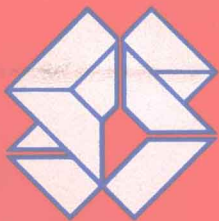


NURSE'S PROBLEM SOLVER



- ▶ Preventing hazardous drug interactions
- ▶ Interpreting abnormal assessment findings
- ▶ Troubleshooting central venous lines
- ▶ Responding to signs of distress
- ▶ Deciphering puzzling lab findings
- ▶ Identifying signs of drug toxicity
- ▶ Reducing charting time
- ▶ Overcoming barriers to patient teaching
- ▶ Avoiding legal actions

NURSE'S PROBLEM SOLVER



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Foreword

With a changing health care system, your patient care has become more complex than ever before. Patients stay in the hospital for hours and days rather than weeks and months, and they seldom have diseases involving only one organ system. They worry about the cost of their health care and want to participate in decisions about managing their conditions. And, after discharge, they may require a range of home care services.

In a time of such rapid and significant change, how can you provide skilled and compassionate care? How can you assess chest pain in one patient, teach another about a cholesterol-lowering diet, comfort and counsel a patient with newly diagnosed liver cancer, and deal with his distraught family?

The key to solving complex problems like these lies in your ability to tap the right resources and use them well. Fortunately, *Nurse's Problem Solver* provides practical, on-target solutions to the multiple problems that arise in nursing today.

Chapter 1 helps you obtain an effective history—even when you're pressed for time. It also provides tips on dealing with patients who have special needs, such as physical or cognitive impairments or a specific cultural or religious background.

Chapter 2 offers strategies for interpreting ominous, confusing, or subtle clinical signs, such as nonpalpable pulses or a rapid heart rate. Chapter 3 explains how to interpret puzzling laboratory findings, ranging from arterial blood gases to cardiac enzymes.

Chapters 4 through 6 provide solutions for difficult problems involving the care of acutely ill patients, medication administration, drug interactions and dosage errors, and complex procedures. Each chapter gives you specific directions on how to solve or sidestep problems.

Chapter 7 provides useful information about the increasingly complex technology used in hospitals today. When you're faced with unexpected difficulties with ventilators, cardiac monitors, and other devices, this chapter will tell you how to detect and correct the problem. Chapter 8 deals with patient teaching—how to get your point across and how to tell if you've succeeded.

Chapters 9 through 11 explore professional problems. When doctors, colleagues, or patients present interpersonal difficulties, Chapter 9 offers solutions. Chapter 10 steers you away from perilous documentation practices, and Chapter 11 provides insight on handling legal and ethical problems in nursing care.

Throughout this handbook, you'll find logos, or special graphic devices, that highlight important information for you. One logo, *Rule of Thumb*, offers guidelines to follow when nursing actions aren't clear-cut or could cause complications. Another logo, *Stat Care*, spells out the immediate nursing actions to take in a crisis. The *Preventive Practice* logo shows you how to avoid recurrence of a problem. *Clinical Close-up* clarifies pathophysiology through detailed illustrations, and *60-Second Solution* identifies problems you can solve in 1 minute or less.

In all, *Nurse's Problem Solver* covers over 600 clinical and professional topics and provides solutions to thousands of troublesome problems. It will help you respond to sudden emergencies, handle "people problems," and avoid legal obstacles. In short, *Nurse's Problem Solver* will help you successfully address just about any clinical or professional problem in your practice.

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1 Handling History-Taking Problems

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You probably know there are two types of health histories: a doctor's health history and a nurse's. What you might not realize is that the main difference between the two lies not in the type of information obtained but in the reason for collecting it and the way it's used. A doctor takes a medical history to guide diagnosis and direct treatment. A nurse focuses on the patient's response to his illness.

Recording and using information


Most hospitals and other health care facilities use a standard format for taking health histories. These formats provide a logical sequence for the interview and an organized record of the patient's responses.

Most health histories contain four major sections: biographical data, health and illness, health promotion, and role and relationship. (See *Contents of the nursing health history*.)

Using the information

As a nurse, you'll use your health history to provide care, of course. But you'll also use it to assess the impact of the patient's condition on himself and his family. The information will also help you evaluate the patient's health education needs and start discharge planning.

During the interview, you'll gain essential information that will help you develop an individualized plan of care. You'll also have the opportunity to teach the patient techniques to promote wellness.



For a health history to be of value, it must be accurate and complete. Obtaining the necessary information requires effective interviewing skills.

Sharpening your interview technique

You should treat the interview as an open exchange, not as a question-and-answer session. (See *Asking the right questions*, page 4.)

To conduct a productive interview, you'll need a working knowledge of pathophysiology and psychosocial principles, along with sharply honed interpersonal and communication skills. Below are some guidelines for improving your interviewing skills.

Learning to accept yourself

Being self-aware—that is, recognizing and accepting your own feelings and values as well as your personal biases—will allow you to communicate more effectively with patients who have different values.

Contents of the nursing health history

Listed below are the categories that a thorough nursing health history should include.

Biographical data

- Name, address, and telephone number
- Social Security number
- Sex
- Age, birth date, and birth-place
- Race, nationality, and cultural background
- Marital status and names of persons living with the patient
- Contact person
- Occupation, education, and religion

Health and illness

- Reason for seeking health care
- Current health status
- Past health status

- Family health history
- Body system appraisal
- Developmental history

Health promotion

- Health beliefs
- Personal habits
- Sleep
- Exercise and recreation
- Nutrition
- Stress and coping ability
- Socioeconomic concerns
- Environmental health issues
- Occupational health issues

Role and relationship

- Self-image
- Family role and relationships
- Sexuality and reproduction
- Cultural and religious influences
- Social support
- Emotional health

If you accept your own values but respect another person's right to hold his own views, you can respond therapeutically to your patient, allowing him to express feelings that may be negative without taking the anger personally or acting judgmentally. This is vital to gathering accurate, unbiased information.

Your own health experiences and life encounters can influence the effectiveness of your relationship with your patient.

Reading body language

Effective interviewing skills hinge on picking up nonverbal cues. Throughout the interview, be alert for such nonverbal communication from the patient. Body movements, gestures, touch, and tone of voice convey important messages. Discrepancies between what the patient is saying and the way he's acting may give you important insights.

Be aware that your own nonverbal cues can add to or relieve a patient's anxiety. Your eye movements, posture, and use of touch and space influence your

Asking the right questions

By strengthening your interviewing skills, you can make your patient feel comfortable, respected, and trusting. You can also help him identify resources and improve his problem-solving skills.

Direct your questions

Begin with a question such as "What brought you here today?" This will direct the patient to discuss his most significant concerns. Comments like "What happened next?" foster open communication.

Restate concerns

Repeat the gist of your patient's comments. For example, if he says he takes digoxin twice a day, respond with "I see, once in the morning and once at night." Then if he says, "No, I take it at 8 a.m. and noon," you've opened the door to a patient-teaching opportunity.

Promote introspection

Encourage the patient to think about his answers. For instance, if he says he's told you what he considers important about his meals, such as their timing, ask about the nutritionally significant aspects, such as fat and calorie content.

Explore concerns

Gain additional insights into your patient's concerns by delving into his unspoken meaning. For example, if he

complains that the demands of his new job complicate his relationship with his wife, ask how he feels about the amount of time he spends with her.

Stay with the issues

Help your patient identify significant health concerns by sticking to the point. When he tells you his occupation, ask if he's aware of any health hazards connected with that line of work.

Use a logical approach

Place each problem in proper sequence so you can better identify it and draw a conclusion. Ask such questions as "What events led to this?"

Encourage participation

Invite your patient to express his opinions or concerns by asking such questions as "What do you think about the exercise plan we've discussed?" Also ask your patient to comment on implementation strategies. Making him a participant promotes compliance.

Explore nonverbal cues

Ask your patient about significant nonverbal behavior, which could lead to new areas for discussion. For instance, by saying "I see you're rubbing your eyes a lot. Do they bother you?" you could uncover problems with allergies, vision, or insomnia.

interactions, especially during an initial interview, so be sure to convey your interest and concern about your patient's problems.

Using silence

Talking with another person involves silence as well as speech. Learn how and when to be silent during the interview. Listen carefully to what the patient says in response to your questions, and make eye contact with him as much as possible. Don't rush him or attempt to figure out what he's going to say before he says it. If you're thinking of your next question while the patient is speaking, you may need to ask him to repeat himself, giving him the impression that what he's saying isn't worthwhile.

Sometimes accepting a few moments of silence until the patient feels like talking again can be therapeutic. He may just not be a talkative person. Or his lapse into silence may indicate that he's thinking carefully about how to answer your question. Give him time.

Demonstrating acceptance

For the interview to succeed, you'll need to demonstrate acceptance of your patient's verbal and nonverbal communication. But this doesn't mean you must agree with him—only that you should remain neutral and nonjudgmental. You can do this verbally by saying "I see" or "Okay" as the patient speaks. Or you can do it nonverbally by nodding or making eye contact. These techniques reassure the patient without showing agreement or disagreement on your part.

Staying calm

The same nonthreatening techniques can help you handle a hostile or angry patient. By not arguing or acting insulted, you can keep control of the interview. Instead, show that you accept his emotional response as an expression of important feelings. Then try to help him figure out why he's angry. Anxiety, frustration, and helplessness are the most common causes.

Speak in a firm, quiet voice and use short sentences. If you stay composed, unobtrusive, and nonthreatening, your manner will probably soothe your patient. If you can't stay calm, postpone the interview and call for help if needed.

If the patient appears very nervous, first make sure that his awareness of your own nervousness isn't the cause. Then, with a reassuring approach, ask why he seems anxious. Knowing the cause will help you determine how to put the patient at ease.

Appreciating cultural diversity

Your patient's cultural and ethnic background can affect the health history interview in ways that are both subtle and complex. To understand this effect, consider the difference between culture and ethnicity.

Culture refers to an integrated system of learned behavior patterns that are typical of members of a society but are not biologically inherited. Ethnicity refers to membership in a group of people classified according to a common racial, national, religious, linguistic, or cultural origin or background.

Understanding the effect

Both culture and ethnicity affect beliefs, values, attitudes, and customs. They also help shape educational, occupational, and familial expectations. Culture also affects the way a person experiences health and illness.

The degree of these effects depends on whether the patient has undergone acculturation (modification caused by contact with another culture) or assimilation (loss of cultural identity when an individual becomes part of a different, dominant culture).

To communicate effectively with a patient from a different cultural group, never assume that he understands English well enough to comprehend all interview questions or medical terms. Speak clearly and carefully, avoiding jargon.

Learn the cultural practices and health beliefs of your patient's ethnic group so that you don't inadvertently offend him. For example, although a gentle touch usually conveys warmth, concern, and reassurance, some people interpret this form of nonverbal communication differently.

Recognizing your biases

Try to avoid assuming that your own culture is superior and judging others by your cultural standards. Instead, develop an attitude that acknowledges others' cultural standards, and judge a patient's actions by his own cultural standards. Above all, don't stereotype a patient based on your idea of his cultural background. Instead, respect the cultural factors and individual differences that have in-

fluenced the patient's habits, beliefs, and attitudes about health care. Concentrate on developing the patient's trust in and rapport with you.

**Avoiding interview pitfalls**

Some interviewing techniques create communication problems between you and your patient. (See *Communication do's and don'ts*.) Here are techniques to avoid.

Asking "why" or "how" questions

Your patient could perceive a question that begins with "why" or "how" as a threat or a challenge because it forces him to justify feelings and thoughts. Some patients invent an answer if they don't have one. "Why" questions may also be difficult for patients who lack specific knowledge or are unaware of a crucial fact. For example, if a patient says he feels awful, don't ask why. A better response would be simple acknowledgment or a question such as "What do you think is making you feel awful?"

Being too persistent

Excessive persistence in asking a particular question usually increases patient discomfort, creates defensive feelings, and makes the patient feel manipulated. Try once or twice to ob-

Communication do's and don'ts

During your first interview – and in later conversations with the patient – effective communication is essential. To gain accurate information from a patient, listen to what he has to say and respond appropriately. Below are some communication techniques that will help you learn more about the patient and avoid inappropriate responses.

TECHNIQUE	PURPOSE OR EFFECT	EXAMPLE
Do's		
Using open-ended questions	Allows the patient to clarify and elaborate on his thoughts	PATIENT: I haven't felt comfortable since I went on this new treatment schedule. NURSE: How is your new treatment affecting you?
Using closed-ended questions	Directs the patient to provide specific information	PATIENT: I had a battery of tests done at my last doctor's appointment. NURSE: When was your last doctor's appointment?
Restating	Clarifies meaning for you and the patient	PATIENT: The day after New Year's, I went in for tests, and they found the cause of my stomach pain right away. I took my medication very carefully, but I had to go back to the hospital again last month because the gastritis had started up again. NURSE: So this is your third visit this year? You were admitted in January and again in May, each time for gastritis?

(continued)

Communication do's and don'ts (continued)

TECHNIQUE	PURPOSE OR EFFECT	EXAMPLE
Do's (continued)		
Communicating support (empathy)	Encourages the patient to continue his thoughts and shows your concern	PATIENT: My folks have gone out of their way recently to care for me, and I'm grateful to them. But I find myself thinking back to just a month ago when I was all on my own. NURSE: It must be hard to rely on your parents after being independent for so long.
Reflecting (echoing)	Allows the patient to evaluate his thoughts and feelings through your restatement of them	PATIENT: I don't know. My family is so upset by my illness that I guess I've tried to ignore other treatment possibilities. NURSE: So your family has been so upset by your illness that you haven't explored other treatments.
Using silence	Allows the patient to collect his thoughts and to reflect on the conversation	PATIENT: I guess what it comes down to is that I felt too guilty about being a burden. NURSE: (Remains silent)
Don'ts		
Changing the topic	Makes the patient think you don't care or aren't listening	PATIENT: I think I'm doing all right today. NURSE: What time does your doctor usually come in?
Giving false reassurances	Misleads the patient	PATIENT: I'm afraid the test results will be bad news. NURSE: Oh, I bet they'll be fine.

Communication do's and don'ts (continued)

TECHNIQUE	PURPOSE OR EFFECT	EXAMPLE
Don'ts (continued)		
Interrupting	Forces the patient to reinitiate the conversation	PATIENT: You know, the thing I've been — NURSE: Would you hold your arm straight, please?
Making assumptions	Fails to clarify and creates confusion	PATIENT: I haven't felt this way for days. NURSE: I know what you mean.
Trivializing feelings	Ignores the patient's feelings	PATIENT: I'm not sure I'm doing the right thing, asking my sister to come here. NURSE: Well, you know what they say: 'Nothing ventured, nothing gained.'
Giving advice	Makes the patient more dependent	PATIENT: How do you think I should explain this to my children? NURSE: Tell them the truth.
Being defensive	Interferes with getting at the root of the problem	PATIENT: This hospital isn't very clean. NURSE: It's as clean as any hospital you'll find.

tain information about a particular topic, and then move on.

Using jargon

Don't use technical jargon or medical terms that your patient might not understand. He could see this as an unwillingness to share information or an attempt to hide something from him.

Giving advice

Refrain from sharing personal experiences and giving opinions or advice. Seeming to know what's best for your patient blocks the chance to collaborate with and encourage him to participate in health care decisions.

Giving false reassurance

Don't try to reassure your patient with comments such as "Everything will be fine." You only devalue his feelings and impart a lack of sensitivity. If you're unable to help your patient, avoid offering false reassurances to make yourself feel better.

Changing the subject or interrupting

Both of these tactics keep your patient from completing a thought, shift the conversation's focus, and convey a lack of empathy. They may also confuse your patient. Wait until he finishes speaking before you clarify a point.

Asking leading questions

By its phrasing, a leading question suggests the "right" answer. This type of question may force your patient to supply a socially acceptable response rather than an honest one. For example, the question "You've never had a venereal disease, have you?" may prompt him to answer "No."



Creating a conducive setting

The interview's setting, its components, and the way you question the patient can all affect the course of the interview. To be an effective interviewer, you'll have to fit your communication style to each patient and create a mood that encourages the patient to share the information you need to know.

Creating a comfortable environment

Both you and the patient must be comfortable to communicate with each other effectively. Make an effort to create a private environment for your talk. A private room with the door closed will help you avoid interruptions. If the patient is in a semiprivate room but ambulatory, you can take him to a quiet area outside the room. If he isn't ambulatory but his roommate is, you might ask the roommate to leave you alone with the patient for the length of time you need for the interview. If you can't achieve privacy with your patient in or outside of his room, draw the curtains around the bed and speak in a low tone to convey respect for his privacy.

Make sure you and the patient agree on the temperature and lighting in the room. If the room is too warm or too cool, ask the patient's permission to adjust the temperature, if possible, or provide the patient with extra blankets or ventilation as necessary. If the room is too dark, you may have trouble maintaining eye contact with your patient and observing his gestures and facial expressions. If the room is too bright or glare from a window is distracting, the patient may be too uncomfortable to provide a good history. Before changing the lighting, ask for the patient's permission. He may want the room dark because he has a headache or irritated eyes or because he feels depressed.

By creating a comfortable, private, and quiet environment for the health history interview, you let your patient know that