

ROSDAHL'S TEXTBOOK OF

Basic Nursing



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Consultants and Contributors, 12th Edition

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Welcome to *Rosdahl's Textbook of Basic Nursing*, 12th Edition. This textbook has been an integral part of the education of thousands of practical/vocational nurses. In fact, it was the first nursing textbook that included behavioral objectives that later became the present-day Learning Objectives. In this textbook, the active, involved participant of nursing care is identified as the *client*, emphasizing that healthcare is a service that involves a knowledgeable consumer who makes personal choices and shares responsibilities relating to personal health. This textbook takes into consideration that both clients and nurses need to work in tandem to achieve well-being. Teaching the client strengthens the overall concepts of nursing and healthcare.

Rosdahl's Textbook of Basic Nursing is a student-friendly, cost-effective, all-in-one text that is responsive to the NCLEX-PN Test Plan and state-mandated curricular requirements. All program directors and instructors are encouraged to view the valuable resources to support this text located with the Instructor Resources found on [thePoint](http://thePoint.atthepoint.lww.com/Rosdahl12e) at thePoint.atthepoint.lww.com/Rosdahl12e.

The reading level of *Rosdahl's Textbook of Basic Nursing* is designed to be understandable to the maximum number of students, including those for whom English is a second language. Key English-to-Spanish phrases are included in Appendix A and an audio glossary is also available on thePoint.

NEW TO THIS EDITION

Every effort has been made to keep up with the constantly changing world of nursing and its external regulation by various agencies. All of the descriptive material and nursing procedures have been updated, as needed.

Nutrition, discussed in Unit 5, was updated to match objectives in *Healthy People 2030*. It covers the latest government guidelines and incorporates illustrations of *MyPlate* and the *Nutrition Facts Label*, which help integrate nutritional concepts for students and consumers. Nutrition considerations are also integrated in specific chapters throughout the text. Additionally, significant content on *diet therapy* and *cultural considerations* are included.

In keeping with the NCLEX-PN test plan, the NCLEX-style Review Questions that appear at the end of each chapter include questions that are written at the application or higher levels of cognitive ability. Answers to the questions, with rationales that fully explain the correct answer as well as explanations of why answers are incorrect, are available to instructors in the Instructor Resources found on thePoint at thePoint.atthepoint.lww.com/Rosdahl12e. Instructors may use these questions as in-class instruction to help students develop the skills needed to fully apply content and to think through a problem.

Nursing Procedures appear in a special section at the end of selected chapters. The mnemonic “LPN WELCOME” phrase highlights important first steps that must occur before

performing each procedure, and the mnemonic “ENDDD” phrase serves as an important memory aid for final steps that must always be performed with each procedure. Checklists for these procedures are offered in the Student Resources on thePoint to aid in student understanding.

The Appendices summarize useful and important aspects of medicine and nursing. They are available on thePoint to allow students to print and use them when needed.

TEXT ORGANIZATION

Instructors and students will appreciate the logical design and simple format of this book. *Rosdahl's Textbook of Basic Nursing* is divided into four main parts. Students will learn about the foundations of nursing, nursing care skills, and nursing throughout the life cycle. The book then examines the various settings and job opportunities available for the LVN/LPN nurse.

The parts are organized on a continuum from *general or simple to integrated or complex*. General healthcare issues and basic sciences introduced early in the book lead to the more complex and specific healthcare topics in later units. Normal anatomy and physiology provide the basis of comparison for abnormal etiologies in diseases and disorders.

Some critical topics as well as those that may be on the NCLEX-PN examination (e.g., *Maslow's Hierarchy of Needs*, *Erikson's Life Span Stages*, and *Kübler-Ross Stages of Death and Dying*) are discussed individually and also integrated within specific subject areas. Crucial contemporary points such as *privacy legislation*, *requirements of regulatory agencies*, *Standard Precautions*, *disposal of hazardous wastes*, *prevention of disease*, *electronic and traditional documentation*, and *nutrition* are thoroughly discussed as well.

As the role of the LVN/LPN is expanding in many settings, Unit 9 presents chapters relating to **Pharmacology and Administration of Medications**.

Nursing throughout the life cycle is covered in Units 10 through 13, in which topics such as the etiologies and disorders of anatomy and physiology are combined with pediatric and adult medical-surgical nursing. These units provide information relating to the onset of diseases and disorders, diagnostic testing and procedures, treatment, pertinent medications, and nursing considerations. *Changes relating to aging* for each faction of the body systems are presented in Unit 4 and Unit 13, **Gerontologic Nursing**, which visits the complexities of defining *aging* and the issues of *geriatrics*.

Specific chapters with comprehensive information are also dedicated to the topics of *mental health* nursing and *substance use disorders*.

Many community settings are providing employment for growing numbers of practical/vocational nurses. The chapters in Unit 15 address and compare the situations and nursing needs for areas such as **Extended Care, Rehabilitation Nursing, Home Care Nursing, Ambulatory Healthcare, and Hospice Nursing**.

The *graduating nurse* obtains valuable information in the final unit of the book relating to employment opportunities in many of these areas and in acute care settings. A separate chapter on **Career Opportunities and Job-Seeking Skills** is included. Components of *teamwork*, *leadership*, and *supervision* are emphasized in specific chapters, as well as integrated throughout the text. The units in the book combine to provide a comprehensive education for the practical/vocational nurse.

SPECIAL FEATURES

The 12th edition of *Rosdahl's Textbook of Basic Nursing* contains numerous pedagogical features to help focus and enhance student learning. The section, *Using Rosdahl's Textbook of Basic Nursing*, 12th edition, highlights the important "In Practice" features found in the text.

Each chapter opens with **Learning Objectives**, **Important Terminology**, and **Acronyms** that provide a general overview of important content. The Student Synthesis section, which appears at the end of each chapter, contains **Key Points**, **Critical Thinking Exercises**, and **NCLEX-Style Review Questions** to help students integrate and summarize the content of each chapter. The Critical Thinking Exercises are designed for in-class discussions or individual student essays. Instructors may also use the NCLEX-Style Review Questions as in-class instruction to help students develop the skills needed to fully apply content and to think through a problem.

Additional features include the following:

- **NCLEX Alerts** that appear throughout the chapters providing practical ideas designed to help the student consider how chapter content might be used in a variety of NCLEX situations.
- **Nursing Alerts** that clarify important nursing actions used in daily nursing practice.
- **Special Considerations** that highlight key culture, lifespan, homecare, or nutrition information.
- **Key Concepts** that draw attention to important information for students regarding topics as they read the chapter.

STUDENT AND INSTRUCTOR RESOURCES

Rosdahl's Textbook of Basic Nursing includes a wide variety of resources for students and instructors to enhance the teaching/learning experience. All resources are available on **thePoint** at the.point.lww.com/Rosdahl12e.

Student Resources

The student resources are free to students who purchase a new copy of *Rosdahl's Textbook of Basic Nursing*, 12th Edition. Simply use the one-time activation code in the front of the book to discover a wealth of information and activities.

- **Concepts in Action Animations** bring concepts to life and enhance student learning.
- **Watch and Learn videos** demonstrate specific skills to enhance student understanding of key nursing techniques.
- **Procedure Checklists** offer students step-by-step instruction for procedures in the text.
- Plus **Appendices**, **Heart and Breath sounds**, and more!

Instructor Resources

The following resources are available on **thePoint** at the.point.lww.com/Rosdahl12e for instructors who adopt *Rosdahl's Textbook of Basic Nursing*, 12th Edition.

- **PowerPoint Presentations** provide an easy way for you to integrate the textbook with your students' classroom experience, either via slide shows or through handouts. Multiple-choice and true/false questions are integrated into the presentations to promote class participation and allow you to use i-clicker technology.
- **Case Studies** with related questions (and suggested answers) give students an opportunity to apply their knowledge to a client case similar to one they might encounter in practice.
- **Prefecture Quizzes** (and answers) are quick, knowledge-based assessments that allow you to check students' reading.
- **Guided Lecture Notes** walk you through the chapters, objective by objective, and provide you with corresponding PowerPoint slide numbers.
- **Discussion Topics** (and suggested answers) can be used as conversation starters or in online discussion boards.
- **Assignments** (and suggested answers) include group, written, clinical, and web assignments.
- An **Image Bank** lets you use the photographs and illustrations from this textbook in your PowerPoint slides or as you see fit in your course.
- **Answers to Questions in the Book** (Stop, Think, and Respond Exercises; Critical Thinking Exercises; and NCLEX-Style Review Questions) are provided for each chapter. Instructors are free to share these with their students to enhance student self-learning.
- A **sample Syllabus** provides guidance for structuring your medical-surgical nursing course.
- **Answer Key for the Workbook** supplies answers to the questions appearing in *Workbook for Rosdahl's Textbook of Nursing*, 12th Edition, the accompanying for-sale workbook.

Using Rosdahl's Textbook of Basic Nursing, 12th Edition

In order to help prepare nurses to practice safely, important *In Practice* features are provided. **Nursing Procedures** present step-by-step instructions.

IN PRACTICE

NURSING PROCEDURE 41-1

Handwashing

Supplies and Equipment

Liquid soap, with foot pedal

Paper towels

Steps

1. Remove jewelry. Jewelry should remain in place. *Rationale: This allows prongs in jewelry to catch soap.*
2. Stand in front of the sink. *Rationale: This allows water to flow from the faucet to the hands.*
3. Turn on water and use the knee or foot pedal. This is the safest. In some facilities, the faucet is controlled by the hand. *Rationale: Controlling the faucet with the hand is more contaminated.*



4. Wet hands and forearms with water, keeping hands lower than elbows. *Rationale: This allows water to flow from least contaminated area toward the hands, which are the most contaminated area.*



Educating the Client includes essential information for teaching clients.

Nursing Care Guidelines summarize important nursing considerations.

IN PRACTICE

EDUCATING THE CLIENT 57-2

After Catheter Removal



Client education encourages cooperation and lessens anxiety. Teach the client to

- Drink plenty of fluids (to facilitate voiding).
- Report the urge to void for the first time after catheter removal.
- Understand that some discomfort may be felt with the first voiding.
- Report any severe pain or blood in the urine.

IN PRACTICE

NURSING CARE GUIDELINES 57-1

Sterile Technique

- After sterile gloves (and/or gown) have been put on, the nurse cannot touch anything that is not sterile. Keep hands between nipple and waist level, whether or not a gown is worn.
- Reaching over a sterile field contaminates the sterile area, unless sterile clothing and gloves are being worn.
- If a sterile wrapper becomes wet, the wrapper *and its contents* are no longer sterile.
- If a mask becomes wet, it no longer screens out microorganisms; the mask must be changed for a new mask.
- When wearing sterile gloves to perform a sterile procedure, keep them in front, between the nipple

Important Medications inform about key medications for a specific disorder.

Nursing Care Plan presents a sample care plan and its application.

IN PRACTICE
IMPORTANT MEDICATIONS 56-1 Examples of Important Medications

Sedatives Used as Premedication Before Anesthesia

- Promethazine HCl (Phenergan)—used pre- or postoperatively, and in obstetrics
- Midazolam HCl—benzodiazepine, central nervous system (CNS) depressant, anxiolytic; causes some amnesia, can be used alone for IV moderate sedation (conscious sedation)

Sedatives Used to Assist Clients to Sleep

- Chlorpromazine (used in Canada)—especially to relieve preoperative apprehension, also antiemetic
- Secobarbital Na⁺ (Seconal Na⁺)—also can be used for premedication
- Temazepam (Restoril)—used pre- or postoperatively

IN PRACTICE
NURSING CARE PLAN 81-1 The Person With an Acute Myocardial Infarction

Medical History: C.F., a 37-year-old single white male with a history of coronary artery disease, is admitted to the hospital with crushing chest pain. Cardiac enzyme levels and an ECG were ordered. He was admitted to the coronary care unit. A nasogastric tube and a cannula and intravenous morphine were ordered. Cardiac monitoring was initiated.

Medical Diagnosis: Acute MI of anterior wall of the left ventricle.

DATA COLLECTION/NURSING OBSERVATION

Client appears pale and diaphoretic. Skin is cool and clammy. States that chest pain is 5 on a 1–10 scale. Vital signs as follows: Temperature, 97.2 °F (37.2 °C); pulse, 120 bpm, irregular and thready; respirations, 26 breaths/min; blood pressure, 90/58 mm Hg.

Data Gathering in Nursing offers important points in data collection.

IN PRACTICE
DATA GATHERING IN NURSING 47-1 Gross Functioning of Cranial Nerves

The gross functioning of most of the cranial nerves can be observed by simple actions. For example, the examiner asks the client:

Action	Cranial Nerve Evaluated
To follow a moving finger with the eyes (with or without moving the head)	III Oculomotor IV Trochlear VI Abducens
To move or clench the jaw	V Mandibular branch of the trigeminal
To smile or make a funny face	VII Facial
To stand with the eyes closed	VIII Vestibular division of the vestibulocochlear

Nursing Process uses the steps of the nursing process to guide the nurse in data collection.

NURSING PROCESS

DATA COLLECTION

Carefully observe the individual with a cardiac or blood vessel disorder. Establish a baseline for future comparison to determine the presence of suspected cardiovascular complications. Report any changes in baseline observations.

A complete cardiovascular assessment begins on admission. The nursing assessment includes a complete nursing history, as well as observations. When taking the health history, ask about any potential risk factors, such as family history of cardiovascular disease, smoking, lack of exercise, or poor nutrition. Also include any issues, such as shortness of breath or fatigue, which might interfere with the client's ability to perform activities of daily living (ADL).

In addition, **Nursing Alerts**, **Key Concepts**, and **NCLEX Alerts** ensure that students obtain critical information to help them safely practice nursing as an LVN/LPN.

Nursing Alert Before performing any catheterization, make sure the client is not allergic to latex (rubber). Although catheters today usually are not latex, the client with a latex allergy could also have a severe reaction to another type of catheter, even though a special nonallergenic catheter (e.g., polyurethane, Teflon, silicone) is used. If the client's allergy is severe, specific allergy testing must precede catheterization.

Key Concept

Healthcare professionals use medical terminology to communicate assessment findings, diagnostic test results, and other pertinent information.

NCLEX Alert

Understanding medical terminology is important when answering NCLEX questions. Appropriate and effective communication, as well as coordination of client care, is demonstrated by correct knowledge of the language of medicine.

PART A FOUNDATIONS OF NURSING

UNIT 1

The Nature of Nursing I

1 The Origins of Nursing 1

Nursing's Heritage 1
Nursing in the United States 4
Nursing Insignia 6

2 Beginning Your Nursing Career 9

Healthcare: A Multidisciplinary Approach 9
Types of Nursing Programs 9
Approval and Accreditation of Nursing Programs 12
Licensure of Nurses 13
Theories of Nursing 13
Roles and Responsibilities of the Nurse 14
Nursing Organizations 15

3 The Healthcare Delivery System 19

Healthcare Trends in the 21st Century 19
Healthcare Settings and Services 21
Quality Assurance 23
Organization and Ownership of Healthcare Facilities 24
Financing Healthcare 25
Complementary Healthcare 28
Consumer Fraud 30

4 Legal and Ethical Aspects of Nursing 32

Legal Issues of Nursing Practice 32
Regulations of Nursing Practice 37
Advance Directives 40
Vulnerable Persons 41
Definitions of Death 41
Ethical Standards of Healthcare 42
Clients' Rights and Responsibilities 44

UNIT 2

Personal and Environmental Health 47

5 Basic Human Needs 47

Maslow's Hierarchy of Human Needs 47
Nursing's Relationship to Basic Needs 48
Overview of Individual Needs 49
Family and Community Needs 53

6 Health and Wellness 55

Health and Wellness 56
Inconsistencies in Healthcare 56
Morbidity and Mortality 56
Finances and Healthcare 58
Prevention and Healthcare 59
The Wellness–Illness Continuum 59
Lifestyle and Risk Factors 62
Education and Health Promotion 65
Age-Related Health Concerns 65
Categories of Disease and Disorders 69

7 Community Health 72

Healthcare Worldwide 72
Healthcare on the National Level 73
Healthcare at the State Level 78
Healthcare at the Local Level 79
The Environment 79

8 Transcultural Healthcare 83

Culture, Ethnicity, and Race 83
Cultural Sensitivity 86
Culturally Influenced Components 86
Religious/Spiritual Customs and Traditions 91
Implementing Culturally Competent Care 92

UNIT 3

Development Throughout the Life Cycle 97

9 The Family 97

Characteristics of the Family 97
Family Structure 99
Influence of Culture, Ethnicity, and Religion 100
Family Stages 100
Stress and Family Coping 103

10 Infancy and Childhood 106

Concepts of Growth and Development 106
Developmental Milestones and Developmental Delays 107
Growth and Development 107
The Newborn 110
Infancy: 1–12 Months 110
Toddlerhood: 1–3 Years 113
Preschool: 3–6 Years 116
School Age: 6–10 Years 118

11 Adolescence 122

Growth and Development Theories 122
Adolescent Growth and Development 123
In Practice 127

12 Early and Middle Adulthood 129

Erikson's Adult Growth and Development Theory 129
Early Adulthood 130
Middle Adulthood 132
Transition From Middle Adult to Older Adult 134

13 Older Adulthood and Aging 136

Words Related to Aging 136
Erikson's Adult Growth and Development Theory 137
Development in Older Adulthood 138

14 The End of Life: Death, Dying, Grief, and Loss 146

The Dying Process 146
Kübler-Ross Stages of Grief and Loss 149

UNIT 4

Structure and Function 155

15 Organization of the Human Body 155

Chemistry and Life 155
Medical Terminology 157
Anatomy and Physiology 157
Body Directions, Areas, and Regions 158
Structural Levels in the Body 161
Cells 161
Tissues 165
Organs and Systems 167

16 The Integumentary System 169

Structure and Function 169
Skin 169
Accessory Structures 172
System Physiology 174
Protection 174
Thermoregulation 174
Vitamin D Production 175
Maintenance of Healthy Skin 176

17 Fluid and Electrolyte Balance 179

Homeostasis 179
Body Fluids 180
Fluid and Electrolyte Transport 186
Fluid and Electrolyte Balance 190
Acid-Base Balance 190

18 The Musculoskeletal System 195

The Skeleton 195
Vertebral Column 204
Thoracic (Rib) Cage 204
The Muscles 207
Formation Of Bone Tissue 211
Muscle Contractions 212
Exercise 213
Mobility 213

19 The Nervous System 216

Structure and Function 216
Cells of the Nervous System 216
Divisions of the Nervous System 219
Transmission of Nerve Impulses 227
Reflexes 229

20 The Endocrine System 232

Structure and Function 233
System Physiology 243

21 The Sensory System 246

Structure and Function 246
The Eye 247
The Ear 249
Vision 252
Hearing 253
Balance and Equilibrium 253
Taste 254
Smell 254
Touch/Tactile Sense 255
Other Sensations 255

22 The Cardiovascular System 259

Structure and Function 259
Heart 259
Systemic Blood Vessels 263
Cardiac Conduction 266
Cardiac Cycle 267
Cardiac Output 268
Blood Pressure 268

23 The Hematologic and Lymphatic Systems 272

Blood 272
Lymph 279
Blood Circulation 282
Lymphatic Circulation 283

24 The Immune System 286

Structure and Function 286
Bone Marrow and Lymphocyte Production 286
Lymphoid Organs 290
The Mononuclear Phagocyte System 290
Nonspecific Defense Mechanisms 290
Specific Defense Mechanisms 290
Antigen–Antibody Reaction 292

25 The Respiratory System 295

Structure and Function 295
Upper Respiratory Tract 295
Lower Respiratory Tract 298
Ventilation 299
External (Pulmonary) and Internal (Tissue)
Respiration 301
Regulation of Acid–Base Balance 302
Respiratory Reflexes 302
Vocalization 302

26 The Digestive System 305

Structure and Function 305
Mouth 306
Pharynx 308
Esophagus 308
Stomach 309
Small Intestine 309
Duodenum 310
Jejunum and Ileum 310
Large Intestine 310
Cecum and Appendix 312
Colon 312
Rectum and Anus 313
Accessory Organs 313
System Physiology 315
Metabolism 316
Elimination 317

27 The Urinary System 320

Kidneys 320
Organs of Urine Storage and Elimination 325
Blood Pressure Regulation 326
Urine Formation 326
Characteristics and Composition of Urine 327
Micturition 328

28 The Male Reproductive System 331

Testes 331
The Ductal System 332
Scrotum 333
Penis 333
Accessory Glands 334
Hormonal Influences 334
Sperm Cells and Spermatogenesis 334
Copulation 335

29 The Female Reproductive System 337

Reproductive Organs 337
Breasts 339
Hormonal Influences 340
Egg Cells and Oogenesis 340
Menstrual Cycle 341
Female Sexual Response 342

UNIT 5

Nutrition and Diet Therapy 345

30 Basic Nutrition 345

Nutrients 346
Creating the Healthy Diet 368
Nutrition Across the Lifespan 371

31 Transcultural and Social Aspects of Nutrition 377

Regional Preferences 377
Ethnic Heritage 377
Cultural Groups 381
Religious Beliefs and Practices 384
Vegetarian Diets 384
Sociocultural Factors 386

32 Diet Therapy and Special Diets 389

Helping the Client Meet Nutritional Needs 389
Serving Food 389
The Client Who Needs Assistance With Eating 392
House Diets 393
Modified Diets 393
Nutritional Support 400
Food and Medication Interactions 404

PART B NURSING CARE SKILLS

UNIT 6

The Nursing Process 411

33 Introduction to the Nursing Process 411

Problem-Solving 411
Critical Thinking 412
The Nursing Process 412

34 Nursing Assessment 420

Nursing Assessment 420
Data Analysis 423

35 Nursing Diagnosis and Planning 428

Nursing Diagnosis 428
Planning Care 431

36 Implementing and Evaluating Care 435

Implementing Nursing Care 435
Evaluating Nursing Care 437

37 Documenting and Reporting 441

Documentation 441
Reporting 453

UNIT 7

Safety In the Healthcare Facility 455

38 The Healthcare Facility Environment 455

The Client Unit 455
Provision of Nursing Care 458
Healthcare Personnel and Services 461

39 Emergency Preparedness 466

Safety and Preparedness 466
The Disaster Plan 473
The Fire Plan 476

40 Introduction to Microbiology 479

Microorganisms 479
Metabolism and Growth 480
Infectious Disease 488
Response to Infection 491

41 Medical Asepsis 493

Standard Precautions 493
Medical Asepsis 494
Client and Family Teaching 503

42 Infection Control 508

Infection Control 508
Isolation 512
Antibiotic-Resistant Organisms and Special Infections 514

43 Emergency Care and First Aid 517

Principles of Emergency Care 517
Assessing the Person in an Emergency 522
Sudden Death and Life Support 525
First-Aid Measures 527

UNIT 8

Client Care 549

44 Therapeutic Communication Skills 549

Communication 549
Therapeutic Communication Techniques 557
Facilitating Communication in Healthcare 562

45 Admission, Transfer, and Discharge 564

Admission 564
Transfer to Another Unit 573
Discharge 574
Leaving the Healthcare Facility Against Medical Advice 576
Communications Among Healthcare Team Members 577

46 Vital Signs 581

The Graphic Record 581
Assessing Body Temperature 582
Determining Pulse 586
Assessing Respiration 589
Assessing Blood Pressure 591
Pulse Oximetry 595

47 Data Collection in Client Care 607

Medical and Nursing Diagnosis 607
Factors That Influence Data Collection 608
The Physical Examination 617

48 Moving and Positioning Clients 643

Body Mechanics 643
Positioning the Client 645
Joint Mobility and Range of Motion 651
Using Mobility Devices 658
Moving an Immobile Client 665
Using Client Safety Devices 666

49 Beds and Bed Making 687

Bed Making 687
Attachments and Accessories 689
Special Beds and Mattresses 691

50 Personal Hygiene 701

Mouth Care 701
Routine Eye Care 703
Ear Care 703
Care of Hands and Feet 704
Shaving 706
Hair Care 707
Skin Care 709
Skin Infestations 714

- 51 Elimination 733**
 - Urinary Elimination 733
 - Bowel Elimination 737
 - Assisting With Toileting 738
 - Assisting With Urinary Elimination 740
 - Assisting With Bowel Elimination 747
 - Nausea and Vomiting 752
- 52 Specimen Collection 762**
 - The Stool Specimen 768
 - The Sputum Specimen 769
 - Collecting Other Specimens 769
- 53 Bandages and Binders 777**
 - Bandages 777
 - Binders 781
- 54 Heat and Cold Applications 788**
 - Normothermia 788
 - Heat Therapy 788
 - Cold Therapy 792
- 55 Pain Management 801**
 - Pain 801
 - Collection of Client Data About Pain 804
 - Pain Management 807
- 56 Preoperative and Postoperative Care 812**
 - Perioperative Care 812
 - Preoperative Nursing Care 818
 - Intraoperative Nursing Care 824
 - Postoperative Nursing Care 827
- 57 Surgical Asepsis 841**
 - Asepsis 841
 - Disinfection and Sterilization 841
 - Medical and Surgical Asepsis 842
 - Sterile Technique (Surgical Asepsis) 842
 - Procedures Requiring Sterile Technique 845
- 58 Special Skin and Wound Care 857**
 - Wounds 857
 - Special Considerations 860
 - Wound Healing 867
- 59 End-of-Life Care 880**
 - Stages of Dying 880
 - The Client's Wishes 880
 - Basic Needs, as Related to the Death Experience 883
 - Nursing Care of the Dying Client's Family 887
 - Signs of Approaching Death 888
 - Care Following the Death of a Client 888
 - Feelings of the Nurse 890

UNIT 9

Pharmacology and Administration of Medications 895

- 60 Review of Mathematics 895**
 - Systems of Measurement 895
 - The Metric System 896
 - Dosage Calculation 897
- 61 Introduction to Pharmacology 903**
 - Legal Aspects 903
 - Medication Preparations and Actions 906
 - Prescribed Medications 909
- 62 Classification of Medications 913**
 - Interactions Between Food and Medications 913
 - Interactions Between Drugs (Drug–Drug Interactions) 914
 - Introduction to Drug Classifications 914
 - Antibiotics and Other Anti-Infective Agents 914
 - Medications That Affect the Integumentary System 921
 - Medications That Affect the Nervous System 921
 - Medications That Affect the Endocrine System 931
 - Medications That Affect the Sensory System 932
 - Medications That Affect the Cardiovascular System 932
 - Medications That Affect the Blood 937
 - Antineoplastic Medications 939
 - Medications That Affect the Immune System 939
 - Medications That Affect the Respiratory System 940
 - Medications That Affect the Gastrointestinal System 943
 - Medications That Affect the Urinary Tract 947
 - Medications That Affect the Reproductive Systems 948
- 63 Administration of Noninjectable Medications 951**
 - Preparation for Administration 951
 - Safety 954
 - General Principles of Medication Administration 960
 - Enteral Administration Methods 962
 - Parenteral Administration Methods 964
- 64 Administration of Injectable Medications 978**
 - Syringes and Needles 979
 - Preparations 981
 - Intradermal Injections 982
 - Subcutaneous (SubQ) Injections 982
 - Intravenous Administration 985
 - Administration of Intravenous Medications 992
 - Venipuncture 996

PART C NURSING THROUGHOUT THE LIFE CYCLE

UNIT 10

Maternal and Newborn Nursing 1023

65 Normal Pregnancy 1023

Defining Pregnancy as a Normal Process 1024
Healthcare During Pregnancy 1035
Preparing to Be a Parent 1045

66 Normal Labor, Delivery, and Postpartum Care 1052

Labor and Birth as Normal Processes 1052
Nursing Care During Labor 1061

67 Care of the Normal Newborn 1076

Important Concepts in Newborn Care 1077
Care of the Newborn Immediately After Birth 1077
Characteristics of the Normal Newborn 1081
Care of the Newborn After Delivery 1085
Daily Newborn Care 1089
Nutrition 1091
Discharge 1096

68 High-Risk Pregnancy and Childbirth 1104

Tests to Assess Fetal Status 1105
Interrupted Pregnancy 1106
Maternal Complications During Pregnancy 1108
Existing Disorders Complicating Pregnancy 1114
Disorders Affecting the Fetus 1115
Placental and Amniotic Disorders 1116
Other High-Risk Pregnancies 1118
Complications of Labor and Delivery 1118
Umbilical Cord Complications 1120
Considerations Related to Delivery 1121
Complications of the Postpartum Period 1123
When a Newborn Dies 1125

69 The High-Risk Newborn 1128

Categories of High-Risk Newborns 1129
Nursing Considerations for the High-Risk Newborn 1131
Potential Complications in the High-Risk Newborn 1136
Hemolytic Disease of the Newborn 1139
Intrauterine Disorders: Congenital and Acquired Infections 1140
Congenital Musculoskeletal Disorders 1141
Neural Tube Defects 1142
Congenital Cardiovascular Disorders 1142

Congenital Gastrointestinal Disorders 1143
Congenital Genitourinary Disorders 1143
Substance Misuse and the Newborn 1143

70 Sexuality, Fertility, and Sexually Transmitted Infections 1146

Human Sexuality 1147
Infertility 1150
Contraception 1153
Sexually Transmitted Infections 1162

UNIT 11

Pediatric Nursing 1175

71 Fundamentals of Pediatric Nursing 1175

Health Maintenance 1176
The Hospital Experience 1178
Basic Pediatric Care and Procedures 1181
Intermediate Pediatric Care and Procedures 1184
Advanced Pediatric Care and Procedures 1191
The Child Having Surgery 1194

72 Care of the Infant, Toddler, or Preschooler 1200

Communicable Diseases 1201
Parasitic Infestations 1208
Trauma 1209
Child Abuse 1213
Skin Disorders 1219
Musculoskeletal and Orthopedic Disorders 1219
Neurologic Disorders 1221
Metabolic and Nutritional Disorders 1224
Disorders of the Eyes 1225
Disorders of the Ears, Nose, Throat, and Mouth 1225
Cardiovascular Disorders 1229
Blood and Lymph Disorders 1233
Respiratory Tract Disorders 1237
Gastrointestinal Disorders 1239
Urinary System Disorders 1241
Reproductive System Disorders 1243
Nutritional Considerations in Young Children 1244

73 Care of the School-Age Child or Adolescent 1246

Communicable Diseases 1246
Skin Disorders 1250
Musculoskeletal Disorders 1253
Endocrine Disorders 1257
Vision Disorders 1257
Gastrointestinal Disorders 1259
Reproductive System Disorders 1260

Sleep Deprivation and Disorders 1261
Eating Disorders 1262
Nutritional Considerations 1263

74 The Child or Adolescent With Special Needs 1265

Disabilities and Disorders 1266
Special Learning Disabilities 1267
Etiology of Disabilities and Disorders 1269
Common Disorders 1270

UNIT 12

Adult Care Nursing 1289

75 Skin Disorders 1289

Diagnostic Tests 1290
Common Medical Treatments 1290
Common Surgical Treatments 1293
Acute and Chronic Skin Conditions 1295
Infections 1297
Parasitic Infestations 1298
Sebaceous Gland Disorders 1298
Burns 1299
Neoplasms 1306

76 Disorders in Fluid and Electrolyte Balance 1310

Diagnostic Tests 1310
Common Medical Treatments 1311
Maintenance of Fluid Balance 1312
Maintenance of Electrolyte Balance 1314
Maintenance of Acid–Base Balance 1318

77 Musculoskeletal Disorders 1321

Diagnostic Tests 1321
Common Medical Treatments 1323
Common Surgical Treatments 1323
Common Musculoskeletal Disorders 1325
Systemic Disorders With Musculoskeletal Manifestations 1332
Traumatic Injuries 1334
Trauma Care and Management 1335
Complications of Fractures or Bone Surgery 1344
Neoplasms 1349

78 Nervous System Disorders 1351

Diagnostic Tests 1351
Craniocerebral Disorders 1353
Nerve Disorders 1359
Spinal Cord Disorders 1362
Degenerative Disorders 1364

Inflammatory Disorders 1370
Head Trauma 1373
Neoplasms 1377

79 Endocrine Disorders 1382

Diagnostic Tests 1382
Common Medical and Surgical Treatments 1386
Pituitary Gland Disorders 1387
Thyroid Gland Disorders 1388
Parathyroid Gland Disorders 1391
Adrenal Gland Disorders 1391
Pancreatic Endocrine Disorders 1393

80 Sensory System Disorders 1413

Diagnostic Tests 1413
Common Medical Treatments 1415
Common Surgical Treatments 1415
The Eye and Vision Disorders 1422
Trauma to the Eye 1426
The Ear and Hearing Disorders 1427
Disorders of Other Special Senses 1431

81 Cardiovascular Disorders 1435

Diagnostic Tests 1436
Common Medical Treatments 1438
Common Surgical Treatments 1438
Abnormal Conditions That May Cause Cardiovascular Disease 1444
Heart Disorders 1445
Blood Vessel Disorders 1455

82 Blood and Lymph Disorders 1466

Diagnostic Tests 1466
Common Treatments 1470
Hematopoietic Stem Cell Transplantation 1472
Hematologic System Disorders 1473

83 Cancer 1486

Cancer Development 1486
Diagnostic Tests 1489
Treatment Modalities for Cancer 1492
Nursing Considerations for Clients With Cancer 1496

84 Allergic, Immune, and Autoimmune Disorders 1506

Diagnostic Tests 1506
Allergies 1508
Immune Disorders 1514
Autoimmune Disorders 1514

85 HIV and AIDS 1520

History of HIV/AIDS 1520
Transmission 1521
Signs and Symptoms of HIV Infection 1523

Acquired Immunodeficiency Syndrome 1525
HIV Exposure Guidelines 1531

86 Respiratory Disorders 1533

Diagnostic Tests 1533
Common Medical Treatments 1536
Common Surgical Treatments 1536
Infectious Respiratory Disorders 1544
Chronic Respiratory Disorders 1552
Trauma 1558
Neoplasms 1559
Disorders of the Nose 1559
Disorders of the Throat 1561

87 Oxygen Therapy and Respiratory Care 1566

Oxygen Provision 1566
The Client Who Is Having Difficulty Breathing 1569
The Client Who Is Unable to Breathe 1571

88 Digestive Disorders 1583

Diagnostic Tests 1583
Common Medical and Surgical Treatments 1588
Disorders of the Mouth 1599
Disorders of the Esophagus 1601
Disorders of the Stomach 1604
Disorders of the Small or Large Bowel 1609
Peritonitis 1615
Disorders of the Sigmoid Colon and Rectum 1616
Disorders of the Liver 1617
Disorders of the Gallbladder 1621
Disorders of the Pancreas 1623
Conditions of Overnutrition and Undernutrition 1623

89 Urinary Disorders 1629

Diagnostic Tests 1630
Urinary Incontinence 1635
Urinary Tract Infections 1637
Inflammatory Disorders 1639
Obstructive Disorders 1641
Urinary Tract Tumors 1646
Urinary Tract Trauma 1649
Renal Failure 1649

90 Male Reproductive Disorders 1656

Diagnostic Tests 1656
Common Medical Treatments 1657
Erectile Disorders 1657
Structural Disorders 1659
Inflammatory Disorders 1661
Neoplasms 1662

91 Female Reproductive Disorders 1670

Diagnostic Tests 1670
Common Surgical Treatments 1674
Disorders Related to the Menstrual Cycle 1676

Structural Disorders 1680
Inflammatory Disorders 1681
Cervicitis 1683
Neoplasms 1686

UNIT 13

Gerontologic Nursing 1697

92 Gerontology: The Aging Adult 1697

Geriatric Care Settings 1698
Helping the Older Adult Meet Basic Needs 1703
Helping the Older Adult Meet Emotional Needs 1707
Special Concerns of the Adult Related to Increasing Age 1710
Elder Abuse 1713

93 Cognitive Impairment in the Aging Adult 1715

Cognitive Impairment 1715
Aspects of Dementia 1718

UNIT 14

Mental Health Nursing 1735

94 Psychiatric Nursing 1735

Mental Health 1736
Mental Illness 1736
The Mental Healthcare Team 1742
Methods of Psychiatric Therapy 1746
The Client in an Inpatient Setting 1759
Mental Health Nursing Skills 1764

95 Substance Use Disorders 1778

Substance Use Disorders 1778
Nursing Care Measures 1781
Detoxification and Recovery 1783
Alcohol Use Disorder 1790
Other Substance Use Disorders 1794
Special Populations 1801

UNIT 15

Nursing In A Variety of Settings 1805

96 Extended Care 1805

Extended-Care Options 1806
The Concept of Transitional Care 1810

- 97 Rehabilitation Nursing 1813**
 Definitions of Rehabilitation 1813
 Rehabilitation and Maslow Hierarchy of Needs 1813
 Stages of Adjustment to a Disability 1814
 The Rehabilitation Team 1814
 Nursing Considerations in Rehabilitation 1815
 Activities of Daily Living 1815
 The Scope of Rehabilitative Services 1824
 Community Resources 1826
 Barriers to Rehabilitation 1827
- 98 Home Care Nursing 1830**
 Reasons for Home Care 1830
 Types of Agencies and Services 1831
 Telehealth 1832
 Self-Management of Chronic Conditions 1832
 Payment for Home Care 1832
 Members of the Home Care Team 1833
 Nursing Duties in Home Care 1834
 Safety for the Home Care Team 1836
 Suggestions for Primary Caregivers 1836
- 99 Ambulatory Nursing 1839**
 The Role of the Nurse 1839
 Types of Ambulatory Facilities 1840
 Use of the Electronic Health Record 1849
- 100 Hospice Nursing 1851**
 Evolution of the Hospice Movement 1851
 The Hospice Concept 1852
 Assisting the Hospice Client to Meet Basic Needs 1856
 Pain Management 1860
 Children in Hospice Programs 1865
 When the Client Dies 1865

PART D YOUR CAREER

UNIT 16

The Transition to Practicing Nurse 1869

101 From Student to Graduate Nurse 1869

- Nursing Licensure 1869
- Role Transition 1873
- Personal Life 1880

102 Career Opportunities and Job-Seeking Skills 1883

- Employment Opportunities 1883
- Obtaining Employment Information 1889
- Job-Seeking Skills 1890

103 Advancement and Leadership in Nursing 1898

- Advancement in Nursing 1898
- Leadership 1900

Bibliography 1907

Glossary 1927

Index 1983

The following Appendices can be found on [thePoint](#)

Appendix A: Key English-to-Spanish Healthcare Phrases

Appendix B: Key Abbreviations and Acronyms Used in Healthcare

Appendix C: Medical Terminology: Prefixes, Roots, and Suffixes Commonly Used in Medical Terms

Summary of Special Displays

NURSING PROCEDURES

- 32-1 Inserting a Nasogastric (NG) Tube (Nasogastric Intubation) 405
- 32-2 Administering a Tube Feeding 409
- 41-1 Handwashing 505
- 41-2 Using Clean (Nonsterile) Gloves 506
- 41-3 Using a Mask 507
- 43-1 Applying a Sling 546
- 43-2 Assisting the Client Who Has a Nosebleed 547
- 43-3 Applying a Tourniquet 547
- 45-1 Undressing the Immobile Client 580
- 46-1 Measuring Body Temperatures 597
- 46-2 Measuring Radial Pulse Manually 601
- 46-3 Measuring Apical Pulse 601
- 46-4 Counting Respirations 602
- 46-5 Measuring Blood Pressure (Aneroid Manometer and Manual Cuff) 603
- 46-6 Using a Pulse Oximeter 605
- 48-1 Turning the Client to a Side-Lying Position 671
- 48-2 Logroll Turn 673
- 48-3 Performing Passive ROM Exercises 674
- 48-4 Using a Transfer Belt, With Metal-Toothed Buckle 675
- 48-5 Dangling 676
- 48-6 Helping the Client From Bed and/or Into a Chair 677
- 48-7 Pushing a Nonmotorized Wheelchair or Wheeled Stretcher/Gurney (Litter) 679
- 48-8 Walking With a Cane 680
- 48-9 Using a Walker 681
- 48-10 Moving the Client From Bed to Wheeled Stretcher/Gurney 682
- 48-11 Adjusting Pillows and Moving the Client Up in Bed 683
- 48-12 Using Client Safety/Protective Devices 684
- 49-1 Making an Unoccupied Bed 694
- 49-2 Making an Occupied Bed 696
- 49-3 Making a Postoperative Bed 698
- 49-4 Using a Bed Cradle 699
- 50-1 Routine Daily Mouth Care 717
- 50-2 Flossing the Teeth 718
- 50-3 Caring for Dentures 719
- 50-4 Special Mouth Care: The Dependent Client 720
- 50-5 Caring for Fingernails and Toenails 721
- 50-6 Giving a Foot Soak 722
- 50-7 Shaving a Client 723
- 50-8 Using the Shampoo Cap 724
- 50-9 The Bed Shampoo 725
- 50-10 Giving a Backrub 726
- 50-11 Assisting With a Tub Bath 727
- 50-12 Giving a Bed Bath 729
- 50-13 Assisting With Perineal Care 732
- 51-1 Giving and Removing the Bedpan and Urinal 755
- 51-2 Emptying the Urinary Drainage Bag 757
- 51-3 Bladder Retraining With Closed Urinary Drainage 757
- 51-4 Giving an Enema 758
- 51-5 Performing Manual Disimpaction 760
- 51-6 Assisting With Bowel Retraining 761
- 51-7 Helping to Relieve Flatus 761
- 52-1 Measuring Urinary Output 772
- 52-2 Measuring Urine Specific Gravity 773
- 52-3 Collecting a Single-Voided Specimen 773
- 52-4 Collecting a 24-hr Urine Specimen 774
- 52-5 Collecting a Urine Specimen From an Indwelling Catheter 774
- 52-6 Collecting a Stool Specimen 776
- 52-7 Collecting a Sputum Specimen 776
- 53-1 Applying Antiembolism Stockings (TED sox) 785
- 53-2 Applying Montgomery Straps 786
- 54-1 Using an Aquathermia (Aqua-K) Pad 796
- 54-2 Applying Warm, Moist Compresses and Packs 797
- 54-3 Administering a Therapeutic Soak to an Arm or Leg 798
- 54-4 Using a Sitz Bath 799
- 54-5 Applying an Icecap or Ice Collar 800
- 56-1 Receiving the Client From the Postanesthesia Care Unit (PACU) 839
- 57-1 Opening a Sterile Package 848
- 57-2 Putting on Sterile Gloves (Open Gloving) 850
- 57-3 Catheterizing the Female Client 851
- 57-4 Catheterizing the Male Client 854
- 57-5 Removing the Retention Catheter 856
- 58-1 Changing a Dry, Sterile Dressing 875
- 58-2 Performing a Sterile Wound Irrigation 878
- 59-1 Postmortem Care of the Body 892
- 63-1 Administering Oral Medications 969
- 63-2 Administering Medications Through a Gastrointestinal Tube 970
- 63-3 Administering a Rectal Suppository 972
- 63-4 Administering a Vaginal Suppository 972
- 63-5 Administering Eye Medications 973
- 63-6 Administering Ear Medications 975
- 63-7 Administering a Transdermal Patch 977
- 64-1 Drawing Medication From an Ampule or Vial 999
- 64-2 Administering Intradermal Injections 1001
- 64-3 Administering Subcutaneous or Intramuscular Injections 1002
- 64-4 Giving a Subcutaneous (SubQ) Injection 1003
- 64-5 Giving an Intramuscular (IM) Injection 1004
- 64-6 Changing the Intravenous (IV) Bag, Dressing, and/or Tubing 1005
- 64-7 Converting a Continuous Intravenous (IV) Infusion to an Intermittent Line (Saline Lock) 1008
- 64-8 Flushing the Saline Lock; Administration of Medications Via Saline Lock 1009
- 64-9 Discontinuing an Intravenous (IV) Infusion or Saline Lock 1010
- 64-10 Administration of IV Medications Via Piggyback Setup (Small Volume Delivery System) 1011

- 64-11 Administration of Medications Via Volume-Controlled Infusion 1013
- 64-12 Administration of Medications Into a Continuous Infusion (IV Push) 1014
- 64-13 Venipuncture (Phlebotomy)/Obtaining a Blood Specimen 1015
- 64-14 Initiating Intravenous Infusions 1018
- 65-1 Listening to Fetal Heart Tones (FHTs) 1051
- 66-1 Application of External Monitor 1074
- 66-2 Fundal Massage 1075
- 67-1 Assisting a Newborn With Breathing 1099
- 67-2 Prophylaxis for the Eyes of the Neonate 1100
- 67-3 Weighing a Neonate 1100
- 67-4 Measuring Head Circumference 1101
- 67-5 Bathing a Neonate 1101
- 67-6 Performing a Heel Stick Procedure on a Newborn 1102
- 71-1 Collecting a Pediatric Urine Specimen 1198
- 78-1 Assisting With a Lumbar Puncture 1380
- 79-1 Testing for Blood Glucose Level 1411
- 80-1 Using a Cotton-Tipped Applicator 1433
- 80-2 Irrigating the Ear 1433
- 86-1 Suctioning to Remove Secretions 1564
- 87-1 Supplying Oxygen With the Nasal Cannula 1578
- 87-2 Using the Simple Mask 1579
- 87-3 Applying the Partial-Rebreathing Mask 1579
- 87-4 Applying the Venturi Mask 1580
- 87-5 Assisting at a Tracheostomy 1580
- 87-6 Suctioning and Providing Tracheostomy Care 1581
- 88-1 Irrigating the NG Tube 1627
- 88-2 Changing the Ostomy Appliance 1628
- 91-1 Performing a Vaginal Irrigation (Douche) 1695
- 43-5 Assisting the Client Who Feels Faint 537
- 43-6 Giving First Aid in Suspected Heart Attack (MI) 538
- 43-7 Giving First Aid in Poisoning or Overdose 542
- 44-1 Using Therapeutic Communication 550
- 47-1 Measuring Reflexes 620
- 48-1 Positioning the Client for Comfort 647
- 48-2 Assisting the Client to Walk 658
- 48-3 Using Client Reminder or Protective (Safety) Devices 666
- 50-1 Caring for a Client Who Wears Dentures or Other Mouth Appliances 702
- 50-2 Caring for the Eyes 703
- 50-3 Caring for a Hearing Aid 705
- 50-4 Performing Hand Massage 706
- 50-5 Caring for Hair 708
- 50-6 Backrub 711
- 50-7 Washing the Client's Face and Hands 712
- 51-1 Straining Urine for Calculi 736
- 51-2 Listening for Bowel Sounds 738
- 51-3 Performing Catheter Care 743
- 51-4 Using External Catheter Systems 744
- 51-5 Using the Ultrasound Bladder Scanner 747
- 51-6 Administering the Harris Flush 749
- 51-7 Administering an Enema 751
- 51-8 Assisting the Client Who Is Nauseated or Vomiting 753
- 52-1 Collecting Specimens and Samples 763
- 52-2 Collecting Urine Specimens 765
- 52-3 Collecting Clean-Catch Midstream Urine Specimens 767
- 53-1 Applying a Roller Bandage (Arm or Leg) 780
- 53-2 Applying a Stretch-Net Dressing to a Finger 781
- 53-3 Applying a T-Binder 782
- 53-4 General Nursing Care of the Client With a Bandage or Binder 783
- 54-1 Applying Heat Therapy 789
- 54-2 Applying Cold Therapy 792
- 54-3 Applying Cold Moist Compresses 793
- 54-4 Giving a Tepid Sponge to Reduce Body Temperature 794
- 56-1 Caring for the Client Who Is Receiving Anesthesia 817
- 56-2 Organizing Preoperative Nursing Care 819
- 56-3 Assisting the Client With Postoperative Exercises 833
- 57-1 Sterile Technique 843
- 63-1 Setting Up Medications 953
- 63-2 Administering Medications Safely 956
- 63-3 Crushing or Splitting Tablets 963
- 63-4 Administering Orally Disintegrating Tablets 963
- 63-5 Administering Aerosolized and Powdered Respiratory Medications 966
- 63-6 Administering Nasal Sprays or Drops 967
- 64-1 Caring for the Client Receiving Intravenous (IV) Therapy 986

NURSING CARE GUIDELINES

- 32-1 Helping at Hospital Mealtimes 390
- 32-2 Feeding Clients 391
- 37-1 Change-of-Shift Reporting 453
- 38-1 General Guidelines for Performing Nursing Procedures 459
- 38-2 Guidelines for Performing Grouped Procedures 460
- 39-1 Preventing Accidents in the Healthcare Facility or Client's Home 467
- 41-1 Implementing Standard Precautions 493
- 41-2 Preventing Infection for Nursing Staff and Clients 497
- 42-1 Caring for the Body of a Deceased Person Who Was in Isolation 514
- 43-1 Treating Shock in an Emergency 522
- 43-2 Providing Emergency First Aid for Burns 533
- 43-3 First Aid for Avulsed Teeth 535
- 43-4 Giving First Aid for Eye Injuries 536

- 64-2 Managing Parenteral Nutrition 993
- 64-3 Administering Intravenous (IV) Medications 994
- 66-1 Postpartum Period 1070
- 67-1 Care of the Normal Newborn 1090
- 68-1 Assisting in an Emergency Delivery 1122
- 71-1 Reducing Anxiety and Calming Children for Procedures 1180
- 71-2 Providing Pediatric Safety 1184
- 71-3 Using Pediatric Restraints 1185
- 71-4 The Child and IV Therapy 1188
- 71-5 Giving an Infant a Bath 1189
- 71-6 General Considerations for Oxygen (O₂) Administration 1190
- 71-7 Diagnostic Procedures 1192
- 71-8 Managing a Fever 1193
- 71-9 Administering Medications to Children 1193
- 71-10 Preoperative Care for Children 1195
- 71-11 Postoperative Care for Children 1196
- 74-1 Working With an Individual With Special Needs 1266
- 74-2 Feeding the Intellectually Impaired Child 1268
- 75-1 Giving a Therapeutic Bath 1291
- 75-2 Application of Moist Dressings 1292
- 77-1 Preparing for Casting 1336
- 77-2 Performing Cast Care 1337
- 77-3 Caring for Clients in Traction 1342
- 77-4 Caring for Clients With New Hip Replacements 1347
- 78-1 Maintaining the Client's Safety During a Seizure 1358
- 78-2 Caring for the Client With Paralysis 1365
- 78-3 Determining Cerebrospinal Fluid (CSF) in Drainage 1375
- 81-1 Administering the Cardiotonic Drug Digoxin (Lanoxin) 1451
- 81-2 Caring for Clients With Peripheral Vascular Disease 1459
- 81-3 Communicating With the Client With Aphasia 1463
- 82-1 Precautions During Blood Transfusions 1471
- 82-2 Managing a Transfusion Reaction 1472
- 82-3 Administering Iron Supplements 1475
- 83-1 Providing Care for the Person Receiving Chemotherapy 1494
- 83-2 Providing Care for Clients Receiving External-Beam Radiation Therapy 1497
- 83-3 Providing Care for Clients With Implanted Radioactive Isotopes 1499
- 86-1 Assisting With Postural Drainage 1537
- 86-2 Caring for the Person Who Has Had Chest Surgery 1538
- 86-3 Caring for the Person With Chest Suction 1540
- 86-4 Caring for the Person With Pneumonia 1548
- 86-5 Caring for the Person Who Has Had Nasal Surgery 1561
- 87-1 Providing Oxygen 1567
- 87-2 Nursing Care Priorities for the Client Receiving Mechanical Ventilation 1576
- 88-1 Providing Care Before and After Barium Studies 1585
- 88-2 Giving Care for a Gastrostomy, Colostomy, or Ileostomy 1598
- 88-3 Caring for the Client With a Liver Disorder 1618
- 88-4 Caring for the Hospitalized Client Who is Obese 1624
- 89-1 Caring for the Client Receiving Dialysis 1654
- 90-1 Managing Continuous TURP or Bladder Irrigation 1667
- 93-1 Monitoring a Client's Hydration Status 1732
- 93-2 Communicating With the Person Who Has Dementia 1733
- 94-1 Caring for the Client Who Is to Have ECT 1749
- 94-2 Administering Medication Therapy in the Mental Health Unit 1756
- 94-3 Maintaining the Client's Dignity in Mental Health Units 1760
- 94-4 Supervised Visits 1760
- 94-5 Using Safety Devices for the Client With Mental Illness 1762
- 94-6 Suicide Prevention 1770
- 94-7 Care of the Client Who Is Manic/Hypomanic 1772
- 94-8 Care of the Combative or Assaultive Client 1772
- 94-9 Assisting the Client Who Has Delusions or Hallucinations 1773
- 94-10 Assisting the Client Who Is Confused or Demented 1773
- 94-11 Assisting the Client Who Is Withdrawn or Depressed 1774
- 94-12 Assisting the Client Who Is Regressed 1774
- 95-1 Caring for the Alcohol- or Drug-Using Person in the Emergency Department 1782
- 95-2 Nursing Care in Alcohol Withdrawal 1789
- 95-3 Nursing Considerations in Antabuse Therapy 1794
- 100-1 Providing Care in Hospice Nursing 1857

1 The Origins of Nursing

Learning Objectives

1. Explain how certain events in ancient and medieval times influenced the development of contemporary nursing.
2. Discuss Florence Nightingale's influence on modern nursing practice.
3. List at least 10 of Florence Nightingale's nursing principles that are still practiced today.
4. Identify important individuals who contributed to the development of nursing in the United States.
5. Name some pioneer nursing schools in the United States.
6. List important milestones in the history of practical nursing education.
7. Explain war-related developments in nursing.
8. Discuss current trends that are expected to influence the nursing profession in the 21st century.
9. Describe the importance of nursing insignia, uniforms, and the nursing school pin.

Important Terminology

Caduceus

Hippocratic oath

holistic healthcare

insignia

Nightingale lamp

You have chosen to become a nurse. The word *nurse* derives from the Latin word meaning *to nourish*. You are embarking on a career that combines scientific principles, technical skills, and personal compassion. Although people have been performing many nursing skills for centuries, nursing in its present form began to emerge only in the 19th century. Contemporary nursing continues to evolve as society and its healthcare needs and expectations change. Nursing must continue to adapt to meet society's goals and to provide needed services in the changing world.

Nursing is a practical and noble profession. It provides a stable career in the ever-changing world of healthcare, with plenty of career options.

Individual attributes required to be a nurse include a strong sense of responsibility and the highest standards of integrity. Personal conviction and flexibility are necessary foundations of a nurse. A nurse must be well educated and integrate the art and the science of working with people.

Nurses interact with a vast assortment of individuals, including numerous and varied healthcare personnel who have their own fields of expertise. Many of these healthcare fields were originally included in the broader roles and responsibilities of nursing. For example, the nurse was originally responsible for nutrition and diets. Nurses were also responsible for rehabilitative needs of the persons under their care. The role of the nurse became so important to the healthcare system that the functions of the nurse had to become diverse and specialized to meet fast-growing needs. Many of these duties were broken into specialties that are seen today, such as nutritionist, dietitian, physical therapist, or occupational therapist.

As the role of the nurse has evolved, so has the role of the person receiving care. When the physician was the primary manager or leader of health issues, the individual receiving care was typically called a *client*. During the 20th century, the client became more aware of his or her own health issues. Instead of being a passive participant, the client became a more knowledgeable consumer of healthcare and, as in other service industries, the consumer became a client of the primary care provider, nurse, and healthcare system. In the 21st century, all of these terms are currently used to describe the individual who receives healthcare. This textbook uses the term *client* because the term client reflects the roles of the nurse who actively interacts with individuals, families, and the healthcare system. In everyday conversations, the terms *patient*, *client*, and/or *consumer* may be heard.

NURSING'S HERITAGE

A detailed history of nursing is beyond the scope of this book. All nurses should become familiar with some important people and developments in the history of nursing. Several internet sites record nursing's heritage. As your nursing career develops, you will be part of nursing's ongoing history.

Early Influences

In ancient times, people often attributed illness to punishment for sins or to possession by evil spirits. Most primitive

tribes had a medicine man, or shaman, who performed rituals using various plants, herbs, and other materials, to heal the sick. Tribal rituals included dances, chants, and special costumes and masks. Some groups used human or animal sacrifices. Women had various folk roles in ancient health practices, depending on the culture and social customs. Women were often involved with assisting in childbirth.

Religious images of the nurse developed as care of the sick became associated with concepts that are discussed in the Bible, the Talmud, and other ancient texts. Centers in India and Babylonia provided care for the sick before the time of Christ. By 500 BC, the advanced Greek civilization had begun to acknowledge causes of disease other than punishment by God or demonic possession. Based on mythical figures, the caduceus and the staff of Aesculapius are the modern symbols of medicine (Fig. 1-1). The Greeks began to establish centers, sometimes called hostels or hospitals, for care of the sick and injured. They used warm and mineral baths, massage, and other forms of therapy that priestesses sometimes administered. Pregnant women or people with an incurable illness were not admitted to these hostels.

The Influence of Hippocrates

One of the early outstanding figures in medicine was Hippocrates, born in 460 BC on the Greek island of Kos. Hippocrates is the acknowledged “Father of Medicine.” Hippocrates denounced the idea of mystical influence on disease. He was also the first person to propose concepts such as physical assessment, medical ethics, client-centered care, and systematic observation and reporting. By emphasizing the importance of caring for the whole person (holistic healthcare), he helped to lay the groundwork for nursing and

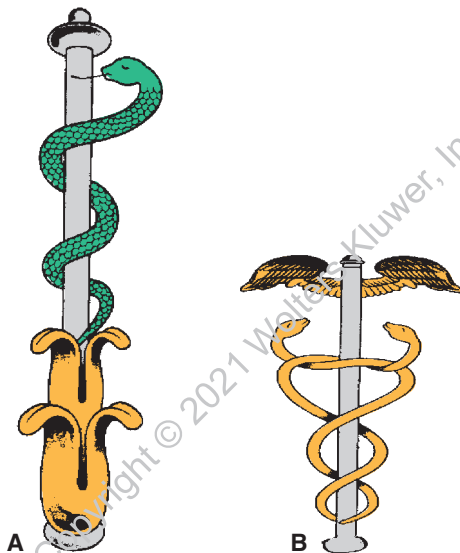


Figure 1-1 Symbols of medicine. **A.** Aesculapius, a mythical Greek god of healing and son of Apollo, had many followers who used massage and exercise to treat clients. This god is also believed to have used the magical powers of a yellow, nonpoisonous serpent to lick the wounds of surgical clients. Aesculapius was often pictured holding the serpent wrapped around his staff or wand; this staff is a symbol of medicine. **B.** Another medical symbol is the caduceus, the staff of the Roman god Mercury, shown as a winged staff with two serpents wrapped around it.

medicine. Contemporary healthcare practitioners preserve the principles of Hippocrates. Typically, a physician will repeat the Hippocratic oath when graduating from a school of medicine. The Florence Nightingale pledge and Practical Nurses’ pledge are based on this oath.

Early medical educators helped to solidify the need for practitioners to be well-educated individuals. Physicians were eventually required to obtain a university degree as a doctor of medicine (MD). Specialized healthcare education and training became standard as scientific knowledge increased. Modern medicine has multiple medical and surgical specializations; for instance, the client can be described as having heart and lung diseases, or injury and trauma. Nursing has developed a role of assistant to the physician, serving their needs and following orders regarding care of individuals.

Relatively unchanged from the beginning is the concept that the nurse must be aware of the whole client. The holistic approach translates into the nurse’s attentiveness to a client’s personal needs from various perspectives. The nurse is aware of the client’s emotions, lifestyles, physical changes, spiritual needs, and individual challenges. Nursing is unique in this approach to healthcare.

The Roman Matrons

The first recorded history of nursing begins with Biblical women who cared for the sick and injured. Many were in the religious life. For instance, Phoebe, mentioned in the Epistle to the Romans (about 58 AD), is known as the first deaconess and visiting nurse.

Fabiola, a Roman woman, is credited with influencing and paying for the construction of the first free hospital in Rome in 390 AD. Another Roman woman, Saint Marcella, converted her beautiful home into a monastery, where she taught nursing skills. She is considered the first nursing educator. Saint Paula is credited with establishing inns and hospitals to care for pilgrims traveling to Jerusalem. She is said to be the first person to teach the philosophy that nursing is an art rather than a service. Saint Helena, the mother of the Roman Emperor Constantine, is credited with establishing the first gerontologic facility, or home for the aged.

Monastic and Military Nursing Orders

Beginning in the first century, several monastic orders were established to care for the sick. Sometimes, the monastery itself became the refuge for the sick; in other cases, members of a religious order founded a hospital. Both men and women of religious orders performed nursing care.

During the Crusades (1096–1291), female religious orders in northern Europe were nearly eliminated. Male military personnel, such as the Knights Hospitallers of St. John in Jerusalem, conducted most nursing care. Because these military men were required to defend the hospital as well as care for the sick, they wore suits of armor under their religious habits. The symbol for this order was the Maltese cross, which later became the symbol of the Nightingale School. This symbol was the forerunner of nursing school pins worn today.

The Reformation

In the 1500s, during the European religious movement called the Reformation, many monasteries closed and the work of

women in religious orders nearly ended. Until the 1800s, the few women who cared for the sick were prisoners or prostitutes. Nursing was considered the most menial of all tasks, and the least desirable. This period is called the *dark ages of nursing*.

Fliedner in Kaiserswerth

In 1836, Pastor Theodor Fliedner established the Kaiserswerth School for Nursing in his parish in Kaiserswerth, Germany. It was one of the first formally established schools of nursing in the world. Out of it grew the Lutheran Order of Deaconesses, which Fliedner directed. Its most famous student was Florence Nightingale.

By the late 1800s, many schools for trained nurses existed throughout Europe. The status of nursing began to improve, and many women, including members of religious orders, once again became involved in nursing care.

Florence Nightingale

Even during the days when nursing was considered menial and undesirable, some women continued to care for the sick. Probably the most famous was Florence Nightingale (Fig. 1-2). Most nurses before her time received almost no training. Not until she graduated from Kaiserswerth and began to teach her concepts did nursing become a respected profession.

Nightingale was born in Italy in 1820 to wealthy English parents. When she was still very young, her parents returned to England.

In 1851, Nightingale entered the Deaconess School in Kaiserswerth. She was 31 years old, and her family and friends were strongly opposed to her becoming a nurse. After her graduation in 1853, she became superintendent of a charity hospital for governesses. She trained her attendants on the job and greatly improved the quality of care. In 1854, the Crimean War began. Nightingale gained fame during



Figure 1-2 Florence Nightingale. (Photo courtesy of the Center for the Study of the History of Nursing.)

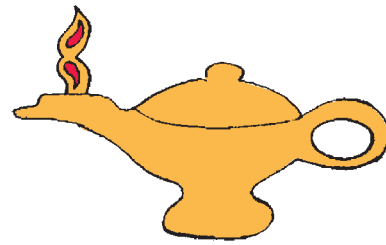


Figure 1-3 The “Nightingale lamp” (also known as the “Lamp of Nursing” or the “Lamp of Learning”) is an insignia of nursing and nursing education. The lamp represents the warmth of caring. The light of the lamp symbolizes the striving for excellence. The oil represents the energy and commitment of the nurse to heal others.

this conflict. She entered the battlefield near Scutari, Turkey, with 38 other nurses and cared for the sick and injured. The nurses had few supplies and little outside support. Nonetheless, Nightingale insisted on establishing sanitary conditions and providing quality nursing care, which immediately reduced the mortality rate. Her persistence made her famous, and she and her nurses were greatly admired. Her dedicated service both during the day and at night, when she and her nurses made their rounds carrying oil lamps, created a public image of the lady with the lamp. In time, the Nightingale lamp or the “Lamp of Learning” (Fig. 1-3) became a symbol of nursing and nursing education. Today, many schools of nursing display a model of the lamp or a picture of Florence Nightingale carrying a lamp.

Nightingale’s Definition of Nursing

Nightingale had definite and progressive ideas about nursing, as discussed in her book, titled *Notes on Nursing: What It is, and What It is Not* (published in 1859). These ideas remain foundations of contemporary nursing. Nightingale states:

The very elements of what constitutes good nursing are little understood for the well as for the sick. The same laws of health or of nursing, for they are in reality the same, obtain among the well as among the sick....If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing....I use the word nursing for want of a better. It (nursing) has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet—all at the least expense of vital power to the patient.

Nightingale specified five essential points that are necessary for the maintenance of health and the support of recuperation. These include clean air, clean water, efficient drainage, cleanliness, and light.

The Nightingale School

Building on the respect she had established in the Crimean War, Nightingale opened the first nursing school outside a hospital in 1860. The nursing course was 1 year in length and included both classroom and clinical experience, a major innovation at that time. Students gained clinical experience

at St. Thomas Hospital in London. Because it was financially independent, the school emphasized learning, rather than service to the hospital. Some principles of the Nightingale School for Nurses are still taught today:

- Cleanliness is vital to recovery.
- The sick person is an individual with individual needs.
- Nursing is an art and a science.
- Nurses should spend their time caring for others, not cleaning.
- Prevention is better than cure.
- The nurse must work as a member of a team.
- The nurse must use discretion but must follow the physician's orders.
- Self-discipline and self-evaluation are important.
- A good nursing program encourages a nurse's individual development.
- The nurse should be healthy in mind and body.
- Teaching is part of nursing.
- Nursing is a specialty.
- A nurse does not graduate but continues to learn throughout his or her career.
- Nursing curricula should include both theoretical knowledge and practical experience.

The Nightingale School included other innovations:

- Establishment of a nurses' residence
- Entrance examinations and academic and personal requirements, including a character reference
- Records of each student's progress—later known as the “Nightingale plan,” a model for current nursing programs
- Records of employment of students after graduation, or a formal register—the beginnings of nursing practice standards

NCLEX Alert

NCLEX questions are based on the contents of the official NCLEX-PN Test Plan. Students need to be aware of these general categories because specific questions, better referred to as *clinical scenarios*, can involve one or more components of the Plan. The answers provided by NCLEX are referred to as *options*. When taking the NCLEX, read the clinical scenario carefully and read all of the options. Keep in mind that more than one option may be correct. You must choose the BEST correct option.

NURSING IN THE UNITED STATES

Nursing in the colonial United States was primarily a family matter, with mothers caring for their own families or neighbors helping each other. Throughout the 19th and 20th centuries, historical and nursing developments interacted to build the foundation of modern nursing practice. The establishment and growth of a system of nursing education is the most important development that has shaped today's nursing.

The First Nursing Schools

The influence of Florence Nightingale and the Kaiserswerth School extended to the United States when Pastor

Friedner came to Pittsburgh, Pennsylvania, with four nurse-deaconesses. In 1849, he became involved with the Pittsburgh Infirmary, the first Protestant hospital in the United States. Today it is called Passavant Hospital. The four deaconesses trained other nurses and started the movement to educate American nurses. The Pittsburgh Infirmary was the first real school of nursing in the United States, although limited training existed in other hospitals in New York and Pennsylvania before 1849.

In 1873, three nursing programs based on the Nightingale plan were formally established: Bellevue Hospital School of Nursing in New York; Connecticut Training School in New Haven; and Boston Training School at Massachusetts General Hospital.

Notable American Nurses

With the onset of the Civil War (1861–1865), the public need for nurses became more evident. In 1861, the Union Army appointed Dorothea Lynde Dix (1802–1887) Superintendent of Female Nurses. Her job was to recruit volunteer nurses to treat men injured in the war. Dix is especially remembered for her campaign against the inhumane treatment of the mentally ill. One of Dix's volunteers was Louisa May Alcott (author of *Little Women*). Another was Clara Barton (1821–1912), who in 1881 founded the organization now known as the American Red Cross.

Melinda Ann (Linda) Richards (1841–1930) was the first trained nurse in the United States. She graduated in the early 1870s and organized the school of nursing at Massachusetts General Hospital, then called the Boston Training School.

Isabel Hampton Robb (1860–1910) was the founder of the school of nursing at Johns Hopkins University. She is credited with founding two national nursing organizations, one in 1911, which eventually emerged as the American Nurses Association (originally called the Alumnae Association). She and Lavinia Lloyd Dock (1858–1956) founded the American Society of Superintendents of Training Schools of Nursing in 1894, which in 1903 evolved into the Education Committee of the National League for Nursing. Robb wrote one of the earliest nursing textbooks, *Materia Medica for Nurses*, and coauthored a four-volume *History of Nursing*. Robb also founded the *American Journal of Nursing*. She introduced charting and nurse licensure to improve continuity of care. She also initiated the idea of graduate nursing study in the late 1800s.

Lillian Wald (1867–1940) is considered the founder of American public health nursing. She is best known for founding the Henry Street Settlement Visiting Nurse Society (VNS) in New York City in 1893. The Henry Street Settlement was a neighborhood nursing service that became a model for similar programs in the United States and other countries. Wald also convinced New York City schools to have a nurse on duty during school hours. She persuaded President Theodore Roosevelt to create a Federal Children's Bureau and insisted that nursing education occur in institutions of higher learning.

Mary E. Mahoney (1845–1926) promoted fair treatment of African Americans in healthcare. She was the first African American graduate nurse and promoted integration and better working conditions for minority healthcare workers in Boston.

Mary Breckinridge (1881–1965) was a pioneer as a visiting nurse-midwife to the mountain people of Kentucky in the early 1900s, often making her rounds on horseback. She also started one of the first midwifery schools in the United States.

Collegiate Nursing Education

In 1907, Mary Adelaide Nutting (1858–1947) and Isabel Robb were instrumental in establishing the first college-based nursing program at Teachers College of Columbia University. Nutting thus became the first nurse to be on a university staff. She was also instrumental in founding the International Council of Nurses.

In 1909, the University of Minnesota established the first continuous program to educate nurses at the university level, with an enrollment of four students. Isabel Robb strongly influenced the organization of this program, which is considered the beginning of nursing as a profession. This program, however, did not lead to a bachelor's degree until 1919, when several other schools had also initiated college- and university-based nursing programs.

The History of Practical Nursing Education

Practical nursing, also called vocational nursing, has existed for many years. Women often cared for others and called themselves practical nurses. Not until the 1890s, however, was formal education in practical nursing available.

Pioneer Schools

Curricula in all of the early practical nursing schools included child care, cooking, and light housekeeping, in addition to care of the sick at home. Hospital care was not necessarily included.

Ballard School

In 1892, the Young Women's Christian Association (YWCA) opened the first practical nursing school in the United States in Brooklyn, New York. Later, it was named the Ballard School because Lucinda Ballard provided the funding. Practical nursing (attendant nursing) was one of several courses offered to women. This program was a 3-month course to train women in simple nursing care, emphasizing care of infants and children, older adults, and the disabled in their own homes. The Ballard School closed in 1949 because of YWCA reorganization.

Thompson Practical Nursing School

Thomas Thompson, a wealthy man who lived in Vermont during the Civil War, learned that women were making shirts for the army at only a dollar a dozen. In his will, he left money to help them. Richard Bradley, his executor, was a public-spirited man and determined that the local citizens needed nursing service. In 1907, he used some of Thompson's money to establish the Thompson Practical Nursing School in Brattleboro, Vermont. This school still exists today.

Household Nursing School

In Boston, a group of women wanted to provide nursing care in the home for people who were sick. They called on Bradley

for advice, and he encouraged them to follow Brattleboro's example. In 1918, the Household Nursing Association School of Attendant Nursing opened. The school was later renamed the Shepard-Gill School of Practical Nursing in honor of Katherine Shepard Dodge, the first director, and Helen Z. Gill, her associate and successor. This school operated until 1984.

In all, 36 practical nursing schools opened during the first half of the 20th century in the United States. Between 1948 and 1954, 260 additional programs had opened. Today, more than 1,500 practical nursing programs exist in the United States. There is a growing need for licensed vocational/licensed practical nurses (LVN/LPNs) in multiple healthcare settings. Many LVN/LPNs choose to continue their nursing education and become registered nurses (RNs) via utilization of resources, such as career ladder programs, which accept LVN/LPN curricula for RN programs. Chapter 2 discusses the education requirements for nurses in greater detail.

American Red Cross Training

In 1908, the American Red Cross began offering home nursing education to teach lay women appropriate nursing care for illnesses within their own families. Jane Delano (1862–1919) was an Army nurse who was instrumental in this movement. Chapter 7 discusses the Red Cross in more detail.

Practical Nursing in Vocational and Community Colleges

In the early part of the 20th century, nursing schools—training both practical nurses and registered nurses—were traditionally located in or affiliated with hospitals. In 1917, the U.S. Congress passed the Smith-Hughes Act, the funds from which gave impetus to vocational-technical and public education. In 1919, the first vocational school-based nursing program opened in Minneapolis at Minneapolis Vocational High School. Today, the majority of practical nursing and associate's-degree nursing programs are located in vocational education settings or in community colleges.

Other Milestones in Practical Nursing Education

The Association of Practical Nurse Schools was founded in 1941. It was later renamed the National Association of Practical Nurse Education and Service.

In 1914, Mississippi became the first state to designate LPNs. By 1955, all states had laws that regulated the licensure of practical nurses. The first state to have mandatory licensure for LPNs to practice was New York. Chapter 2 discusses permissive and mandatory licensure more fully.

During World War II, people realized that nurses needed a consistent curriculum. In 1942, the U.S. Office of Education planned and advocated the first practical nursing curriculum for the entire country.

In 1966, the Chicago Public School system's program was the first practical nursing program to be accredited by the National League for Nursing (NLN).

Nursing During Wartime

Nursing during wartime has long been important. From Florence Nightingale in the Crimean War to the American Civil War, Spanish–American War, Korea, Vietnam, and continuing to the wars of the 21st century, nurses have always played a vital role.

World War I marked the first emergency training of nurses. The Army School of Nursing was established; Annie W. Goodrich (1876–1955) wrote the curriculum. Hundreds of women were trained in this abbreviated program; however, nearly all of them left nursing and returned to home-making after the war’s end in 1918.

The U.S. Cadet Nurse Corps was established during World War II, with Lucile Petry Leone (1902–1999) as Director. More than 14,000 volunteer nurses graduated in about 2 years. Originally, the plan was to draft nurses into the Army. A major opponent to this idea was Katherine J. Densford (1890–1978), Director of the School of Nursing at the University of Minnesota. She promised to train expanded numbers of nurses in a short time, if the government abandoned the nurse draft. Because of Densford’s efforts, the student population at the University of Minnesota multiplied by five in a matter of weeks; more than 1,200 cadets graduated from that school alone.

World War II also marked the first time that men as well as women were actively recruited into nursing. Male nurses were not given equal rank to female nurses in the Armed Forces, however, until 1954. By the war’s end in 1945, the world had changed. Many cadet nurses remained in the field, especially in the military. This employment gave many women a measure of independence that they had not previously known. After this time, emphasis was placed on improved graduate education for nurses. Nurses also began to assume a broader, more responsible role—a trend that continues today.

Current Nursing Trends

Nursing evolved rapidly in the 20th century, which promoted the needs and status of nurses. Technology, economics, and healthcare access continue the evolution of nursing in the 21st century. Many factors influenced trends that are expected to continue in the 21st century. The responsibilities of the nurse have increased as a direct result of these trends. This book has been written with these trends in mind:

Higher Client Acuity in Hospital and Long-Term Settings

Because of limitations on payment for healthcare, hospital stays are markedly shorter than they were in the 20th century. Clients in all healthcare facilities are more acutely ill than in years past. Long-term care facilities also have seen an increase in clients with highly acute conditions because of the growth of home care for those with more manageable conditions. Such developments require nurses working in all care areas to have higher levels of skill, additional education, and more specialization.

Shift to Community-Based Care

Most clients now receive healthcare outside acute care settings. For example, much surgery is now done on an

outpatient basis; many clients receive care for chronic or long-term conditions at home; and community clinics provide primary healthcare for many clients. Thus, today’s nursing care is delivered in a much wider range of settings than in the past.

Technology

Nurses, clients, and family members often must learn to operate highly sophisticated equipment to manage conditions in the home. This equipment makes accuracy in diagnosis and treatment possible. The teaching role of nursing is emphasized to a greater extent.

Social Factors

Many clients experience homelessness, are unemployed, or are underemployed. Devastating diseases, such as the coronavirus disease 2019 (COVID-19) pandemic, acquired immunodeficiency syndrome (AIDS), tuberculosis, measles, or pertussis, are more prevalent. These factors create a need for more healthcare services in the public sector. National and state healthcare legislation are promoting the concepts of preventative treatment and universal availability of healthcare.

Lifestyle Factors and Greater Life Expectancy

Today’s society and the healthcare industry emphasize prevention of disease, healthy lifestyles, and wellness programs. Many people are living much longer and are more active and healthy into their later years than in past generations. Greater life expectancy is causing huge growth in the areas of extended, long-term, and home care. This growth will require many more nurses to work in such fields.

Changes in Nursing Education

Today’s nursing programs emphasize education over service to clinical sites; they identify specific objectives (outcomes) for students. An earlier edition of this textbook was the first to identify learning objectives in practical nursing. Many LVN/LPNs are returning to school to become RNs, and many “career ladder” programs are available.

Autonomy

The social concept that all people, regardless of gender, should have equal access to opportunities has influenced nurses, most of whom are women, to be more assertive and independent. Today’s nursing role is to collaborate with others in the healthcare field. Primary care, previously delivered only by physicians, can be delivered by nurses who succeed in advanced educational opportunities and specialized clinical experiences.

NURSING INSIGNIA

An insignia is a distinguishing badge of authority or honor. The symbolism dates back to the 16th century in Europe, when only a nobleman could wear a coat of arms. Later this privilege was expanded to include members of guilds (craftsmen). Certain types of training schools, including religious nursing



Figure 1-4 Nursing uniforms have changed throughout the years. (Courtesy of the National Institutes of Health/Department of Health and Human Services.)

orders, were also given the privilege. In the past, female nurses wore nursing caps and all nurses were awarded a school pin at graduation. Some schools also had distinguishing capes. The “Nightingale lamp,” “Lamp of Nursing,” or “Lamp of Learning” remain a standard of nursing insignia (see Fig. 1-3).

Nursing Uniforms

Although the style of uniform has changed throughout the years, nurses have always dressed professionally (Fig. 1-4). Clients usually feel more comfortable when nurses are easily identifiable and distinguishable from other staff. Today, a nametag, which includes your name, a current photo ID, and your job title, is required whenever you provide nursing care, no matter where you are employed.

The Nursing School Pin

You may receive a nursing pin at graduation that symbolizes your school of nursing. Early nursing symbols were usually religious in nature. Today, many nursing school pins bear some religious symbol, such as a cross (based on the Maltese cross) or a Star of David, even though the school may not be directly affiliated with a religious organization. The Nightingale lamp is also a common component of the nursing pin.

Key Concept

Remember that as you embark on your nursing career, you continue nursing’s history and heritage.

STUDENT SYNTHESIS

KEY POINTS

- Medicine men and women and religious orders cared for the sick in early times.
- Florence Nightingale contributed a great deal to the development of contemporary nursing.
- Establishment of nursing schools in the United States began in the late 19th century.
- The first practical nursing school in the United States opened in 1892 in New York.
- Nursing during the World Wars I and II contributed to the profession’s and to women’s evolving roles in society.
- Many current societal and healthcare trends are influencing the nursing profession, including higher levels of client acuity in hospital settings, more community-based care, technological advances, changing lifestyles, greater life expectancy, changing nursing education, and more nursing autonomy.
- Nursing insignia, such as those found on nursing school pins, often symbolize nursing’s history and heritage.

CRITICAL THINKING EXERCISES

1. Explain how the changing role of women in society helped contribute to the changing role of nursing.
2. Determine why established standards of nursing practice and education are so important to the development of nursing as a respected profession.

3. A friend interested in nursing asks you about the profession’s history and its place in today’s society. How would you answer your friend? What developments and milestones would you highlight?

NCLEX-STYLE REVIEW QUESTIONS

1. Which trends in nursing are expected to influence nursing in the 21st century? Select all that apply.
 - a. Higher client acuity in hospital and long-term settings
 - b. Traditional nursing education programs
 - c. Shift to community-based care
 - d. Advancements in technology
 - e. Greater life expectancy
2. A client has been involved in a motor vehicle crash and has multiple injuries. Which guiding principles of Florence Nightingale would assist this client’s recuperation and health maintenance? Select all that apply.
 - a. Clean air and water
 - b. Cleanliness
 - c. Blood administration
 - d. Light
 - e. Efficient drainage

8 UNIT 1 The Nature of Nursing

3. The nurse caring for a client must be attentive to the client's emotions, lifestyles, physical changes, spiritual needs, and individual challenges. When the nurse attends to these needs, the nurse is providing which type of care?
 - a. Behavioral healthcare
 - b. Specialized healthcare
 - c. Caring healthcare
 - d. Holistic healthcare
4. A nurse working in a mental healthcare facility understands that the clients are to be treated respectfully and their rights maintained. Which nurse was an advocate for the humane treatment of the mentally ill?
 - a. Florence Nightingale
 - b. Melinda Richards
 - c. Isabel Robb
 - d. Dorothea Dix
5. The first practical nursing school was a 3-month course. What was the primary role of the practical nurse after graduation from this program?
 - a. Care of infants, children, older adults, and disabled in the client's home
 - b. Care of all client populations in the hospital setting
 - c. Advanced care of adult clients in home and hospital
 - d. Assisting the physician in surgical procedures

CHAPTER RESOURCES

*Enhance your learning with additional resources on **thePoint!***

Student Resources related to this chapter can be found at thePoint.lww.com/Rosdahl12e.

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