe, realistic environment. *vSim for Nursing* records and assesses student decisions throughout the simulation, then provides a personalized feedback log highlighting areas needing improvement.

- **Lippincott DocuCare** (*available via thePoint*). Lippincott DocuCare combines web-based electronic health record simulation software with clinical case scenarios that link directly to much of the material presented in Jensen's *Nursing Health Assessment*. Lippincott DocuCare's nonlinear solution works well in the classroom, simulation lab, and clinical practice.

Additional Media and Print Resources

A wide variety of resources are available to enhance the learning experience. Visit <http://www.lww.com> for purchasing options.

- **Laboratory Manual for Jensen's Nursing Health Assessment: A Best Practice Approach, 2nd edition**. Available at bookstores or at www.LWW.com, this student laboratory manual presents various exercises to reinforce textbook content and enhance learning. It is very helpful for students to complete these exercises before lab.
- **Pocket Guide for Jensen's Nursing Health Assessment: A Best Practice Approach, 2nd edition**. Available at bookstores or at www.LWW.com, this clinical reference presents need-to-know information in a concise, easy-to-use, highly visual format. If the course is condensed, this is a good resource.
- **Lippincott's Nursing Health Assessment Video Series**. Available at bookstores or at www.LWW.com, this engaging nursing-specific health assessment video series consists of 6 volumes and 23 topics. Volume 1 presents the basics of nursing health assessment and techniques of interviewing, performing the physical assessment, and collecting data. Volume 2 covers foundational assessments used for all clients. Volumes 3 to 6 systematically address assessment of all the body systems. Each topic introduces a client and a nurse and demonstrates the subjective and objective data collection methods relevant to the situation and body system. This video series can be used in conjunction with any nursing health assessment text for undergraduate nursing students and is available in student versions on thePoint or on DVD and in institutional versions on DVD or in streaming format.

prepU

- prepU for *Nursing Health Assessment: A Best Practice Approach, 2nd edition* includes personalized, adaptive quizzes linked to Jensen's textbook content that fosters formative assessment for students and instructors).
- Lippincott PassPoint for the NCLEX, powered by prepU, is an online, adaptive learning NCLEX preparation resource that allows students to take practice quizzes and comprehensive NCLEX-style exams.