



Adult Nursing at a Glance

Andrée le May



WILEY Blackwell

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WILEY Blackwell

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About this book

Adult Nursing at a Glance brings together up-to-date evidence and essential knowledge from various sources (see Acknowledgements), blended with a lifetime's experience of nursing practice, research and teaching, in an easy-to-follow introductory or revision text for student nurses.

The essential components of excellent nursing are set out in Section 1, highlighting the skills that all students need to develop from the outset of their studies. Organisational and leadership skills, which are usually developed at a later stage in a student's journey, draw the book to a close in Section 3. The central section focuses on the systems of the body, applying the essential components of excellent nursing, set out in Section 1, to the care of people with the most common disorders of these systems.

Section 1: Essentials of excellent nursing care

This section provides summaries of essential elements of nursing. It is built on the premise that excellent care is not just about what we do but also how we do it. Fundamental to excellent nursing is the merging of technically competent care with the maintenance and/or enhancement of the patient's (and their family's and carer's) dignity. Care that is technically competent but does not promote the patient's dignity is inadequate: care that promotes dignity but is not technically competent is also inadequate.

In this section you will find chapters focusing on:

- Safeguarding dignity
- Skilled appropriate communication
- Accurate assessment and monitoring
- Tailored symptom control and management
- Attentive risk assessment and management
- Tailored health education and promotion
- Thorough discharge planning
- Evaluation of the outcomes of care and care processes
- Research and service development.

These nine themes are central to excellent nursing. They are detailed in this section and each is linked to a 'symbolic character'. These characters are taken forward throughout Section 2 to draw attention to particular aspects of care that focus on, for example, health education and promotion or discharge planning related to the disorder covered. This approach is designed to appeal to those of you who are visual learners, as well as those who are non-visual

learners, thereby making critical messages easy to remember. The dignity character appears as a watermark on every single right hand page in Section 2 to emphasise the crucial position of dignity within all aspects of nursing care.

Section 2: Nursing people with common disorders

This Section's two-page summaries focus on common disorders. Illustrations of, for example, anatomy and physiology, pathology, or critical features of nursing care take up the left hand page: explanatory summarised text forms the right hand page. The symbolic characters introduced in Section 1 run throughout this section detailing the likely key elements of nursing for the disorders covered.

Each system in this section starts with a chapter presenting an overview of the system; this is followed by one focusing on signs, symptoms, assessment and emergencies. The subsequent chapters then outline only the most common disorders associated with that system. The book does not attempt to cover all the disorders that a nurse will encounter, but the principal conditions described will give a firm basis for you to consider how to manage other conditions – the details of which can be consulted elsewhere.

You should use the checklists under 'Essentials of best practice' as prompts to explore further, using your experience and knowledge, what aspects of nursing care you might add for a person with each of the conditions concerned.

Section 3: Essential skills – leadership and organisational

Organisational aspects of care focus on:

- Leadership
- Management
- Managing people and difficult situations
- Research utilisation
- Time management
- Continuing professional development
- Practice development.

Nursing is not simply about providing excellent, up-to-date individualised care to people and their families and carers, but is also about creating the best environment within which to provide care. This section will enable you to understand how to help achieve that.

Acknowledgements



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Aaronson PI, Ward JPT & Connolly MJ (2012) *The Cardiovascular System at a Glance*. Oxford, Wiley Blackwell.

Brooker C & Nicol M (2011) (Eds) *Alexander's Nursing Practice*. Edinburgh, Churchill Livingstone Elsevier.

Davey P (Ed) (2014) *Medicine at a Glance*, 4th edn. Oxford, Wiley Blackwell.

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Macintosh M & Moore T (Eds) (2011) *Caring for the Seriously Ill Patient*. London, Hodder Arnold.

O'Brien L (Ed) (2012) *District Nursing Manual of Clinical Procedures*. Oxford, Wiley Blackwell.

Peate I & Nair M (Eds) (2011) *Fundamentals of Anatomy and Physiology for Student Nurses*. Oxford, Wiley Blackwell.

www.patient.co.uk

Other more specific sources and websites are detailed in the text and in the References.



How to use your revision guide

Features contained within your revision guide

The overview page gives a summary of the topics covered in each part.

Essentials of excellent nursing care

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Don't forget to visit the companion website for this book at www.essentialsofexcellentnursingcare.co.uk to do some practice MCQs on these topics.

Each topic is presented in a double-page spread with clear, easy-to-follow diagrams supported by succinct explanatory text.

2 Communication

Key essentials for communicating with a person who is angry (see Daugherty and Lister, 2011)

- Stay calm, keep your voice at a steady pace and a moderate volume.
- Acknowledge the person's distress and say you'd like to help (e.g. 'I can see that you are angry about...').
- Try to engage them in conversation.
- Consider any other issues that may have contributed to the person's anger (e.g. being kept waiting).
- Consider any other issues that may have contributed to the person's anger (e.g. being kept waiting).
- Consider any other issues that may have contributed to the person's anger (e.g. being kept waiting).

Key essentials for communicating with a person who is anxious (see Daugherty and Lister, 2011)

- Look out for signs and symptoms of anxiety (e.g. raised pulse and respiration, dizziness, difficulty swallowing, perspiration).
- Listen actively.
- Offer information or reassurance that will help you know what it is.
- If a person doesn't know why they are anxious encourage them to describe what is happening in their body or mind and what it feels like.
- Encourage the person to talk about what they think might make things better.

Key essentials for communicating with a person having a panic attack (see Daugherty and Lister, 2011)

- Exclude any physical reason for the person's distress (e.g. oxygen or asthma).
- Stay calm and stay with the person.
- Establish eye contact. Tell the person's hand to reassure them if you have this in your pocket.
- Encourage deep, slow breathing. Demonstrate this and breathe alongside them if it is needed.
- After the panic attack, try to get the person to work out what caused it so that trigger can be avoided in future.

Key essentials for communicating with a person with dysphasia (impaired speech) (see Daugherty and Lister, 2011)

- Do not encourage and do not avoid someone if their speech is hard to understand.
- Ask them about having difficulty understanding the person.
- Ask if they are any strategies to help their speech.
- Encourage a slower rate of speech and longer pauses.
- Find a quiet environment.
- Have a pen and paper ready and encourage them to write things down if it's hard to understand.

Communication

- Communication permeates everything that nurses do.
- Communication is the transfer of information between one person and another, and their reaction to it.
- Being able to communicate effectively with patients, their families and colleagues is an essential feature of skilled nursing practice.
- Nurses can use skilled communication to enhance care.
- Communication includes a variety of different verbal and non-verbal cues and skills.
- Verbal communication comprises speech and language. This includes the way we use words, tones and inflections, the way we phrase what we say and the questions that we ask in order to communicate what we are thinking and feeling.
- Non-verbal communication comprises many things: touch, facial expressions, eye contact and the way we look at such as gestures, body movements, posture and body positions, use of space, the clothes we wear and our appearance and even the timing of communication.
- Non-verbal communication often supports verbal communication but it is a powerful way of communicating information on its own.
- Silence is also a powerful means of communication.
- Written communications are also important to:
- convey information between members of the multi-disciplinary team and other colleagues.
- to help patients and their families/careers retain information about their illness and treatment.
- Communication is influenced by many things, for example culture, age, mood, emotion, uncertainty, stress, anxiety, knowledge and skills.
- The effectiveness of communication can be affected by age-related or disease-related problems such as hearing loss, sight loss or orientation, speech disorders, confusion, mood, memory changes and cognitive impairment.
- Nurses should recognise age-related barriers to effective communication and also reduce organisational barriers such as lack of privacy, having insufficient time to clarify uncertainties or misunderstandings and communication equipment information in noisy environments that make talking and hearing difficult.
- Altered mental capacity may mean that a patient is unable to communicate their wishes, understand information given to them or use it in decision making. Where altered mental capacity is suspected the person's capacity for decision making should be reviewed by the multi-disciplinary team.
- Effective communication is about using the right verbal and non-verbal skills for the person (or people) involved in such interaction (see above for tips on how to interact in difficult situations).

Useful communication skills

- Establishing rapport.
- Active and empathic listening.
- Responding appropriately.
- Not being afraid to keep quiet (or to speak out).
- Using questions to find out more (particularly open questions).
- Using reinforcement (e.g. 'go on, nodding') to encourage communication.
- Using story telling to find out more or engage people in conversation.
- Observing people's reactions and changing your communication style in response to them.
- Using touch appropriately, particularly expressive touch.
- Showing respect and maintaining dignity through both actions and words.
- Remembering that the 'little things' (e.g. smiling and eye contact) are important.
- Evaluating how well your interactions with people go is important for either considering effective skills or improving things for next time.

Communicating with older people

Older people face challenges more than others. Many have difficulties communicating which you will have to overcome. Here are some tips to help you:

- Make sure that spectacles, hearing aids and dentures are appropriate, clean, working and worn.
- Ensure lighting is good and does your face.
- Make sure the person knows you're there – stand or sit in the person's visual field at the same level as they are, get their attention by saying their name and identifying yourself clearly at the start of the conversation, always say something when you are leaving.
- Make sure you have the person's attention before you speak – touch may be useful here at eye contact, but saying their name and that you are there may work just as well.
- Check that your mouth, gestures and facial expressions can be seen so that anyone who is hard of hearing can see what you are saying.
- Don't shout, reduce background noise. Sometimes you might have to speak slightly more slowly and a little louder than usual.
- Pause between sentences and check that you've been understood.
- Leave enough time for communication – it's just as important as any other aspect of care.
- Keep calm and patient and allow enough time for responses.
- Don't be afraid of silence.
- Reinforce communication – use words or say something so that the person knows you've listened to and understood them.
- Avoid cliché like 'no problem' or 'no worries'.
- If you're writing information, make sure you use a large black felt pen and check that the size and style of your writing can be read.
- If any interaction becomes too heated leave and say that you'll come back later – and come back later!
- Check that any call bells or alarm systems can be reached before you leave.
- Encourage regular eye, hearing and dental checks.
- Refer if necessary to a speech and language therapist.

Nine central nursing themes are discussed in the book and these are represented by **symbolic characters** to highlight particular aspects of care.

FNC: Fundamental nursing care

C: Communication with healthcare team, patient & family

A&M: Accurate assessments & regular monitoring

SC&M: Symptom control & management

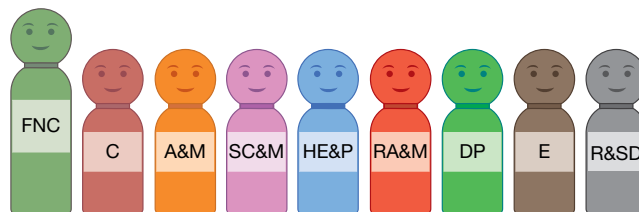
HE&P: Health education & promotion

RA&M: Risk assessment & management

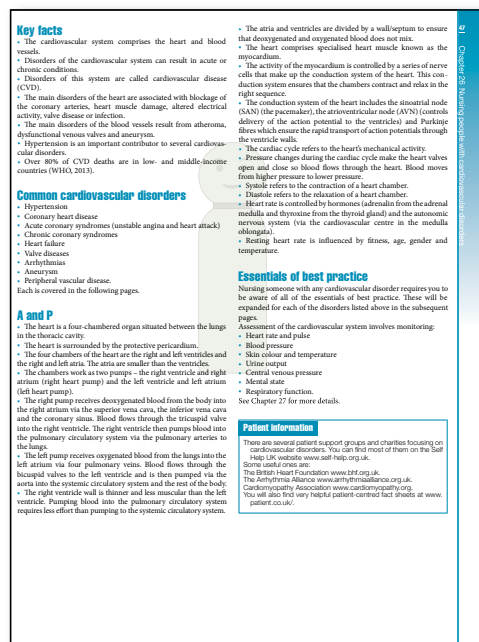
DP: Discharge planning

E: Evaluation

R&SD: Research & service development



The **dignity character (FNC)** appears as a watermark on every single right hand page in section 2 to emphasise the crucial position of dignity within all aspects of nursing care.



Patient information boxes list key resources that provide additional information.

Patient information

Useful information can be obtained from:
BAPEN at www.bapen.org.uk (the most up-to-date information about MUST can be downloaded from this website).

The **website icon** indicates that you can find accompanying resources on the book's companion website.



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