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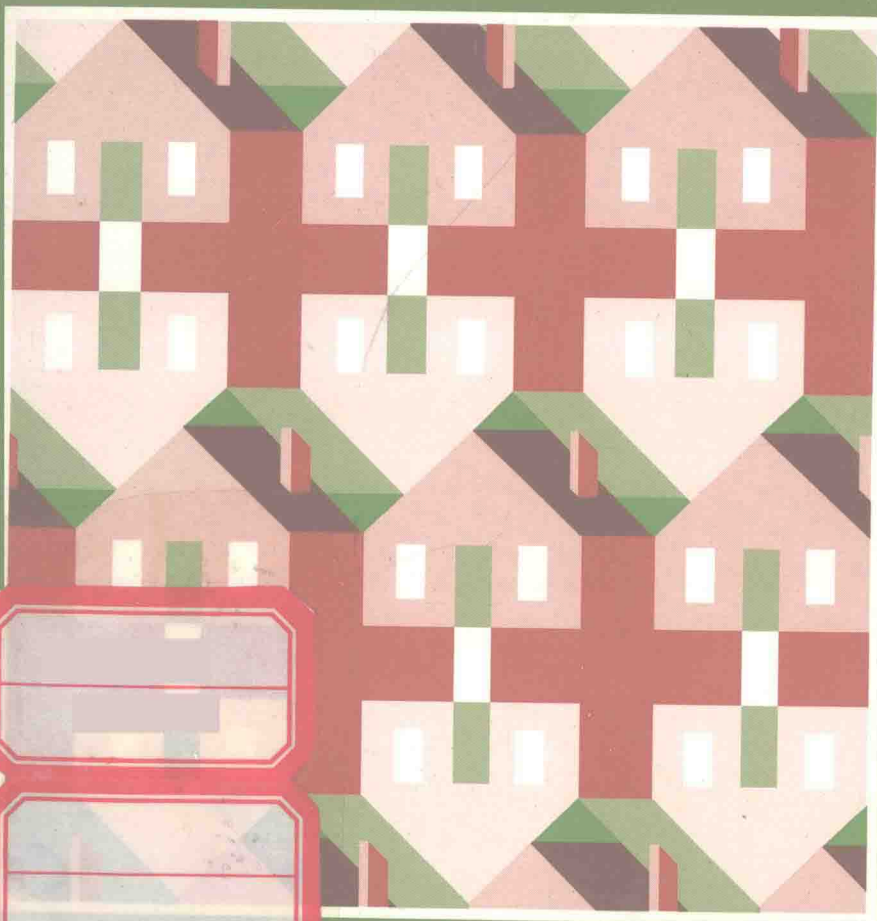


Spiral[®]
Manual

Manual of Community and Home Health Nursing

Nursing

Ruth Stewart



Manual of Community and Home Health Nursing

Ruth F. Stewart, MS, RN, FAPHA, FAAN

Associate Professor
Community Health Nursing
The University of Texas
Health Science Center at
San Antonio School of Nursing
San Antonio, Texas



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Past, Present, and Future*

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Manual of Community and Home Health Nursing

Preface

The *Manual of Community and Home Health Nursing* was written as a clinical reference for students in baccalaureate and graduate level community health nursing courses and for professional home, community, and public health nurses. It is filled with practical information commonly needed by nurses working outside the hospital setting.

Community health nursing practice is an art and a science, deriving its basis from professional nursing and the public health sciences. The goal, a healthy community, involves interventions that require a wide range of knowledge and skills. The *Manual of Community and Home Health Nursing* is designed to serve as a ready reference for meeting community and client needs. Coverage ranges from health promotion and disease prevention to care of the sick or disabled at home. The manual provides guidance for client teaching and nursing interventions for the wide variety of home and community health nursing roles.

Rozella Schlotfeldt has stated that the goal of nursing is to help people to "attain, retain and regain health."¹ Further challenge to community health nurses is to maximize the health potential of the community through meeting the diverse needs of its people. I hope this manual will be helpful to my colleagues in meeting this challenge.

I would like to take this opportunity to thank the following reviewers for their assistance in the development of the manuscript: Joan H. Baldwin, Group Health Association, Washington, D.C.; Helen A. Carcio, Curry College; Peggy J. Drapo, Texas Woman's University; and Charlotte R. Patrick, Texas Woman's University.
R.F.S.

¹Schlotfeldt, R. M. "This I Believe . . . Nursing is Health Care." *Nursing Outlook* 20 (4), April 1972, p. 24.

Contributing Authors

Betty J. Goodpasture, MS, RN, CPNP	Consultant, Pediatric Nursing in the Home, San Antonio, Texas
Geraldine Hughes-Bennett, MA, RN	Consultant, Gerontological Nursing, San Antonio, Texas
Julie S. Meyer, MSN, RN	Assistant Professor, The University of Texas Health Science Center at San Antonio School of Nursing, San Antonio, Texas
Betty Northern, RN	Consultant, Respiratory Nursing Care, San Antonio, Texas
Jacqueline Rhoads, PhD, RN	Former Assistant Professor, The University of Texas Health Science Center at San Antonio School of Nursing, San Antonio, Texas
Mary McCarty Spencer, MSN, RN, ET	Instructor, The University of Texas Health Science Center at San Antonio School of Nursing, San Antonio, Texas
Jeanette A. Tilley, BSN, RN	Home Dialysis Coordinator, Kidney Disease Clinic of San Antonio, San Antonio, Texas
Rita A. Yakubik, MSN, RN	Consultant, Hospice Nursing, San Antonio, Texas

Consultants

Frances Baar, MSN, RN	Consultant, Nursing Procedures, San Antonio, Texas
Susan Cooning, MS, RN	Instructor, The University of Texas Health Science Center at San Antonio School of Nursing, and Clinical Specialist, Santa Rosa Medical Center, San Antonio, Texas
Wilma Hayek, MSN, RN	Assistant Professor, The University of Texas Health Science Center at San Antonio School of Nursing, San Antonio, Texas
Barbara Carlile Holmes, MSN, RN, OCN	Oncology Clinical Nurse Specialist, The University of Texas Health Science Center at San Antonio, San Antonio, Texas
Nancy Lees, MN, RN	Former Instructor, The University of Texas Health Science Center at San Antonio School of Nursing, San Antonio, Texas
Patricia Nelson, MS, RN	Instructor, The University of Texas Health Science Center at San Antonio School of Nursing, and Clinical Nurse Specialist, Health Care for the Homeless, San Antonio, Texas
Alice C. Sarro, BS, RN	Program Manager, Tuberculosis Control for San Antonio and Bexar County, San Antonio, Texas

Notice

The indications and dosages of all drugs in this book have been recommended in the medical literature and conform to the practices of the general medical community. The medications described do not necessarily have specific approval by the Food and Drug Administration for use in the diseases and dosages for which they are recommended. The package insert for each drug should be consulted for use and dosage as approved by the FDA. Because standards for usage change, it is advisable to keep abreast of revised recommendations, particularly those concerning new drugs.

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Growth and Development: One Month

I. Family and home

A. **Environment** (see “Family and Home Assessment Guide,” Appendix A, p. 47).

B. **“Family Genogram”** (see Appendix A, p. 47).

II. Growth and development*

A. Physical

1. Has wobbly head.
2. Lifts head briefly while on stomach.
3. Follows objects with eyes to midline.
4. Needs plenty of sucking.
5. Sleeps 16–20 hours daily.
6. Gains about 1 ounce per day.
7. Increases 1 inch in height each month.
8. Sneezes frequently.
9. Strains with bowel movements.
10. Turns head side to side.

B. Social and emotional

1. Enjoys being talked to and held.
2. May begin to smile.
3. May recognize familiar voices.

*This section and others on growth and development throughout this chapter were adapted from Shamansky, S.L., Cecere, M.C., & Shellenberger, E., *Primary health care handbook: Guidelines for patient education*, pp. 36, III *passim*. Copyright © 1984 by Sherry L. Shamansky, M. Carolyn Cecere, and Evelyn Shellenberger. Reprinted by permission of Little, Brown and Company.

4. Makes eye contact during feeding.
5. Is frightened or startled by loud noises.

C. Language

1. Uses crying as the primary means of communication.

III. Nutrition. Breast milk or formula only for first five to six months.

IV. Nutritional requirement

- A. Guide** (based on standard of 50–68 calories/lb/day or 110–150 calories/kg/day recommended by Committee on Nutrition of American Academy of Pediatrics):

$\text{Weight} \times 50 \text{ calories} = \text{calories needed}/24 \text{ hr},$

and

$\text{Calories needed} \div (20 \text{ calories/oz}) = \text{ounces of formula}/24 \text{ hr}.$

For example,

$10 \text{ lb} \times 50 \text{ calories} = 500 \text{ calories}/24 \text{ hr};$

therefore,

$500 \text{ calories} \div 20 \text{ calories} = 25 \text{ oz of formula}/24 \text{ hr}.$

- B.** Individual needs vary because of physical activity or environmental temperature.
- C.** Bread-fed baby's intake considered adequate if output is six to eight wet diapers/24 hr (not valid indicator if baby taking large amount of water).

V. Feeding patterns

- A. Frequency** best for baby "on demand," in small feedings.
- B. Positioning** best if held during feedings, with parent or caretaker relaxed and responsive; this time important to social and emotional development.
- C.** Follow guidelines for breast-feeding (see "Breast-feeding Guidelines" in Appendix A, p 49).
- D.** Follow guidelines for formula feeding (see "Formula-feeding Guidelines" in Appendix A, p. 55).

VI. Elimination

A. Stools

1. Breast fed: with every feeding, unformed, yellow.
2. Formula fed: several times daily, semifformed, light brown, slight odor.

- B. Urine.** Light color, no odor, wet diaper at each feeding.

VII. Health management

A. Mineral and vitamin supplements

1. If breast-feeding, give iron and vitamin D.
2. If using evaporated milk formula, give iron and vitamin C.
3. If using prepared formula, use one with iron and vitamins needed; no supplement is required.
4. Whether breast-feeding or using formula, use fluoride supplement if local water contains less than 0.3 ppm (little fluoride in breast milk even if in mother's water supply).

B. Stimulation

1. See "Infant Stimulation Guidelines" in Appendix A, p. 76.
2. Sucking needs: thumb sucking an indicator of inadequate sucking, unless hungry just before feeding. Using a pacifier is preferable to allowing thumbsucking, because its use will be discontinued sooner.

C. Growth monitoring. Begin using growth chart (see "National Center for Health Statistics Percentile Charts for Physical Growth" in Appendix A, p. 68).

D. Developmental monitoring. Begin with Denver Developmental Screening Test (Chapter 2) or other tool; DDST also provides for assessment of parent-child interaction and for parent teaching.

E. Health monitoring initiated

1. Health history (see "Pediatric Health History Guide," Appendix A, p. 58).
2. Growth (see "Anthropometric Measurements," Chapter 2; "NCHS Percentile Charts for Physical Growth," Appendix A, p. 68).
3. Development (see "Denver Developmental Screening Test," Chapter 2).
4. Vital signs (see "Vital Signs along the Age Continuum" and "Suggested Upper Limits of Normal Blood Pressure in Children," Appendix A, pp. 65–67).

VIII. Care and safety

A. Restraints

1. Use "football hold" to carry baby, on hip with hand holding and protecting head, leaving other hand free.
2. Make sure crib and car seat meet standards of Consumer Product Safety Commission.

3. Use car seat for all auto travel.
4. Always watch baby when on surface from which he or she may roll off.
5. Put rails up whenever baby in crib.
6. Use no nets over crib.
7. Use flame-retardant clothing.

B. Obstructives

1. Place baby on stomach or side to sleep, in case of regurgitation.
2. Keep pillows and filmy plastics out of reach.
3. Avoid propping bottles if at all possible; if bottle is propped, watch for unsatisfactory sucking, irritability, choking, or other sign of distress.
4. Provide toys larger than baby's mouth with no long strings, buttons.
5. Do not use talcum powder or cornstarch because it is easily inhaled and can cause lung problems.

C. Environment

1. Check household safety features, including hot water faucet (temperature below 130°C), fire alarm, and escape plan.
2. Check bath water temperature carefully before bathing baby.
3. Protect baby from young siblings and pets.
4. Secure proper immunization for pets.

D. Emergency preparedness

1. Post emergency phone numbers.
 - a. Fire department.
 - b. Emergency medical service.
 - c. Primary health care provider.
 - d. Poison control (find through 1-555-1212).
2. Keep emergency supplies on hand.
 - a. First aid manual.
 - b. Syrup of ipecac and instructions for use.
 - c. DeLee mucous trap or bulb syringe for suctioning (see "Suctioning: Adaptation for A Child" in Chapter 7).
3. Cardiopulmonary resuscitation (CPR) and emergency care for choking (ECC) preparation for primary caretakers.

Growth and Development: Two to Four Months

I. Growth and development

A. Physical

1. Holds head steady and can lift head off bed while on stomach.
2. May roll from stomach to back.
3. Sits with support.
4. Increases in weight about 1 ounce per day.
5. Increases in height about 1 inch per month.
6. Sleeps about 10 hours at night.
7. Begins finger sucking.
8. Follows moving object 180 degrees.
9. Reaches for object and carries it to mouth.

B. Social and emotional

1. Smiles in response to another person.
2. Finds way to get attention, such as coughing or clicking tongue.
3. Enjoys being held and having people around.
4. May be distracted by other people while eating.
5. Begins to show interest in playthings.
6. Knows mother's face.
7. Becomes bored.

C. Language

1. May laugh aloud.
2. Coos, squeals, or babbles when talked to.
3. Has strong cry.
4. Imitates some sounds.
5. Listens to voices.

II. Nutrition

A. Breast milk or formula should be continued as primary food source.

1. Cow's milk is not appropriate.