



SKILLS IN
CLINICAL
NURSING

Berman, Snyder
Levett-Jones
Burton
Harvey

ALWAYS LEARNING

PEARSON

SKILLS IN

CLINICAL
NURSING

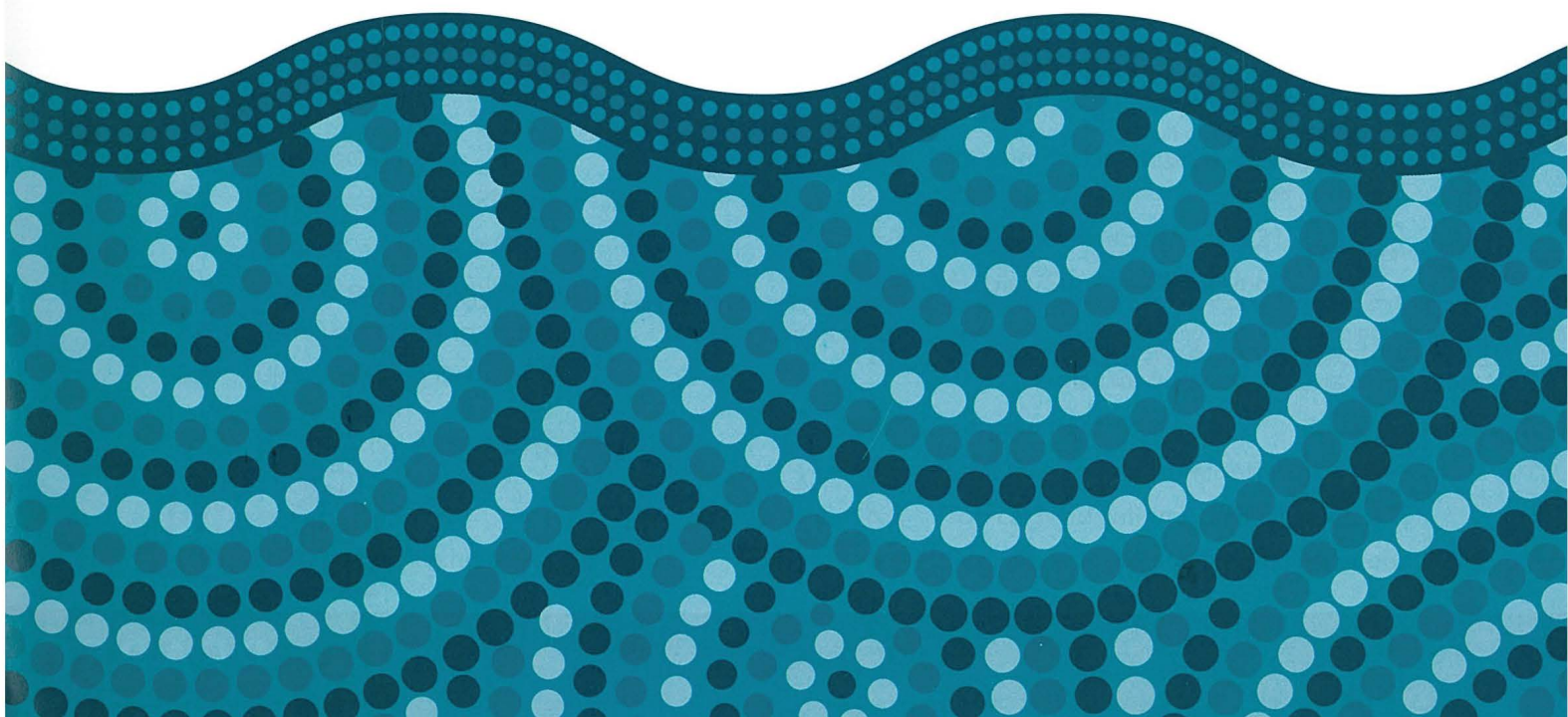
Berman

Snyder

Levett-Jones

Burton

Harvey



Copyright © Pearson Australia (a division of Pearson Australia Group Pty Ltd) 2017

Pearson Australia
707 Collins Street
Melbourne VIC 3008

www.pearson.com.au

The *Copyright Act 1968* of Australia allows a maximum of one chapter or 10% of this book, whichever is the greater, to be copied by any educational institution for its educational purposes provided that that educational institution (or the body that administers it) has given a remuneration notice to Copyright Agency Limited (CAL) under the Act. For details of the CAL licence for educational institutions contact:
Copyright Agency Limited, telephone: (02) 9394 7600, email: info@copyright.com.au

All rights reserved. Except under the conditions described in the *Copyright Act 1968* of Australia and subsequent amendments, no part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

Portfolio Manager: Mandy Sheppard
Development Editor: Anna Carter
Project Managers: Bronwyn Smith and Rebecca Pomponio
Copyright and Pictures Editor: Emma Gaulton
Production Controller: Bradley Smith
Lead Editor: Jane Tyrrell
Copy Editor: Jane Tyrrell
Proofreader: Helen Eastwood
Indexer: Mary Coe
Cover and internal design: Liz Nicholson, designBITE Pty Ltd
Cover illustrations:
Doctor image: © Micolos/Shutterstock.com
Dot image: © Marina Riley/Shutterstock.com
Typeset by iEnergizer Aptara®, Ltd., India

Printed in China (SWTC/01)

1 2 3 4 5 21 20 19 18 17

National Library of Australia
Cataloguing-in-Publication entry

Creator: Berman, Audrey, author.
Title: Skills in clinical nursing / Audrey Berman, Shirlee J. Snyder, Tracy Levett-Jones, Patricia Burton, Nichole Harvey.
ISBN: 9781486011971 (paperback)
Notes: Includes index.
Subjects: Nursing—Australia—Handbooks, manuals, etc.
Nursing—Study and teaching—Australia
Other Creators/Contributors:
Snyder, Shirlee J., author.
Levett-Jones, Tracy, author.
Burton, Patricia, author.
Harvey, Nichole, author.

Dewey Number: 610.73

Every effort has been made to trace and acknowledge copyright. However, should any infringement have occurred, the publishers tender their apologies and invite copyright owners to contact them.

Pearson Australia Group Pty Ltd ABN 40 004 245 943



BRIEF CONTENTS

About the Australian Authors	v
Preface	vi
Acknowledgments	vii
Features	viii
Mapping to the NMBA Registered Nurse Standards for Practice	xi
List of Clinical Skills Appraisal Forms	xviii
Educator Resources	xx

UNIT 1 Infection Control 1

1.1	Introduction	2
1.2	Hand Hygiene	6
1.3	Using Personal Protective Equipment	11
1.4	Standard and Transmission-Based Precautions	16
1.5	Gowning and Gloving	23
1.6	Aseptic Technique	27

Unit 2 Safe Patient Moving 41

2.1	Introduction	42
2.2	Mobility and Falls Risk Assessment	47
2.3	Helping a Person out of Bed	55
2.4	Assisting with Mobilisation	62
2.5	Turning or Moving a Dependent Person	73
2.6	Using a Lifting Device	82

UNIT 3 Health Assessment 95

3.1	Introduction	96
3.2	Examination Techniques	97

3.3	Assessing Vital Signs	100
3.4	Primary Survey	132
3.5	Secondary Survey	135
3.6	Diagnostic Testing	138

UNIT 4 Hygiene Care 157

4.1	Introduction	158
4.2	Bed Bathing a Dependent Person	162
4.3	Assisting with Showering	173
4.4	Assisting a Person with Oral Care	177

UNIT 5 Skin and Wound Care 191

5.1	Introduction	192
5.2	Pressure Injury Assessment	193
5.3	Wound Assessment	200
5.4	Simple Wound Dressing	204
5.5	Wound Irrigation	213
5.6	Wound Packing and/or Removal of Pack	217
5.7	Wound Drainage Care	221
5.8	Staples/Sutures/Clip Removal	225

UNIT 6 Medication Administration 239

6.1	Introduction	240
6.2	Oral Medication Administration	249
6.3	Topical Medication Administration	255
6.4	Parenteral Medication Administration	274

UNIT 7 Pain Management 313

- 7.1 Introduction 314
- 7.2 Pain Assessment 323
- 7.3 Patient Controlled Analgesia (PCA) 332
- 7.4 Non-Pharmacological Pain Relief 335

UNIT 8 Perioperative Nursing Skills 343

- 8.1 Introduction 344
- 8.2 Preparing a Person for Surgery 345
- 8.3 Postoperative Care 358

UNIT 9 Gastrointestinal Nursing Skills 371

- 9.1 Introduction 372
- 9.2 Abdominal Assessment 374
- 9.3 Assisting with Feeding 377
- 9.4 Nasogastric Tube Insertion and Removal 381
- 9.5 Enteral Feeds 388
- 9.6 Changing a Stoma Appliance 394
- 9.7 Enema Administration 400

UNIT 10 Genitourinary Nursing Skills 411

- 10.1 Introduction 412
- 10.2 Urinary Assessment 418
- 10.3 Urinary Elimination 428
- 10.4 Catheter Management 435

UNIT 11 Cardiovascular Nursing Skills 465

- 11.1 Introduction 466
- 11.2 Cardiovascular Assessment 468
- 11.3 Taking a 12-Lead Electrocardiograph (ECG) 473
- 11.4 Cardiac Monitoring 476
- 11.5 Basic Life Support 478

- 11.6 Automated External Defibrillator 486
- 11.7 Venipuncture 490
- 11.8 Managing Intravenous Lines 501
- 11.9 Administering Intravenous Fluid Therapy 510
- 11.10 Administering Blood Component Therapy 514
- 11.11 Managing Central Lines 521

UNIT 12 Respiratory Nursing Skills 546

- 12.1 Introduction 547
- 12.2 Respiratory Assessment 550
- 12.3 Deep Breathing and Coughing Exercises 560
- 12.4 Incentive Spirometry 563
- 12.5 Providing Oxygen 567
- 12.6 Use of a Nebuliser 583
- 12.7 Oropharyngeal and Nasopharyngeal Suctioning 588
- 12.8 Tracheostomy Care 595

UNIT 13 Neurological Nursing Skills 621

- 13.1 Introduction 622
- 13.2 Neurological Assessment 625
- 13.3 Neurovascular Assessment 638

UNIT 14 Mental Health Nursing Skills 651

- 14.1 Introduction 652
- 14.2 Mental Health Assessment 657
- 14.3 Caring for a Person Having Electroconvulsive Therapy (ECT) 665

GLOSSARY 673

INDEX 682

ABOUT THE AUSTRALIAN AUTHORS



Tracy Levett-Jones RN, PhD, MEd & Work, BN, DipAppSc (Nursing)

Professor Tracy Levett-Jones is the Director of the Research Centre for Health Professional Education at the University of Newcastle. Her research interests

include clinical reasoning, interprofessional education, empathy, belongingness, cultural competence, simulation and patient safety. Tracy has authored 10 books, the most recent being *Clinical Reasoning: Learning to Think like a Nurse* and *Critical Conversations for Patient Safety*; as well as over 150 book chapters, reports and peer-reviewed journal articles. Tracy has been the recipient of nine research awards and 10 teaching awards, including an Australian Learning and Teaching Council (ALTC) Award for Teaching Excellence (2010); a New South Wales Minister for Education and Training Quality Teaching Award (2007); and a Pearson/Australian Nurse Teacher Society Nurse Educator of the Year Award (2011). She has been awarded nearly two million dollars in grant funding and has led and been involved in a number of Category 1 funded projects.



Trish Burton PhD, MEd, BAppSc (Nurse Education), BSc, DipAppSc (Nursing), RN

Trish Burton is a Senior Lecturer in Nursing, in the College of Health and Biomedicine, at Victoria University. Her nursing background is in adult intensive care, infectious

diseases and emergency nursing. In the nurse academic role, Trish has held many course coordination roles at the undergraduate and postgraduate levels. She has an extensive curriculum development background, and teaches acute care, pharmacology, research and professional practice issues. Trish has been an author for fundamentals of nursing, medical surgical nursing and health assessment textbooks. She has enjoyed the challenge of mapping national competency standards for the registered nurse in nursing textbooks and is currently mapping the Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for publication. Trish's current research interest is in nurse-led cardiovascular clinics in the general practice setting.



Nichole Harvey PhD, MNst, GCertEd (Tertiary Teaching), BN, CritCareCert, RN, RM

Nikki has been a registered nurse since 1988 and a registered midwife since 1995. Clinically, she has considerable experience in emergency and trauma nursing,

having worked in rural and metropolitan departments. Between the years 1999–2010 Nikki worked for the School of Nursing, Midwifery and Nutrition at James Cook University. She was involved in the development of both undergraduate and postgraduate nursing and midwifery curricula and the teaching of student nurses and midwives. In August 2011, Nikki was appointed as a Senior Lecturer, Clinical Skills Unit, for the College of Medicine & Dentistry, James Cook University. Her current position is the Years 1–3 Clinical Skills Curriculum Coordinator and the Year 3 Clinical Skills Coordinator for medical students enrolled in the MBBS course. Nikki is a group member recipient of two James Cook University Citations for Outstanding Contributions to Student Learning (2013 and 2015) and a group member recipient of an Australian Award for University Teaching, Office for Learning and Teaching (OLT) in 2013. Nikki's research interests include: midwifery; rural and remote health and education; evaluation of clinical skills teaching and simulation; interprofessional health education; and emergency nursing/care. Nikki is a co-author of the Australian edition of *Kozier and Erb's Fundamentals of Nursing* textbook and is also a member of a national Clinical Reference Group for the review of the Patient Blood Management Guideline concerning Critical Bleeding and Massive Transfusions. Nikki represents both the Australian College of Nursing and the Australian College of Midwifery in her role on this Clinical Reference Group. Nikki is passionate about working collaboratively with all health professionals to achieve high-quality, authentic teaching experiences that promote and encourage student learning within a safe and fun learning environment.

PREFACE

Excellence in clinical practice requires nurses to have a sophisticated knowledge level, highly developed technical and non-technical skills, a professional attitude and a person-centred approach. Quality and safety in health care is dependent upon the extent to which nurses are able to integrate these essential components into their care.

This first Australian edition of *Skills in Clinical Nursing* includes 95 of the most important skills performed by nursing students and graduates, organised from simple to complex and written to reflect current evidence-based practice guidelines. *Skills in Clinical Nursing* is intended to be a valuable textbook for nursing students and beginning nurses. Content was selected based on feedback from clinical reviewers, a market survey, and the extensive teaching and clinical experience of the authors. All content was critically reviewed for currency and accuracy by practising clinicians.

Format

Skills in Clinical Nursing has been designed as a practical and easy-to-navigate reference for both the classroom and clinical practice settings.

Each section contains concise introductory information with clear learning outcomes and key terms. Background information contextualises the skills and provides a brief overview of relevant anatomy, physiology and pathophysiology. The importance of and rationale for each skill is then outlined.

Each unit includes the following elements and features:

CLINICAL SAFETY ALERTS – highlight key patient safety issues relevant to the performance of particular skills.

STANDARDS FOR PRACTICE – link performance of the skills with the Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016).

CLINICAL SCENARIOS – link what you are learning to a relevant clinical story. The scenarios are designed to promote person-centred care and clinical reasoning skills.

CRITICAL THINKING QUESTIONS – test your knowledge and application of learning at the end of each introductory section and following each Clinical Scenario.

WHAT IF? – explore unexpected outcomes in a concept map format.

LIFESPAN CONSIDERATIONS – present age-related content to alert you to differences in caring for people of different ages.

3Ps TABLES – Each clinical skill is organised with step-by-step instructions and using the 3P structure:

1. Preparation and planning
2. Performing the procedure
3. Priorities post procedure.

Explanations and rationales explain the reasons for particular nursing actions and decisions in the 3Ps Table.

Critical steps are visually represented with full colour photos and illustrations.

FURTHER READINGS, WEBLINKS and REFERENCES – provide evidence-based resources to extend your learning and can be found at the end of each unit.

ACKNOWLEDGMENTS

We would like to express our sincere thanks to the clinicians and educators who revised or reviewed units of this text. Their insights, comments, suggestions, feedback and encouragement contributed to making this a more useful and relevant resource for students.

Clinical Reviewers

UNIT 1 **Josefina Talavera**, Clinical Nurse Specialist, Day Procedure Unit, Western Health, and PhD candidate, Victoria University.

UNITS 2, 4, 12 and 13 **Tanya Langtree**, Lecturer/Academic Supervisor, Simulation Technologies, Nursing, Midwifery and Nutrition, College of Healthcare Sciences, James Cook University.

UNITS 3 and 11 **Edwin Pascoe**, Nurse Educator and Diabetes Nurse Educator.

UNITS 5 and 8 **Caglayan Yasan**, sessional lecturer and PhD candidate, Victoria University.

UNIT 6 **Ms Natalie Govind**, academic and PhD candidate, University of Newcastle; and **David Newby**, Associate Professor, School of Medicine and Public Health, University of Newcastle.

UNIT 7 **Ms Caroline Phelan**, Clinical Nurse Consultant, Hunter Integrated Pain Service.

UNIT 9 **Ms Jonine Sinclair**, Nursing Unit Manager, General, Colorectal and Upper GI Surgery, John Hunter Hospital; and **Jenny O'Donnell**, Stomal Therapy CNC, John Hunter Hospital.

UNIT 10 **Ms Suzanne Hattley**, Clinical Nurse Educator, Intensive Care Unit, Gosford Hospital.

UNIT 14 **Dr Tanya Park**, Assistant Professor, Faculty of Nursing, University of Alberta.

Reviewers

Ms Michelle Fenton, Lecturer, School of Nursing and Midwifery, Griffith University.

Rosemary Saunders, Associate Professor, Edith Cowan University.

Clare Cole, Lecturer, Federation University Australia.

Dr Alison Craswell, Research Fellow, University of the Sunshine Coast.

Mrs Lisa Wirihana, Lecturer, Queensland University of Technology.

Dr Kolleen Miller-Rosser, Lecturer (Nursing), School of Health Human Sciences, Southern Cross University.

Tanya Langtree, Lecturer/Academic Supervisor, Simulation Technologies, Nursing, Midwifery and Nutrition, College of Healthcare Sciences, James Cook University.

Katie Lucas, Lecturer in paediatric and child health, University of South Australia.

Ms Carol Arthur, Lecturer and Clinical Course Coordinator, University of Newcastle.

Dr Cheryl Ross, Lecturer, School of Nursing & Midwifery, University of Southern Queensland.

Ieeanne Heaton, Head of Program, Central Queensland University.

Benjamin Hay, Senior Lecturer, University of Notre Dame Australia.

Julie Dally, Lecturer, University of Notre Dame Australia.

Sandy McLellan, Lecturer in Nursing, Central Queensland University.

Maryanne Podham, Lecturer in Nursing, Charles Sturt University.

Co-Contributors

The authors would also like to thank the following chapter co-contributors.

UNIT 1 **Majella Hales**.

UNIT 7 **Helen Courtney-Pratt**, Senior Research Fellow, University of Tasmania.

UNIT 9 **Carol Arthur**, Lecturer and Clinical Course Coordinator, University of Newcastle.

UNIT 10 **Natalie Govind**, Academic and PhD Candidate, The University of Newcastle; and **Jacqui Pich**, Academic, The University of Newcastle.

FEATURES

CLINICAL SAFETY ALERTS – highlight key patient safety issues relevant to the performance of particular skills.

CLINICAL SAFETY ALERT



Prior to performing the skill, as with all clinical skills, the procedure needs to be fully explained to the person and consent obtained. People often report that knowing what is going to be done to them, helps minimise the embarrassment (Matiti & Trorey, 2008). This is especially important when performing hygiene care. It is also critical to remember that the person is free to withdraw their consent at any time or only consent to certain aspects of hygiene care.

STANDARDS FOR PRACTICE

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) specify that the registered nurse 'coordinates resources effectively and efficiently for planned actions' (NMBA, 2016, p. 4) and 'appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles' (NMBA, 2016, p. 5. © Nursing and Midwifery Board of Australia).



STANDARDS FOR PRACTICE BOXES – link performance of the skills with the Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016).

CLINICAL SCENARIOS – link what you are learning to a relevant clinical story. They are designed to promote person-centered care and clinical reasoning skills.

CLINICAL SCENARIO

Back to Sam Neal, a 30-year-old male with a past history of contracting HBV. Sam has been diagnosed with appendicitis and is now being prepared for surgery.

CRITICAL THINKING QUESTIONS – test your knowledge and application of learning at the end of each introductory section and following each Clinical Scenario.

Critical Thinking Questions



1. What precautions should both the emergency department and operating theatre staff take in relation to Sam?
2. How should body secretions, bed linen, equipment used for vital signs, one-use disposable equipment, sharps and laboratory specimens be handled?

LIFESPAN CONSIDERATIONS

When providing hygienic care for an older person be mindful of the developmental changes that occur with skin. The older person's skin is more fragile and therefore care is needed with the amount of pressure and friction that is used when cleansing. Too much pressure or friction will put the person at risk of skin breakdown and injury. Recommendations for helping to maintain skin integrity include the use of protective moisturisers and not using 'drying' soaps.

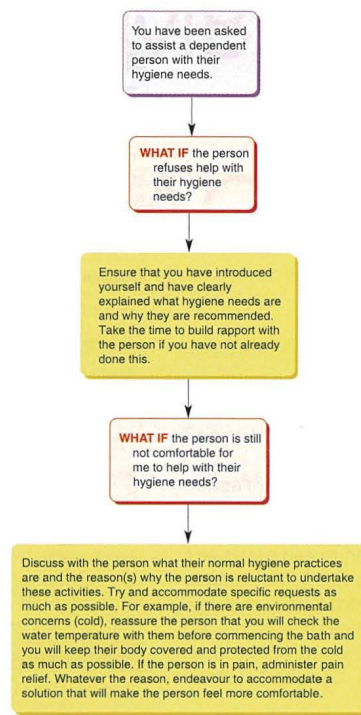


LIFESPAN CONSIDERATIONS – present age-related content to alert you to differences in caring for people of different ages.

WHAT IF FEATURES – explore unexpected outcomes in a concept map format.



What If Bed bathing a dependent person



THE 3Ps TABLE BED BATHING A DEPENDENT PERSON

PREPARATION AND PLANNING	
ACTION	EXPLANATION AND RATIONALE
Perform hand hygiene.	Hand hygiene is an essential skill to remove microorganisms and prevent cross contamination.
Determine the indication and the type of bath that the person needs. Determine if the hygiene care can be delegated to an Assistant in Nursing or appropriate caregiver.	The person's health status and what procedures they have undergone will guide the nurse in her/his assessment of whether the care can be delegated.
Assess the person's physiological and psychological comfort levels and determine if there are cultural, religious, environmental or any other factors that need to be considered prior to commencing the procedure.	A person-centred approach to care is essential. Nurses needs to be considerate of a person's normal hygienic practices and individual preferences. Whenever possible, individual preferences should be accommodated and the person should be made to feel as comfortable as possible. A person-centred approach will also help determine if there are any specific precautions or considerations needed for that person – i.e. movement issues, intravenous therapy, plaster casts.
Determine the person's self-care ability.	Encouraging the person to perform self-care if they are physically and psychologically able to do so. Self-care helps to promote independence, exercise and self-esteem. Often people prefer to clean their own face and genital area if able.
Gather the necessary equipment and supplies to complete the procedure. The equipment needed includes: <ul style="list-style-type: none"> • Non-sterile clean gloves (if appropriate) • Washcloth × 2 • Soap/cleansing agent • Bath towels × 2 • Extra towel/Bath blanket • Basin (or sink) with warm water (43°C–46°C) • Toiletry items as requested by the person (i.e. lotions, deodorant, shaving equipment) • Clean linen and linen carrier (linen skip) • Pyjamas, gown or clothes • Table for bathing equipment. 	Having all the equipment available and ready to use avoids interrupting the bed bath or leaving the person unattended while the nurse retrieves the missing items. It also improves time management as having to stop and start to retrieve equipment will cause the procedure to take longer.
PERFORMING THE PROCEDURE	
ACTION	EXPLANATION AND RATIONALE
Perform hand hygiene and put gloves on if body fluids or open lesions are present.	Hand hygiene is an essential skill to remove microorganisms and prevent cross contamination. Gloves are required if body fluids or open lesions are present or if you are providing perineal-genital hygiene care.
Introduce yourself to the person using full name and designation. Verify the person's identity and ask how they would like you to address them, i.e. their preferred name.	This is a professional expectation and helps to promote rapport with the person. Verifying the person's identity ensures that you have the right person. Checking how the person prefers to be addressed also helps to promote rapport and demonstrates respect.

3Ps TABLE – Each clinical skill is organised with step-by-step instructions and using the 3P structure:

1. Preparing and planning
2. Performing the procedure
3. Priorities post procedure

CLINICAL SKILLS APPRAISAL FORMS ▶

— These can be used for both peer review and for formative and summative evaluation of students' clinical skills performance.

Section 1.3 Clinical Skills Appraisal Form

USING PERSONAL PROTECTIVE EQUIPMENT (PPE)

U – Unsatisfactory; D – Developing; S – Satisfactory; NA – Not applicable



PREPARATION AND PLANNING FOR THE PROCEDURE	U	D	S	NA
Determines activities				
Determines infection control precaution level				
Collects equipment: Gown, mask, eyewear, gloves				
PERFORMING THE PROCEDURE				
Removes/secures all loose personal items				
Explains to the individual why PPE is necessary				
Performs hand hygiene and observes appropriate infection control procedures				
Applies a clean gown				
Applies the face mask				
Applies protective eyewear if it is not combined with the face mask				
Applies clean gloves				
To remove soiled PPE, removes the gloves first since they are the most soiled				
Performs hand hygiene				
Removes protective eyewear and dispose of properly or place in the appropriate receptacle for cleaning				
Removes the gown when preparing to leave the room				
Removes the mask				
PRIORITIES POST PROCEDURE				
Disposes of used equipment appropriately				
Performs hand hygiene				
Ensures that area is stocked with necessary equipment				

Student:

Assessor name and signature:

Date:

Comments:

MAPPING TO THE NMBA REGISTERED NURSE STANDARDS FOR PRACTICE

UNIT NUMBER	STANDARD	CRITERIA	EVIDENCE-BASED EXAMPLE
1	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Failure to implement basic infection control principles will increase the risk of health care-associated infections, in Section 1.1 <i>Clinical Safety Alert</i> , p. 4.
1	1. Thinks critically and analyses nursing practice 5. Develops a plan for nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions Uses assessment data and best available evidence to develop a plan	The strategies of hand hygiene, the application of standard precautions, where required transmission-based precautions, cleaning and disinfection reduces the spread of infection, in Section 1.1, p. 4.
1	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	Personal protective equipment is a major consideration in preventing and controlling infection, in Section 1.3, p. 11.
2	3. Maintains the capability for practice	Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice	'Pause-break-stretches' assists health care workers to relax their muscles after performing manual handling activities, in Section 2.1, p. 45.
2	4. Comprehensively conducts assessments	Conducts assessments that are holistic as well as culturally appropriate	A person who has had a fall, whether there is an injury or not, may develop a loss of confidence in walking. Through assessment, nurses are able to assist the person in identifying strategies to increase their confidence to walk, in Section 2.2, p. 50.
2	5. Develops a plan for nursing practice 6. Provides safe, appropriate and responsive quality nursing practice	Uses assessment data and best available evidence to develop a plan Provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people	Cushions that distribute a person's weight evenly are essential to prevent skin breakdown when they are confined to a wheelchair, in Section 2.3 <i>Clinical Safety Alert</i> , p. 58.
2	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	A person must be measured for crutches, otherwise if the crutches are too long the person is at risk of falling, or too short they are at risk of poor body posture, in Section 2.4 <i>Clinical Safety Alert</i> , p. 66.
2	5. Develops a plan for nursing practice 6. Provides safe, appropriate and responsive quality nursing practice	Uses assessment data and best available evidence to develop a plan Provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people	Frequent position changes assist in the prevention of pressure ulcers, superficial nerve damage and contractures, in Section 2.5 <i>Clinical Safety Alert</i> , p. 74.
2	3. Maintains the capability for practice 5. Develops a plan for nursing practice 6. Provides safe, appropriate and responsive quality nursing practice	Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice Uses assessment data and best available evidence to develop a plan Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	The use of lifting devices reduces musculoskeletal pain and injuries to both the nurse and the person, in Section 2.6 <i>Clinical Safety Alert</i> , p. 83.

MAPPING TO THE NMBA REGISTERED NURSE STANDARDS FOR PRACTICE

UNIT NUMBER	STANDARD	CRITERIA	EVIDENCE-BASED EXAMPLE
3	1. Thinks critically and analyses nursing practice 4. Comprehensively conducts assessments	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	Taking a temperature via the rectal route is contraindicated for persons with rectal surgery, diseases, or have diarrhoea, haemorrhoids or immunosuppression, in Section 3.3 <i>Clinical Safety Alert</i> , p. 101.
3	1. Thinks critically and analyses nursing practice 4. Comprehensively conducts assessments	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	Do not press both carotid arteries at the same time as there can a reflex decrease in blood pressure or pulse, in Section 3.3 <i>Clinical Safety Alert</i> , p. 109.
3	1. Thinks critically and analyses nursing practice 4. Comprehensively conducts assessments	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	When a sleeping adult has a respiratory rate less than 10 breaths per minute, use other vital signs to validate status, in Section 3.3 <i>Clinical Safety Alert</i> , p. 117.
	1. Thinks critically and analyses nursing practice 4. Comprehensively conducts assessments	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	A systolic blood pressure greater than 180 mmHg or less than 80 mmHg requires an immediate nursing response, in Section 3.3 <i>Clinical Safety Alert</i> , p. 127.
4	5. Develops a plan for nursing practice 6. Provides safe, appropriate and responsive quality nursing practice	Uses assessment data and best available evidence to develop a plan Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	Regular hygiene promotes healthy skin, control of odours, circulation, gentle musculoskeletal movement and skin assessment, in Section 4.1, p. 158.
4	5. Develops a plan for nursing practice 6. Provides safe, appropriate and responsive quality nursing practice	Uses assessment data and best available evidence to develop a plan Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	Cleansing creams do not dry the skin like soap or detergents, and should be used in conjunction with a moisturiser, in Section 4.3 <i>Clinical Safety Alert</i> , p. 174.
4	5. Develops a plan for nursing practice 6. Provides safe, appropriate and responsive quality nursing practice	Uses assessment data and best available evidence to develop a plan Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	People in long-term care settings are at high risk of oral health problems and respiratory diseases, in Section 4.4 <i>Clinical Safety Alert</i> , p. 179.
5	4. Comprehensively conducts assessments 5. Develops a plan for nursing practice 6. Provides safe, appropriate and responsive quality nursing practice	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice Uses assessment data and best available evidence to develop a plan Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	To reduce the risk of pressure injuries, requires ongoing assessment, positioning, nutrition, hygiene and pressure relieving devices, in Section 5.2, p. 195.
5	1. Thinks critically and analyses nursing practice 5. Develops a plan for nursing practice 6. Provides safe, appropriate and responsive quality nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions Uses assessment data and best available evidence to develop a plan Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	Minor wounds in children should be cleansed with warm soapy water and covered with a sterile bandage, in Section 5.3 <i>Lifespan Considerations</i> , p. 201.

UNIT NUMBER	STANDARD	CRITERIA	EVIDENCE-BASED EXAMPLE
5	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Wound packing facilitates granulation tissue formation, removal of necrotic material and healing by secondary intention, in Section 5.6, p. 217.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
6	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	The medication label must be compared to the medication three times before administration, in Section 6.1 Box 6-2, p. 248.
6	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Enteric coated, slow release, sublingual and buccal medications are not be crushed as the rate of absorption will change and efficacy will be effected , in Section 6.2 <i>Clinical Safety Alert</i> , p. 251.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
6	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Gloves are worn when applying a transdermal patch to prevent skin contamination, in Section 6.3 <i>Clinical Safety Alert</i> , p. 256.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
6	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Subcutaneous injection sites are rotated to minimise tissue damage, facilitate absorption, and avoid discomfort, in Section 6.4, p. 278.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
6	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Check for signs of phlebitis, thrombophlebitis, infection, inflammation and infiltration before administering an intravenous route medication, in Section 6.4, p. 290.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	
7	2. Engages in therapeutic and professional relationships	Actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care	Two registered nurses are required to prepare intravenous medication and set patient controlled analgesia pump settings, in Section 7.3 <i>Clinical Safety Alert</i> , p. 332.
	6. Provides safe, appropriate and responsive quality nursing practice	Provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people	
7	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	To mitigate the risks of patient controlled analgesia of sedation, respiratory depression and hypotension, observations are recorded at regular intervals, in Section 7.3, p. 333.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	

MAPPING TO THE NMBA REGISTERED NURSE STANDARDS FOR PRACTICE

UNIT NUMBER	STANDARD	CRITERIA	EVIDENCE-BASED EXAMPLE
7	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Contraindications to massage therapy are fractures, recent surgery and poor skin integrity, in Section 7.4, p. 336.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
8	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Adequate hydration and fluids promotes healing, so fasting should be within the guidelines, in Section 8.2, p. 347.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
8	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Preoperative teaching reduces anxiety, increases pain control and the person's satisfaction with the surgical experience, in Section 8.2, p. 349.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
8	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Anti-emboli stockings reduce help prevent venous stasis, in in Section 8.2, p. 354.
	5. Develops a plan for nursing practice practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
9	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Nasogastric tube insertion is more challenging when a person is critically ill, has a neurological deficit, a tracheostomy tube is insitu and clotting profile is impaired, in Section 9.4 <i>Clinical Safety Alert</i> , p. 382.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
9	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Each nurse is responsible for checking the position of an enteral feeding tube at least once per shift, in Section 9.5, p. 389.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	
9	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Feeding tubes are flushed with 30 mL of water before, between and after each medication is administered, in Section 9.5, p. 390.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	

UNIT NUMBER	STANDARD	CRITERIA	EVIDENCE-BASED EXAMPLE
10	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Older adults who have urinary problems, including incontinence are at greater risk of falling, and require a falls strategy, in Section 10.1 <i>Clinical Safety Alert</i> , p. 414.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
10	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	A urine output of below 1 mL/kg/hr is a reportable observation and is an indicator of cardiac or renal dysfunction, in Section 10.2 <i>Clinical Safety Alert</i> , p. 418.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
10	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Urinary sheaths reduce skin irritation due to urinary incontinence, in Section 10.3, p. 432.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
11	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Initial venipuncture occurs in the distal part of the arm so as subsequent venipunctures move up the arm, in Section 11.7, p. 490.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
11	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Normal saline and Hartmann's Solution restore vascular volume and electrolyte imbalance, whilst plasma and albumin increase blood volume, in Section 11.8, p. 502.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
11	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Intravenous fluid administration requires a flow rate control device for children and older adults to reduce the risk of fluid overload, in Section 11.8 <i>Clinical Safety Alert</i> , p. 504.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
11	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	All intravenous bags are changed every 24 hours to reduce contamination, in Section 11.9, p. 510.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	

MAPPING TO THE NMBA REGISTERED NURSE STANDARDS FOR PRACTICE

UNIT NUMBER	STANDARD	CRITERIA	EVIDENCE-BASED EXAMPLE
12	<p>1. Thinks critically and analyses nursing practice</p> <p>5. Develops a plan for nursing practice</p> <p>6. Provides safe, appropriate and responsive quality nursing practice</p>	<p>Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions</p> <p>Uses assessment data and best available evidence to develop a plan</p> <p>Practises in accordance with relevant policies, guidelines, standards, regulations and legislation</p>	<p>People who shallow breathe due to pain are at risk of atelectasis, so sufficient pain relief is required for deep breathing, in Section 12.3 <i>Clinical Safety Alert</i>, p. 561.</p>
12	<p>1. Thinks critically and analyses nursing practice</p> <p>5. Develops a plan for nursing practice</p> <p>6. Provides safe, appropriate and responsive quality nursing practice</p>	<p>Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions</p> <p>Uses assessment data and best available evidence to develop a plan</p> <p>Practises in accordance with relevant policies, guidelines, standards, regulations and legislation</p>	<p>A humidifying device is required for long term oxygen therapy to reduce drying of the respiratory membranes, in Section 12.5 <i>Clinical Safety Alert</i>, p. 571.</p>
12	<p>1. Thinks critically and analyses nursing practice</p> <p>5. Develops a plan for nursing practice</p> <p>6. Provides safe, appropriate and responsive quality nursing practice</p>	<p>Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions</p> <p>Uses assessment data and best available evidence to develop a plan</p> <p>Practises in accordance with relevant policies, guidelines, standards, regulations and legislation</p>	<p>Nebulisers require cleaning after each use to reduce contamination, in Section 12.6 <i>Clinical Safety Alert</i>, p. 585.</p>
12	<p>1. Thinks critically and analyses nursing practice</p> <p>5. Develops a plan for nursing practice</p> <p>6. Provides safe, appropriate and responsive quality nursing practice</p>	<p>Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions</p> <p>Uses assessment data and best available evidence to develop a plan</p> <p>Practises in accordance with relevant policies, guidelines, standards, regulations and legislation</p>	<p>Oropharyngeal suctioning cause less trauma for the person, in Section 12.7 <i>Clinical Safety Alert</i>, p. 590.</p>
12	<p>1. Thinks critically and analyses nursing practice</p> <p>5. Develops a plan for nursing practice</p> <p>6. Provides safe, appropriate and responsive quality nursing practice</p> <p>7. Evaluates outcomes to inform nursing practice</p>	<p>Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions</p> <p>Uses assessment data and best available evidence to develop a plan</p> <p>Practises in accordance with relevant policies, guidelines, standards, regulations and legislation</p> <p>Evaluates and monitors progress towards the expected goals and outcomes</p>	<p>Tracheal suctioning is limited to 10–15 seconds per attempt, to reduce hypoxia, in Section 12.7 <i>Clinical Safety Alert</i>, p. 590.</p>
12	<p>1. Thinks critically and analyses nursing practice</p> <p>5. Develops a plan for nursing practice</p> <p>6. Provides safe, appropriate and responsive quality nursing practice</p> <p>7. Evaluates outcomes to inform nursing practice</p>	<p>Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions</p> <p>Uses assessment data and best available evidence to develop a plan</p> <p>Practises in accordance with relevant policies, guidelines, standards, regulations and legislation</p> <p>Evaluates and monitors progress towards the expected goals and outcomes</p>	<p>Hyperinflation, hyperoxygenation and hyperventilation are techniques which reduce hypoxaemia for tracheostomy and endotracheal suctioning, in Section 12.8, p. 600.</p>

UNIT NUMBER	STANDARD	CRITERIA	EVIDENCE-BASED EXAMPLE
13	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Always test both sides in cranial nerve testing, in Section 13.2 <i>Clinical Safety Alert</i> , p. 632.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	
13	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Neurovascular assessment is performed in the first 72 hours after injury, surgery or application of a cast, in Section 13.3, p. 639.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	
13	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Disproportionate levels of pain in relation to injury and analgesia indicate compartment syndrome, in 13.3 <i>Clinical Safety Alert</i> , p. 644.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
	7. Evaluates outcomes to inform nursing practice	Evaluates and monitors progress towards the expected goals and outcomes	
14	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Think safety, assessment and confirm when caring for a person with a mental illness, in Section 14.2 <i>Clinical Safety Alert</i> , p. 661.
	4. Comprehensively conducts assessments	Uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice	
14	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Antipsychotic medication can be administered orally or by intramuscular injection (ventrogluteal site), in Section 14.3 <i>Clinical Safety Alert</i> , p. 666.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Practises in accordance with relevant policies, guidelines, standards, regulations and legislation	
14	1. Thinks critically and analyses nursing practice	Complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions	Exercise and activity is important in reducing weight gain whilst taking antipsychotics, in Section 14.3 <i>Clinical Safety Alert</i> , p. 667.
	5. Develops a plan for nursing practice	Uses assessment data and best available evidence to develop a plan	
	6. Provides safe, appropriate and responsive quality nursing practice	Provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people	
	7. Evaluates outcomes to inform nursing practice	Evaluates and monitors progress towards the expected goals and outcomes	

LIST OF CLINICAL SKILLS APPRAISAL FORMS

UNIT	CLINICAL SKILLS APPRAISAL FORM
1	SECTION 1.2: Hand Hygiene SECTION 1.3: Using Personal Protective Equipment (PPE) SECTION 1.4: Standard and Transmission-Based Precautions SECTION 1.5: Gowning and Gloving SECTION 1.6: Establishing a Critical Aseptic Field
2	SECTION 2.2: Mobility and Falls Risk Assessment SECTION 2.3: Helping a Person out of Bed SECTION 2.4: Assisting with Mobilisation SECTION 2.5: Turning or Moving a Dependent Person: Moving up in Bed: One-Person Assist with or without Slide Sheet SECTION 2.5: Turning or Moving a Dependent Person: Moving up in Bed: Two-Person Assist with Slide Sheet SECTION 2.5: Turning or Moving a Dependent Person: Turning a Person: Two-Person Assist with Slide Sheet SECTION 2.6: Using a Lifting Device: Two-Person Assist Using a Hoist/Sling
3	SECTION 3.3: Oral Temperature, Peripheral Pulse and Respirations SECTION 3.3: Blood Pressure SECTION 3.3: Pulse Oximetry SECTION 3.4: Primary Survey SECTION 3.5: Secondary Survey SECTION 3.6: Diagnostic Testing: Blood Glucose SECTION 3.6: Diagnostic Testing: Midstream Urine Collection
4	SECTION 4.2: Bed Bathing a Dependent Person SECTION 4.2: Providing Perineal-Genital Care SECTION 4.3: Assisting with Showering SECTION 4.4: Assisting a Person with Oral Care SECTION 4.4: Oral Care for an Unconscious Person
5	SECTION 5.2: Pressure Injury Assessment SECTION 5.3: Wound Assessment SECTION 5.4: Simple Wound Dressing SECTION 5.5: Wound Irrigation SECTION 5.6: Packing a Wound SECTION 5.7: Closed Wound Drainage Care SECTION 5.8: Staples/Sutures/Clip Removal
6	SECTION 6.2: Oral Medication Administration SECTION 6.3: Dermatologic Medication Administration SECTION 6.3: Ophthalmic Medication Administration SECTION 6.3: Otic Medication Administration SECTION 6.3: Nasal Medication Administration SECTION 6.3: Metered-Dose Inhaler Medication Administration SECTION 6.3: Vaginal Medication Administration SECTION 6.3: Rectal Medication Administration SECTION 6.4: Subcutaneous Medication Administration SECTION 6.4: Intramuscular Medication Administration SECTION 6.4: Intravenous Medication Administration

UNIT	CLINICAL SKILLS APPRAISAL FORM
7	SECTION 7.2: Pain Assessment
	SECTION 7.3: Setting Up or Changing a PCA Syringe
	SECTION 7.4: Non-Pharmacological Pain Relief – Hand Massage
8	SECTION 8.2: Conducting Preoperative Teaching
	SECTION 8.2: Antiemboli Stockings
	SECTION 8.3: Postoperative Care in PACU
	SECTION 8.3: Postoperative Care in the Ward
9	SECTION 9.2: Abdominal Assessment
	SECTION 9.3: Assisting with Feeding
	SECTION 9.4.1: Insertion of a Nasogastric Tube
	SECTION 9.4.2: Removing a Nasogastric Tube
	SECTION 9.5: Administering an Enteral Tube Feed
	SECTION 9.6: Changing a Stoma Appliance
	SECTION 9.7: Enema Administration
10	SECTION 10.2: Performing a Bladder Scan
	SECTION 10.2: Performing a Urinalysis
	SECTION 10.3: Providing a Bedpan
	SECTION 10.3: Providing a Urinal
	SECTION 10.3: Applying a Urinary Sheath or Uridome
	SECTION 10.4: Performing the Insertion of a Urinary Catheter
	SECTION 10.4: Performing Catheter Care
	SECTION 10.4: Performing Catheter Removal
	SECTION 10.4: Suprapubic Catheter Management
SECTION 10.4: Suprapubic Catheter Removal	
11	SECTION 11.2: Cardiovascular Assessment
	SECTION 11.3: Taking a 12-Lead Electrocardiograph (ECG)
	SECTION 11.4: Cardiac Monitoring
	SECTION 11.5: Basic Life Support
	SECTION 11.6: Administering Automated External Defibrillation
	SECTION 11.7: Venipuncture
	SECTION 11.8: Managing Intravenous Lines
	SECTION 11.8: Using an Infusion Pump
	SECTION 11.9: Administering Intravenous Fluid Therapy
	SECTION 11.10: Administering Blood Component Therapy
	SECTION 11.11: Managing Central Lines
SECTION 11.11: Changing Central Line Dressings	
SECTION 11.11: Implantable Access Device	
12	SECTION 12.2: Respiratory Assessment
	SECTION 12.3: Deep Breathing and Coughing Exercises
	SECTION 12.4: Incentive Spirometry
	SECTION 12.5: Use of Nasal Prongs
	SECTION 12.5: Use of Nasal High-Flow Therapy
	SECTION 12.5: Use of Hudson Mask
	SECTION 12.5: Use of Non-Rebreather Mask
	SECTION 12.5: Use of Venturi Mask
	SECTION 12.6: Use of Nebuliser
SECTION 12.7: Oropharyngeal and Nasopharyngeal Suctioning	
SECTION 12.7: Suctioning a Tracheostomy or Endotracheal Tube	
SECTION 12.8: Tracheostomy Care	
13	SECTION 13.2: Neurological Assessment
	SECTION 13.3: Neurovascular Assessment
14	SECTION 14.2: Mental Health Assessment
	SECTION 14.3: Caring for a Person Having Electroconvulsive Therapy

EDUCATOR RESOURCES

A suite of resources is provided to assist with the delivery of the text, as well as to support teaching and learning. These resources are downloadable from the Pearson website <www.pearson.com.au/9781486011971>.

Clinical Skills Appraisal Forms

All Clinical Skills Appraisal Forms are available in a zip file for download which can be shared with students.

Solutions Manual

The Solutions Manual provides educators with answers to all the *Critical Thinking Questions* from the textbook.

Test Bank

The Test Bank provides a wealth of multiple-choice, true/false and short answer questions based on key concepts in the textbook, to be used as homework or tests. Each question is ranked according to level of difficulty and is aligned to the Nursing and Midwifery Board of Australia's Registered Nurse Standards for Practice (2016).

Digital Image Powerpoint Slides

All the figures, tables and photos from the textbook are available for lecturer use.



DETAILED CONTENTS

About the Australian Authors	v
Preface	vi
Acknowledgments	vii
Features	viii
Mapping to the NMBA Registered Nurse Standards for Practice	xi
List of Clinical Skills Appraisal Forms	xviii
Educator Resources	xx

UNIT 1 Infection Control 1

SECTION 1.1 Introduction	2
Infection Prevention and Control	2
Methods of Transmission	2
SECTION 1.2 Hand Hygiene	6
What is Hand Hygiene?	7
Alcohol-Based Hand Rub	7
Water and Detergent	7
The 5 Moments for Hand Hygiene	7
Barriers to Effective Hand Hygiene	7
THE 3Ps TABLE Hand Hygiene	9
SECTION 1.3 Using Personal Protective Equipment	11
THE 3Ps TABLE Using Personal Protective Equipment (PPE)	12
SECTION 1.4 Standard and Transmission-Based Precautions	16
Health Care Workers Infected with Blood-Borne Viruses	19
Further Infection Control Considerations	20
Management and Disposal of Soiled Equipment and Supplies	20
Bagging	20
Disposal	20
Linens	20
Laboratory Specimens	20
Dishes	20
Blood Pressure Equipment	20

Thermometers	20
Disposable Needles, Syringes and Sharps	20

THE 3Ps TABLE Standard and Transmission-Based Precautions	21
--	----

SECTION 1.5 Gowning and Gloving	23
Applying a Sterile Gown and Sterile Gloves	23
THE 3Ps TABLE Gowning and Gloving	24

SECTION 1.6 Aseptic Technique	27
Aseptic Non-Touch Technique (ANTT®)	27
Aseptic Fields	28
THE 3Ps TABLE Establishing a Critical Aseptic Field	29
UNIT 1 CLINICAL SKILLS APPRAISAL FORMS	36
SECTION 1.2 CLINICAL SKILLS APPRAISAL FORM Hand Hygiene	36
SECTION 1.3 CLINICAL SKILLS APPRAISAL FORM Using Personal Protective Equipment (PPE)	37
SECTION 1.4 CLINICAL SKILLS APPRAISAL FORM Standard and Transmission-Based Precautions	38
SECTION 1.5 CLINICAL SKILLS APPRAISAL FORM Gowning and Gloving	39
SECTION 1.6 CLINICAL SKILLS APPRAISAL FORM Establishing a Critical Aseptic Field	40

Unit 2 Safe Patient Moving 41

SECTION 2.1 Introduction	42
Legislation and Standards	42
Body Mechanics and Elements of Body Movement	44
Principles of Body Mechanics	45
SECTION 2.2 Mobility and Falls Risk Assessment	47
Mobility Assessment	48
Risk Factors and Preventative Measures	49
Falls Screening and Assessment	49
Post Fall Assessment and Management	50
THE 3Ps TABLE Mobility and Falls Risk Assessment	53

SECTION 2.3 Helping a Person out of Bed 55
General Guidelines for Transfer Techniques 56

THE 3Ps TABLE Helping a Person out of Bed 58

SECTION 2.4 Assisting with Mobilisation 62

Assisting People to Use Wheelchairs 62

Ambulation 64

Using Mechanical Aids for Walking 65

THE 3Ps TABLE Assisting with Mobilisation 68

SECTION 2.5 Turning or Moving a Dependent Person 73

Support Devices 74

Position Changes 75

THE 3Ps TABLE Turning or Moving a Dependent Person 78

SECTION 2.6 Using a Lifting Device 82

THE 3Ps TABLE Using a Lifting Device 84

UNIT 2 CLINICAL SKILLS APPRAISAL FORMS 88

SECTION 2.2 CLINICAL SKILLS APPRAISAL FORM

Mobility and Falls Risk Assessment 88

SECTION 2.3 CLINICAL SKILLS APPRAISAL FORM

Helping a Person out of Bed 89

SECTION 2.4 CLINICAL SKILLS APPRAISAL FORM

Assisting with Mobilisation 90

SECTION 2.5 CLINICAL SKILLS APPRAISAL FORM

Turning or Moving a Dependent Person

Moving Up in Bed: One-Person Assist 91

SECTION 2.5 CLINICAL SKILLS APPRAISAL FORM

Turning or Moving a Dependent Person

Moving Up in Bed: Two-Person Assist 92

SECTION 2.5 CLINICAL SKILLS APPRAISAL FORM

Turning or Moving a Dependent Person

Turning a Person: Two-Person Assist 93

SECTION 2.6 CLINICAL SKILLS APPRAISAL FORM

Using a Lifting Device

Two-Person Assist Using a Hoist/Sling 94

UNIT 3 Health Assessment 95

SECTION 3.1 Introduction 96

SECTION 3.2 Examination Techniques 97

Examination Techniques 97

Inspection 97

Palpation 97

Percussion 98

Auscultation 99

SECTION 3.3 Assessing Vital Signs 100

Body Temperature 101

Factors Affecting Body Temperature 101

Body Temperature Assessment Sites 101

Alterations in Body Temperature 102

Types of Thermometers 102

THE 3Ps TABLE Assessing Body Temperature 105

Pulse 107

Factors Affecting Pulse Rate 107

Pulse Assessment Sites 108

THE 3Ps TABLE Assessing Peripheral Pulses 110

THE 3Ps TABLE Assessing an Apical Pulse 113

THE 3Ps TABLE Assessing an Apical–Radial Pulse 115

Respirations 116

Factors Affecting Respirations 117

Assessing Respirations 117

THE 3Ps TABLE Assessing Respirations 118

Blood Pressure 119

Factors Affecting Blood Pressure 120

Blood Pressure Assessment Sites 120

Measuring Blood Pressure 120

THE 3Ps TABLE Assessing Blood Pressure 122

Oxygen Saturation 127

Factors Affecting Oxygen Saturation Readings 128

THE 3Ps TABLE Assessing Oxygen Saturation (Pulse Oximeter) 130

SECTION 3.4 Primary Survey 132

THE 3Ps TABLE Primary Survey 133

SECTION 3.5 Secondary Survey 135

THE 3Ps TABLE Secondary Survey 136

SECTION 3.6 Diagnostic Testing 138

Diagnostic Testing Phases 138

Pretest 138

Intratest 139

Post-Test 139

Specimen Collection 139

Blood Glucose Level (BGL) 139

THE 3Ps TABLE Obtaining a Capillary Blood Specimen to Measure Blood Glucose Level (BGL) 141

Urine Specimens 143

Midstream Urine Specimen 143

THE 3Ps TABLE Collecting a Urine Specimen for Culture and Sensitivity 144

THE 3Ps TABLE Collecting a Specimen from a Foley (Retention) Catheter or a Drainage Tube 146

UNIT 3 CLINICAL SKILLS APPRAISAL FORMS 150

SECTION 3.3 CLINICAL SKILLS APPRAISAL FORM Oral Temperature, Peripheral Pulse and Respirations 150

SECTION 3.3 CLINICAL SKILLS APPRAISAL FORM Blood Pressure 151

SECTION 3.3 CLINICAL SKILLS APPRAISAL FORM Pulse Oximetry 152

SECTION 3.4 CLINICAL SKILLS APPRAISAL FORM Primary Survey 153

SECTION 3.5 CLINICAL SKILLS APPRAISAL FORM Secondary Survey 154

SECTION 3.6 CLINICAL SKILLS APPRAISAL FORM Diagnostic Testing: Blood Glucose 155

SECTION 3.6 CLINICAL SKILLS APPRAISAL FORM Diagnostic Testing: Midstream Urine Collection 156

UNIT 4 Hygiene Care 157

SECTION 4.1 Introduction 158
 Indications for Hygienic Care 159
 Types of Hygienic Care 159
 Planning and Assessment 160
 Documentation 160

SECTION 4.2 Bed Bathing a Dependent Person 162
 Categories of Baths 163
 Perineal-Genital Care 165
 Bathing Persons with Dementia 165
 THE 3Ps TABLE Bed Bathing a Dependent Person 167
 THE 3Ps TABLE Providing Perineal-Genital Care 170

SECTION 4.3 Assisting with Showering 173
 THE 3Ps TABLE Assisting with Showering 174

SECTION 4.4 Assisting a Person with Oral Care 177
 People at Risk 177
 Nursing Assessment 178
 Caring for Artificial Teeth 179
 Oral Care for an Unconscious Person 179
 THE 3Ps TABLE Assisting a Person with Oral Care 180
 THE 3Ps TABLE Oral Care for an Unconscious Person 183

UNIT 4 CLINICAL SKILLS APPRAISAL FORMS 186

SECTION 4.2 CLINICAL SKILLS APPRAISAL FORM
 Bed Bathing a Dependent Person 186

SECTION 4.2 CLINICAL SKILLS APPRAISAL FORM
 Providing Perineal-Genital Care 187

SECTION 4.3 CLINICAL SKILLS APPRAISAL FORM
 Assisting with Showering 188

SECTION 4.4 CLINICAL SKILLS APPRAISAL FORM
 Assisting a Person with Oral Care 189

SECTION 4.4 CLINICAL SKILLS APPRAISAL FORM
 Oral Care for an Unconscious Person 190

UNIT 5 Skin and Wound Care 191

SECTION 5.1 Introduction 192
 Wounds 192

SECTION 5.2 Pressure Injury Assessment 193
 Preventing Pressure Injuries 193
 THE 3Ps TABLE Pressure Injury Assessment 198

SECTION 5.3 Wound Assessment 200
 THE 3Ps TABLE Wound Assessment 201

SECTION 5.4 Simple Wound Dressing 204
 Dressing Wounds 204
 Dressing Materials 204
 Dressing Changes 206
 Hydrocolloid Dressing 206
 Transparent Wound Barriers 206
 THE 3Ps TABLE Simple Wound Dressing 208

SECTION 5.5 Wound Irrigation 213
 Irrigating a Wound 213
 THE 3Ps TABLE Irrigating a Wound 214

SECTION 5.6 Wound Packing and/or
 Removal of Pack 217
 Packing a Wound 217
 Using Alginates 218
 THE 3Ps TABLE Packing a Wound 218

SECTION 5.7 Wound Drainage Care 221
 Wound Drains and Suction 221
 THE 3Ps TABLE Closed Wound Drainage Care 223

SECTION 5.8 Staples/Sutures/Clip Removal 225
 Sutures 225
 THE 3Ps TABLE Staples/Sutures/Clip Removal 227

UNIT 5 CLINICAL SKILLS APPRAISAL FORMS 232

SECTION 5.2 CLINICAL SKILLS APPRAISAL FORM
 Pressure Injury Assessment 232

SECTION 5.3 CLINICAL SKILLS APPRAISAL FORM
 Wound Assessment 233

SECTION 5.4 CLINICAL SKILLS APPRAISAL FORM
 Simple Wound Dressing 234

SECTION 5.5 CLINICAL SKILLS APPRAISAL FORM
 Wound Irrigation 235

SECTION 5.6 CLINICAL SKILLS APPRAISAL FORM
 Packing a Wound 236

SECTION 5.7 CLINICAL SKILLS APPRAISAL FORM
 Closed Wound Drainage Care 237

SECTION 5.8 CLINICAL SKILLS APPRAISAL FORM
 Staples/Sutures/Clip Removal 238

UNIT 6 Medication Administration 239

SECTION 6.1 Introduction 240
 Legal Aspects of Medication Administration 240
 Medication Safety 241
 The Impact of Person-Centred Care and
 Interprofessional Communication on
 Medication Safety 241
 Medication Orders 242
 Types of Medication Preparations and
 Routes of Administration 246
 Drug Calculations 246
 Taking a Medication History 246
 The Process of Safe and Effective Medication
 Administration 247

SECTION 6.2 Oral Medication Administration 249
 Calculating Dosages for Oral Medications 250
 THE 3Ps TABLE Oral Medication Administration 253

SECTION 6.3 Topical Medication Administration 255
 Dermatologic Medications 256
 Transdermal Medications 256
 THE 3Ps TABLE Dermatologic Medication Administration 257

Ophthalmic Medications 259
THE 3Ps TABLE Administering Ophthalmic Medications 259

Otic Medications 261
THE 3Ps TABLE Administering Otic Medications 262

Nasal Medications 264
THE 3Ps TABLE Administering Nasal Medications 264

Inhaled Medications 266
THE 3Ps TABLE Administering Metered-Dose Inhaler Medications 267

Vaginal Medications 269
THE 3Ps TABLE Administering Vaginal Medications 269

Rectal Medications 271
THE 3Ps TABLE Administering Rectal Medications 272

SECTION 6.4 Parenteral Medication Administration 274

Equipment 275
 Syringes 275
 Needles 276
 Ampoules and Vials 277
 Administration of Subcutaneous Medications 278
THE 3Ps TABLE Subcutaneous Medication Administration 279
 Intramuscular Medication Administration 282
 Ventrogluteal Site 282
 Vastus Lateralis Site 283
 Contraindications for Using the Dorsogluteal Site for IM Injections 284
 Rectus Femoris Site 284
 Deltoid Site 285
THE 3Ps TABLE Intramuscular Medication Administration 286

Intravenous Medication Administration 290
 Administering Intravenous Medications via IV Push (Bolus) 290
 Administering Intravenous Medications via a Burette or a Piggyback 291
 Administering Intravenous Medications via an IV Infusion 291
THE 3Ps TABLE Intravenous Medication Administration – Bolus, Burette or via an Infusion 292

UNIT 6 CLINICAL SKILLS APPRAISAL FORMS 297

SECTION 6.2 CLINICAL SKILLS APPRAISAL FORM
 Oral Medication Administration 297

SECTION 6.3 CLINICAL SKILLS APPRAISAL FORM
 Dermatologic Medication Administration 298

SECTION 6.3 CLINICAL SKILLS APPRAISAL FORM
 Ophthalmic Medication Administration 299

SECTION 6.3 CLINICAL SKILLS APPRAISAL FORM
 Otic Medication Administration 301

SECTION 6.3 CLINICAL SKILLS APPRAISAL FORM
 Nasal Medication Administration 303

SECTION 6.3 CLINICAL SKILLS APPRAISAL FORM
 Metered-Dose Inhaler Medication Administration 304

SECTION 6.3 CLINICAL SKILLS APPRAISAL FORM
 Vaginal Medication Administration 306

SECTION 6.3 CLINICAL SKILLS APPRAISAL FORM
 Rectal Medication Administration 308

SECTION 6.4 CLINICAL SKILLS APPRAISAL FORM
 Subcutaneous Medication Administration 309

SECTION 6.4 CLINICAL SKILLS APPRAISAL FORM
 Intramuscular Medication Administration 310

SECTION 6.4 CLINICAL SKILLS APPRAISAL FORM
 Intravenous Medication Administration 311

UNIT 7 Pain Management 313

SECTION 7.1 Introduction 314
 Types of Pain 315
 Concepts Associated with Pain 315
 Factors Affecting the Pain Experience 316
 Age and Developmental Stage 316
 Ethnic and Cultural Values 318
 Previous Pain Experiences 319
 Meaning of Pain 319
 Emotional Responses to Pain 319
 Barriers to Pain Management 319
 Preventing and Managing Pain 320
 Acknowledging and Accepting the Person's Pain 320
 Reducing Fear and Anxiety 321
 Preventing Pain 321
 Providing Multimodal Analgesia 321

SECTION 7.2 Pain Assessment 323
 Pain Assessment 323
 Location 324
 Duration 326
 Intensity 326
 Aetiology 327
THE 3Ps TABLE Pain Assessment 330

SECTION 7.3 Patient Controlled Analgesia (PCA) 332
THE 3Ps TABLE Setting Up a PCA or Changing a PCA Syringe 334

SECTION 7.4 Non-Pharmacological Pain Relief 335
 Non-Pharmacological Pain Relief 335
 Use of Therapeutic Massage to Relieve Pain 336
THE 3Ps TABLE Non-Pharmacological Pain Relief – Hand Massage 337

UNIT 7 CLINICAL SKILLS APPRAISAL FORMS 340

SECTION 7.2 CLINICAL SKILLS APPRAISAL FORM
 Pain Assessment 340

SECTION 7.3 CLINICAL SKILLS APPRAISAL FORM
 Setting Up or Changing a PCA Syringe 341

SECTION 7.4 CLINICAL SKILLS APPRAISAL FORM
 Non-Pharmacological Pain Relief – Hand Massage 342

UNIT 8 Perioperative Nursing Skills 343

SECTION 8.1 Introduction 344

SECTION 8.2 Preparing a Person for Surgery 345
 Preparing a Person for Surgery 345
 Preoperative Consent 345
 Preoperative Assessment 346

- Planning for Home Care 347
- Physical Preparation 347
- Preoperative Teaching 349
- THE 3Ps TABLE Conducting Preoperative Teaching 351
- Preventing Venous Thromboembolism 354
- Antiemboli Stockings 354
- THE 3Ps TABLE Antiemboli Stockings 355

SECTION 8.3 Postoperative Care 358

- Preparing for the Person in the Postoperative Phase 358
- Postoperative Phase 358
- Immediate Postanaesthetic Care 359
- Ongoing Postoperative Nursing Care 360
- THE 3Ps TABLE Postoperative Care in PACU 362
- THE 3Ps TABLE Postoperative Care in the Ward 364
- Postoperative Instructions 365
- UNIT 8 CLINICAL SKILLS APPRAISAL FORMS 367
- SECTION 8.2 CLINICAL SKILLS APPRAISAL FORM Conducting Preoperative Teaching 367
- SECTION 8.2 CLINICAL SKILLS APPRAISAL FORM Antiemboli Stockings 368
- SECTION 8.3 CLINICAL SKILLS APPRAISAL FORM Postoperative Care in PACU 369
- SECTION 8.3 CLINICAL SKILLS APPRAISAL FORM Postoperative Care in the Ward 370

UNIT 9 Gastrointestinal Nursing Skills 371

- SECTION 9.1 Introduction 372**
 - Impact of Malnutrition 373
 - Causes of Malnutrition 373
 - Elimination 373
- SECTION 9.2 Abdominal Assessment 374**
 - THE 3Ps TABLE Abdominal Assessment 375
- SECTION 9.3 Assisting with Feeding 377**
 - Stimulating the Appetite 377
 - Assisting with Meals 377
 - Special Dietary Requirements 378
 - Dysphagia 378
 - THE 3Ps TABLE Assisting with Feeding 379
- SECTION 9.4 Nasogastric Tube Insertion and Removal 381**
 - Nasogastric Tubes 381
 - Reasons for Insertion of a Nasogastric Tube 381
 - Types of Nasogastric Tubes 381
 - THE 3Ps TABLE Insertion of a Nasogastric Tube 383
 - THE 3Ps TABLE Removal of a Nasogastric Tube 387
- SECTION 9.5 Enteral Feeds 388**
 - Enteral Nutrition 388
 - Testing Tube Placement 389
 - Managing Blocked Feeding Tubes 390
 - THE 3Ps TABLE Administering an Enteral Tube Feed 390

SECTION 9.6 Changing a Stoma Appliance 394
Stoma and Skin Care 395

THE 3Ps TABLE Changing a Stoma Appliance 396

SECTION 9.7 Enema Administration 400

THE 3Ps TABLE Enema Administration 401

UNIT 9 CLINICAL SKILLS APPRAISAL FORMS 403

SECTION 9.2 CLINICAL SKILLS APPRAISAL FORM
 Abdominal Assessment 403

SECTION 9.3 CLINICAL SKILLS APPRAISAL FORM
 Assisting with Feeding 404

SECTION 9.4.1 CLINICAL SKILLS APPRAISAL FORM
 Insertion of a Nasogastric Tube 405

SECTION 9.4.2 CLINICAL SKILLS APPRAISAL FORM
 Removing a Nasogastric Tube 407

SECTION 9.5 CLINICAL SKILLS APPRAISAL FORM
 Administering an Enteral Tube Feed 408

SECTION 9.6 CLINICAL SKILLS APPRAISAL FORM
 Changing a Stoma Appliance 409

SECTION 9.7 CLINICAL SKILLS APPRAISAL FORM
 Enema Administration 410

UNIT 10 Genitourinary Nursing Skills 411

- SECTION 10.1 Introduction 412**
 - Physiology of Urinary Elimination 412
 - Factors Affecting Voiding 414
 - Maintaining Normal Voiding Habits 414
 - Altered Urinary Elimination 416
- SECTION 10.2 Urinary Assessment 418**
 - Nursing History 419
 - Physical Assessment 419
 - Assessing Urine 420
 - Measuring Urinary Output 420
 - Measuring Residual Urine 420
 - Bladder Scanning 421
 - THE 3Ps TABLE Performing a Bladder Scan 423
 - Dipstick Urinalysis 424
 - THE 3Ps TABLE Performing a Dipstick Urinalysis 426
- SECTION 10.3 Urinary Elimination 428**
 - Assisting with Elimination 428
 - Bedpans and Urinals 428
 - Perineal Care 429
 - Maintaining Dignity and Privacy for People Requiring Assistance with Elimination 429
 - THE 3Ps TABLE Providing a Bedpan 429
 - THE 3Ps TABLE Providing a Urinal 431
 - Applying an External Urinary Sheath or Uridome 432
 - THE 3Ps TABLE Applying an External Urinary Sheath or Uridome 433
- SECTION 10.4 Catheter Management 435**
 - Urinary Catheterisation 435
 - Purpose of Performing Urinary Catheterisation 436
 - Types of Catheters 436

THE 3Ps TABLE Inserting a Urinary Catheter 438
Catheter Care 442

THE 3Ps TABLE Performing Catheter Care 443
Removing Indwelling Catheters 444

THE 3Ps TABLE Performing Catheter Removal 444
Suprapubic Catheter Management 447
Removing Suprapubic Catheter 447

THE 3Ps TABLE Performing Suprapubic Catheter Care 448

THE 3Ps TABLE Performing Suprapubic Catheter Removal 449

UNIT 10 CLINICAL SKILLS APPRAISAL FORMS 452

SECTION 10.2 CLINICAL SKILLS APPRAISAL FORM
 Performing a Bladder Scan 452

SECTION 10.2 CLINICAL SKILLS APPRAISAL FORM
 Performing a Urinalysis 453

SECTION 10.3 CLINICAL SKILLS APPRAISAL FORM
 Providing a Bedpan 454

SECTION 10.3 CLINICAL SKILLS APPRAISAL FORM
 Providing a Urinal 455

SECTION 10.3 CLINICAL SKILLS APPRAISAL FORM
 Applying a Urinary Sheath or Uridome 456

SECTION 10.4 CLINICAL SKILLS APPRAISAL FORM
 Performing the Insertion of a Urinary Catheter 457

SECTION 10.4 CLINICAL SKILLS APPRAISAL FORM
 Performing Catheter Care 460

SECTION 10.4 CLINICAL SKILLS APPRAISAL FORM
 Performing Catheter Removal 461

SECTION 10.4 CLINICAL SKILLS APPRAISAL FORM
 Suprapubic Catheter Management 462

SECTION 10.4 CLINICAL SKILLS APPRAISAL FORM
 Suprapubic Catheter Removal 463

UNIT 11 Cardiovascular Nursing Skills 465

SECTION 11.1 Introduction 466
Heart 466
Central Vessels 467

SECTION 11.2 Cardiovascular Assessment 468
THE 3Ps TABLE Cardiovascular Assessment 470

SECTION 11.3 Taking a 12-Lead Electrocardiograph (ECG) 473
THE 3Ps TABLE Taking a 12-Lead Electrocardiograph (ECG) 474

SECTION 11.4 Cardiac Monitoring 476
THE 3Ps TABLE Cardiac Monitoring 476

SECTION 11.5 Basic Life Support 478
Respiratory Arrest 478
Pulselessness and Cardiac Arrest 479
THE 3Ps TABLE Life Support 480

SECTION 11.6 Automated External Defibrillator 486
Automated External Defibrillation 486
THE 3Ps TABLE Administering Automated External Defibrillation 488

SECTION 11.7 Venipuncture 490
Peripheral Venipuncture Sites 490
Intravenous Infusion Equipment 491
Intravenous Catheters 491
Catheter Stabilisation Devices 493
Solution Containers 493
Infusion Administration Sets 493
Performing Venipuncture 495
THE 3Ps TABLE Venipuncture 496

SECTION 11.8 Managing Intravenous Lines 501
Intravenous Infusions 501
Common Types of Solutions 501
Establishing Intravenous Infusions 502
Regulating Intravenous Flow Rates 502
Devices to Control Infusions 503
THE 3Ps TABLE Managing Intravenous Lines 505
THE 3Ps TABLE Using an Infusion Pump 508

SECTION 11.9 Administering Intravenous Fluid Therapy 510
Maintaining Infusions 510
THE 3Ps TABLE Administering Intravenous Fluid Therapy 511

SECTION 11.10 Administering Blood Component Therapy 514
Care of the Person Requiring Administration of Blood Products 514
Transfusion Reactions 514
Administration of Blood 515
THE 3Ps TABLE Administering Blood Component Therapy 517

SECTION 11.11 Managing Central Lines 521
Care of the Person with Central Venous Access 521
Types of Central Venous Lines 521
Complications Associated with Central Venous Lines 522
THE 3Ps TABLE Managing Central Lines 523
Changing Central Line Dressings 526
THE 3Ps TABLE Changing Central Line Dressings 526
Care of the Person with an Implantable Vascular Access Device 528
THE 3Ps TABLE Implantable Vascular Access Devices 529

UNIT 11 CLINICAL SKILLS APPRAISAL FORMS 533

SECTION 11.2 CLINICAL SKILLS APPRAISAL FORM
 Cardiovascular Assessment 533

SECTION 11.3 CLINICAL SKILLS APPRAISAL FORM
 Taking a 12-Lead Electrocardiograph (ECG) 534

SECTION 11.4 CLINICAL SKILLS APPRAISAL FORM
 Cardiac Monitoring 535

SECTION 11.5 CLINICAL SKILLS APPRAISAL FORM
 Basic Life Support 536

SECTION 11.6 CLINICAL SKILLS APPRAISAL FORM
 Administering Automated External Defibrillation 537

- SECTION 11.7 CLINICAL SKILLS APPRAISAL FORM
Venipuncture 538
- SECTION 11.8 CLINICAL SKILLS APPRAISAL FORM
Managing Intravenous Lines 539
- SECTION 11.8 CLINICAL SKILLS APPRAISAL FORM
Using an Infusion Pump 540
- SECTION 11.9 CLINICAL SKILLS APPRAISAL FORM
Administering Intravenous Fluid Therapy 541
- SECTION 11.10 CLINICAL SKILLS APPRAISAL FORM
Administering Blood Component Therapy 542
- SECTION 11.11 CLINICAL SKILLS APPRAISAL FORM
Managing Central Lines 543
- SECTION 11.11 CLINICAL SKILLS APPRAISAL FORM
Changing Central Line Dressings 544
- SECTION 11.11 CLINICAL SKILLS APPRAISAL FORM
Implantable Access Device 545

UNIT 12 Respiratory Nursing Skills 546

- SECTION 12.1 Introduction 547
- SECTION 12.2 Respiratory Assessment 550
 - Thorax and Lungs 550
 - Chest Wall Landmarks 550
 - Chest Shape and Size 552
 - Examination Techniques 553
 - Breath Sounds 554
- THE 3Ps TABLE Respiratory Assessment 556
- SECTION 12.3 Deep Breathing and Coughing Exercises 560
 - THE 3Ps TABLE Deep Breathing and Coughing Exercises 561
- SECTION 12.4 Incentive Spirometry 563
 - Peak Expiratory Flow (PEF) 564
 - THE 3Ps TABLE Incentive Spirometry 565
- SECTION 12.5 Providing Oxygen 567
 - Oxygen Therapy 567
 - Oxygen Content in Arterial Blood 567
 - Indications 569
 - Access to Oxygen 569
 - Prescribing of Oxygen 569
 - Monitoring of Oxygen Therapy 570
 - Safety Precautions for Oxygen Therapy 570
 - Oxygen Delivery Devices 571
 - Standard Nasal Cannula 571
 - Nasal High-Flow Therapy 572
 - Simple Face Mask 572
 - Non-Rebreather Mask 573
 - Venturi Mask 573
 - THE 3Ps TABLE Use of Nasal Cannula 574
 - THE 3Ps TABLE Use of Nasal High-Flow Therapy 576
 - THE 3Ps TABLE Use of Hudson Mask 578
 - THE 3Ps TABLE Use of Non-Rebreather Mask 580
 - THE 3Ps TABLE Use of Venturi Mask 581

- SECTION 12.6 Use of a Nebuliser 583
 - THE 3Ps TABLE Use of Nebuliser 585
- SECTION 12.7 Oropharyngeal and Nasopharyngeal Suctioning 588
 - Oropharyngeal and Nasopharyngeal Airways 588
 - Upper Airway Suctioning 590
 - THE 3Ps TABLE Oropharyngeal and Nasopharyngeal Suctioning 592
- SECTION 12.8 Tracheostomy Care 595
 - Tracheostomy 596
 - Tracheostomy Tubes 596
 - Tracheostomy Care 597
 - Humidification 598
 - Facilitating Communication 598
 - Tracheostomy or Endotracheal Tube Suctioning 600
 - Open Suction System 600
 - Closed Suction System 600
 - Complications of Suctioning 600
 - THE 3Ps TABLE Suctioning a Tracheostomy or Endotracheal Tube 601
 - THE 3Ps TABLE Tracheostomy Care 604
- UNIT 12 CLINICAL SKILLS APPRAISAL FORMS 609
- SECTION 12.2 CLINICAL SKILLS APPRAISAL FORM
Respiratory Assessment 609
- SECTION 12.3 CLINICAL SKILLS APPRAISAL FORM
Deep Breathing and Coughing Exercises 610
- SECTION 12.4 CLINICAL SKILLS APPRAISAL FORM
Incentive Spirometry 611
- SECTION 12.5 CLINICAL SKILLS APPRAISAL FORM
Use of Nasal Prongs 612
- SECTION 12.5 CLINICAL SKILLS APPRAISAL FORM
Use of Nasal High-Flow Therapy 613
- SECTION 12.5 CLINICAL SKILLS APPRAISAL FORM
Use of Hudson Mask 614
- SECTION 12.5 CLINICAL SKILLS APPRAISAL FORM
Use of Non-Rebreather Mask 615
- SECTION 12.5 CLINICAL SKILLS APPRAISAL FORM
Use of Venturi Mask 616
- SECTION 12.6 CLINICAL SKILLS APPRAISAL FORM
Use of Nebuliser 617
- SECTION 12.7 CLINICAL SKILLS APPRAISAL FORM
Oropharyngeal and Nasopharyngeal Suctioning 618
- SECTION 12.7 CLINICAL SKILLS APPRAISAL FORM
Suctioning a Tracheostomy or Endotracheal Tube 619
- SECTION 12.8 CLINICAL SKILLS APPRAISAL FORM
Tracheostomy Care 620

UNIT 13 Neurological Nursing Skills 621

- SECTION 13.1 Introduction 622
 - Protection of the Brain 623
 - Intracranial Pressure 623
 - Vital Signs 623
 - Monro-Kellie Hypothesis 623

SECTION 13.2 Neurological Assessment 625
 Mental Status Examination 626
 Language/Speech 626
 Orientation 626
 Memory 626
 Attention Span and Calculation 626
 Level of Consciousness – Glasgow Coma Scale 627
 Pupillary Response 628
 Reflexes, Motor and Sensory Function 629
 Cranial Nerves 629
 THE 3Ps TABLE Neurological Assessment 634

SECTION 13.3 Neurovascular Assessment 638
 History Taking 638
 Indications and Documentation 639
 Pain 639
 Compartment Syndrome 639
 THE 3Ps TABLE Neurovascular Assessment 645

UNIT 13 CLINICAL SKILLS APPRAISAL FORMS 649

SECTION 13.2 CLINICAL SKILLS APPRAISAL FORM
 Neurological Assessment 649

SECTION 13.3 CLINICAL SKILLS APPRAISAL FORM
 Neurovascular Assessment 650

UNIT 14 Mental Health Nursing Skills 651

SECTION 14.1 Introduction 652
 Stigma and Mental Illness 653
 Mental Illness Statistics 653
 Myths about Mental Illness 653
 Diagnosis of a Mental Illness 654
 Mental Health Legislation 655

SECTION 14.2 Mental Health Assessment 657
 Types of Mental Illness 658
 ABCs of Mental Health Assessment 659
 Elements of a Mental Health Assessment 660
 The Interview/History 660
 Mental State Examination 660
 Vital Signs and Physical Examination 660
 Investigations 661
 Risk Assessment 661
 Strengths Assessment 661
 THE 3Ps TABLE Mental Health Assessment 663

SECTION 14.3 Caring for a Person Having Electroconvulsive Therapy (ECT) 665
 Indications for ECT 665
 Common Side Effects 666
 Dispelling the Myths about ECT 666
 THE 3Ps TABLE Caring for a Person Having Electroconvulsive Therapy 667
UNIT 14 CLINICAL SKILLS APPRAISAL FORMS 671
SECTION 14.2 CLINICAL SKILLS APPRAISAL FORM
 Mental Health Assessment 671
SECTION 14.3 CLINICAL SKILLS APPRAISAL FORM
 Caring for a Person Having Electroconvulsive Therapy 672

GLOSSARY 673

INDEX 682