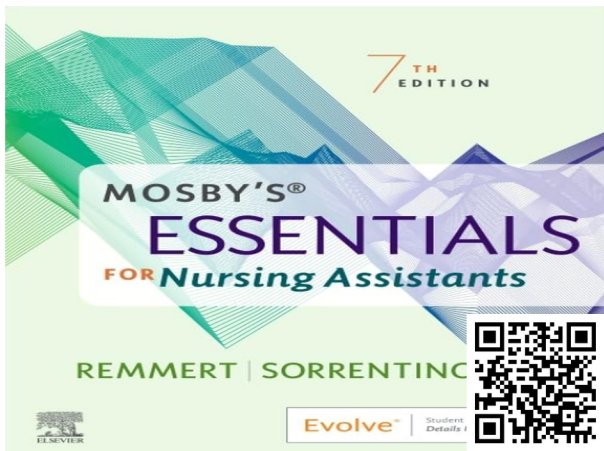


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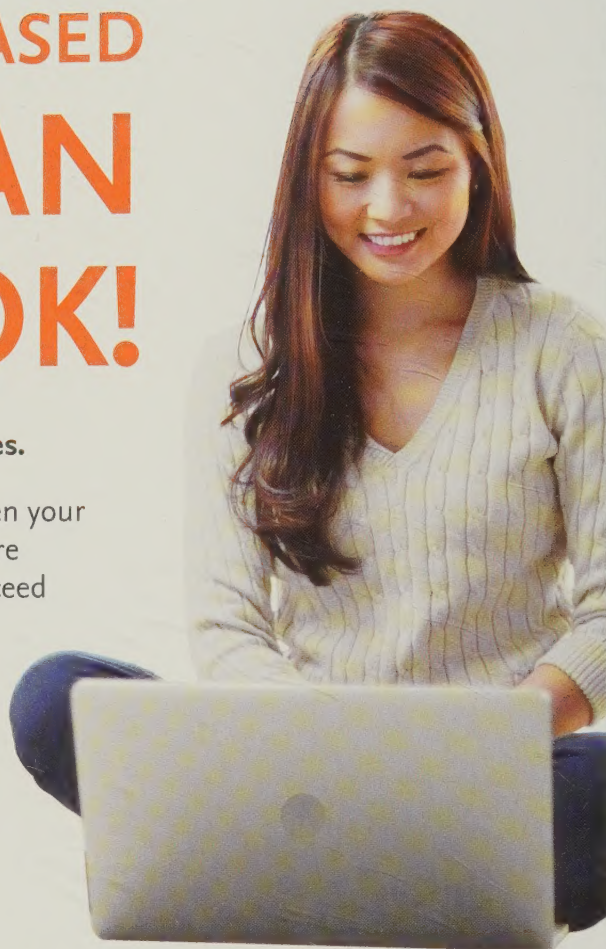
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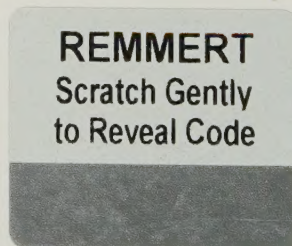
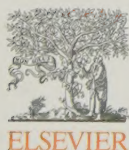
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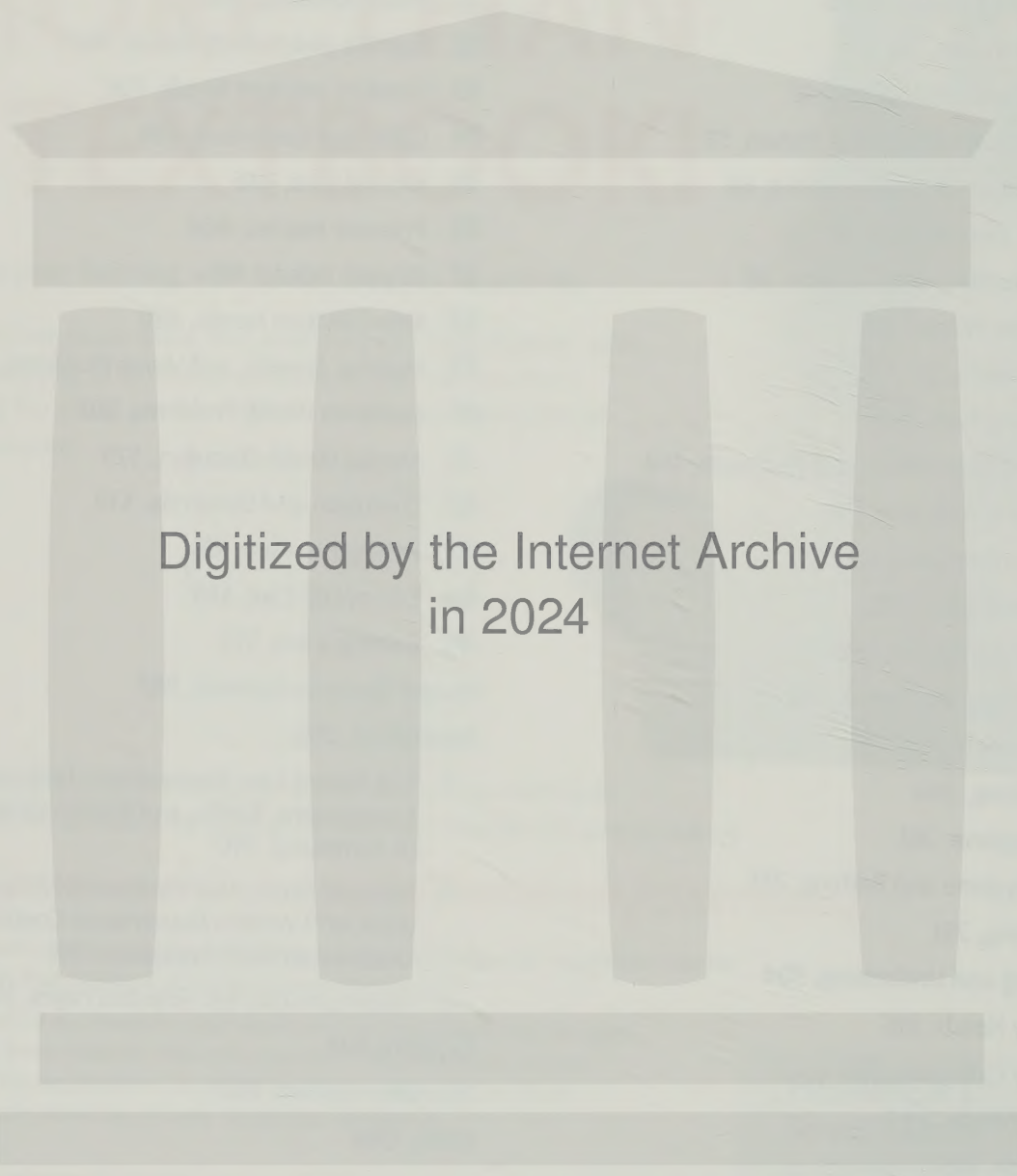
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FOR *Nursing Assistants*

LEIGHANN N. REMMERT, MS, RN
SHEILA A. SORRENTINO, PhD, RN



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Senior Content Development Specialists: Melissa Rawe, Laura Klein, and Kathleen Nahm
Publishing Services Manager: Catherine Jackson
Health Content Management Specialist: Kristine Feeherty
Design Direction: Brian Salisbury

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Dedication



*In memory of my grandfather and friend,
Roger ("Curly") Dennison, Sr.
In honor of 65 years of marriage and a lifetime of cherished moments.*

*With love,
"Annie" (Leighann)*



*To the newest members of our family...
My brother's granddaughters...
Ava Loraine and Mason's baby sister, Makenzie Grace.
Wishing them a lifetime of health, happiness, and love.*

*With much love,
Aunt Sheila*

About the Authors



Leighann N. Remmert is a registered nurse and nursing assistant instructor. She has taught in high school, vocational, and community college nursing assistant programs in central Illinois.

Ms. Remmert has a Bachelor of Science degree in nursing from Bradley University (Peoria, Illinois) and a Master of Science degree in nursing education from Southern Illinois University Edwardsville (Edwardsville, Illinois).

Nursing practice for Ms. Remmert began at St. John's Hospital (Springfield, Illinois) as a nursing assistant/technician. As a registered nurse, Ms. Remmert concentrated in the area of emergency nursing at Memorial Medical Center (Springfield, Illinois). There, her roles included staff nurse, charge nurse, nurse preceptor, and trauma nurse specialist. As a clinical nursing instructor at Capital Area School of Practical Nursing (Springfield, Illinois), Ms. Remmert supervised, instructed, and evaluated student learning in various long-term care and acute care settings.

In her current focus on nursing assistant education, Ms. Remmert emphasizes the importance of professionalism and work ethics, safety, teamwork, communication, and accountability. Valuing the role of the nursing assistant and treating the person with dignity, care, and respect are integral to her instruction.

Ms. Remmert is co-author of *Mosby's® Textbook for Nursing Assistants* (ed 8–10), *Mosby's® Essentials for Nursing Assistants* (ed 4–7), and *Mosby's® Textbook for Medication Assistants* (ed 1). She was a consultant on *Mosby's® Textbook for Long-Term Care Nursing Assistants* (ed 6) and served as a content adviser for *Mosby's® Nursing Assistant Video Skills* (version 4.0).

Ms. Remmert is a Basic Life Support instructor. She is a member of Sigma Theta Tau International, the Honor Society of Nursing, and the Certified Nursing Assistant Educator's Association (Illinois, Central Region).



Sheila A. Sorrentino was instrumental in the development and approval of CNA-PN-ADN career-ladder programs in the Illinois community college system and has taught at various levels of nursing education—nursing assistant, practical nursing, associate degree nursing, and baccalaureate and higher degree

programs. Her career includes experiences in nursing practice and higher education—nursing assistant, staff nurse, charge and head nurse, nursing faculty, program director, assistant dean, and dean.

A Mosby author and co-author of several nursing assistant titles since 1982, Dr. Sorrentino's titles include:

- *Mosby's® Textbook for Nursing Assistants*
- *Mosby's® Essentials for Nursing Assistants*
- *Mosby's® Textbook for Long-Term Care Nursing Assistants*
- *Mosby's® Textbook for Nursing Assistive Personnel*
- *Mosby's® Basic Skills for Nursing Assistants*
- *Mosby's® Textbook for Medication Assistants*

She was also involved in the development of an early version of *Mosby's® Nursing Assistant Video Skills* and *Mosby's® Nursing Video Skills*, winner of an AJN Book of the Year Award (electronic media).

Dr. Sorrentino has a Bachelor of Science degree in nursing, a Master of Arts degree in education, a Master of Science degree in nursing, and a PhD in higher education administration. She is a member of Sigma Theta Tau International, the Honor Society of Nursing. Her past community activities include the Rotary Club of Anthem (Anthem, Arizona), the Provena Senior Services Board of Directors (Mokena, Illinois), the Central Illinois Higher Education Health Care Task Force, the Iowa-Illinois Safety Council Board of Directors, and the Board of Directors of Our Lady of Victory Nursing Center (Bourbonnais, Illinois).

She received an alumni achievement award from Lewis University for outstanding leadership and dedication in nursing education. She is also a member of the Illinois State University College of Education Hall of Fame.

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Leighann N. Remmert and Sheila A. Sorrentino

Reviewers

Monica Asare-Boadu, BSN, RN-BC

Program Director/Director of Nursing
Serenity Nurse Aide Academy/Serenity Nursing Services
Charlotte, North Carolina

Mary Barr, RN

Health Sciences
Lancaster County Career & Technology Center
Willow Street, Pennsylvania

Nicole Bartreau, MSN, APRN, FNP-C, IBCLC, CVT

Residential Faculty
Nursing/Nurse Assisting
Mesa Community College
Mesa, Arizona

Demy Blake, RN, MSN

Nurse Educator
South Dade Technical College
Homestead, Florida

Rebecca Deibwert, RN, MSN

Nurse Educator
Cochise College
Sierra Vista, Arizona

Abimbola Farinde, PhD, PharmD

Licensed Pharmacist, Licensed Professional Counselor
Certified Geriatric Pharmacist
Professor
Columbia Southern University
Phoenix, Arizona

Marie Furtado, MBBS, MPH

Doctor, Workforce Solution Group – Health Care
St. Louis Community College
Bridgeton, Missouri

Sara Hansen, M.Ed

State Licensed and Nationally Certified Athletic Trainer,
Health Science Instructor
Career & Technology
Humble Independent School District
Humble, Texas

Daphene L. Kimball, RN, PCM, CLC, SANE

Community Health Instructor
District 6 Health Department MRC
Augusta, Georgia

Ali Morton, LPN

Nursing Assistant Instructor
Career Technical Training
Whitney M. Young Job Corps Center
Simpsonville, Kentucky

Laura Oldaker

Certified Dementia Trainer, First Aid/CPR Certified
Instructor
Nursing Assistant Program Administrator
Administration
Academy for Caregiving Excellence
Tucson, Arizona

Suzanne Pinos, RN, MSN

Professor I
Department of Nursing
Palm Beach State College
Lake Worth, Florida

Caron Que, MHA, BSN, RN

Registered Nurse/Certified Teacher
Career and Technology Education (CTE)
Centennial High School
Burleson, Texas

Fatima Demonteverde Reyes, RN, MS, CCRN

Program Coordinator
Avid CNA School
Streamwood, Illinois

Darlene Seay, RN, BSN, MSEd

RN Health and Medical Sciences Instructor
Career and Technology Education (CTE)
Nelson County Public Schools
Lovingson, Virginia

Cassellen J. Springer

Registered Dental Assistant
Certified Professional Coder – Apprentice
MBA with Healthcare Management
Allied Health Director
Allied Health
Emergency Medical Training Professionals
Lexington, Kentucky

Instructor Preface

The seventh edition of *Mosby's® Essentials for Nursing Assistants* serves several purposes.

- Prepares students to function as nursing assistants in nursing centers and hospitals.
- Assists faculty in meeting educational goals.
- Serves as a resource when preparing for the competency evaluation.
- Serves as a resource for nursing assistants wanting to review or learn new information for safe care.

The following foundational principles and values are presented in specific chapters and integrated in content and key features (pp. xiv-xix) throughout the book.

- Patients and residents are *persons* with dignity having a past, a present, and a future. Such persons are physical, social, psychological, and spiritual beings with basic needs and protected rights.
- Nursing assistant roles, functions, and limitations are described in federal and state laws with dependence on effective delegation and good work ethics.
- Body structure and function, body mechanics, preventing infection, and safety and comfort measures form an essential knowledge base.
- Communication skills enhance relationships with the nursing and health teams, patients and residents, and families and visitors.
- The nursing assistant has a key role in the nursing process.

Content Issues

Content decisions are based on changes in laws or in guidelines and standards issued by federal and state governments, accrediting agencies, and national organizations. So are changes to state curricula and competency evaluations.

Student learning needs and abilities, instructor desires, work-related issues, course/program and book length, and student cost also are among the many factors considered.

New Content

Chapter 1: Introduction to Health Care

- Purposes
- Types of Agencies
- Staffing
- Safety and Quality
- [Box 1-1](#) HHS Agencies
- Policies and Procedures

Chapter 2: The Person's Rights

- Protecting Rights

Chapter 3: The Nursing Assistant

- FOCUS ON COMMUNICATION: Follow-Up and Feedback

Chapter 5: Student and Work Ethics

- Attention
- FOCUS ON COMMUNICATION: Planning Your Work
- Burnout
- [Box 5-3](#) Burnout—Causes, Signs, and Symptoms

Chapter 6: Communicating With the Person

- CARING ABOUT CULTURE: Culture and Religion
- Health Care Beliefs and Practices
- CARING ABOUT CULTURE: Listening
- FOCUS ON OLDER PERSONS: Behavior

Chapter 7: Health Team Communications

- [Table 7-1](#) Parts of a Medical Record
- FOCUS ON COMMUNICATION: Assessment

Chapter 8: Medical Terminology (*new*)

- Learning Word Elements
- Abdominal Quadrants
- Positional Terms
- Common Terms and Phrases
- [Table 8-6](#) Common Health Care Terms and Phrases

Chapter 10: The Older Person

- [Table 10-1](#) The Aging Process—Physical Changes and Care Measures (Immune System)

Chapter 11: Safety Needs

- Pandemics

Chapter 12: Preventing Falls

- PROMOTING SAFETY AND COMFORT: Using Position Change Alarms
- Moving the Person From the Floor

Chapter 13: Restraint Alternatives and Restraints

- FOCUS ON OLDER PERSONS: Restraint Types

Chapter 14: Preventing Infection

- Moments for Hand Hygiene
- [Box 14-3](#) WHO's 5 Moments for Hand Hygiene
- Antiseptics
- Biohazardous Waste

Chapter 15: Isolation Precautions (new)**Chapter 16: Body Mechanics**

- **Box 16-2** Musculo-Skeletal Disorders—Risk Factors for Nursing Assistants
- Safe Handling Programs
- PROMOTING SAFETY AND COMFORT: Safe Handling Programs

Chapter 17: Moving the Person

- DELEGATION GUIDELINES: Moving the Person

Chapter 18: Transferring the Person

- Lateral Transfers
- PROMOTING SAFETY AND COMFORT: Lateral Transfers

Chapter 19: The Person's Unit

- Personal Care Items

Chapter 20: Bedmaking (new)

- **Box 20-1** Guidelines for Handling Used Linens

Chapter 21: Oral Hygiene (new)

- Structure and Function of Teeth
- Equipment
- Reporting and Recording

Chapter 22: Daily Hygiene and Bathing (new)

- Reporting and Recording
- **Box 22-4** Daily Hygiene and Bathing Observations

Chapter 23: Grooming (new)

- FOCUS ON OLDER PERSONS: Nail and Foot Care

Chapter 24 Dressing and Undressing (new)

- Garments
- FOCUS ON COMMUNICATION: Garments
- PROMOTING SAFETY AND COMFORT: Changing Garments

Chapter 25: Urinary Needs

- Voiding Equipment
- PROMOTING SAFETY AND COMFORT: Voiding Equipment

Chapter 27: Bowel Needs

- FOCUS ON COMMUNICATION: Normal Bowel Elimination
- Emptying Ostomy Pouches

Chapter 28: Nutrition

- Dietary and Activity Guidelines
- Food Labels
- FOCUS ON MATH: Food Labels

Chapter 29: Meeting Nutrition Needs (new)**Chapter 31: Measurements**

- PROCEDURE: Measuring Blood Pressure With an Electronic Manometer

Chapter 32: Exercise and Activity Needs

- Preventing Complications
- PROMOTING SAFETY AND COMFORT: Preventing Complications
- PROMOTING SAFETY AND COMFORT: Canes

Chapter 33: Comfort and Rest Needs

- Comfort
- FOCUS ON COMMUNICATION: Comfort
- Rest
- Promoting Sleep

Chapter 34: Collecting Specimens

- Urinary Catheter Specimens
- Blood Glucose Testing Equipment

Chapter 36: Pressure Injuries

- Observations

Chapter 37: Oxygen Needs

- Devices for Sleep Apnea

Chapter 38: Rehabilitation Needs

- Economic Aspects

Chapter 40: Common Health Problems

- Cancer Signs and Symptoms

Chapter 41: Mental Health Disorders

- FOCUS ON COMMUNICATION: Panic Disorder
- Psychotic Disorders
- Mood Disorders

Chapter 42: Confusion and Dementia

- FOCUS ON OLDER PERSONS: Delirium
- Risk Factors

Chapter 43: Emergency Care

- CPR Skills Testing
- **Box 43-3** Stroke Emergency Care—FAST
- **Box 43-4** Seizures—Activating EMS

New Key Terms

- Abbreviation (Chapter 8)
- Accountable (Chapter 3)
- Acute pain (Chapter 33)
- Advocate (Chapter 2)
- Afebrile (Chapter 31)
- Affected side (Chapter 24)

- Assessment (Chapter 7)
- Bath blanket (Chapters 20 and 22)
- Bed rest (Chapter 32)
- Bloodborne pathogens (Chapter 14)
- Bradycardia (Chapter 31)
- Burnout (Chapter 5)
- Cardiopulmonary resuscitation (Chapter 43)
- Cholesterol (Chapter 28)
- Chronic pain (Chapter 33)
- Comfort (Chapter 33)
- Coping (Chapter 41)
- Deconditioning (Chapter 32)
- Delegation (Chapter 3)
- Discharge (Chapter 1)
- Drawsheet (Chapter 20)
- Esteem (Chapter 6)
- Evaluation (Chapter 7)
- Febrile (Chapter 31)
- Garment (Chapter 24)
- Gender identity (Chapter 6)
- Glucometer (Chapter 34)
- Hazard (Chapter 11)
- Hygiene (Chapter 21)
- Hyperglycemia (Chapter 40)
- Hypoglycemia (Chapter 40)
- Immobility (Chapter 32)
- Implementation (Chapter 7)
- Incident (Chapter 11)
- Lateral transfer (Chapter 18)
- Left semi-prone position (Chapter 16)
- Melena (Chapter 34)
- Mobility (Chapter 32)
- Normal flora (Chapter 14)
- Nursing intervention (Chapter 7)
- Occupied (Chapter 20)
- Paraphrasing (Chapter 6)
- Personality (Chapter 41)
- Person's unit (Chapter 19)
- Position change alarm (Chapter 12)
- Prefix (Chapter 8)
- Reflex (Chapter 9)
- Regulations (Chapter 1)
- Rest (Chapter 33)
- Risk factor (Chapter 6)
- Root (Chapter 8)
- Self-esteem (Chapter 6)
- Sleep apnea (Chapter 33)
- Standard of care (Chapter 4)
- Sterile technique (Chapter 14)
- Stimulus (Chapter 9)
- Stressor (Chapter 41)
- Suffix (Chapter 8)
- Surgical asepsis (Chapter 14)
- Survey (Chapter 1)
- Tachycardia (Chapter 31)
- Unaffected side (Chapter 24)
- Unconscious (Chapter 11)

- Under-garment (Chapter 24)
- Waterproof under-pad (Chapter 20)
- Word element (Chapter 8)

New Key Abbreviations

AFO	Ankle-foot orthosis
ANA	American Nurses Association
APRN	Advanced practice registered nurse
BON	Board of nursing
CAUTI	Catheter-associated urinary tract infection
CKD	Chronic kidney disease
CPAP	Continuous positive airway pressure
ESRD	End-stage renal disease
GAD	Generalized anxiety disorder
HHS	U.S. Department of Health & Human Services
STI	Sexually transmitted infection
UI	Urinary incontinence
WHO	World Health Organization

New Figures

Figure 5-3	A watch with a second (sweep) hand.
Figure 7-6	24-hour time. A , In 24-hour time, there are 4 digits. The first 2 digits are for the hours. The last 2 digits are for minutes. A colon and AM and PM are not used.
Figure 7-7	From 1:00 PM to 11:00 PM, add 12 to the hours digit(s) to change from conventional time to 24-hour time. Remove the colon and PM.
Figure 8-1	Prefixes, roots, and suffixes are combined to form medical terms.
Figure 8-2	A prefix is at the beginning of the word. Changing the prefix changes the meaning of the word.
Figure 8-3	A root contains the basic meaning of the word. A word can have more than 1 root.
Figure 8-4	A suffix is at the end of the word.
Figure 8-5	The 4 abdominal quadrants.
Figure 9-10	The nervous system is divided into the central nervous system and the peripheral nervous system.
Figure 12-13	Moving the person from the floor using a mechanical lift.
Figure 14-13	WHO's 5 Moments for Hand Hygiene.
Figure 14-16	B , Sharps containers.
Figure 15-1	Personal protective equipment is in a cabinet outside the person's room.
Figure 15-2	Sample sign for contact precautions.
Figure 15-3	A respirator.
Figure 15-4	Applying (donning) gloves.
Figure 17-4	A trapeze.
Figure 17-5	Turning the person to position a friction-reducing device.
Figure 17-9	C , Positioning on the side with pillows for support.
Figure 18-2	Removing wheelchair front rigging.

- Figure 18-11 A slide sheet is used to transfer a person from a bed to a stretcher.
- Figure 18-13 **A**, A stand-assist mechanical lift supports the upper body.
- Figure 18-15 A full sling.
- Figure 19-4 **C**, Bed controls on the outer part of a bed rail.
- Figure 19-7 Over-bed table.
- Figure 20-10 A hamper for used linens.
- Figure 20-23 Occupied bed. **A**, The person is turned to the other side. Used linens are removed. (Gloves are removed and hand hygiene is performed before touching clean linens.) **B**, The clean bottom linens are pulled through and tucked in.
- Figure 20-24 Making a toe pleat.
- Figure 21-5 **A**, Oral sponge swabs. **B**, Bite block.
- Figure 22-2 Moisture can collect between skin folds, causing irritation. Dry between skin folds thoroughly.
- Figure 22-15 A shower bench.
- Figure 24-5 Applying a shirt that opens in the front with the person lying down.
- Figure 25-6 **B**, Urinal designed for females.
- Figure 25-7 Using the male urinal. **A**, Standing. **B**, In bed.
- Figure 26-5 Catheter securing devices. **A**, Tube holder. **B**, Leg band.
- Figure 27-9 A clamp is used to close the ostomy pouch.
- Figure 29-2 **A**, Nectar-thick liquid. **B**, Honey-thick liquid. **C**, Pudding-thick (spoon-thick) liquid.
- Figure 30-1 Edema in the lower leg. The nurse applies pressure to the body part to check for edema.
- Figure 30-8 Electronic IV pump.
- Figure 31-1 **D**, Non-contact infrared thermometer.
- Figure 31-19 Using a watch with a second (sweep) hand to count for 30 seconds.
- Figure 31-25 A standing scale.
- Figure 31-26 A wheelchair scale.
- Figure 34-3 Collecting a specimen from a urinary catheter. A syringe is connected to the port on the drainage tubing.
- Figure 35-2 **C**, Diabetic foot ulcers.
- Figure 37-13 A continuous positive airway pressure (CPAP) device used for sleep apnea.
- Figure 38-2 **E**, Shoehorn.
- Figure 39-2 **B**, A behind-the-ear hearing aid.
- Figure 40-20 Myocardial infarction. Blood flow to part of the heart muscle is blocked, causing death of heart tissue.
- Figure 40-21 COPD. Emphysema damages the inner walls of alveoli. Chronic bronchitis causes inflammation and mucus in the airways.
- Figure 43-8 A bag valve mask.
- Figure 43-9 Sequence of adult CPR.

Review Questions

- True/False sections have been removed. Replacement questions are multiple choice.
- Questions have been added that evaluate the student's ability to apply knowledge.

Features and Design

For features and design elements, see “Student Preface” on page xiii.

May this book serve you and your students well. We aim to provide current information for teaching and learning safe and effective care during a time of dynamic change in health care.

Leighann N. Remmert, BSN, MS, RN
Sheila A. Sorrentino, BSN, MA, MSN, PhD, RN

This book with special features (pp. xiv-xix) was designed to help you learn. This preface gives study guidelines to help you use the book. To study effectively, use a study system with these steps.

- Preview or survey
- Question
- Read and record
- Recite and review

Preview or Survey

Preview or survey the reading assignment for a few minutes. This gives an idea of what the assignment covers. It also helps you to recall what you know about the subject. Carefully look over the assignment. Preview the chapter title, objectives, key terms and abbreviations, headings, subheadings, and key ideas in italics. Also survey the boxes and chapter review questions.

Question

Questioning sets a purpose for reading. Form questions to answer while reading. Questions should relate to how the information applies to care or possible test questions. Use the headings and subheadings to form questions. *What*, *why*, or *how* questions are helpful. Avoid questions with 1-word answers. If a question does not help you study, change the question.

Read and Record

You read to:

- Gain new information.
- Connect new information to what you already know.
- Find answers to your questions.

Break the assignment into small parts. Then answer your questions as you read each part. Underline or highlight important information. This reminds you of what you need to learn. Review the marked parts later. Make notes by writing down important information in the margins or in a notebook. Use words and statements to prompt your memory about the material.

To remember what you read, organize information into a study guide. Create diagrams or charts to show relationships or steps in a process. Note taking in an outline also is very useful. For example:

- 1 Main heading
 - A Second level
 - B Second level
 - (1) Third level
 - (2) Third level

Recite and Review

Finally, recite and review. Use your notes and study guides. Answer your questions and others from reading and answering chapter “Review Questions.” Answer all questions out loud (recite).

Reviewing is more about *when* to study rather than *what* to study. You decided *what* to study during your preview, question, and reading steps. It is best to review right after the first study session, 1 week later, and before a quiz or test.

We hope you enjoy learning and your work. You and your work are important. You and the care you give make a difference in the person’s life!

Leighann N. Remmert
Sheila A. Sorrentino

SPECIAL FEATURES

Chapter Openers

Chapter openers contain a list of Objectives, Key Terms, and Key Abbreviations.

- *Objectives* are goals to accomplish while studying. The Objectives section lists what is presented in the chapter.
- *Key Terms* are important words and phrases used in the chapter. Each word or phrase is defined in the Key Terms section. In text, terms and definitions are identified with *magenta and italic* treatment. The term is **bold**.
- *Key Abbreviations* are important abbreviations used in the chapter.

CHAPTER 5
Student and Work Ethics

OBJECTIVES

- Define the key terms and key abbreviations in this chapter.
- Describe the qualities and traits of a successful nursing assistant.
- Describe good health and hygiene practices.
- Explain how to look professional.
- Explain how to prepare for school and work.
- Explain how to function as a safe and effective member of a team
- Explain how to manage stress.
- Explain how to problem solve and deal with conflict.
- Explain the aspects of harassment.
- Explain how to resign from a job.
- Identify the common reasons for losing a job.
- Explain the reasons for drug testing.
- Describe unethical student behavior and possible consequences.
- Explain how to promote PRIDE in the person, the family, and yourself

KEY TERMS

bullying Repeated attacks or threats of fear, distress, or harm by a bully toward a target

burnout A job stress resulting in being physically or mentally exhausted, having doubts about your abilities, and having doubts about the value of your work

confidentiality Trusting others with personal and private information

gossip To spread rumors or talk about the private matters of others

harassment To trouble, torment, offend, or worry a person by one's behavior or comments

priority The most important thing at the time

professionalism Following laws, being ethical, having good work ethics, and having the skills to do your work

stress The response or change in the body caused by any emotional, psychological, physical, social, or economic factor

teamwork Staff members work together as a group; everyone does their part to give safe and effective care

work ethics Behavior in the workplace

KEY ABBREVIATIONS

ID Identification

NATCEP Nursing assistant training and competency evaluation program

As a student and a nursing assistant, you must act and function in a professional manner. *Professionalism involves following laws, being ethical, having good work ethics, and having the skills to do your work.* Certain behaviors (conduct), choices, and judgments are expected. *Work ethics deals with behavior in the workplace.* Your conduct reflects your choices and judgments.

Work ethics involves:

- How you look
- What you say
- How you behave
- How you treat and work with others
- The qualities and traits shown and described in Figure 5-1

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Objectives

Key Terms

Key Abbreviations

Key term treatment in text

Focus Boxes

The following boxes highlight a certain part of the nursing assistant role. Callouts for these boxes are in *blue font and italics*.

- *Focus on Communication* boxes suggest what to say and questions to ask when interacting with patients, residents, visitors, and the nursing team.
- *Caring About Culture* boxes describe various cultural beliefs and practices that relate to health care.
- *Focus on Older Persons* boxes identify needs and considerations of older persons, especially persons with Alzheimer's disease and other dementias.
- *Focus on Surveys* boxes list questions that surveyors may ask you or tasks they may observe you doing.
- *Delegation Guidelines* boxes list information needed from the nurse and the care plan to perform a procedure. They also list the observations to report and record.
- *Promoting Safety and Comfort* boxes identify safety and comfort measures to consider when giving care.
- *Focus on Math* boxes explain math skills involved in various care measures and procedures.

FOCUS ON COMMUNICATION

Student clinical experiences involve giving care to patients or residents. The patient or resident has the right to know who you are. Introduce yourself. Tell the person you are a student. For example:

Hello. My name is Jesse Smith. I am a nursing assistant student. I will be working with your nurse today.

FOCUS ON OLDER PERSONS

Behavior

Changes in the brain with Alzheimer's disease and other forms of dementia can affect communication and judgment. Unable to communicate needs as usual, the brain uses other methods. Caregivers and staff must remember that behaviors communicate needs. For example, a person is hot. Instead of saying "I am hot," the person begins taking off clothes in the dining room. You will learn about behavior changes and how to provide for the person's needs in Chapter 42.

DELEGATION GUIDELINES

Changing Garments

To assist with dressing and undressing, you need this information from the nurse and the care plan.

- How much help the person needs
- If the person can sit up and lean forward
- If the person can raise the hips to lift the buttocks off of the bed
- If the person has an affected side (weak side)
- If the person has limited range of motion in any joints
- If certain garments are needed
- What observations to report and record:
 - How much help was given
 - How the person tolerated the procedure
 - Complaints by the person
 - Changes in the person's behavior
- When to report observations
- What patient or resident concerns to report at once



CARING ABOUT CULTURE

Listening

Communicating respect is important in all cultural groups. This can be shown in how you listen. Giving the person your attention and showing kindness and interest communicate respect. In some cultures, eye contact communicates listening. In others, the listener turns an ear to listen.

Modified from Giger JN: *Transcultural nursing: assessment and intervention*, ed 7, St Louis, 2017, Mosby.

FOCUS ON SURVEYS

Grooming promotes self-esteem. Therefore surveyors will observe if patients and residents:

- Are groomed according to their wishes.
- Have hair combed and styled.
- Have beards shaved or trimmed.
- Can reach grooming supplies.

PROMOTING SAFETY AND COMFORT

Safety

You raise the bed to give care. Follow these safety measures to prevent falling.

- *For a person who uses bed rails:* Always raise the far bed rail(s) if you are working alone. Raise bed rails on both sides and lower the bed if you need to leave the bedside.
- *For a person who does not use bed rails:* Ask a co-worker to help you. The co-worker stands on the far side of the bed to protect the person from falling.
- Never leave the person alone when the bed is raised.
- Lower the bed to a comfortable and safe level for the person after giving care. Follow the care plan.

Comfort

The person has to reach over raised bed rails for items on the bedside stand and over-bed table (Chapter 19). That is unsafe. Adjust the over-bed table so needed items (water mug, tissues, phone, TV and light controls) are within reach. Ask what other items to place nearby. Always make sure needed items, including the call light, are within reach.



FOCUS ON MATH

Aneroid manometers have long and short lines (Fig. 31-22).

- Long lines mark 10 mm Hg values.
 - Short lines mark 2 mm Hg values (2, 4, 6, and 8).
- Read the manometer as the cuff deflates. The needle is dropping.
- If the needle is at a long line, note this value. Long line values end in 0. For example: 70, 80, 90, 100, 110, 120, and so on.
 - If the needle is between 2 long lines:
 - Note the value of the long line below the needle.
 - Note the short line. Count up from the long line below by even numbers. Short line values end with 2, 4, 6, or 8. See Figure 31-22.

For example: *The needle is at the 3rd short line between 90 and 100. Count up by even numbers from 90. Line 1 is 92. Line 2 is 94. Line 3 is 96. The value is 96.*

If needed, round up to the nearest 2 mm Hg. When you round up, you choose the higher value. For example: *The needle is between 82 and 80. Report and record the value as 82 mm Hg.*

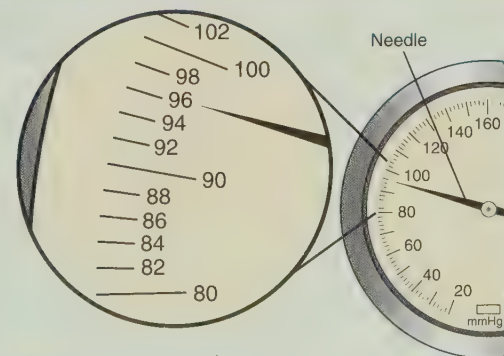


FIGURE 31-22 Reading the aneroid manometer. Long lines mark 10 mm Hg values. Short lines mark 2 mm Hg values.

Boxes, Tables, and Figures

- *Boxes and tables* list rules, principles, guidelines, signs and symptoms, nursing measures, and other information useful for study.
- *Figures* include color illustrations (drawings) and photographs. They visually present key ideas, concepts, and procedure steps.
- Callouts for boxes, tables, and figures are in **blue font**.

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Invasion of Privacy. Patients and residents have the right to personal privacy (Chapter 2). This involves privacy of the person's body, private affairs, and information about care, treatment, and condition. *Invasion of privacy is violating a person's right not to have his or her name, photo, or private affairs exposed or made public without giving consent.*

You must treat the person with respect and ensure privacy. → **Box 4-3** for measures to protect privacy. See *Focus on Communication: Invasion of Privacy*.

BOX 4-3 Protecting the Right to Privacy

- Keep all information about the person confidential.
- Cover the person when in hallways and elevators.
- Ask visitors to leave the room when care is given.
- Screen the person. Close the privacy curtain as in **Figure 4-2**. Close the room door and window coverings to give care.
- Close the bathroom door for elimination or hygiene.
- Expose only the body part involved in a task.
- Do not discuss the person or the person's treatment with anyone except the nurse supervising your work.
- Do not open the person's mail.
- Allow the person to visit with others in private.
- Allow the person to use the phone in private.
- Follow agency policies and procedures to protect privacy.

FIGURE 4-2 Pulling the privacy curtain around the bed helps protect the person's privacy.

Wrongful Use of Electronic Communications

Electronic communications include e-mail, text messages, faxes, websites, video sites, and social media sites. Video and social media sites include Facebook, Twitter, LinkedIn, YouTube, Instagram, and so on. Other forms of electronic communications are expected in the future.

Correct use of electronic communications is essential in your personal life and as a nursing assistant. Remember the rules: **Do** so whether using a

Callouts in blue font

Box

Figure

Table

CHAPTER 19 The Person's Unit 237

Position	Description	Example
Semi-Fowler's position	The head of the bed is raised 30 degrees. In some agencies, the knee (foot) portion is also raised 15 degrees.	 30°
Fowler's position	The head of the bed is raised 45 to 60 degrees.	 45°
High-Fowler's position	The head of the bed is raised 60 to 90 degrees.	 90°
Trendelenburg's position	The head of the bed is lowered. The foot of the bed is raised. The bed frame is tilted. A doctor orders this position.	
Reverse Trendelenburg's position	The head of the bed is raised. The foot of the bed is lowered. The bed frame is tilted. A doctor orders this position.	

Procedures

Procedures are skills to perform. Heading icons and procedure callouts alert that a procedure will follow. Procedure callouts are in *blue font and italics*. Procedures include the following features.

- Title bar icons:
 - *NATCEP icon*—the skill may be part of a state’s competency evaluation.
 - *Video Clip icon*—the skill has a video clip available on-line on *Evolve Student Learning Resources*.
 - *Video icon*—the skill has a procedure included in *Mosby’s® Nursing Assistant Video Skills 4.0*.
- Procedures are divided into *Quality of Life*, *Pre-Procedure*, *Procedure*, and *Post-Procedure* sections. The *Quality of Life* section lists 6 simple courtesies that show respect for the person.

CHAPTER 12 Preventing Falls 139

TRANSFER/GAIT BELTS

A transfer belt (gait belt) is a device applied around the waist and used to support a person who is unsteady or disabled (Fig. 12-8). It helps prevent falls and injuries.

- When used to transfer a person (Chapter 18), it is called a *transfer belt*.
- When used to help a person walk, it is called a *gait belt*. The belt goes around the waist. Grasp the belt from underneath for support. Use an *upward grasp* (see Fig. 12-8). A downward grasp at the top of the belt is not secure. If the belt has handles, grasp the belt by the handles (Fig. 12-9).

See *Promoting Safety and Comfort: Transfer/Gait Belts*.
See procedure: *Using a Transfer/Gait Belt*, p. 140.




FIGURE 12-8 Transfer/gait belt. The buckle is off-center. Excess strap is tucked into the belt. The nursing assistant grasps the belt from underneath with an upward grasp

Heading icon →

Procedure callout in blue font and italics →

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Using a Transfer/Gait Belt

Quality of Life

- Knock before entering the person's room.
- Address the person by name.
- Introduce yourself by name and title.
- Explain the procedure before starting and during the procedure.
- Protect the person's rights during the procedure.
- Handle the person gently during the procedure.

Pre-Procedure

- 1 See *Promoting Safety and Comfort: Transfer/Gait Belts*, p. 139.
- 2 Practice hand hygiene.
- 3 Obtain a transfer/gait belt of the correct type and size.
- 4 Identify the person. Check the identification (ID) bracelet against the assignment sheet. Use 2 identifiers (Chapter 11). Also call the person by name.
- 5 Provide for privacy.

Procedure

- 6 Assist the person to a sitting position. Apply slip-resistant footwear if not already on.
- 7 Apply the belt. Hold the belt by the buckle. Wrap the belt around the person's waist over clothing. Do not apply it over bare skin.
 - a For a belt with a *metal buckle*:
 - 1) Insert the belt's metal tip into the buckle. Pass the belt through the side with the teeth first (Fig. 12-11, A).
 - 2) Bring the belt tip across the front of the buckle. Insert the tip through the buckle's smooth side (Fig. 12-11, B).
 - b For a belt with a *quick release buckle*, push the belt ends together to secure the buckle.
- 8 Tighten the belt so it is snug. It should not cause discomfort or impair breathing. You should be able to slide your open, flat hand under the belt. Ask about the person's comfort. If the belt is too loose or too tight, adjust the belt as needed.
- 9 Make sure that the person's breasts are not caught under the belt.
- 10 Place the buckle off-center in the front (Fig. 12-11, C) or off-center in the back (see Fig. 12-10) for the person's comfort. A quick release buckle is in the back, out of the person's reach. The buckle is not over the spine.
- 11 Tuck any excess strap into the belt (see Fig. 12-11, C).
- 12 Complete the transfer (Chapter 18) or ambulation procedure (Chapter 32). Grasp the belt from underneath with 2 hands (see Fig. 12-8). Use an upward grasp. Or grasp the belt by the handles.

Post-Procedure

- 13 Remove the belt after the procedure in step 12. The person is not left alone wearing the belt.
 - a For a belt with a *metal buckle*:
 - 1) Bring the belt strap back through the buckle's smooth side.
 - 2) Pull the belt through the side with the teeth.
 - b For a belt with a *quick release buckle*, push inward on the quick release buttons (see Fig. 12-10).
 - c Remove the belt from the person's waist. Do not drag the belt across the back or waist.
- 14 Provide for comfort. (See the inside of the back cover.)
- 15 Place the call light and other needed items within reach.
- 16 Follow the care plan and the person's preferences for privacy measures to maintain. Leaving the privacy curtain, window coverings, and door open or closed are examples.
- 17 Complete a safety check of the room. (See the inside of the back cover.)
- 18 Return the transfer/gait belt to its proper place.
- 19 Practice hand hygiene.
- 20 Report and record your care and observations.

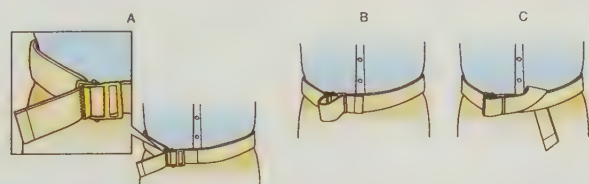


FIGURE 12-11 Applying a transfer/gait belt at the waist. A, The belt is inserted into the buckle. The belt goes through the side with the teeth first. B, The belt is inserted into the buckle's smooth side. C, The buckle is off-center in the front. Excess strap is tucked into the belt

Title bar icons:
• *NATCEP*
• *Video Clip*
• *Video*

Procedure sections:
• *Quality of Life*
• *Pre-Procedure*
• *Procedure*
• *Post-Procedure*

Focus on PRIDE: The Person, Family, and Yourself

This feature builds on chapter content to promote *pride* in the person, family, and yourself. The first letter of each section spells *PRIDE*.

- *Personal and Professional Responsibility*—how to have pride in yourself through personal and professional behaviors and development.
- *Rights and Respect*—how to promote the rights of others and respect them as persons with dignity and value.
- *Independence and Social Interaction*—ways to help the person remain or attain independence and interact socially with others.
- *Delegation and Teamwork*—how to work efficiently with and help nursing team members.
- *Ethics and Laws*—laws affecting nursing care and doing the right thing when dealing with patients, residents, and co-workers.

Each box ends with a *Focus on PRIDE: Application* section. Questions are intended for personal thought or classroom discussion. They relate to how you will apply the information in Focus on PRIDE.

Focus on PRIDE

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FOCUS ON PRIDE

<p>Personal and Professional Responsibility</p> <p>Person-centered care is a goal in nursing centers. This means the person maintains control. Staff support the person in making his or her own choices. A care plan (Chapter 7) that is specific to the person is developed. Staff try to understand the resident and what routines and activities matter to the person. Knowing about the person's usual daily life can promote person-centered care.</p>	<p>Delegation and Teamwork</p> <p>Schedules, care assignments, and room arrangements may need to change to meet the person's needs and preferences. Flexibility, good teamwork, and communication are required to provide quality care.</p>
<p>Rights and Respect</p> <p>The person has the right to refuse treatment. This does not mean that all treatment stops. The health team offers other treatment options. For example, the doctor suggests short-term placement in a nursing center. The person refuses. The family agrees to help the person at home. A social worker helps the person and family arrange for home care and respite care. Respite care relieves caregivers of daily care for a short time.</p>	<p>Ethics and Laws</p> <p>Every person has the right to keep personal information private. This includes information about health care. The <i>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</i> protects the privacy and security of a person's health information. HIPAA is discussed further in Chapter 4.</p>
<p>Independence and Social Interaction</p> <p>Encourage social interaction. Talk with the person. Tell about activities and offer help to and from activities. Also respect the person's right to privacy during visits with others and phone calls. These actions promote self-worth and quality of life.</p>	<p>FOCUS ON PRIDE: Application</p> <p>You have an important role in protecting the person's rights. Identify 3 ways you can promote the person's right to:</p> <ul style="list-style-type: none"> • Personal choice • Privacy and confidentiality • A safe, clean, and comfortable setting

Focus on PRIDE: Application

Review Questions

Review Questions are multiple-choice questions at the end of every chapter. They are useful as study guides to review what you have learned. Use them to study for a test or for the competency evaluation. Answers are at the back of the book. See p. 587.

Each chapter ends with a *Focus on Practice: Problem Solving* scenario. A situation is presented that you may encounter as a student or in the work setting. For classroom discussion or self-study, questions relate to what you should do, how you should act, or how you can improve the situation.

Review Questions

REVIEW QUESTIONS

Circle the **BEST** answer.

- A pressure injury is
 - An open wound
 - A localized injury to the skin and underlying tissue
 - A bony prominence
 - Dead tissue
- Unrelieved pressure is a problem because it
 - Dilates (widens) blood vessels
 - Prevents pain sensation
 - Causes edema (swelling)
 - Prevents blood flow
- A person is in Fowler's position. This places pressure on
 - The knees and ankles
 - The ribs and breasts
 - The cheek and ear
 - The sacrum and heels
- Which contributes to the development of pressure injuries?
 - Shear
 - Slough
 - Eschar
 - Skin blanching
- A person is bedfast (confined to bed). This person has
 - No risk of pressure injury
 - A low risk of pressure injury
 - An average risk of pressure injury
 - A high risk of pressure injury
- Which is a risk factor for pressure injuries?
 - Balanced diet
 - Intact skin
 - Incontinence
 - Increased circulation
- In a light-skinned person, a Stage 1 Pressure Injury has
 - A blister
 - A reddened area
 - Drainage
 - A bruise
- You are giving a bed bath. Why do you inspect the sacrum and heels?
 - The person cannot see these areas.
 - You are responsible for assessing the skin.
 - These are common sites for pressure injuries.
 - The skin is most fragile in these areas
- A person requires oxygen therapy. The person says the tubing rubs the ears. You should
 - Ask the nurse how to protect the skin under the tubing
 - Tape the tubing in place to prevent movement
 - Tell the person that pressure injuries cannot occur on the ears
 - Have the person remove the tubing if it feels uncomfortable
- Which pressure injury prevention measure should you question?
 - Re-position the person every 2 hours.
 - Scrub the skin during bathing.
 - Apply lotion to dry areas.
 - Keep linens clean, dry, and wrinkle-free.
- You should position the person
 - On an existing pressure injury
 - On a reddened area
 - On tubes or other medical devices
 - Using assist devices
- What is the preferred position for preventing pressure injuries?
 - 30-degree lateral position
 - Fowler's position
 - Prone position
 - Supine position
- Which keeps the heels and ankles off of the bed?
 - A bed cradle
 - Pillows
 - An alternating pressure mattress
 - Trochanter rolls
- A person in a chair should shift position at least every
 - 15 minutes
 - 30 minutes
 - Hour
 - 2 hours
- You show you understand pressure injury prevention measures when you
 - Keep the head of the bed raised higher than 45 degrees
 - Inspect the person's skin every time you give care
 - Give a bath every day with soap and hot water
 - Rub bony areas firmly during a back massage
- To prevent skin damage from moisture
 - Avoid using lotion on dry areas
 - Check incontinent persons every 4 hours
 - Dry under the breasts and in the groin area well
 - Change linens once daily for persons who perspire heavily
- You see a reddened area on the person's skin. What should you do?
 - Rub the area.
 - Apply a moisturizer.
 - Apply a moisture barrier.
 - Tell the nurse.
- You assist the nurse with pressure injuries by
 - Assessing pressure injury risk factors
 - Diagnosing pressure injury stages
 - Performing pressure injury prevention measures
 - Deciding how to treat pressure injuries

Answers to Chapter 36 questions are on p. 588

FOCUS ON PRACTICE

Problem Solving

A resident at risk for pressure injuries complains when awakened for care. You and a co-worker enter the room for re-positioning. The person is asleep. What will you do? What is the risk of waiting to re-position? How can you provide safe, quality care that avoids causing frustration?

Focus on Practice: Problem Solving

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CHAPTER 1

Introduction to Health Care

OBJECTIVES

- Define the key terms and key abbreviations in this chapter.
- Describe the purposes and types of health care agencies.
- Describe the persons cared for in nursing centers.
- Describe the health team and nursing team members.
- Describe 5 nursing care patterns.
- Describe the programs that pay for health care.
- Explain how government agencies and health care agencies ensure safe, quality care.
- Explain your role in meeting standards.
- Explain how to promote PRIDE in the person, the family, and yourself.

KEY TERMS

acute illness An illness of rapid onset and short duration; the person is expected to recover

admission The official entry of a person into a health care setting

assisted living residence (ALR) Provides housing, personal care, support services, health care, and social activities in a home-like setting to persons needing some help with daily activities

chronic illness A long-term health condition that may not have a cure; it can be controlled and complications prevented with proper treatment

discharge The official departure of a person from a health care setting

health team The many health care workers whose skills and knowledge focus on the person's total care; interdisciplinary health care team

hospice A health care agency or program that promotes comfort and quality of life for the dying person and the person's family

licensed practical nurse (LPN) A nurse who has completed a practical nursing program and has passed a licensing test; called *licensed vocational nurse (LVN)* in California and Texas

licensed vocational nurse (LVN) See "licensed practical nurse (LPN)"

nursing assistant A person who has passed a nursing assistant training and competency evaluation program (NATCEP); performs delegated nursing tasks under the supervision of a licensed nurse

nursing team Those who provide nursing care—RNs, LPNs/LVNs, and nursing assistants

registered nurse (RN) A nurse who has completed a 2-, 3-, or 4-year nursing program and has passed a licensing test

regulations Rules made by government agencies

survey The formal review of an agency through the collection of facts and observations

surveyor A person who collects information by observing and asking questions

terminal illness An illness or injury from which the person will not likely recover

KEY ABBREVIATIONS

ALR Assisted living residence
APRN Advanced practice registered nurse
DON Director of nursing
HHS U.S. Department of Health & Human Services

LPN Licensed practical nurse
LVN Licensed vocational nurse
RN Registered nurse
SNF Skilled nursing facility

The health care industry is one of the largest providers of jobs in the United States. Working in health care offers many opportunities. Nursing assistants are a valuable part of the health care team.

Persons of all ages need health care. The setting and reason for care vary. The *person* is always the focus of care.

PURPOSES

The purposes of health care are:

- *Health promotion and disease prevention.* The goal is to reduce the risk of illness. People learn about healthy living.
- *Detection and treatment of disease.* Physical exams and diagnostic tests are done. Treatment may involve life-style changes, drugs, surgeries, or other therapies.
- *Rehabilitation and restorative care.* This involves returning persons to their highest possible level of physical and mental function and to independence. *Independence* means *not relying on or needing care from others.*

Some health care agencies have a narrow focus. A certain health problem or age-group is the focus of care. Or a certain service is provided. Other agencies have many purposes and services.

TYPES OF AGENCIES

Health care agencies vary in size, services, and staff. Nursing assistants work in many settings.

Acute care agencies treat serious and urgent injuries and illnesses. A high level of medical and nursing care and close observation are needed. Care is costly. The length of stay is usually short. Acute care is needed until the person can be safely treated in another setting. A hospital is an example of an acute care setting. See “Hospitals.”

Rehabilitation and sub-acute care agencies offer complex medical care or rehabilitation when hospital care is no longer needed. Care needs fall between acute care and long-term care. Some hospitals and long-term care centers have rehabilitation and sub-acute care units. Others are separate agencies. Some persons return home. Others need long-term care.

Long-term care settings are for persons who cannot care for themselves at home but do not need hospital care. See “Long-Term Care Centers.”

Doctors’ offices and clinics are used for routine appointments, preventive care, treatment of minor injuries and illnesses, and management of chronic illnesses.

Home care agencies provide services to persons living at home. Health teaching, nursing care, physical therapy, and rehabilitation services are examples of care provided.

Hospitals

Hospitals provide emergency care, surgery, nursing care, x-ray procedures and treatments, and laboratory testing. Respiratory, physical, occupational, speech, and other therapies are provided.



FIGURE 1-1 A hospital room.

Persons cared for in hospitals are called *patients*. Hospital care is either in-patient or out-patient.

- *In-patient care* is health care a person receives when admitted to an agency. *Admission* is the official entry of a person into a health care setting. At least 1 over-night stay is involved. See Figure 1-1.
- *Out-patient (ambulatory) care* includes medical or surgical care received when a person is not admitted to an agency. The person does not stay over-night.

People of all ages need hospital care. They have babies, surgery, physical and mental health disorders, and broken bones. Some are dying.

Hospitals are commonly divided into *units*. Each unit has a different focus. Surgical, medical, intensive (critical) care, pediatric, and mental health units are examples. Operating and recovery areas, emergency room, and maternity department are others. Some hospitals only treat certain illnesses, injuries, or age-groups.

Hospital patients have acute, chronic, or terminal illnesses.

- *Acute illness* is an illness of rapid onset and short duration. The person is expected to recover. A heart attack is an example.
- *Chronic illness* is a long-term health condition that may not have a cure. The illness can be controlled and complications prevented with proper treatment. Arthritis is an example.
- *Terminal illness* is an illness or injury from which the person will not likely recover. The person will die (Chapter 44). Cancers not responding to treatment are examples.

Discharge is the official departure of a person from a health care setting. The person returns home or goes to another agency after hospital care.

Long-Term Care Centers

Hospital patients are often discharged while still recovering from illness or surgery. Some need home care. Others need care until able to go home. Long-term care centers offer options for such persons. Some need care until death.

Persons in long-term care centers are called *residents*. They are not *patients*. The center is their short- or long-term home.

Nursing Centers. A *nursing center (nursing facility, nursing home)* provides medical, nursing, dietary, recreation, and social services. Rehabilitation services (physical, occupational, speech-language) are also available. Care needs range from simple to complex.

Skilled care refers to nursing or rehabilitation services that must be provided by licensed nurses and therapists. Wound care, intravenous (IV) therapy, urinary catheter care, and physical therapy are examples. A *skilled nursing facility (SNF)* provides skilled care.

See *Focus on Older Persons: Nursing Centers*.

Memory Care Units. A memory care unit is designed for persons with Alzheimer's disease and other dementias (Chapter 42). Such persons suffer increasing memory loss and confusion. Over time, they cannot tend to simple personal needs. Wandering is common. The unit is usually closed off from other parts of the center. The closed unit provides a safe setting where residents can wander freely.

Assisted Living Residences. An *assisted living residence (ALR)* provides housing, personal care, support services, health care, and social activities in a home-like setting to persons needing some help with daily activities. Some ALRs are part of nursing centers or retirement communities.

ALR residents may need help with 1 or more of the following.

- Personal care—bathing, dressing, grooming, elimination
- Meals—cooking, eating
- Taking drugs
- Housekeeping
- Personal safety
- Transportation

Mobility is often a requirement. The person walks or uses a wheelchair or motor scooter. The person can leave the building in an emergency. The person has stable health or needs limited health care or treatment.

The person has a room, an apartment, or a cottage. Three meals a day and 24-hour supervision are provided. So are housekeeping, laundry, social, recreational, transportation, and some health care services.

Home Care Agencies

Health care services are provided to people where they live. Nursing care, rehabilitation, and food services are common. People of all ages need home health care. Some persons need end-of-life care at home.

Hospices

A *hospice* is a health care agency or program that promotes comfort and quality of life for the dying person and the person's family. Hospice patients no longer respond to treatments aimed at cures. Usually they have less than 6 months to live.

The physical, emotional, social, and spiritual needs of the person and family are met. The focus is on comfort, not cure.

Hospice care is provided by hospitals, nursing centers, and home care and hospice agencies.

FOCUS ON OLDER PERSONS

Nursing Centers

Most nursing center residents are older. Many have chronic diseases, poor nutrition, memory problems, or poor health. Not all residents are old. Some are disabled from birth defects, accidents, or disease.

Health problems and care needs vary. Nursing center staff often care for:

- *Alert and oriented persons.* *Alert* describes a person's normal level of consciousness. *Oriented* relates to a person's awareness of his or her name, the time, and the location. Such persons know who they are and where they are. Care needs depend on their physical problems.
- *Confused and disoriented persons.* These persons are mildly to severely confused and disoriented. This may be a short-term or long-term problem. See Chapter 42.
- *Persons needing complete (total) care.* These persons cannot meet their own needs. Daily care needs must be met by staff. Some cannot understand or say what they need or want.
- *Short-term residents.* These people are recovering from fractures or other injuries, acute illness, or surgery. Some may need tube feedings, wound care, or other treatments. The goal is optimal level of function and to return home.
- *Persons needing respite care.* *Respite* means *rest* or *relief*. The person living at home goes to a nursing center for a short stay. The person's caregiver gets relief for a trip, business, or rest.
- *Life-long residents.* Such persons may have disabilities from birth defects or childhood or adult diseases or injuries. There may be physical impairments, intellectual impairments, or both. Life-long assistance, support, and special devices are needed.
- *Persons with mental health disorders.* Behavior and function are affected. Self-care and independent living may be impaired. Some persons have both physical and mental health disorders.
- *Persons who are terminally ill.* Terminally ill persons are dying. The goal is quality end-of-life care (Chapter 44).

ORGANIZATION

An agency has a governing body called the *board of trustees* or *board of directors*. The board makes policies. The focus is safe care at the lowest possible cost. Local, state, and federal laws are followed.

An administrator or chief executive officer (CEO) manages the agency. This person reports directly to the board. Directors or department heads manage certain areas (departments). For example, a director of nursing (DON) manages the nursing department (p. 5). Department directors report to the administrator or CEO.

Departments in a hospital setting often include:

- *Business*—human resources and payroll, admitting, billing, public relations and marketing, medical records
- *Facility services*—housekeeping, maintenance, food service, laundry, security, information technology (IT)
- *Ancillary services*—x-ray, laboratory, respiratory therapy, physical and occupational therapy, social services, speech therapy, pharmacy, dietary, spiritual care
- *Nursing*—see “Nursing Service” on p. 5
- *Medical staff*—doctors

Nursing centers have nursing, therapy, and food service departments. They also have housekeeping, maintenance, laundry, social service, activity, and other departments.

The Health Team

The **health team** (*interdisciplinary health care team*) involves the many health care workers whose skills and knowledge focus on the person's total care. Many team members may be involved in the care of each person. See [Table 1-1](#).

Coordinated care is needed. This means the team communicates and works together well. There is a common focus and goal. The person is the focus of care. The goal is to provide quality care.

See *Focus on Communication: The Health Team*.

FOCUS ON COMMUNICATION

Team members have different roles. They communicate often. You may have questions or concerns about a person's care. A registered nurse (RN) usually coordinates care among team members. Tell the nurse. The nurse will communicate with other health team members.

TABLE 1-1 Health Team Members

Title	Description
Activities director/recreational therapist	Plans and directs recreation treatment programs to help maintain or improve a person's physical, social, and emotional well-being.
Audiologist	Treats hearing, balance, and ear problems.
Cleric (clergyman; clergywoman)	Assists with spiritual needs.
Clinical nurse specialist (CNS)	Advanced practice registered nurse (APRN) who consults in a specialty. Geriatrics, critical care, diabetes, rehabilitation, and wound care are examples. Can prescribe drugs in some states.
Dietitian and nutritionist	Assesses and plans for nutritional needs to promote health and manage disease. Teaches about diet and healthy eating.
Licensed practical/vocational nurse (LPN/LVN)	Provides nursing care and gives drugs under the direction of RNs and doctors.
Medical or clinical laboratory technician	Collects specimens. Performs tests on blood, urine, and other body fluids.
Medication assistant-certified (MA-C)	Gives drugs as allowed by state law under the supervision of a licensed nurse.
Nurse practitioner (NP)	An APRN with specialized graduate education who diagnoses and treats common health problems. May prescribe some drugs and treatments.
Nursing assistant	Assists nurses and gives care. Supervised by a licensed nurse.
Occupational therapist (OT)	Assists persons to learn or retain skills needed for daily living and working.
Pharmacist	Fills drug orders and advises about safe prescription use. Consults with doctors and nurses about drug actions and interactions.
Physical therapist (PT)	Assists ill and injured persons with movement, pain management, and rehabilitation.
Physician (doctor)	Diagnoses and treats diseases and injuries.
Podiatrist	Prevents, diagnoses, and treats foot, ankle, and lower leg problems.
Radiographer/radiologic technologist	Takes images using x-rays and other equipment.
Registered nurse (RN)	Assesses, makes nursing diagnoses, plans, implements, and evaluates nursing care. Supervises LPNs/LVNs and nursing assistants.
Respiratory therapist (RT)	Assists in treating lung and heart disorders. Gives respiratory treatments and therapies.
Social worker	Deals with social, emotional, and environmental issues affecting illness and recovery. Coordinates community agencies to assist the person and family.
Speech-language pathologist/speech therapist	Diagnoses and treats communication and swallowing disorders.

Modified from Bureau of Labor Statistics, U.S. Department of Labor: *Occupational outlook handbook*, September 8, 2021.

Nursing Service

Nursing service is a large department (Fig. 1-2). The director of nursing (DON) is a registered nurse (RN). (*Director of nursing services, chief nurse executive, and vice president of nursing* are other titles.) Usually a bachelor's or higher degree is required. The DON is responsible for the entire nursing staff and the nursing care given.

Nursing supervisors and nurse managers (usually RNs) over-see a work shift, nursing unit, or certain nursing function. They are responsible for all nursing care and the actions of nursing staff in their areas.

Nursing units usually have RN *charge nurses* for each shift. LPNs/LVNs can be charge nurses in some states. The charge nurse is responsible for all nursing care and nursing staff actions during that shift. Staff RNs report to the charge nurse. LPNs/LVNs report to staff RNs or to the charge nurse. You report to the nurse supervising your work.

Nursing education (staff development) is part of nursing service. Nursing education staff:

- Plan and present educational programs (in-service programs). This includes programs that meet federal and state educational requirements.
- Provide new and changing information.
- Show how to use new equipment and supplies.
- Review policies and procedures on a regular basis.
- Educate and train nursing assistants.
- Conduct new employee orientation programs.

THE NURSING TEAM

The *nursing team* involves those who provide nursing care—RNs, LPNs/LVNs, and nursing assistants. All focus on the physical, social, emotional, and spiritual needs of the person and family.

Registered Nurses

A *registered nurse (RN)* has completed a 2-, 3-, or 4-year nursing program and has passed a licensing test.

- Community college programs—2 years
- Hospital-based diploma programs—2 or 3 years
- College or university programs—4 years

Graduates take a licensing test offered by their state board of nursing. They receive a license and become *registered* after passing the test. RNs must have a license recognized by the state in which they work.

RNs assess, make nursing diagnoses, plan, implement, and evaluate nursing care (Chapter 7). They provide care and delegate (Chapter 3) nursing care and tasks to the nursing team. They evaluate how nursing care affects each person. RNs teach the person and family how to improve health and independence.

RNs receive and carry out (implement) the doctor's orders. They may delegate care to other nursing team members. RNs do not prescribe treatments or drugs. However, RNs can become *clinical nurse specialists* or *nurse practitioners*. Depending on state law, these RNs have limited diagnosing and prescribing functions.

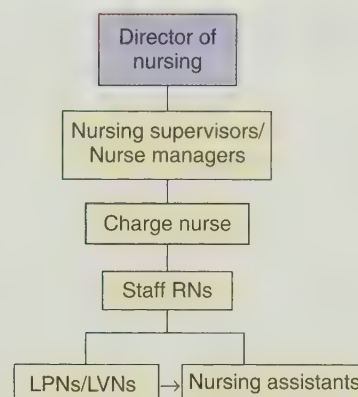


FIGURE 1-2 Sample organizational chart of the nursing department. (LPN—licensed practical nurse; LVN—licensed vocational nurse; RN—registered nurse.)

Licensed Practical Nurses and Licensed Vocational Nurses

A *licensed practical nurse (LPN)* has completed a practical nursing program and has passed a licensing test. Hospitals, community colleges, vocational schools, and technical schools offer programs. Programs are 10, 12, or 18 months long. Some high schools offer 2-year programs.

Graduates take a licensing test for practical nursing. After passing the test, they have a license to practice and the title of *licensed practical nurse*. *Licensed vocational nurse (LVN)* is used in California and Texas. LPNs/LVNs must have a license recognized by the state where they work.

LPNs/LVNs are supervised by RNs and doctors. They have fewer responsibilities and functions than RNs do. They need less supervision when the person's condition is stable and care is simple. They assist RNs with acutely ill persons and complex procedures.

Nursing Assistants

A *nursing assistant* has passed a nursing assistant training and competency evaluation program (NATCEP). Nursing assistants perform delegated nursing tasks under the supervision of a licensed nurse. Nursing assistants are discussed in Chapter 3.

STAFFING

Agencies must provide enough nursing staff to safely provide care. *Nurse staffing* describes the number and type of nursing team members assigned to care for a group of patients or residents for a certain amount of time (work shift). Work shifts vary—8-, 10-, and 12-hour shifts are common. The DON and nursing supervisors (nurse managers) are responsible for ensuring safe staffing.

Agencies use different methods to plan nurse staffing. Decisions are usually based on the number of patients or residents needing care and the care needs or *acuity levels* of the persons needing care. *Acuity* relates to the severity of illness and the level of care required. Education and experience of staff, safety and quality goals, and cost are other factors.

NURSING CARE PATTERNS

The *nursing care pattern* used depends on how many persons need care, the staff, and the cost. See Figure 1-3.

- *Functional nursing* focuses on tasks and jobs. Each nursing team member has certain tasks and jobs to do. For example, 1 nurse gives all drugs. Another gives all treatments. Nursing assistants give baths, make beds, and serve meals.
- *Team nursing* involves a team of nursing staff led by an RN “team leader.” The team leader delegates care to other nurses and nursing assistants. (See “Delegation” in Chapter 3.) Decisions about care depend on the person’s needs and team member abilities. Team members report observations and the care given to the team leader.
- *Primary nursing* involves total care. The primary nurse (an RN) is responsible for the person’s total care. The nursing team assists as needed. The RN gives nursing care and makes discharge plans. The RN teaches and counsels the person and family.
- *Case management.* A nursing case manager coordinates the care of specific groups of patients from admission through discharge and into the home or long-term care setting. Case managers communicate with the health team, insurance companies, and community agencies. They work with certain doctors, certain age-groups, or persons with certain health problems. Heart disease, diabetes, and cancer are examples.
- *Patient-focused care* is when services are moved from departments to the bedside. Besides nursing care, the nursing team performs basic skills usually done by other health team members. For example, an RN draws a blood sample. This reduces the number of staff involved and the care costs.

PAYING FOR HEALTH CARE

Health care is costly. Some people avoid health care because they cannot pay. Others pay doctor bills but go without food or drugs. Health insurance covers some costs. Rarely are all costs covered.

These programs help pay for health care.

- *Private insurance* is bought by individuals and families.
- *Group insurance* is bought by groups or organizations for individuals. This is often an employee benefit.
- *Medicare* is a federal program for persons 65 years of age or older. Some younger people with certain disabilities qualify. Persons of any age with end-stage renal disease (kidney failure) also qualify (Chapter 40). Part A is for hospital, SNF, hospice, and home care costs. Part B is for doctors’ services, preventive care, ambulance services, medical supplies, mental health care, and some drugs. Part B is voluntary. The person pays a monthly premium.

Nursing Care Patterns

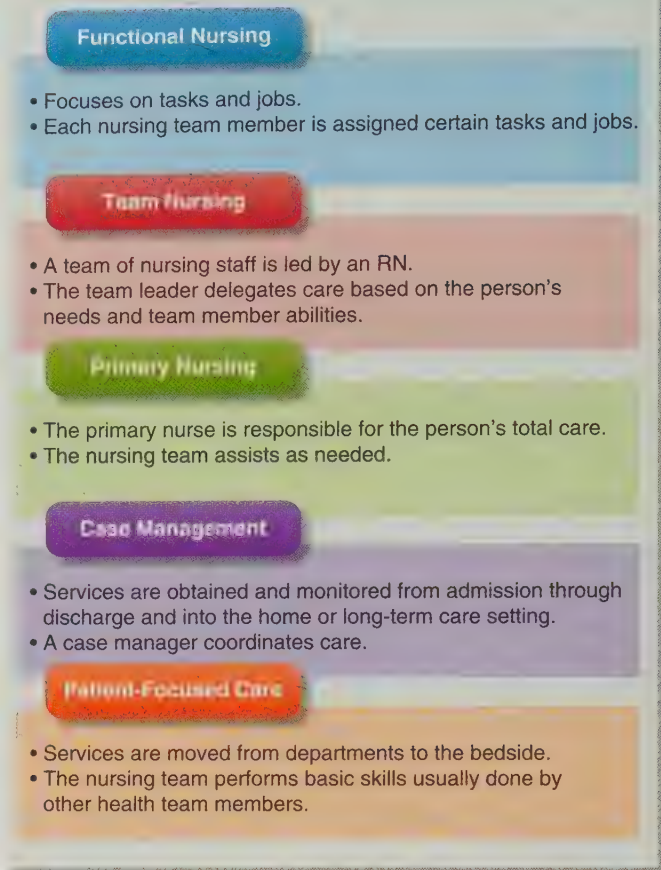


FIGURE 1-3 Nursing care patterns.

- *Medicaid* is jointly funded by the federal government and the states. People and families with low incomes usually qualify. It covers children and older, blind, and disabled persons.
- *Health Insurance Marketplace®* is a service that helps people shop for and enroll in affordable health insurance. The “Marketplace” or “exchange” began as part of the *Patient Protection and Affordable Care Act of 2010*. This act is commonly called the *Affordable Care Act (ACA)* or “Obamacare,” after President Barack Obama. The federal government operates the Marketplace for most states. Some states run their own Marketplaces.

See *Promoting Safety and Comfort: Paying for Health Care*.

PROMOTING SAFETY AND COMFORT

Payments of Health Care

Safety

Some conditions can be prevented with proper care. Medicare pays a lower rate for such conditions if they are acquired during a hospital stay. Pressure injuries (Chapter 36) and certain types of falls, trauma, and infections are examples. You must help prevent such conditions.

Prospective Payment Systems

Prospective payment systems limit the amount paid by insurers, Medicare, and Medicaid. *Prospective* means *before*. The amount paid for services is determined before giving care. If costs are less than the amount paid, the agency keeps the extra money. If costs are greater, the agency takes the loss.

SAFETY AND QUALITY

The U.S. Department of Health & Human Services (HHS) is the government agency responsible for protecting the health and well-being of Americans. HHS has different divisions (agencies) that focus on certain areas of health care safety and quality. Box 1-1 lists some of the HHS agencies that over-see health care in the United States.

Regulations are rules made by government agencies. Regulations are based on standards that must be met. Health care agencies must meet the standards set by federal and state governments for:

- *Licensure.* A state license is required to operate and provide care.
- *Certification.* This is required to receive Medicare and Medicaid funds.

Accrediting agencies also have standards. *Accreditation* is voluntary. It signals quality and excellence. *The Joint Commission* is an example of an accrediting agency. The agency helps improve performance.

Policies and Procedures

Policies are guides for staff conduct and daily operation. *Procedures* explain how to perform certain tasks or skills. Policies and procedures communicate what the health care agency expects. They promote compliance with regulations and accreditation requirements. *Compliance* means the agency is meeting the standards.

BOX 1-1 HHS Agencies

- *Agency for Healthcare Research and Quality (AHRQ)*—focuses on information (evidence) that promotes safety, quality, and reduced health care costs. The AHRQ gathers information, monitors outcomes, and provides resources to improve practice. This agency works with other HHS agencies to make sure information is understood and used.
- *Centers for Disease Control and Prevention (CDC)*—provides leadership and direction on the prevention and control of diseases. This agency responds to public health emergencies.
- *Centers for Medicare & Medicaid Services (CMS)*—over-see government-funded insurance programs such as Medicare, the federal part of the Medicaid program, and the Health Insurance Marketplace®.
- *Food and Drug Administration (FDA)*—regulates the safety of foods, drugs and vaccines (Chapter 14), medical devices, electronics that give off radiation, cosmetics, and tobacco products.
- *National Institutes of Health (NIH)*—conducts and supports medical research. The goal is to gain knowledge that helps prevent, detect, diagnose, and treat diseases and disabilities. The National Cancer Institute (NCI), National Institute on Aging (NIA), and the National Institute of Mental Health (NIMH) are examples of NIH institutes.

Modified from U.S. Department of Health & Human Services: *HHS agencies & offices*, January 5, 2022.

The Survey Process

Surveys are done to see if standards are met. A *survey* is the formal review of an agency through the collection of facts and observations. Survey teams are made up of surveyors. A *surveyor* is a person who collects information by observing and asking questions.

A survey team will:

- Review policies, procedures, and medical records.
- Interview staff, patients and residents, and families.
- Observe how care is given.
- Observe if dignity and privacy are promoted.
- Check for cleanliness and safety.
- Make sure staff meet state requirements. (Are doctors and nurses licensed? Are nursing assistants on the state registry?)

If standards are met, the agency receives a license, certification, or accreditation. Sometimes problems (*deficiencies*) are found. The agency usually has 60 days or less to correct the problem. The agency can be fined for uncorrected or serious deficiencies. Or it can lose its license, certification, or accreditation.

Your Role

You have an important role in meeting standards and in the survey process. You must:

- Provide quality care.
- Protect the person's rights.
- Provide for the person's and your own safety.

- Help keep the agency clean and safe.
 - Act in a professional manner.
 - Have good work ethics.
 - Follow agency policies and procedures.
 - Answer questions honestly and completely.
- See *Focus on Surveys: Your Role*.

FOCUS ON SURVEYS

A surveyor may ask you questions. If so, be polite. Answer questions honestly and completely. If you do not understand a question, ask that it be re-phrased. Do not guess. Tell the surveyor where you can find the answer. You can say: "I will ask the nurse."

For example, a surveyor approaches you.

Surveyor: "May I ask you some questions?"

You: "Yes. I am happy to answer your questions."

Surveyor: "Thank you. First, what do you use for hand hygiene during routine patient care?"

You: "I use the hand sanitizer in the person's room."

Surveyor: "Thank you. Next, what are 2 appropriate patient identifiers?"

You: "I don't understand. Can you re-phrase the question?"

Surveyor: "Yes. Name 2 things you can use to identify a patient."

You: "Okay. Thank you. I can use the patient's full name and date of birth. I cannot use the room number."

Surveyor: "I have 1 last question. In a disaster, where would you find the Emergency Preparedness Plan?"

You: "I'm not sure. I will ask the charge nurse where to find it."

FOCUS ON PRIDE

The Person, Family, and Yourself

Personal and Professional Responsibility

Working in health care is rewarding. You provide care for a *person*. Your work affects the person's quality of care. Value the work that you do.

Focus on PRIDE is at the end of every chapter. The feature will help you promote pride in the person, the family, and yourself. Building on chapter content, it focuses on:

- **Personal and Professional Responsibility**—how personal and professional behaviors and development affect yourself and others.
- **Rights and Respect**—how to promote the rights of others and how to respect them as persons with dignity and value.
- **Independence and Social Interaction**—how to promote independence and positive interactions.
- **Delegation and Teamwork**—how to practice safe delegation (Chapter 3) and work well with and help other team members.
- **Ethics and Laws**—how to do the right thing when dealing with patients, residents, and co-workers. Laws affecting nursing care are also presented.

For discussion purposes, each chapter ends with a *Focus on PRIDE: Application* section. The questions challenge you to think about your role and how you will value the person, family, or yourself.

Rights and Respect

Why do you want to work in health care? Maybe you want to help people. Maybe a health team member inspired you. Or you may have a job opportunity or career goal in mind. Think about your reasons.

Consider what type of agency would suit you. One person may prefer working in long-term care while another prefers a hospital setting. Careful career planning shows respect for employers, patients and residents, and yourself.

Independence and Social Interaction

You will interact with patients and residents, nursing staff, health team members, surveyors, and families. How you interact with others affects quality of care and job satisfaction.

Delegation and Teamwork

Health team members must work together to provide quality care. Offer to help others when you can. Helping others shows you value teamwork.

Ethics and Laws

Professional conduct is valued in all health care agencies. You will learn about ethical and legal aspects of care (Chapter 4) and student and work ethics (Chapter 5). As you study, consider how you will apply professional qualities as a student and in the workplace.

FOCUS ON PRIDE: Application

Why do you want to work in health care? Where do you want to work? What are your career goals?

REVIEW QUESTIONS

Circle the **BEST** answer.

- 1 The purpose of rehabilitation is to
 - a Prevent chronic illnesses
 - b Detect terminal illnesses
 - c Restore function and independence
 - d Treat urgent illnesses
- 2 A person is admitted to a hospital. Which is *true*?
 - a The person is called a resident.
 - b Chronic illnesses are not treated.
 - c The person cannot leave.
 - d The person receives in-patient care.
- 3 A patient is ready for discharge from the hospital. The person needs more care before going home. Which is *best*?
 - a Stay in the hospital for as long as possible.
 - b Do short-term rehabilitation in a nursing center before going home.
 - c Discharge from the hospital to home as soon as possible.
 - d Avoid nursing center care.
- 4 You work in an assisted living residence. You
 - a Give care in the person's home
 - b Care for patients recovering from surgery
 - c Help persons with their daily activities
 - d Care for persons with acute illnesses
- 5 A person needs end-of-life care. Which can promote comfort and quality of life?
 - a Hospice
 - b Rehabilitation
 - c Restorative care
 - d Memory care
- 6 Who controls policy in a health care agency?
 - a The survey team
 - b The board of directors
 - c The health team
 - d Medicare and Medicaid
- 7 Who is responsible for the entire nursing staff and safe nursing care?
 - a The case manager
 - b The director of nursing
 - c The charge nurse
 - d The RN
- 8 Which health team member helps the person retain skills needed for daily living and work?
 - a Occupational therapist
 - b Social worker
 - c Respiratory therapist
 - d Pharmacist
- 9 The nursing team includes
 - a Doctors
 - b Pharmacists
 - c Physical and occupational therapists
 - d RNs, LPNs/LVNs, and nursing assistants
- 10 Which member of the nursing team requires the *most* education?
 - a Licensed vocational nurse
 - b Licensed practical nurse
 - c Registered nurse
 - d Nursing assistant
- 11 Nursing assistants are supervised by
 - a Licensed nurses
 - b Other nursing assistants
 - c The health team
 - d The medical director
- 12 Your hospital unit uses a team nursing care pattern. Your role is to
 - a Ask which task you are assigned for your work shift
 - b Report observations and the care you give to the nurse
 - c Perform tasks that are usually done by other departments
 - d Coordinate care with the case manager
- 13 Medicare is for persons who
 - a Are 65 years of age or older
 - b Need nursing center care
 - c Have group insurance
 - d Have low incomes
- 14 Which government agency over-see government-funded insurance programs?
 - a Food and Drug Administration (FDA)
 - b Centers for Disease Control and Prevention (CDC)
 - c National Institutes of Health (NIH)
 - d Centers for Medicare & Medicaid Services (CMS)
- 15 Which is required for an agency to operate and provide care?
 - a Accreditation
 - b Certification
 - c A license
 - d A survey
- 16 Which is voluntary for health care agencies?
 - a Licensure
 - b Certification
 - c Accreditation
 - d Surveys
- 17 Surveys are done to
 - a Reduce health care costs
 - b See if agencies meet set standards
 - c Educate the nursing team
 - d Determine the amount paid by insurers
- 18 A surveyor asks you some questions. You should
 - a Refer all questions to the nurse
 - b Answer as the DON tells you to
 - c Give as little information as possible
 - d Give honest and complete answers

Answers to Chapter 1 questions are on p. 587.

FOCUS ON PRACTICE

Problem Solving

The nurse supervising you has not returned from a meal break. You have a question about a patient's care. Your nursing department is organized as shown in [Figure 1-2](#). What will you do?



CHAPTER

2

The Person's Rights

OBJECTIVES

- Define the key terms and key abbreviation in this chapter.
- Explain the purpose of *The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities*.
- Describe the purposes and requirements of the *Omnibus Budget Reconciliation Act of 1987 (OBRA)*.
- Identify the person's rights under OBRA.
- Explain how to protect the person's rights.
- Explain the ombudsman role.
- Explain how to promote PRIDE in the person, the family, and yourself.

KEY TERMS

advocate Someone who acts or speaks on behalf of another person

involuntary seclusion Separating a person from others against the person's will, keeping the person in a certain area, or keeping the person away from his or her room without consent

ombudsman Someone who supports or promotes the needs and interests of another person

representative Someone with the legal right to act on the patient's or resident's behalf when the person cannot do so alone

treatment The care provided to maintain or restore health, improve function, or relieve symptoms

KEY ABBREVIATION

OBRA Omnibus Budget Reconciliation Act of 1987

People want to know about their health problems and treatment. They want to understand and take part in treatment decisions. As patients and residents, they have certain rights.

PATIENT RIGHTS

The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities is from the American Hospital Association. The document explains the person's rights and expectations during hospital stays. The relationship between the doctor, health team, and patient is stressed. See Appendix A, p. 590.

RESIDENT RIGHTS

The *Omnibus Budget Reconciliation Act of 1987 (OBRA)* is a federal law. It applies to all 50 states. The law set

minimum standards for quality of care in nursing centers. The Centers for Medicare & Medicaid Services (CMS) enforces OBRA through the survey process (Chapter 1).

OBRA requires that nursing centers provide care in a manner and in a setting that maintains or improves each person's quality of life, health, and safety. Nursing assistant training and competency evaluation are part of OBRA (Chapter 3). Resident rights are a major part of OBRA.

Residents have rights as United States citizens. For example, they have the right to vote. They also have rights relating to their every-day lives and care in a nursing center. These rights are protected by federal and state laws.

Nursing centers must protect and promote the person's rights. The center cannot interfere with a resident's rights. Some residents cannot exercise their rights.

A representative (spouse, partner, adult child, court-appointed guardian) does so for them. A *representative is someone with the legal right to act on the patient's or resident's behalf when the person cannot do so alone.*

Nursing centers must inform residents of their rights— orally and in writing. Residents are also informed of the rules about their conduct and responsibilities in the center. Information is given before or during admission to the center, as needed during the person's stay, and when laws or center rules change.

Resident rights and other information are given in the language the person uses and understands. An interpreter is used if the person speaks and understands a foreign language or communicates by sign language.

Resident rights (Box 2-1) also are posted throughout the center. Those affecting your role are described in this chapter.

See *Focus on Surveys: Resident Rights*.

FOCUS ON SURVEYS

Resident Rights

Resident rights are a major focus of surveys. Surveyors observe staff behaviors and actions. They listen to staff comments and remarks. Always assume they are doing so. What you say and do must promote quality of life, health, and safety. For example, a surveyor may observe:

- How you prevent exposure of the person's body
- How you help a person dress for the season and time of day
- How you label clothing
- If you knock on a person's door before entering the room
- If you change a person's music or TV without permission
- If you move personal items without permission
- How you address and speak to a person

You will learn how to protect the person's rights as you study this and other chapters. Always act and speak in a professional manner.

BOX 2-1 Resident Rights

- To be treated with dignity and respect. And to receive quality care.
- To exercise rights as a center resident and as a United States citizen.
- To be informed orally and in writing of rights and center rules. This is done in a language the person understands.
- To access all of his or her records.
- To obtain copies of his or her records. This is at the resident's expense.
- To refuse treatment.
- To refuse to take part in experimental research. This is the development and testing of new treatments and drugs.
- To make advance directives (Chapter 44).
- To be informed of Medicare benefits and services. This includes costs covered and not covered.
- To be informed of center services and service charges.
- To choose a doctor.
- To know the doctor's name, specialty, and contact information.
- To be informed of his or her health status and medical condition. Information is given in a language that the person understands. That language is used during care planning (Chapter 7).
- To be informed of:
 - Any accident or injury that may need medical attention.
 - A change in physical, mental, or psycho-social status.
 - The need to stop, change, or add a treatment.
 - A decision to transfer or discharge the person. *Transfer* means to move to a different setting. *Discharge* is when the person officially departs from the agency.
 - A room or roommate change.
 - A change in rights under federal or state law.
- To manage personal and financial affairs.
- To be informed in advance about care and treatment. This includes changes in care and treatment.
- To have privacy and confidentiality:
 - Of personal and medical records
 - Of treatment and care
 - Of written and phone communications
 - During visits with family and friends
 - When meeting with resident groups
- To voice grievances and have them solved promptly.
- To see the results of federal and state surveys and plans to correct problems or areas of weakness.
- To perform or refuse to perform services for the center.
- To send and receive un-opened mail. To buy supplies to send mail.
- To receive information about protecting persons with intellectual and developmental disabilities and mental health disorders.
- To have and use personal items and clothing.
- To take his or her drugs without help if able.
- To refuse to change to a different room.
- To be free from restraints (Chapter 13).
- To be free from abuse (verbal, sexual, physical), bodily punishment, involuntary seclusion, and other abuse or mistreatment (Chapter 4).
- To file complaints with the appropriate state agency about abuse, neglect, and the mis-use of property.
- To be cared for in a manner and setting that maintains or enhances quality of life.
- To choose activities, schedules, and health care that meet his or her interests and needs.
- To interact with community members inside and outside the center.
- To make choices about his or her life in the center.
- To organize and take part in resident groups.
- To take part in social, religious, and community activities.
- To have a setting and services that consider his or her needs and choices.
- To a clean, comfortable, and home-like setting. This includes temperature, lighting, and sound levels.
- To attain or maintain his or her highest level of function.
- To have closet space.
- To visit with a spouse or partner, family, and friends at any reasonable hour.

Information

The *right to information* means access to all records about the person. Medical records, contracts, incident reports, and financial records are included. The request can be oral or written.

The person has the right to be fully informed of his or her health condition. The person must also have information about his or her doctor. This includes the doctor's name, specialty, and contact information.

Report any information request to the nurse. *You do not give the information described above to the person or family* (Chapter 3).

See *Focus on Communication: Information*.

FOCUS ON COMMUNICATION

You may be asked about a person's care. You must not give out information. This is the nurse's responsibility. You can say:

I am sorry. I am not allowed to give that information. I will report your request to the nurse.

Communicate the request promptly. You can tell the person:

I told the nurse about your question. The nurse will speak with you soon.

Refusing Treatment

The person has the *right to refuse treatment*. **Treatment** means the care provided to maintain or restore health, improve function, or relieve symptoms. A person cannot be treated without consent (Chapter 4).

The center must:

- Find out what the person is refusing and why.
- Explain the problems that can result from the refusal.
- Offer other treatment options.
- Continue to provide all other services.

Advance directives are part of the right to refuse treatment (Chapter 44). They include living wills and instructions about life support. *Advance directives* are written instructions about health care when the person is not able to make such decisions.

Report any treatment refusal to the nurse. The nurse may change the person's care plan (Chapter 7).

Privacy and Confidentiality

Residents have the *right to personal privacy*. Staff must maintain privacy of the person's body. Expose the person's body only as necessary. Only staff directly involved in care and treatment are present. Consent is needed for others to be present. For example, consent is needed for a student to observe a treatment.

Privacy is maintained for all personal care measures. Bathing, dressing, and elimination are examples. To protect privacy:

- Close privacy curtains, doors, and window coverings.
- Remove residents from public view.
- Provide clothes or drape the person to prevent unnecessary exposure of body parts.
- Practice the measures listed in Chapter 4.



FIGURE 2-1 A resident is talking privately on the phone.

Leaving the person without a gown, clothing, or bed covers violates the right to privacy. So does an open door when the person uses the bathroom, commode, urinal, or bedpan.

Residents have the right to visit with others in private—where others cannot see or hear them. This includes phone calls (Fig. 2-1). Calls must not be over-heard. Privacy is provided for phone calls in offices or at the nurses' station. Phones are at the correct height for use by persons in wheelchairs. Phones for hard of hearing persons are also available. Some residents use their own phones.

The right to privacy also involves mail. No one can open mail the person sends or receives without the person's consent.

Information about the person's care, treatment, and condition is kept confidential. So are medical and financial records. Consent is needed for their release to other agencies or persons.

Privacy and confidentiality are discussed in Chapters 4 and 5.

Personal Choice

Residents have the *right to make their own choices*. This includes:

- Choosing doctors
- Choosing friends and visitors
- Helping to plan care and treatment
- Choosing activities, schedules, and care:
 - When to go to bed and when to get up
 - What to wear (Fig. 2-2)
 - How to spend time
 - What to eat

Personal choice promotes quality of life, dignity, and self-respect. Allow personal choice whenever safely possible.



FIGURE 2-2 A resident is choosing what clothing to wear.

Grievances

Residents have the *right to voice concerns, questions, and complaints about treatment and care*. The problem may involve another person. It may be about care that was given or not given. The center must promptly try to correct the matter. No one can punish the person in any way for voicing a grievance.

Work

The person does not work for care, care items or other things, or privileges. The person is not required to perform services for the center.

However, the person has the *right to work or perform services if he or she desires*. Some people like to garden, repair or build things, clean, sew, mend, or cook. Other persons need work for rehabilitation or activity reasons. The care plan reflects the person's desire or need to work. Residents volunteer or are paid for their services.

Resident Groups

The person has the *right to form and take part in resident groups*. Families can meet with other families. These groups can plan activities, discuss concerns, take part in educational events, and suggest center improvements. They can support and comfort group members.

Residents have the right to take part in social, cultural, religious, and community events. They have the right to help in getting to and from such events.

Personal Items

Residents have the *right to keep and use personal items*. This includes clothing and some furnishings. The items allowed depend on space needs and the health and safety of others.

Treat the person's property with care and respect. The items may lack value to you but have meaning to the person. They also relate to personal choice, dignity, a home-like setting, and quality of life.

The person's property is protected. Items are labeled with the person's name. The center must investigate reports of lost, stolen, or damaged items. Sometimes the police help. The person and family are advised to keep jewelry and costly items at home.

Protect yourself and the center from being accused of stealing. Do not go through a closet, drawers, purse, or other space without the person's knowledge and consent. A nurse may ask you to inspect closets and drawers. Center policy should require that a co-worker and the person or legal representative be present. They witness your actions.

Freedom From Abuse, Mistreatment, and Neglect

Residents have the *right to be free from verbal, sexual, physical, and mental abuse*. No one can abuse, neglect, or mistreat a resident. Abuse and neglect are discussed in Chapter 4.

Residents also have the right to be free from *involuntary seclusion*.

- *Separating a person from others against the person's will*
- *Keeping the person to a certain area*
- *Keeping the person away from his or her room without consent*

No one can mistreat a resident. This includes center staff, volunteers, and staff from other agencies or groups. It also includes other residents, family members, visitors, and legal representatives. Centers must investigate suspected or reported cases of abuse, neglect, or mistreatment. The person must be protected from harm during an investigation. A center cannot employ a person who:

- Has been found guilty of abusing, neglecting, or mistreating others by a court of law.
- Has a finding entered into a state's nursing assistant registry (Chapter 3) about abuse, neglect, mistreatment, or wrongful acts involving a person's money or property. A *finding* means that a state determined that the employee abused, neglected, mistreated, or wrongfully used the person's money or property.

Freedom From Restraint

Residents have the *right not to have body movements restricted*. Restraints and certain drugs can restrict body movements. Some drugs are restraints because they affect mood, behavior, and mental function. Sometimes residents are restrained to protect them from harming themselves or others. A doctor's order is needed for restraint use. Restraints are not used for staff convenience or to discipline a person. They are used only if required to treat medical symptoms. Restraints are discussed in Chapter 13.

Quality of Life

Residents have the *right to quality of life*. They must be cared for in a manner and in a setting that promotes dignity and respect for self. Staff must provide care in a manner that maintains or enhances self-esteem and feelings of self-worth. Care must promote physical, mental, and social well-being. Protecting resident rights promotes quality of life. It shows respect for the person.

Be polite and courteous. Good, honest, and thoughtful care enhances quality of life. **Box 2-2** lists OBRA-required actions that promote dignity and privacy.

See *Focus on Communication: Quality of Life*.

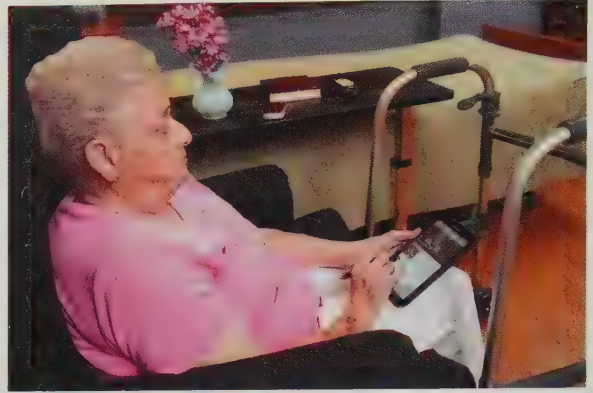


FIGURE 2-3 This resident's setting is safe, clean, and comfortable. Personal items are part of a home-like setting.

Environment. Residents have the *right to a safe, clean, comfortable, and home-like setting*. The person can have and use personal items to the extent possible. Doing so promotes personal choice and a home-like setting. See **Figure 2-3**.

FOCUS ON COMMUNICATION

Every person deserves to be addressed in a manner that shows dignity and respect. Address the person by title and last name. For example: Mr. Baker, Mrs. Harty, or Dr. Collins. Do not use a person's first name or another name unless the person requests it. Avoid using terms like *sweetheart*, *honey*, *grandpa*, and *dear*.

BOX 2-2 OBRA-Required Actions to Promote Dignity and Privacy

Courteous and Dignified Interactions

- Use the right tone of voice.
- Use good eye contact.
- Stand or sit close enough as needed. Position yourself at the person's eye level. For example, sit to speak to a person who is seated.
- Use the person's proper name and title. For example: "Mrs. Crane." Or use the name the person prefers.
- Gain the person's attention before interacting with him or her.
- Explain the care you provide.
- Use touch if the person approves.
- Respect the person's social status.
- Listen with interest to what the person is saying.
- Do not yell at, scold, or embarrass the person.

Privacy and Self-Determination

- Knock on the door before entering. Wait to be asked in.
- Drape properly during care and procedures to avoid exposure and embarrassment.
- Use privacy curtains or screens during care and procedures.
- Close the room door during care and procedures. Also close window coverings.
- Close the bathroom door when the person uses the bathroom.
- Drape properly in a chair.

Personal Choice and Independence

- Person smokes in allowed areas.
- Person takes part in activities of interest.
- Person takes part in scheduling activities and care.
- Person gives input into the care plan about preferences and independence.
- Person is involved in a room or roommate change.
- The person's items are moved or inspected only with the person's consent.

Courteous and Dignified Care

- Respond to requests for help in a timely manner.
- Assist with dressing in the right clothing for time of day and personal choice. The person wears his or her own clothing.
- Promote independence and dignity in dining.
- Respect private space and property. For example, change music or TV stations only with the person's consent.
- Assist with walking and transfers. Do not interfere with independence.
- Assist with hygiene and grooming preferences. Do not interfere with independence.
 - Appearance is neat and clean.
 - Hair is styled as the person prefers.
 - The person is clean shaven or has a groomed beard and mustache.
 - Nails are trimmed and clean.
 - Dentures, hearing aids, eyeglasses, and other devices are used correctly.
 - Clothing is clean.
 - Clothing fits and is properly fastened.
 - Shoes, hose, and socks are on properly and fastened.
 - Extra clothing is worn for warmth as needed. Sweaters and lap blankets are examples.

Activities. Residents have the *right to activities that enhance each person's physical, mental, and psycho-social well-being*. The center provides religious services for spiritual health.

Activities are meaningful when they:

- Reflect the person's needs, interests, culture, background, and life-style.
- Are enjoyed by the person.
- Help the person feel useful or produce something useful.
- Provide a sense of belonging.

Activities involve large groups (bingo), small groups (a card game), or 2 people. The person may do something alone. Letter writing and computer games are examples.

You assist residents to and from activity programs of their choice. You may need to help them with activities (Fig. 2-4).

See *Focus on Communication: Activities*.

See *Focus on Surveys: Activities*.



FIGURE 2-4 A nursing assistant is helping residents with an activity.

FOCUS ON COMMUNICATION

Activities

You may need help assisting residents to and from activity programs. Politely ask a co-worker to help you. Share the following with your co-worker.

- What time you need help.
- How much of the co-worker's time you need.
- The residents you need help with.
- If the person walks or uses a wheelchair.
- What adaptive (assistive) devices are used. Eyeglasses, hearing aids, canes, and walkers are examples.

Always say "please" when asking for help. And thank the person for helping you. For example:

Alex, can you please help me assist 2 residents to the concert? It starts at 2:00, so I'll need your help at 1:45. Mr. Harris needs his glasses, hearing aid, and walker. Mrs. Janz uses a wheelchair. She needs her glasses. The blanket for her lap is in the wheelchair. The concert is over at 3:00. Can you help me then, too? Thanks so much for helping me.

FOCUS ON SURVEYS

Activities

Surveyors may ask you about:

- Your role in getting residents ready for a group activity.
 - How do you make sure the person is dressed and ready for an activity?
 - How do you provide needed transportation?
- Your role in helping with activities of daily living during an activity. For example, does the person need to use the bathroom? Does the person need help eating?
- Your role in helping a person with an individual activity. For example, you play cards with a person. Do you have needed supplies? Is the person properly positioned? Do you provide good lighting?
- How are activities provided when the activities staff members are not available?

PROTECTING RIGHTS

An *advocate* is someone who acts or speaks on behalf of another person. Nurses act as advocates for their patients or residents. You also act as an advocate when you:

- Respect and protect the person's rights.
- Respect the person's decisions and choices.
- Treat the person with dignity.
- Are attentive to the person's needs, concerns, and requests.
- Promote a safe setting for the person.
- Tell the nurse about concerns.

Ombudsmen

The *Older Americans Act* is a federal law. It requires a long-term care ombudsman program in every state. An *ombudsman* supports or promotes the needs and interests of another person.

Ombudsmen are advocates for residents. They protect a person's health, safety, welfare, and rights. They:

- Investigate and resolve complaints.
- Provide services to assist the person.
- Assist with hospital access or discharge concerns.
- Provide information about long-term care services.
- Monitor nursing care and conditions.
- Provide support to resident and family groups.
- Help the person and family resolve family conflicts.
- Help the center manage difficult problems.

Nursing centers must post contact information for local and state ombudsmen. A resident or family may share a concern with you. Follow center policies and procedures for contacting an ombudsman. Ombudsman services are useful when:

- There is a concern about a person's care or treatment.
- Someone interferes with a person's rights, health, safety, or welfare.

FOCUS ON P R I D E

The Person, Family, and Yourself

Personal and Professional Responsibility

Person-centered care is a goal in nursing centers. This means the person maintains control. Staff support the person in making his or her own choices. A care plan (Chapter 7) that is specific to the person is developed. Staff try to understand the resident and what routines and activities matter to the person. Knowing about the person's usual daily life can promote person-centered care.

Rights and Respect

The person has the right to refuse treatment. This does not mean that all treatment stops. The health team offers other treatment options. For example, the doctor suggests short-term placement in a nursing center. The person refuses. The family agrees to help the person at home. A social worker helps the person and family arrange for home care and respite care. *Respite care* relieves caregivers of daily care for a short time.

Independence and Social Interaction

Encourage social interaction. Talk with the person. Tell about activities and offer help to and from activities. Also respect the person's right to privacy during visits with others and phone calls. These actions promote self-worth and quality of life.

Delegation and Teamwork

Schedules, care assignments, and room arrangements may need to change to meet the person's needs and preferences. Flexibility, good teamwork, and communication are required to provide quality care.

Ethics and Laws

Every person has the right to keep personal information private. This includes information about health care. The *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* protects the privacy and security of a person's health information. HIPAA is discussed further in Chapter 4.

FOCUS ON PRIDE: Application

You have an important role in protecting the person's rights. Identify 3 ways you can promote the person's right to:

- Personal choice
- Privacy and confidentiality
- A safe, clean, and comfortable setting

REVIEW QUESTIONS

Circle the **BEST** answer.

- 1 *The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities* is concerned with
 - a Hospital care
 - b Home care
 - c Long-term care
 - d All health care agencies and settings
- 2 The Omnibus Budget Reconciliation Act of 1987 (OBRA) is a federal law that
 - a Requires health care agencies to limit treatment costs
 - b Sets standards for quality of nursing center care
 - c Restricts nursing center residents' rights
 - d Provides affordable health insurance options
- 3 A son has the legal right to act on his mother's behalf. The son is his mother's legal
 - a Ombudsman
 - b Representative
 - c Caregiver
 - d Health care provider
- 4 Residents must be
 - a Involved in resident groups
 - b Able to provide some type of work for the center
 - c Informed of rights orally and in writing
 - d Willing to accept treatments ordered by their doctors
- 5 A resident says he does not want a shower. Which response is *best*?
 - a "You smell badly and need a shower."
 - b "You cannot refuse a shower."
 - c "Why are you being difficult?"
 - d "Why do you not want a shower?"
- 6 A daughter wants to read her father's medical record. What should you do?
 - a Give her the medical record.
 - b Ask the resident if she can read the record.
 - c Tell the nurse.
 - d Tell her that she cannot do so.

REVIEW QUESTIONS—cont'd

- 7 A resident asks about another resident's health. Which response is *best*?
- "Mind your own business."
 - "The nurse can tell you."
 - "He had a heart attack."
 - "I cannot give information about another resident."
- 8 Which violates the person's right to privacy?
- Closing the bathroom door when the bathroom is used
 - Opening window blinds when assisting with bathing
 - Covering the person for personal care
 - Asking the person's permission to observe a treatment
- 9 A resident has a phone and wants to make a call. What should you do?
- Leave the room.
 - Tell the nurse.
 - Have the person use the phone at the nurses' station.
 - Close the privacy curtain so you can finish your tasks in the room.
- 10 Who decides how to style a person's hair?
- The person
 - The nurse
 - You
 - The ombudsman
- 11 A resident would like to sleep later in the morning. You should
- Explain why the agency has a set schedule
 - Tell the nurse why this is not convenient for you
 - Allow the person to sleep until the preferred time
 - Wake the person at a time best for you
- 12 Residents have the right to
- Bring weapons into the center
 - Mistreat other residents
 - Use other residents' personal items
 - Voice complaints about care
- 13 Residents have the right to be free from
- Disease
 - Grievances
 - Involuntary seclusion
 - Rules
- 14 A resident brought some items from home. They are
- Kept at the nurses' station
 - Labeled with the person's name
 - Arranged as you prefer
 - Shared with the person's roommate
- 15 A resident carries a baby doll most of the day. You should
- Ask the family to take the doll home
 - Remind the person that the doll is not allowed in the dining room
 - Threaten to take the doll away if the resident refuses care
 - Treat the doll with care and respect
- 16 A person found guilty of abuse
- Cannot work in a nursing center
 - Can work in a nursing center with supervision
 - Can work as a nurse in a nursing center
 - Can work as a nursing assistant in a nursing center
- 17 Which is the correct way to address a person?
- "Hello, sweetie."
 - "Hello."
 - "Hello, Mrs. Smith."
 - "Hello, grandpa."
- 18 Which action promotes dignity?
- Restraining the person
 - Making clothing choices for the person
 - Scolding the person
 - Listening to the person
- 19 Which promotes privacy?
- Entering a person's room without knocking
 - Closing the privacy curtain for a procedure
 - Leaving the door open during personal care
 - Looking through the person's belongings
- 20 Who selects activities for a resident?
- The nurse
 - You
 - The person's representative
 - The person
- 21 A nursing center must provide
- A safe, clean, and comfortable setting
 - An indoor smoking area
 - A bed near a window
 - A noise-free setting
- 22 A long-term care ombudsman
- Is employed by the nursing center
 - Investigates resident complaints
 - Grants a nursing center a license or certification
 - Can prevent a resident from leaving the center

Answers to Chapter 2 questions are on p. 587.

FOCUS ON PRACTICE

Problem Solving

A resident is crying. She tells you a co-worker is rough when moving her and insults her. She says the co-worker threatens to "tie her down" if she tries to get up alone. What will you do? What is the nursing center's responsibility?



CHAPTER

3

The Nursing Assistant

OBJECTIVES

- Define the key terms and key abbreviations in this chapter.
- Describe the training and competency evaluation requirements for nursing assistants.
- Identify the information in the nursing assistant registry.
- List the reasons for denying, suspending, or revoking a nursing assistant's certification, license, or registration.
- Explain how to obtain certification, a license, or registration in another state.
- Describe what nursing assistants can do and their role limits.
- Describe the standards for nursing assistants developed by the National Council of State Boards of Nursing.
- Explain why a job description is important.
- Describe the delegation process and your role.
- Explain how to accept or refuse a delegated task.
- Explain how to promote PRIDE in the person, the family, and yourself.

KEY TERMS

accountable To answer to one's self and others about one's choices, decisions, and actions

certification Official recognition by a state that standards or requirements have been met

delegate To authorize or direct a nursing assistant to perform a nursing task

delegation The process a nurse uses to direct a nursing assistant to perform a nursing task; allowing a nursing assistant to perform a nursing task that is beyond the nursing assistant's usual role and not routinely done by the nursing assistant

endorsement A state recognizes the certificate, license, or registration issued by another state; reciprocity or equivalency

equivalency See "endorsement"

job description A document that describes what the agency expects you to do

nursing task Nursing care or a nursing function, procedure, skill, or activity

reciprocity See "endorsement"

KEY ABBREVIATIONS

ANA American Nurses Association
APRN Advanced practice registered nurse
BON Board of nursing
LPN Licensed practical nurse
LVN Licensed vocational nurse

NATCEP Nursing assistant training and competency evaluation program
NCSBN National Council of State Boards of Nursing
OBRA Omnibus Budget Reconciliation Act of 1987
RN Registered nurse

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