

THE NURSING ASSISTANT



The Nursing Assistant

Acute and Long-Term Care

Consulting Editors

Theresa McCarthy, RN, BSN

Director

Nursing Team Trainers, East Windsor, New Jersey

Wendy Gunther, RN, MSN

Director/Owner

Nurse Aide Training Network, Austin, Texas

Cheryl L. Hoffman, BSN, RN.C.

Nurse Manager

Education, Infection Control, Employee Health

Long-Term Care Facilities, State of Washington



BRADY

A Division of Simon & Schuster

Englewood Cliffs, New Jersey 07632

Library of Congress Cataloging-in-Publication Data

The Nursing assistant / consulting editors, Theresa McCarthy, Wendy Gunther, Cheryl Hoffman.
p. cm.
Includes index.
ISBN 0-13-035924-6
1. Nurses' aides. I. McCarthy, Theresa. II. Gunther, Wendy.
III. Hoffman, Cheryl, 1950-
[DNLM: 1. Nurses' Aides. WY 193 N9735 1994]
RT84.N86 1994
610.73'06'98—dc20
DNLM/DLC 93-3671
for Library of Congress CIP

Senior Editor:	Mark Hartman
Editorial Assistant:	Louise Fullam
Production Liaison:	Adele Kupchik
Prepress Buyer:	Ilene Sanford
Manufacturing Buyer:	Ed O'Dougherty
Marketing Manager:	Ann Elizabeth Hendrix
Developed and produced by	Visual Education Corporation, Princeton, New Jersey
Project Editor:	Michael Gee
Writers/Editors:	Cynthia Mooney, Judith Peacock, Frances Wiser
Editorial Assistant:	Carol Ciaston
Photo Research:	Sara Matthews
Photographers:	Cliff Moore, Sara Matthews, George Dodson
Production Supervisor:	James P. Venable
Proofreading Management:	Amy Davis
Interior Design:	Maxson Crandall
Cover Design:	Ruta Kysilewskyj
Word Processing:	Cynthia Feldner



© 1994 by REGENTS/PRENTICE HALL
A Division of Simon & Schuster
Englewood Cliffs, New Jersey 07632

All rights reserved. No part of this book may be reproduced, in any form or by any means, without permission in writing from the publisher.

Notice

The procedures described in this textbook are based on consultation with nursing authorities. To the best of the publisher's knowledge, these procedures reflect currently accepted clinical practice; however, they cannot be considered absolute recommendations. For individual application, the policies and procedures of the institution or agency where the nursing assistant is employed must be reviewed and followed. The developers of this textbook, and of the supplements written specifically to go with it, disclaim responsibility for any adverse effects resulting directly or indirectly from the suggested procedures and theory, from any undetected errors, or from the reader's misunderstanding of the text. It is the reader's responsibility to stay informed of any new changes or recommendations made by his or her employing health care institution or agency.

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

ISBN 0-13-035924-6

Prentice-Hall International (UK) Limited, London
Prentice-Hall of Australia Pty. Limited, Sydney
Prentice-Hall Canada Inc., Toronto
Prentice-Hall Hispanoamericana, S.A., Mexico
Prentice-Hall of India Private Limited, New Delhi
Prentice-Hall of Japan, Inc., Tokyo
Simon & Schuster Asia Pte. Ltd., Singapore
Editora Prentice-Hall do Brasil, Ltda., Rio de Janeiro

Preface

This first edition of *The Nursing Assistant* fulfills a need for a brief, practical, affordable textbook. Through its concise format, *The Nursing Assistant* can form the basis of any nursing assistant training program and is equally useful for preparing students for careers in **both acute and long-term care**.

Highlights of *The Nursing Assistant* include:

- A focus on meeting the training requirements mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1987, including 1991 updates, as well as state curriculum requirements.
- Completely up-to-date text and procedures, reflecting the latest guidelines from the Centers for Disease Control (CDC) and mandates from the Occupational Safety and Health Administration (OSHA) regarding infection control, as well as other federal laws that apply to nursing assistants.
- Seventy step-by-step procedures that have been selected on the basis of those most commonly performed by nursing assistants. Procedures and chapter content were developed according to the job analysis performed by the National Council of State Boards of Nursing (NCSBN) for the latest revision of the *Nurse Aide Competency Evaluation Program*, effective May 1992. ("Job Analysis: Nurse Aids Employed in Nursing Homes, Home Health Care Agencies and Hospitals," NCSBN, 1990.)
- Explanation of hard-to-learn concepts in easy-to-understand language.
- An outlook that reflects **progressive trends of nursing philosophy and practice**, emphasizing sensitivity to the patient or resident.
- A practical emphasis for beginning nursing assistants, focusing on what they need to know to give effective care from their first day on the job. The text presents specific ideas, actions, and solutions to problems, rather than general concepts.
- Key terms in boldface type in the text and repeated in the margin with definitions. Plus a complete end-of-book Glossary.

Please look for our unique or expanded coverage of the following topics:

- "Customer service": As choices and alternatives in health care continue to expand, providers are realizing that their posture must shift to delivering "customer service" in addition to good medical care. The interpersonal skills and attitude of the nursing assistant are emphasized in this regard.

- The role of the nursing assistant in dealing with the patient's or resident's needs, with special attention to such factors as promoting dignity, independence, wellness, and mobility, and avoiding restraints and problems such as skin breakdown through adequate attention to the patient's or resident's needs.
- Self-care of the nursing assistant.
- Mental health and psychosocial needs across the age spectrum.
- Handling behavior problems.

Text Organization

The framework of *The Nursing Assistant* is holistic, emphasizing the whole need of the patient or resident and promoting independence and self-care. The organization of the text follows the models of the nursing process, state curricula, and OBRA mandates. The text is divided into 5 parts containing 23 chapters.

Parts 1 and 2 include the knowledge and skills—communication, infection control, safety, and the Heimlich maneuver, among others—that OBRA requires be taught in the first 16 hours of a nursing assistant training program, before any direct contact with patients or residents. The important concepts introduced in the first two parts—patient and resident rights, scope of practice, communication, physical and psychosocial needs, promotion of independence, infection control, body mechanics, safety, and accident prevention—are reinforced throughout the text.

Part 1 describes the role of the nursing assistant in health care. Introduced are the health care system, the concept of nursing care, and the duties and responsibilities (ethical, legal, and professional) of being a nursing assistant. Communication skills, documentation, and medical terminology are explained, followed by a separate chapter on relating to patients' or residents' needs.

Part 2 covers the essential principles of safety for the patient or resident and the nursing assistant, including infection control, environmental safety, and emergency and disaster situations. The emphasis in this section is on universal precautions and the prevention of accidents.

Part 3 covers the knowledge and skills of basic nursing care. Basic anatomy and physiology are explored, including the disease process, body systems, and common disorders related to body systems, as well as AIDS and cancer. Part 3 also covers measuring vital signs, positioning and transfers, and the admission and discharge process. The focus throughout this section remains on

the role of the nursing assistant and the psychosocial aspects of care.

After the foundation provided by the first three parts, **Part 4** moves on to the main duties and procedures related to the nursing assistant's job: providing personal care and comfort to the patient or resident. This includes care related to activities of daily living and restorative care and rehabilitation.

Part 5 explores more specialized job skills and abilities. Chapter 20 includes certain procedures (heat/cold treatments and enemas) that some nursing assistants may be required to learn, but which are not universally within the scope of practice of nursing assistants. Chapter 21 on pre- and post-surgical care presents skills oriented to acute care. Chapter 22 presents in-depth the special considerations of working with the elderly in long-term care. It also includes a substantial section on dealing with cognitively impaired residents. The last chapter focuses on death and dying and post-mortem care, with particular emphasis on how the nursing assistant cares for the whole needs of the dying patient or resident.

Chapter Format

The chapter content is divided into short, manageable sections. Lists and tables are used to make learning easier and facilitate review and reference. Numerous illustrations—including photos, drawings, and reproduced forms—demonstrate key ideas and clarify the techniques described in the procedures.

Each chapter begins with a list of objectives, which summarizes the knowledge, skills, and abilities

the student will gain from completing the chapter. Each objective corresponds to a main section or procedure in the text. End-of-chapter review questions tie in directly to the listed objectives, allowing students to check that they have mastered each objective.

The Appendix following the text provides a table of common medical abbreviations.

Student Workbook

A *Student Workbook* is available with this text. It offers Learning Activities that enable students to check their understanding of the chapter content. It also offers quizzes for each chapter that will help students prepare for the written part of the competency exam. In addition, the workbook provides guidelines on preparing for the competency exam along with a checklist of the procedures in the text.

Acknowledgments

The creators of this book express grateful thanks to Hamilton Hospital and Hamilton Continuing Care Center, Hamilton Square, New Jersey, for allowing us use of their facilities for photographs. Many thanks also to the people there for giving us their time and talent. Hamilton Hospital and Hamilton Continuing Care Center are subsidiaries of Diversified Health Services (DHS).

We would also like to thank the following authors for permission to reprint photos and illustrations from their books: Rose B. Schniedman, Susan S. Lambert, and Barbara R. Wander; Connie A. Will and Judith B. Eighmy; Elana Zucker; Brent Q. Hafen and Keith J. Karren; and Harvey D. Grant, Robert H. Murray, Jr., and J. David Bergeron.

To the Student

An Important Note About Patient-Care Procedures

During your course, you will learn the proper way to perform different procedures. Following these procedures carefully and correctly is important. Forgetting a step or performing steps in the wrong order could injure you or your patient.

In this textbook, procedures always appear in a shaded box. Most procedures involving patients have several beginning and ending steps in common. Within procedures, each of these steps is represented by an icon (small picture). These icons will help you remember to perform the steps every time. The following sections explain each step and show the icon that represents it.

Beginning Procedure Steps

The five steps that begin patient-care procedures are:



1. **Wash your hands.** This is a basic—and important—method of infection control (see Chapter 5).



2. **Identify the patient.** Call the patient by name and check his or her identification bracelet. Do not continue with the procedure until you are sure that you have the right patient and that you are giving the right procedure to that patient.



3. **Provide privacy.** Always knock at the door and announce yourself before entering a patient's room. If you perform a procedure when visitors are present, courteously ask them to leave the room (your facility may have a different policy). Before proceeding, *close the door or pull the curtains completely around the bed.*



4. **Explain the procedure.** Explain clearly and simply to the patient what you are about to do. Do this even if the patient is disoriented or unconscious.



5. **Raise the bed to a comfortable height for working.** Using proper body mechanics (see Chapters 6 and 10), will help you to perform the procedure efficiently and without injuring yourself.

Ending Procedure Steps

The five steps that end patient-care procedures are:



1. **Position the patient comfortably and lower the bed.** Where indicated, raise the side rails for patient safety (follow the nursing orders and facility policy).



2. **Place the call button where the patient can use it.** This may mean within reach on the bedside table or actually in the patient's hand, depending on the patient. Before you leave the room, check the patient to make sure he or she is safe.



3. **Open the room.** Pull back the curtains and open the door, if appropriate. Let visitors know they can return.



4. **Wash your hands.** This will prevent you from becoming infected or passing an infection on to the next patient.



5. **Report and record.** Verbally report and record in writing the completion of the task and any other notes, according to the policy of your facility.

Although they will become routine, these steps are very important. Use the icons to help learn and remember them. As you begin a new procedure, flip back to this part of the book to refresh your memory as to what the icons mean.

Your Instructor Is the Expert

In the health care field, new discoveries and new technologies are constantly changing the way care is given. Laws, government standards, and accepted practices also evolve to keep up with developments. In fact, major changes to the entire health care system in America may be on the horizon. Although this textbook was up-to-date when it was written, techniques may change before a new edition can be prepared.

Your instructor stays informed of the changes that affect your training and how you provide care. If the approach to a situation or procedure in this book or other source differs from the approach taken by your instructor, follow your instructor.

Photo Credits

Centers for Disease Control

8-6

Reproduced with permission from Emory University ET Nursing Education Program

14-2

Lightworks Studio/George Dodson

1-2 (B)	10-10	19-12 (B)
1-2 (C)	10-12	19-13 (A)
3-2	10-13	19-13 (B)
3-3	12-2	19-14
3-4	13-7	19-15 (A)
4-3	13-8	19-15 (B)
5-6	13-9	19-16
5-7	16-8	19-17
5-8	17-4	19-18
6-1	19-1	19-19
6-2	19-6 (A)	19-20
6-5 (A)	19-6 (B)	19-21
6-5 (B)	19-7 (A)	19-22
6-5 (C)	19-7 (B)	19-23 (A)
6-5 (D)	19-8 (A)	19-23 (B)
6-8	19-8 (B)	19-24
7-5	19-9	21-1
8-13	19-10	21-8 (A)
9-12	19-11	21-8 (B)
9-14 (B)	19-12 (A)	22-1

Cliff Moore

1-2 (A)	10-9	18-1
1-7	10-11	18-2
2-2	10-14	19-2
2-3	11-1	19-4
2-6	11-2	20-3 (A)
3-1	11-3	20-3 (B)
4-4	12-1	20-3 (C)
5-5	13-2	20-4
6-5 (E)	13-4	20-5
6-6	13-5	20-7
7-1	13-6	20-8
7-8	13-11	20-9
9-8	14-3 (A)	21-4
9-9	14-3 (B)	21-5
9-13	14-3 (C)	22-2
9-14 (A)	15-5	22-6
9-14 (C)	15-9	22-7
9-15	16-1	22-9
10-2	16-2	22-10
10-3	16-10	22-11
10-4	17-1	23-2
10-6	17-2	23-5
10-7	17-6	

Rick Nye

7-6	7-7
-----	-----

Sara Matthews

19-5

Contents

Preface	ix
To the Student: An Important Note About Patient-Care Procedures	xi

PART 1 THE ROLE OF THE NURSING ASSISTANT 1

Chapter 1 Introduction to Health Care	1
• The American Health Care System	1
• Types of Health Care Facilities	3
• How Health Care Facilities Are Structured	4
• The Nursing Team	5
• The Role of the Nursing Assistant	7
Chapter 2 The Nursing Assistant	8
• The Job of a Nursing Assistant	8
• Ethical and Legal Issues	10
• Personal Qualities of the Nursing Assistant	13
• Planning Work Assignments	14
• Self-Care of the Nursing Assistant	15
Chapter 3 Communication and Interpersonal Skills	16
• Communication Skills	16
• Communicating on the Job	18
• Observations, Reporting, and Recording	20
• Common Terminology in the Workplace	22
Chapter 4 Relating to Your Patients	24
• Basic Human Needs	24
• The Stress of Illness	26
• Relating to the Patient's Family	29
• Cultural Diversity, Illness, and Communication	30
• Communicating with Special Populations	31

PART 2 SAFETY FOR THE PATIENT AND THE NURSING ASSISTANT 32

Chapter 5 Infection Control	32
• The Chain of Infection	32
• Medical Asepsis	37

•Universal Precautions	39
•Handwashing	40
Procedure 5-1: Handwashing	41
•Gloving, Masking, and Gowning	42
Procedure 5-2: Wearing a Face Mask	42
Procedure 5-3: Putting on a Gown	43
Procedure 5-4: Removing Contaminated Gloves, Mask, and Gown	43
•Cleaning Equipment and the Patient Unit	44
•Isolation Precautions	44
Procedure 5-5: Terminal Cleaning of the Patient Unit	45
•Handling Infectious Waste	47

Chapter 6 Environmental Safety, Accident Prevention, and Disaster Plans

•General Safety Rules	48
•Preventing Common Accidents	49
•Introduction to Body Mechanics	51
•Restraints	52
Procedure 6-1: Applying a Jacket Restraint	54
•Fire Safety and Prevention	54
•Disaster Plans	57

Chapter 7 Emergency Situations.....

•The Nursing Assistant's Role in an Emergency	58
•Recognizing Life-Threatening Situations	59
•Assessing ABCs (Airway, Breathing, Circulation)	60
•Choking	62
Procedure 7-1: The Heimlich Maneuver and Finger Sweep	63
•Seizures	64
•Falls	65

PART 3 BASIC NURSING SKILLS

Chapter 8 Body Systems and Common Diseases

•Introduction to Anatomy and Physiology.....	67
•Growth and Development	69
•Common Diseases, Signs, and Symptoms	69
•AIDS	70
•Cancer	71
•The Respiratory System.....	72
•The Patient with Breathing Problems	73
•The Circulatory System	74
•The Heart Patient	75
•The Gastrointestinal System.....	76
•The Patient with an Ostomy	77

Contents v

Chapter 11 Admission, Transfer, and Discharge	145
• Admission, Transfer, and Discharge Procedures.....	145
• Admission	146
• Transfer.....	148
• Discharge	149

PART 4 PROVIDING PERSONAL CARE AND COMFORT TO THE PATIENT.....151

Chapter 12 The Patient's Environment	151
• The Patient Unit	151
• Bedmaking	153
Procedure 12-1: Making a Closed Bed	154
Procedure 12-2: Opening a Closed Bed.....	156
Procedure 12-3: Making an Occupied Bed.....	156
Procedure 12-4: Making a Surgical Bed	158
Chapter 13 Hygiene and Grooming	159
• Daily Hygiene and Grooming Needs	159
• Bathing the Patient	161
Procedure 13-1: Giving a Complete Bed Bath	162
Procedure 13-2: Giving a Partial Bed Bath	164
Procedure 13-3: Assisting with a Tub Bath or Shower	164
Procedure 13-4: Giving a Bed Shampoo	165
• Oral Hygiene.....	166
Procedure 13-5: Assisting with Routine Oral Hygiene.....	167
Procedure 13-6: Providing Oral Hygiene for an Unconscious Patient	167
Procedure 13-7: Assisting with Denture Care	168
• Daily Shaving.....	169
Procedure 13-8: Shaving a Male Patient.....	169
• Daily Hair Care.....	170
Procedure 13-9: Assisting with Daily Hair Care	170
• Daily Nail Care	171
Procedure 13-10: Giving Nail Care	171
• Back Rubs	172
Procedure 13-11: Giving a Back Rub	172
• Caring for Eyeglasses and Hearing Aids	173
Chapter 14 Special Skin Care	174
• Decubitus Ulcers	174
• Preventing Decubitus Ulcers	176
• Prevention Devices	177
Chapter 15 Nutrition	178
• Principles of Nutrition	178
• General and Therapeutic Diets	181

•Assisting Patients with Eating	182
Procedure 15-1: Serving Food	183
Procedure 15-2: Feeding a Dependent Patient	184
•Supplementary Food and Fluids	185
•Principles of Fluid Balance	185
Procedure 15-3: Measuring and Recording Fluid Intake	187
Procedure 15-4: Measuring and Recording Fluid Output	188
•Alternate Feeding Methods	188
 Chapter 16 Elimination Needs	190
•Normal Elimination	190
•Toileting	192
Procedure 16-1: Assisting with Use of a Urinal	193
Procedure 16-2: Assisting with Use of a Bedpan	193
Procedure 16-3: Assisting with Use of a Bedside Commode.....	194
Procedure 16-4: Assisting the Patient to the Bathroom	195
•Perineal Care	195
Procedure 16-5: Giving Perineal Care	196
•Catheter Care	197
Procedure 16-6: Providing Catheter Care	199
Procedure 16-7: Emptying the Urine Drainage Bag.....	199
 Chapter 17 Specimen Collection and Testing.....	201
•Specimen Collection	201
•Urine Specimens.....	202
Procedure 17-1: Collecting a Routine Urine Specimen	203
•Stool Specimens	205
Procedure 17-2: Collecting a Stool Specimen	206
•Sputum Specimens	206
Procedure 17-3: Collecting a Sputum Specimen.....	207
 Chapter 18 AM and PM Care	208
•Rest and Sleep	208
•AM Care	209
Procedure 18-1: Providing AM Care	210
•PM Care	210
Procedure 18-2: Providing PM Care	210
 Chapter 19 Restorative Care and Rehabilitation	212
•Restorative Care and Rehabilitation	212
•Activities of Daily Living.....	213
•Assistive Devices.....	214
•Prostheses and Orthotics	215
•Bowel and Bladder Retraining	216
•Range-of-Motion Exercises	218
Procedure 19-1: Performing Range-of-Motion Exercises	219

Chapter 20 Additional Patient Care Procedures.....	225
•Heat and Cold Treatments.....	225
Procedure 20-1: Applying a Dry Cold Treatment	228
Procedure 20-2: Applying an Aquamatic Pad.....	230
Procedure 20-3: Assisting with a Sitz Bath	231
•Assisting with a Physical Examination.....	231
•Enemas	232
Procedure 20-4: Giving a Commercial Cleansing Enema	235
Procedure 20-5: Giving a Commercial Oil-Retention Enema	235
Procedure 20-6: Giving a Cleansing Enema	236
 Chapter 21 Preoperative and Postoperative Care	237
•Preoperative Care.....	237
Procedure 21-1: Shaving a Patient Before Surgery	241
•Postoperative Care	241
Procedure 21-2: Assisting with Deep-Breathing Exercises	244
Procedure 21-3: Applying Elasticized Stockings	245
Procedure 21-4: Assisting the Patient with Initial Ambulation ...	246
 Chapter 22 Special Skills in Long-Term Care	247
•Working in Long-Term Care	247
•The Effects of Aging	251
•Care for Cognitively Impaired Residents	257
•Reducing the Effects of Cognitive Impairments	261
 Chapter 23 Death and Dying	263
•The Psychology of Death	263
•Meeting Spiritual and Emotional Needs	264
•Care of Dying Patients	266
•The Physiology of Death.....	268
•Postmortem Care	270
Procedure 23-1: Providing Postmortem Care	270
 Glossary	273
 Appendix.....Medical Abbreviations	283
 Index	285

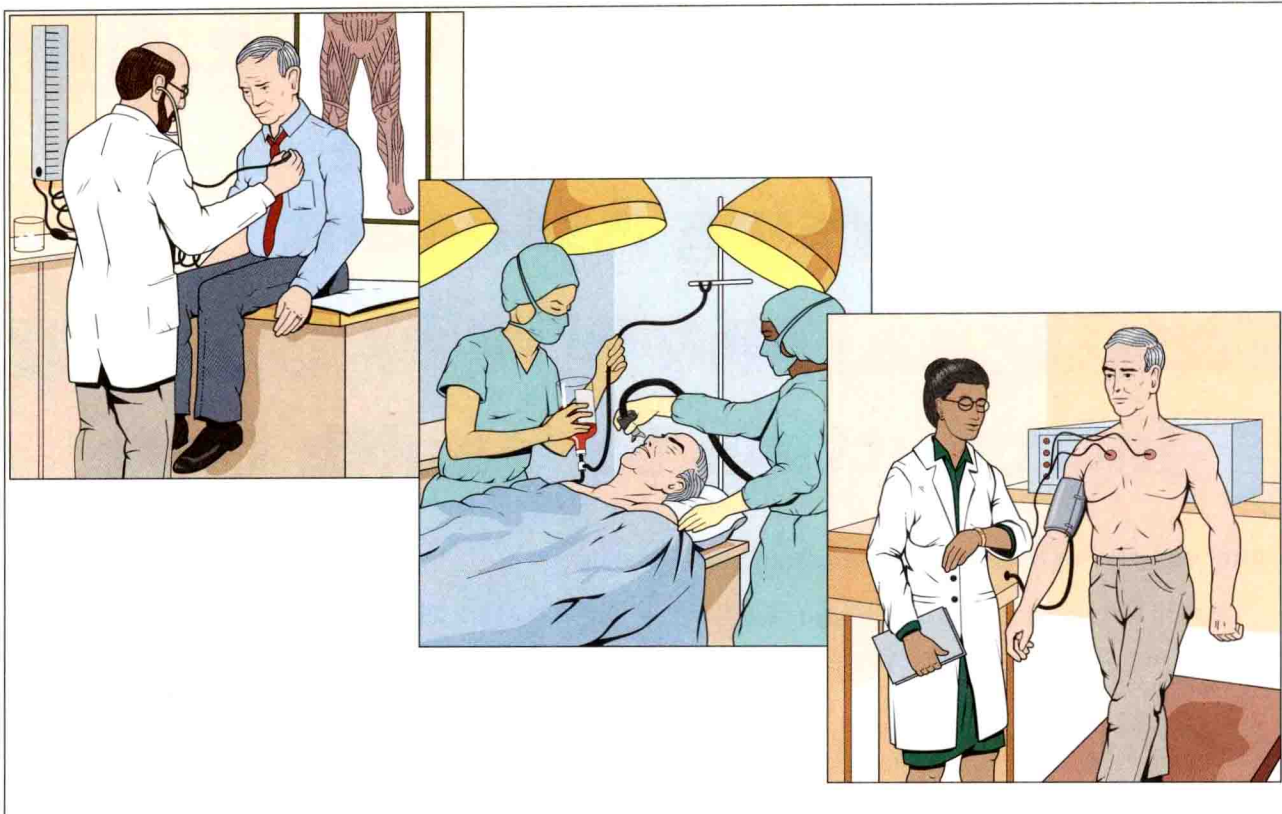


Figure 1-1

It is likely that a person will use many parts of the American health care system during his or her lifetime.

In such ways, all the health care providers in an area work together to meet the needs of that community. These health care facilities share several common purposes:

- To detect and provide treatment for diseases and injuries.
- To rehabilitate (restore function to) persons who have diseases or injuries.
- To prevent disease.
- To promote health through education of the public and of health care workers.
- To promote medical research.

Many changes have occurred over the years to affect the way health care is delivered. The use of computer technology for obtaining, recording, and transferring information has revolutionized the way health care facilities store data. Advances in medical technology have allowed physicians to detect and treat diseases in new ways. These new forms of technology, however, have also increased the cost of medical care. Patients may receive help in meeting these costs through private or group health insurance. High medical costs, however, have limited the availability of insurance for many Americans.

diagnosis-related groups (DRGs)

A system of payment rates to health care providers in which illnesses are grouped into related types.

Government programs such as Medicare and Medicaid have helped to provide medical care for the elderly and the poor. The Tax Equity and Fiscal Responsibility Act of 1982 made changes in the ways that Medicare and Medicaid payments were made to health care facilities. Instead of paying according to the length of the patient's stay, payment is now based on **diagnosis-related groups (DRGs)**. In other words, the payment is made based on the type of illness or condition regardless of how long treatment takes. This has affected health care facilities by encouraging efficiency. For the patient, this has translated into shorter hospital stays.



A



B



C

Figure 1–2

Each of these organizations, (A) hospitals, (B) long-term care facilities, and (C) home health agencies, offers nursing assistants different career challenges.

acute illness

An illness that comes on suddenly and is generally of short duration.

chronic illness

An illness that develops slowly and continues for a long period of time.

TYPES OF HEALTH CARE FACILITIES

The American health care system includes a variety of health care organizations. The main types that employ nursing assistants are:

- Hospitals.
- Long-term care facilities.
- Home health agencies.

Although most nursing assistants are employed by these three types of organizations, others, such as physicians' offices, outpatient clinics, and hospices for the dying, use nursing assistants as well. The tasks you perform as a nursing assistant will depend largely on the type of health care facility in which you work.

Hospitals

Hospitals provide care for people who are ill. People who enter a hospital may be admitted with an **acute illness**, which is a sudden illness that the patient is expected to recover from. Other patients may have a **chronic illness** for which there is no known cure. In either case, the patient's stay will be fairly short, usually only days or weeks. After treatment, patients may return home or be admitted to another health care facility, such as a long-term care facility.

Many hospitals provide care for people of all ages with varied health problems. Other hospitals provide care for special groups of people. Examples of specialized hospitals are:

- Children's hospitals, which provide care for infants and children.
- Government hospitals, which provide care for military personnel or veterans, for example.
- Psychiatric hospitals, which provide care for people who are mentally ill.
- Rehabilitation hospitals, which help patients recover after an acute illness or injury.

Long-Term Care Facilities

Long-term care facilities provide care for individuals, often the elderly, whose decreased physical or mental abilities cause them to be unable to care for themselves. In addition to the elderly, these facilities care for disabled people and people with chronic illnesses.

Long-term care facilities focus on helping patients with daily living activities, rehabilitation, and care for chronic illness. Services such as nursing, meals, and recreation are provided. Many long-term care facilities also provide on-site health services such as physical therapy as well as social services. Some patients in these facilities will recover and return home. Others will spend the remainder of their lives in the facility.

Long-term care facilities are known by a variety of names, including:

- Nursing homes.
- Skilled-nursing facilities.
- Convalescent homes.
- Rehabilitation centers.
- Extended-care facilities.
- Health-related facilities.

Home Health Agencies

A home health agency provides care to a patient in that person's home. That care may be short-term for a patient who is recovering from an illness or surgery. Or it may be long-term for a person who is housebound or chronically ill. Some home health agencies are part of local health departments. Others are run by hospitals or private businesses.

Patient Terminology

In different health care settings, patients may be referred to in different ways. In hospitals, *patient* is the usual term. In long-term care facilities, patients are usually called residents. In home health care settings, patients are called clients. In this book, we will use the term *patient* to refer to any person in a health care setting, whether it is a hospital, a long-term care facility, or the individual's home.

HOW HEALTH CARE FACILITIES ARE STRUCTURED

Every health care facility is designed to run as smoothly, efficiently, and safely as possible. The way that a facility is organized depends on its type, size, and complexity. Understanding how your facility is organized will help you cooperate with other workers to care for patients.

The organizational chart in Figure 1–3 shows a typical facility organization. The chart illustrates the **chain of command**. Running the facility are the administrator and the board of directors. Most facilities are organized into departments that report to the administrator. Within these departments, workers are usually divided into smaller and more specific groupings.

Each group of workers on the chart reports to the person shown above them. Here, nursing assistants report to a staff RN. This person may also be called your supervisor, team leader, primary nurse, or charge nurse. She or he is responsible for the total care of a number of patients.

It is also important for you to understand the physical organization of your facility. This involves familiarity with the layout of the building. In your health care facility, you should be able to locate:

- All building exits.
- All major departments.
- Nursing stations.
- Patient units.
- Staff bulletin boards.

chain of command

The lines of authority in an organization.

Figure 1–3

The nursing branch of a hospital organizational chart.

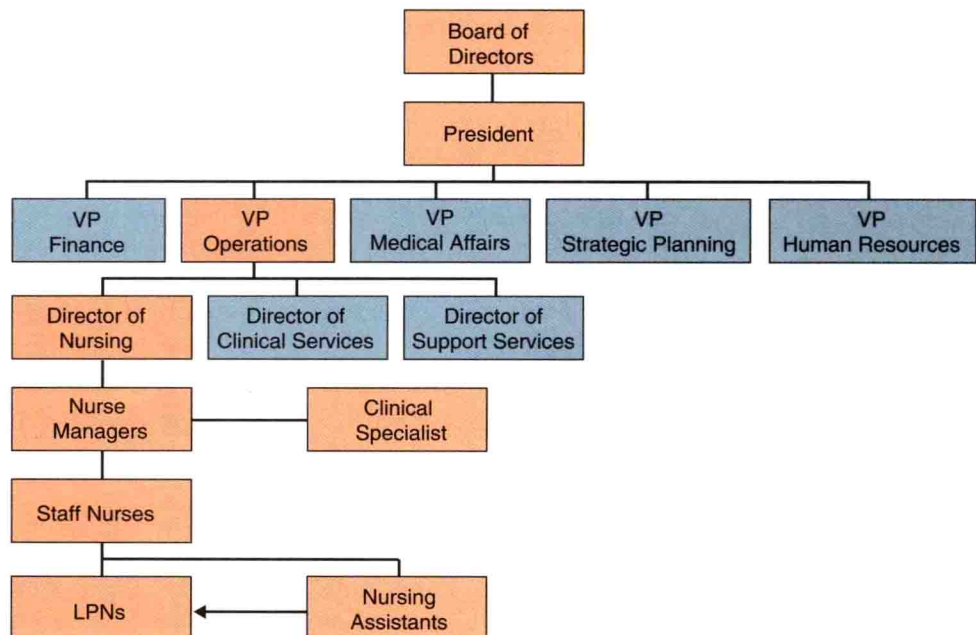
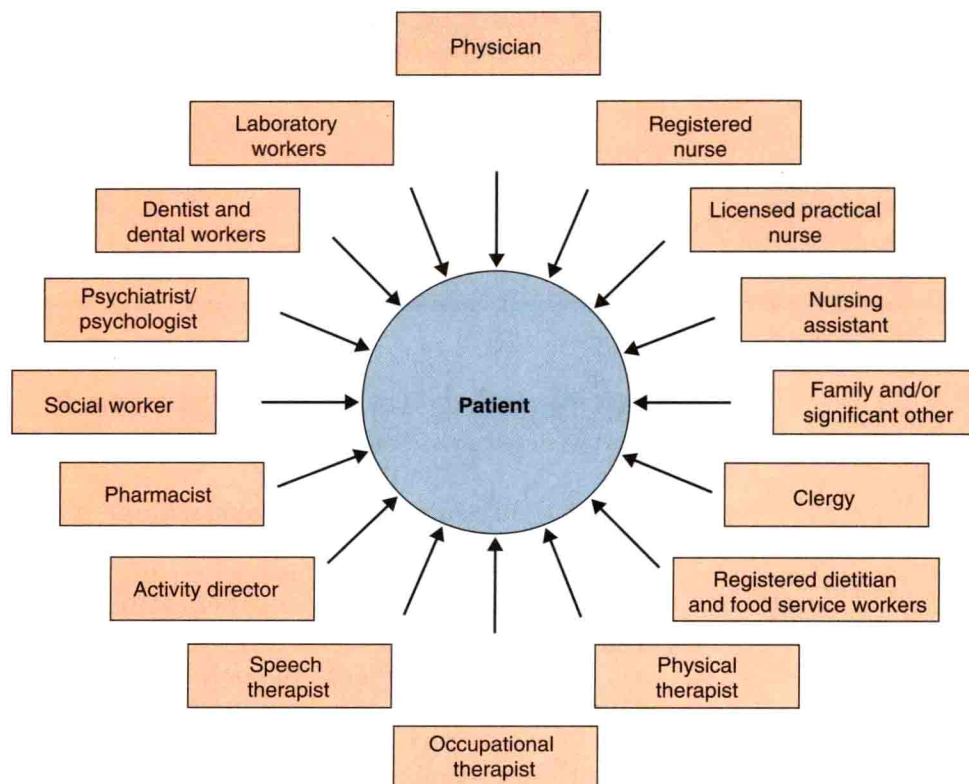


Figure 1-4
The interdisciplinary team is made up of professionals and nonprofessionals from many health care fields.



The Health Care Team

In many health care facilities, a special group of professionals and nonprofessionals work together to help meet patients' needs. This group, which is often called an **interdisciplinary team**, is drawn from many areas of health care. The team varies depending on each patient's needs and problems. It may include some or all of the people in Figure 1-4.

interdisciplinary team

A group consisting of various health care professionals and nonprofessionals that works together in the care of an individual patient. The team ideally includes the patient and the patient's family.

THE NURSING TEAM

Within every health care facility, a nursing team provides care for patients. The nursing assistant is a member of the nursing team. This group of health care providers includes:

- **The registered nurse (RN).** This nurse plans and coordinates patient care. An RN has a 2-, 3-, or 4-year degree from a college, university, or hospital-sponsored nursing program. An RN must also pass a state licensing examination.
- **The licensed practical (or vocational) nurse (LPN or LVN).** This nurse works under a registered nurse. The licensed practical (or vocational) nurse must attend a 1-year training program and pass state licensing examinations.
- **The nursing assistant.** Nursing assistants (see Figure 1-5) help nurses carry out patient care. Nursing assistants carry out basic nursing functions under the direction and supervision of an RN or LPN. As a result of the 1987 Omnibus Budget Reconciliation Act (OBRA), nursing assistants who work in nursing facilities must complete an approved training program and pass a competency evaluation program, which consists of a written test and a skills test.