Chapter 22 and 25

Assessing Patients and Managing Acute Situations

Responding to Patient Needs

- General comfort and security
  - Provide blankets for warmth and pillows to make breathing easier when patient is recumbent
  - Place pads on table or under bony prominences
  - Keep paper handkerchiefs and waste containers close by
  - Provide a safe place for patient dentures, eye glasses, or hearing aids

Responding to Patient Physical Needs

- Thirst
  - Provide water as long as patient is not being kept NPO
- Elimination
  - Check to determine if urine or fecal specimen is needed, then escort patient to bathroom
  - For patients who are not ambulatory, provide a bedpan or urinal as appropriate

History Taking

- Provides new and/or updated patient information
- Information obtained may include
  - Nature of the problem
  - Onset
  - Duration
  - Specific location
  - Quality of pain
  - Factors that aggravate or alleviate condition

Patient Assessment

- Observe for changes in
  - Color of lips, nail beds, and skin – normal or cyanotic
  - Temperature and moistness of skin – fever, diaphoretic
- Vital signs
  - Temperature
  - Pulse
  - Respiration
  - Blood pressure

Vital Signs

- Temperature
  - Varies throughout day but is lowest in the morning and highest in the evening
  - Normal oral range is 96.8° to 99.6° F (36° to 37.6° C)
  - Rectal temperature is 0.5° to 1.0° F (0.28° to 0.56° C) higher
  - Axillary temperature is 0.5° to 1.0° F lower

Vital Signs

- Pulse
  - Measures pressure in an artery
  - Normal adult range is 60 to 100 beats/minute
  - Common pulse points include radial, carotid, and pedal – do not use your thumb

Vital Signs

- Respiration
  - Normal adult range is 12 to 20 breaths/minute
- Blood Pressure
  - Measures diastolic (ability of arteries to accept blood pumped from the heart) and systolic (pumping action of the heart) pressures
  - Normal pressures are 50 to 90 mm Hg for diastolic and 95 to 120 mm Hg for systolic

Supplemental Oxygen

- Administer via mask or nasal cannula
- Flow rate is usually 3 to 5 L/minute

Suction

- Used when patient is unable to clear mouth and throat of secretions, blood, or vomitus

Acute Medical Situations

- Always seek physician assistance for any unusual medical situation
- Shock
  - Physical reactions include fainting, trembling, and nausea
- Syncope or fainting
  - Ease patient to recumbent position, and if needed, use spirits of ammonia to rouse
- Heart attack
  - Sudden intense chest pain or angina pectoris due to lack of blood supply to the heart
  - May lead to cardiac arrest or stoppage of the heart

Acute Medical Situations

- Asthma
  - Difficulty breathing caused by bronchospasm or constriction of bronchi
- Bronchial obstruction
  - Blockage of air passageways caused by a foreign object
  - May lead to respiratory arrest or cessation of breathing

Acute Medical Situations

- Head trauma
  - May result in seizures, loss of consciousness, or respiratory arrest caused by swelling and/or bleeding within the skull
  - Levels of consciousness
    - Alert and conscious
    - Drowsy but responsive
    - Unconscious but reactive to painful stimuli
    - Comatose

Acute Medical Situations

- Fracture
  - Maintain gentle traction when positioning a fractured extremity
  - Support body part above and below fracture
- Newly applied cast
  - Use open hands to lift cast from underside
  - Observe fingers or toes for evidence of impaired circulation

Acute Medical Situations

- Drug reaction
  - May be moderate or severe
- Diabetic emergency
  - For a hypoglycemic patient provide a small amount of fruit juice or prepared glucose
- Cerebrovascular accident or stroke
  - Evaluate by asking patient to smile, raise both arms, or say a simple sentence
- Seizure
  - Stay with patient and protect from injury; do not try to restrain

Acute Medical Situations

- Hyperventilation
  - Have patient breath slowly
- Vertigo and postural hypotension
  - Support patient
- Epistaxis
  - Squeeze the nasal septum firmly for 10 minutes
- Nausea and vomiting
  - Have patient take short, rapid or long, slow and deep breaths through the mouth

Measuring Weight

- Weight
  - May be used to calculate medication dosage
  - Sudden changes can indicate health problems
  - Prior to use, balance/calibrate scale to read zero
  - Scale types include
    - Balance
      - Add reading from both calibration bars to obtain total weight
    - Digital

Measuring Height

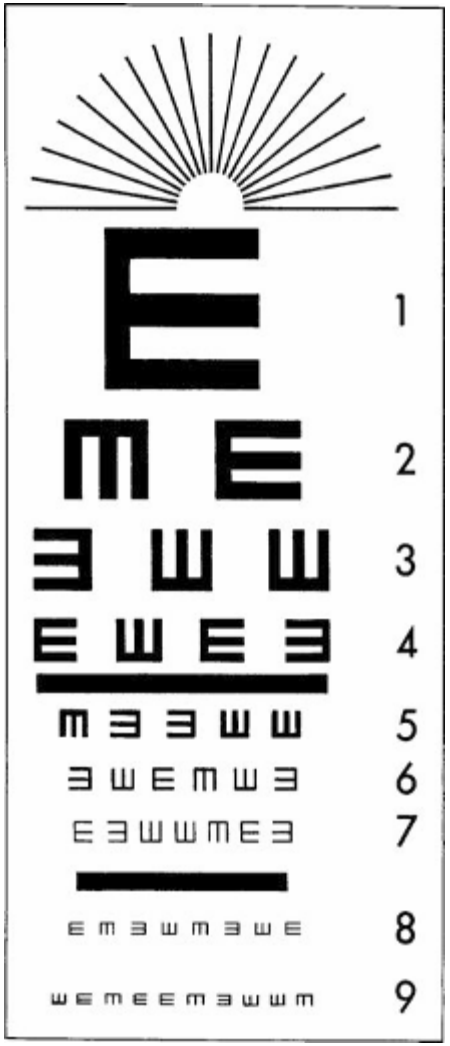
- Extend calibration rod until the top is above patient's head and unfold measuring bar so it is horizontal
- Assist patient to stand on platform with back toward the scale
- Lower measuring bar until it gently touches top of patient's head
- Assist patient off platform and note height
- Round height to nearest quarter inch

Vision Screening

- Performed to determine need for referral to an optometrist
- Tests include assessment of
  - Distance vision
  - Near vision
  - Color perception

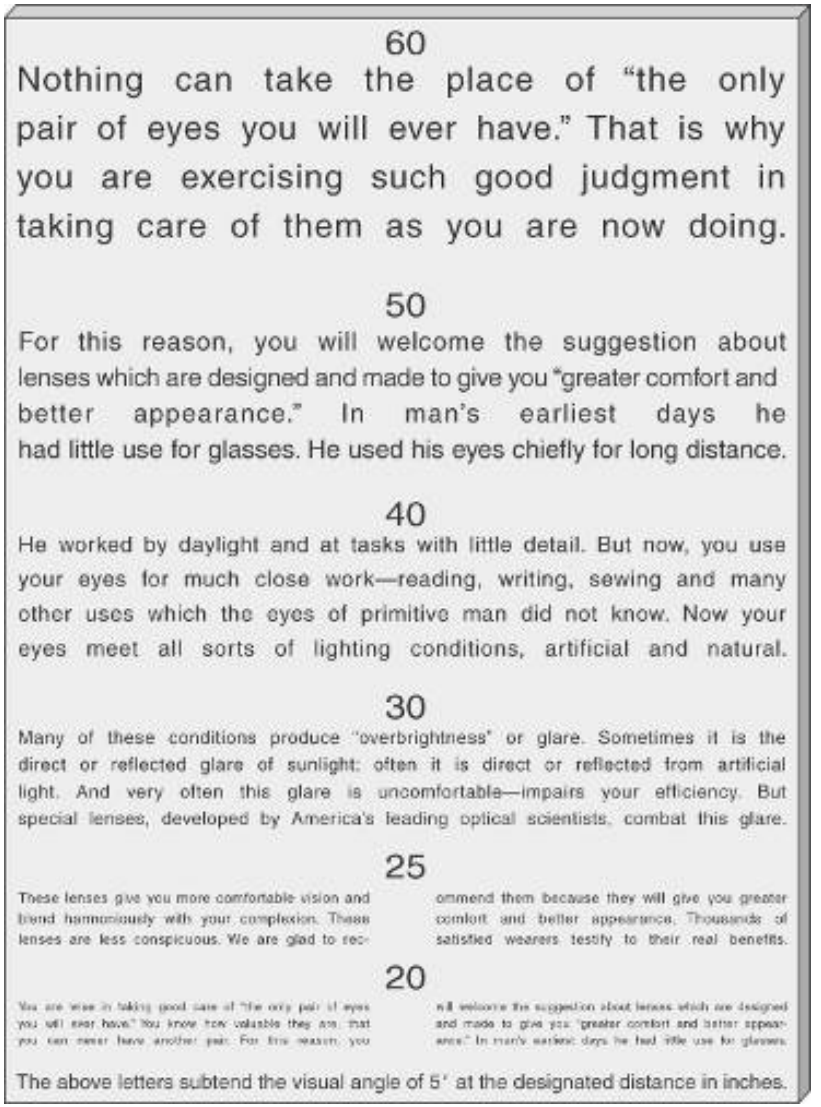
Distance Vision Screening

- Using a Snellen alphabet or E chart
  - Position patient 20 feet from chart
  - Use an optical occluder to test each eye separately beginning with the right eye
  - Note the lowest line the patient can read without squinting
  - Chart date, time, test type, visual acuity measurement or smallest line read with each eye, and any other observations



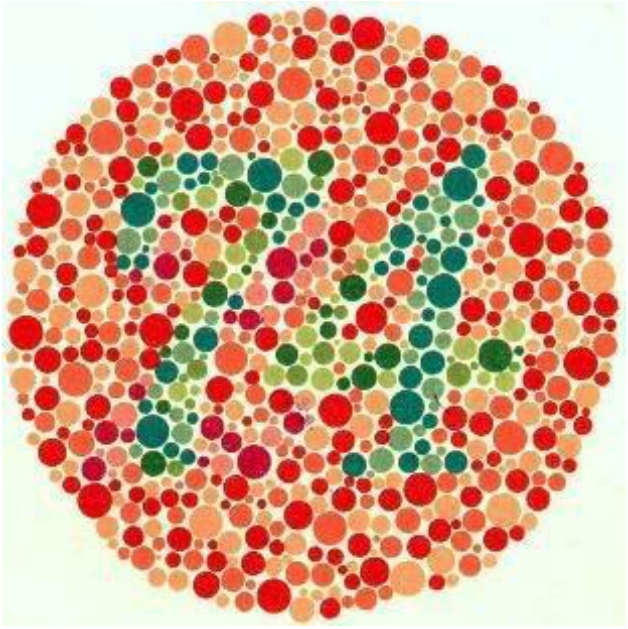
Near Vision Screening

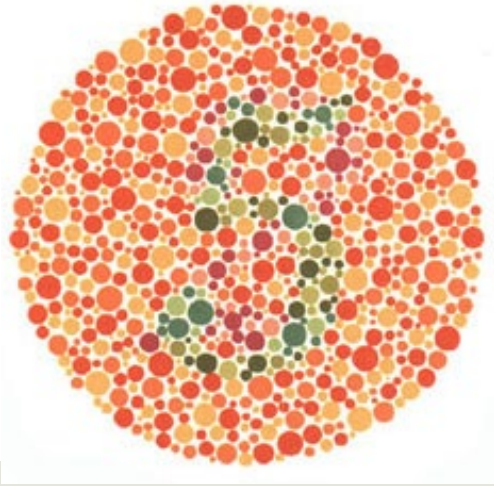
- Have patient hold reading card eye level at a distance of 14 to 16 inches
- Allow patient to wear reading glasses
- Test each eye separately
- Chart date, time, test type, visual acuity measurement or smallest line read with each eye, and any other observations



Color Perception Testing

- Use an Ishihara test book
  - Each page has a circular plate containing dots of various sizes arranged to form a number
  - The background for the number is also composed of dots in contrasting color
- Hold the book at eye level approximately 30 inches away from patient
- Allow 3 seconds per image for patient to identify the number within the circle
- Chart date, time, test type, patient response to each plate, and any other observations





Electrocardiography

- Used to assess heart disease
- Records electrical currents in the heart
- Performed using an electrocardiograph machine and connecting cables and electrodes
- Electrical impulses are traced by a stylus onto graph paper to produce an electrocardiogram (ECG)

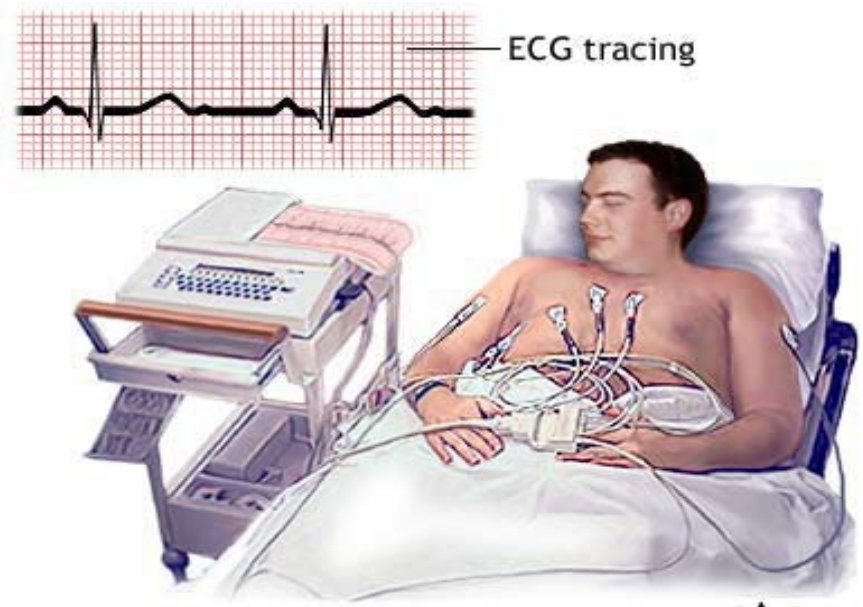


Illustration of a patient getting an ECG.

Forced Expiration Spirometry

- Measures amount of air exhaled and the speed at which it is forced out of the lungs
  - Patient inhales deeply and exhales forcefully into a volume-displacement or a flow-sensing spirometer tube
  - A graph termed a *spirogram* records
    - FVC (forced vital capacity)
    - FEV (forced expiratory volume)
    - FEV_1 (quantity of air forced during first second)