

Study Guide and Review of
PRACTICAL NURSING

HANSEN

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PRACTICAL NURSING

SECOND EDITION

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WITH OUTLINES OF SUBJECTS AND INTEGRATED
SITUATION-TYPE QUESTIONS AND ANSWERS

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Preface

THE SECOND EDITION of this book has been completely revised to increase its value as a teaching tool and reference book. In preparation for this reexamination, a careful study was made of all letters written to the publisher and author concerning the first edition, new curriculums of a number of schools of practical nursing, and recent literature pertinent to this field. Individuals concerned with employing and teaching practical nurses were also consulted. The author found conformity in general trends but considerable diversity in details of plans. This was to be expected since schools of practical nursing are continually adjusting their curriculums to improve the care of the sick and interpersonal relationships. These two purposes have dominated the revision.

The plan adopted provides, as before, for the classification of material in Units with subdivisions. An introductory statement precedes each unit to give the student a preview of the material to be presented and acquaint her with its purpose. This plan has been found easily adaptable to the various curriculums in effect. For instance, Unit II deals with MAINTENANCE AND IMPROVEMENT OF HEALTH. In it, *Structure and Function of the Body* and *Health of the Individual* are treated separately. Instructors who combine these subjects into one unit have found it easy to combine the outlines. Schools in which different instructors teach these subjects have found the separate outlines helpful. Abnormal conditions have purposely been avoided in discussing *Structure and Function of the Body* in order to formulate a clear picture of the body in health and to develop a positive approach toward restoration of health. However, the index makes it easy to refer to sections dealing with abnormal function of the various systems if the instructor wishes to use them at this time.

The general plan remains the same. Outlines have been prepared to

serve as study guides and to enable the student to classify the material that she reads. She soon learns that an outline helps to emphasize important factors and prevent overemphasis on some items. She also sees the value of a work plan.

In addition to an exhaustive revision of all units, some completely new outlines have been prepared. A number of illustrations have been introduced. In Unit II, outlines and questions on *Normal Nutrition* and *Microorganisms* have been added. The Units dealing with conditions frequently met in *Long-Term Illness and Disability* and *Infancy, Childhood, and Adolescence* have been expanded and reclassified. *Mental Illness* has been made a separate section in Unit V. Because of the increasing use of Centigrade temperature, Fahrenheit and Centigrade equivalents are given throughout.

More emphasis has been placed on the responsibilities of the practical nurse both when working alone and as a member of a team. Safety measures have been given more prominence throughout. Attention is repeatedly concentrated upon rehabilitation so the practical nurse will utilize helpful techniques and develop desirable attitudes toward restoration of the patient to the fullest life possible.

In order to facilitate reference to other parts of the book, wide use has been made of specific page references.

Since this book is a teaching device, only situation-type questions are used. They are similar to problems the student will meet in her everyday practice as a licensed practical nurse. While situations provide opportunity to apply principles the student has studied in the preceding unit, they are not limited to that unit. Since integration is the keynote of these questions, the student will need to refer to other units in the book and to other books. Also, many of the questions involve use of judgment as will many of the situations that arise in actual practice. As in life, the answers cannot always be found in a book.

Most of the questions are of the multiple selection type. The reason for this is that, in actual practice, the practical nurse will seldom select one piece of equipment, watch for one symptom, or do a procedure with but one step. Even in a simple procedure, she must think of many items simultaneously and take a number of steps. Even in mild illness, she uses a number of nursing and health measures.

Since this book is a teaching device, answers are recorded beside the question. This enables the student not only to think of the question as she answers it and to recheck her answer with ease, but it also makes the correction of the answers an adventure in learning. Instead of simply finding that she has answered a question incorrectly, she is urged to reread the situation and, unless the answer then seems clear, study this particular area further.

An Introduction has been prepared to help the student, especially in her approach to the *Situations for Study*.

The author has drawn upon a wide source of references. She is indebted to them and to all individuals who have given her suggestions. She is indebted to the following who have acted as advisers on particular aspects of the revision:

Hilda M. Torrop, Executive Director, National Association for Practical Nurse Education

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Vivian M. Culver, Executive Secretary, North Carolina Board of Nursing Education

HELEN F. HANSEN

Sacramento, California
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Introduction

IN ORDER that the student may use this book to the best advantage, it is suggested that she study the outlines in connection with her text and reference books and that she use the index of this book freely. It is also recommended that she have available a standard dictionary. The author has found that a student's difficulty often arises from a misunderstanding of a general term rather than from lack of knowledge of the meaning of technical words.

The questions are all of the situation type but several types of questions are used. In order to clarify their use, explanations and examples are herewith given.

I. SINGLE CHOICE. The following simple form is used sometimes, but not always, when only one statement is correct. It requires only a circle around the number of the correct answer, as:

1. At the age of 6 months, the weight of a baby is about or slightly over

- ① Double the birth weight
- 2. Three times the birth weight
- 3. One and one-half times the birth weight

Answers to this type will be recorded as follows: 1-1.

II. SINGLE OR MULTIPLE CHOICE. This is the type that is used most frequently. It is suggested that the student:

- A. Read the question and all possible answers carefully.
- B. Reread the question and statements, one by one, placing a check [✓] to the left of each statement that is considered true.

- C. Compare the letters checked with those listed at the right.
D. Circle the number that contains the correct letters, as
“ (3) a, c, e.”
E. In case the answers checked fail to agree with any group
listed at the right, the student is advised to reread the
question to make sure she has understood it. If she has
read it correctly, she is advised to check each statement
with the index of this book or use other books, as needed.

EXAMPLE

2. In giving a bath to a baby, a practical nurse is taught to

- | | |
|---|-------------|
| ✓ a. Assemble all articles needed before undressing the baby. | 1. all |
| b. Avoid use of a tub until the baby is able to sit alone for fear he will slip out of her hands. | 2. a only |
| ✓ c. Test the temperature of the water with her elbow. | (3) a, c, e |
| d. Wash the scalp last. | 4. a, b |
| ✓ e. Soap the baby's whole body before putting him into the tub. | 5. a, c, d |

Answers to this type will be recorded as follows: 2-3.

III. MATCHING. This type has been used in a few situations.

DIRECTIONS: After each bone listed in column I, place the number of its location, as listed in column II.

I		II
3. Occipital ³	1. Thigh
4. Femur ¹	2. Leg
5. Tibia ²	3. Skull
6. Scapula ⁴	4. Shoulder

Answers to this type will be recorded as follows: 3-3. 4-1.
5-2. 6-4.



Contents

Introduction	x
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UNIT I

The Practical Nurse and Her Vocational Relationships ...	1
SITUATIONS FOR STUDY	9

UNIT II

Maintenance and Improvement of Health	18
STRUCTURE AND FUNCTION OF THE BODY	19
SITUATIONS FOR STUDY	45
NORMAL NUTRITION	64
SITUATIONS FOR STUDY	72
HEALTH OF THE INDIVIDUAL	77
SITUATIONS FOR STUDY	89
MICROORGANISMS	97
SITUATIONS FOR STUDY	100
FAMILY LIVING	102
SITUATIONS FOR STUDY	107
COMMUNITY HEALTH	116
SITUATIONS FOR STUDY	122
	vii

UNIT III

**Principles and Techniques of Nursing and Emergency Care
with Application to the Mildly Ill and Convalescent 128**

THE PATIENT UNIT	129
THE PATIENT	131
AIDS TO DIAGNOSIS AND TREATMENT	137
THE GIVING OF TREATMENTS	142
MEDICATION	152
THE MILDLY ILL AND CONVALESCENT PATIENT	162
MEETING COMMON EMERGENCIES	174
SITUATIONS FOR STUDY	180

UNIT IV

Principles of Nursing the Aging and Aged 202

THE AGING INDIVIDUAL AND HIS ENVIRONMENT	203
SOME CONDITIONS FREQUENTLY ASSOCIATED WITH AGING	211
SITUATIONS FOR STUDY	216

UNIT V

Principles of Nursing in Long-Term Illness and Disability 231

MENTAL ILLNESS	256
SITUATIONS FOR STUDY	264

UNIT VI

Principles of Nursing the Mother and Newborn Infant ... 289

THE MOTHER	290
THE NEWBORN INFANT	300
SITUATIONS FOR STUDY	303

UNIT VII

Principles of Nursing in Infancy, Childhood, and Adolescence	315
INFANCY (FIRST 2 YEARS)	316
CHILDHOOD	327
ADOLESCENCE	338
NURSING CARE IN CHILDHOOD AND YOUTH	340
NURSING IN ACUTE COMMUNICABLE DISEASES	348
SITUATIONS FOR STUDY	355
 Answers to Questions	 377
 Index	 383

UNIT I

The Practical Nurse and Her Vocational Relationships

A STUDENT of practical nursing¹ is confronted with many new situations and questions. Like students in other professions, she desires to know something about its background and development; the qualities needed for success in her chosen field; the organizations dealing with its improvement; the status of its members.

The practical nurse also wishes to be guided in matters relating to employment. She wishes to be able to meet situations as they arise. These may be in connection with the patient, the family, physician, or other members of the health team. She realizes she must be well informed so as to avoid breaking any law relating to her work.

Naturally, she is interested in her own growth, too, and her economic security.

With these needs in mind, Unit I has been prepared both as a source of information and as a background for further study of topics in which a practical nurse may be especially interested.

I. Development of practical nursing in the United States:

- A. Started as care given in homes by untrained women members of the family, by neighbors, and by women who needed work outside the home.
- B. Skills developed by experience, informal teaching of doctors and nurses, reading, exchange of ideas with others.
- C. Early schools of practical nursing—organized and conducted by private agencies:
 - 1. First school—opened by YWCA in 1893 in New York City as part of Ballard School which offered several courses to women:

¹ Practical nursing is also known by other names, as "vocational nursing" and "nursing by trained attendants." However, the better known name, practical nursing, will be used throughout this book.

- a. Started as a 3 months' course.
 - b. Continued to function and develop until closed in 1949.
 2. The Thompson School for Practical Nursing started in 1917 in Brattleboro, Vermont, with money bequeathed by Thomas Thompson.
 3. Household Nursing Association School of Practical Nursing started in 1918 in Boston. Has always supervised its graduates in homes and conducted a placement service.
- D. Schools of practical nursing to-day:
 1. Purpose—to meet demands for skilled practical nurses by giving well-integrated courses of instruction in:
 - a. Health principles.
 - b. Technical and manual nursing skills.
 - c. Development of children.
 - d. Vocational relationships.
 2. Conducted by:
 - a. Boards of Education.
 - b. Hospitals.
 - c. Incorporated nonprofit community agencies.
 3. Length of course—about 52 weeks.
 4. Location—in all states but one; in District of Columbia, Alaska, Hawaii, and Puerto Rico.
 5. Number of graduations—9694 in 1955.²
- E. Accreditation of schools of practical nursing—approval of those which meet certain minimum standards (Massachusetts the first state to establish a minimum curriculum):
 1. State—by boards created by law. In January, 1957, there were 273 such schools in the United States and territories. Graduates eligible for examination. See F, 1, below.
 2. National—by National Association for Practical Nurse Education:
 - a. Started in 1945.
 - b. Prior approval by state body required in such states as have state laws.
 - c. In January, 1957, there were 71 such schools.
- F. Licensure of practical nurses—usually by examination unless licensed in another state.
 1. By state agency created by law to accredit schools, conduct examinations, issue licenses, investigate infringements of the law, revoke licenses:
 - a. Permissive—provision for licensure in state law without its being required for employment.

² *Nursing Outlook*, Oct. 1956, p. 576.

- b. Mandatory—compulsory for all who do practical nursing for hire.
 2. Purposes:
 - a. To protect the public by giving assurance that minimum requirements have been met by the licensed practical nurse under whatever name is specified in the law.
 - b. To protect licensee by safeguarding status to which she is entitled as a graduate of an approved school, after having successfully passed an examination.
 3. Annual renewals—required by some states to:
 - a. Keep a current list of practical nurses and their addresses.
 - b. Obtain revenue for the work of the board.
 4. Licensure in another state—advisable before moving there to insure eligibility to work. Address of agency obtainable from licensing board of own state and directory of *American Journal of Nursing*.
- II. Some qualities expected in a student of practical nursing:
- A. Good physical and emotional health.
 - B. A sense of responsibility.
 - C. Good self-control.
 - D. Enjoyment of working with people and helping others.
 - E. Neatness—of person; in housekeeping.
 - F. Ability to get along with people; develop skillful use of hands; observe and report accurately; plan work; inspire confidence; think quickly; keep calm in emergencies; adjust to changes in work and environment; listen patiently; recognize and acknowledge her limitations.
 - G. Such traits as honesty; cheerfulness; consideration for others; patience; economy with supplies; carefulness in handling furniture, equipment, linen, and similar items.
- III. Organizations:
- A. National Association for Practical Nurse Education (NAPNE):
 1. Location—654 Madison Ave., New York 21.
 2. Organized in 1941.
 3. Function—to promote sound practical nurse education:
 - a. Encourage and assist with formation of state practical nurse organizations.
 - b. Provide information about practical nurse programs and aid in their development.
 - c. Conduct accreditation service, establish policies, and approve programs in practical nurse education.
 - d. Promote recruitment of students.
 - e. Represent practical nurses in relations with other organizations in the health field.

4. Publications:
 - a. Pamphlets relating to practical nurse education.
 - b. Recruitment Kit and pamphlets.
 - c. List of approved schools.
 - d. *Practical Nurse Education*—a handbook describing organization, administration, student selection, curriculum, etc., for schools of practical nursing.
 - e. *Practical Nursing*—a magazine published every month. Subscription included in membership fee of Association. Paid subscriptions available to others.
5. Membership—at close of 1956, 17,584 individual and 128 group members.
 - a. Graduates of or students in schools of practical nursing having state or national accreditation.
 - b. Professional nurses, physicians, and others interested in development of practical nurse education.
 - c. Licensed practical nurses who are not graduates of approved schools.
6. Conventions—held each year.
- B. National Federation of Licensed Practical Nurses:
 1. Address—250 West 57th Street, New York 19.
 2. Organized in 1949.
 3. Function—to improve service to the sick and aid members:³
 - a. Promote the continuing education of licensed practical nurses, train them in organization work, encourage fellowship among them, and develop good understanding between them, the public, and other health organizations.
 - b. Establish principles of ethics.
 - c. Make available to members the services of skilled specialists and consultants.
 - d. Collect, compile, study, and report facts and figures on matters of concern to members.
 - e. Enable members to apply for the best type of insurance at cost, such as health and accident, malpractice, and personal liability.
 - f. Represent members before administrative boards and in legislative matters.
 4. Publications—A *Newsletter*.
 5. Membership—obtained through membership in constituent state associations:

³ Summary of functions adopted at 1956 convention.

4. Placement services—becoming the method of choice:
 - a. Official placement bureaus or registries—conducted by many district associations of state nurses' organizations for both professional and practical nurses.
 - b. Commercial registries—conducted for profit. Advisable to investigate before use. Many are good, but not all.
 - C. Employment interview—provides opportunity for the employer to form an opinion of the applicant and for the applicant to obtain a clear understanding of what is expected and of policies regarding hours on duty daily, days off each week, holidays, vacation, sick leave, insurance and pension plans, salary increases, and staff education.
- VI. Vocational relationships of the practical nurse:
- A. As member of a team:
 1. Health team—may consist of physicians; nurses; dentists; large group of trained technicians, among them dietitians, social workers, laboratory and x-ray technicians, therapists (physical, occupational, recreational, speech, etc.); clinical psychologists; hospital and clinic administrators.
 2. Nursing team—consists of several members such as a professional nurse, student, practical nurse, and orderly under leadership of a professional nurse or senior student:
 - a. Members work out nursing plan together; keep each other and leader informed.
 - b. Practical nurse may give some care, alone, under supervision.
 - B. With the physician—courteous; respectful; loyal (which forbids gossip about or criticism of him):
 1. In hospital—varies. In general:
 - a. Physician gives his orders to a professional nurse.
 - b. Practical nurse takes up matters with a supervisor.
 2. In homes:
 - a. Orders—written and signed by the physician on a chart. Advisable to read them back, outside the patient's room, and ask questions unless orders are clear. Telephone orders—so charted; repeated while being written; signed later.
 - b. Difficulties or uncertainties—taken up with the nurse in charge of registry or the supervisor, if in a public health agency.
 - C. With the patient:
 1. Dignified, courteous, attentive, but impersonal.