Cambridge English for
Nursing
TEACHER'S NOTES

UNIT 1 Patient admissions

- Taking a patient history
- Using active listening strategies
- Explaining how the heart works
- Putting a patient at ease
- Giving a nursing handover
- Charting blood pressure and pulse

⇨ **Go to page 10 for essential background information on the topic and useful web links**

⇨ **Don't forget to explore the** Extra activities **for this unit**

(ABC) **Medical terms can be found in the** Glossary

▶ **Refers to Student's Book pages**

Taking a patient history

Before you begin …
The following questions can be used to generate a warm-up discussion before starting Unit 1. You could also ask the students to look at the outline of Unit 1 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the following questions in pairs then feed back to the class as a whole with their ideas.

1   How important are patient admissions?
2   How might the patient feel during the admission?
3   What sort of communication skills are important for nurses to develop?
4   How confident would you feel if you had to do a patient admission in English now?

1 a Students answer and discuss the questions in pairs.

> **Suggested answers**
>
> 1   The nurse is taking down patient details before the patient goes to the ward. Some admissions are done after the patient has arrived on the ward, in which case it is the ward staff who admit the patient.
> 2   The kind of information collected would be personal details such as name and contact number of next of kin, past medical and surgical history, and details of allergies.
> 3   Because it is important to alert staff to allergies and any problems in the patient's past medical or surgical histories.

b Students listen to the conversation and answer the questions.
▶1.1 page 94

> **Answers**
>
> 1   Yes, with the help of a stick.
> 2   No, she hasn't.
> 3   She is being admitted to the Cardiac Unit.

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> **Language note**
>
> **Unit** here refers to a specialised area, for example the **Cardiac Unit** or the **Intensive Care Unit**. **Ward** is a general term for an area within a hospital, for example a **Medical Ward** or **Surgical Ward**. In some hospitals the word **Floor** is used, for example **Maternity Floor**
>
> **next of kin** – a person or group of people you are most closely related to

c Students listen again and put the sentences in the correct order.
▶ 1.1 page 94

Answers

2 Good morning, Shona.
3 How are you today?
4 Not too bad, thank you.
5 I'd like to ask you a few questions, if it's all right with you?
6 Yes, of course. That's fine.

You could ask students the following questions.

1 How does Shona ask Mrs Chad for consent to be interviewed?
2 What other things would you need to ask consent for?
3 Why is it important to gain consent before any procedure is undertaken?

Answers

1 I'd like to ask you a few questions, if it's all right with you?
2 Any procedure involving a patient
3 Consent is an important part of patient care as it ensures that patients are given the opportunity to agree, or not, to procedures or information gathering. It also allows patients to feel part of the decision-making process involved in their own healthcare and well-being. Consent may be verbal, as in audioscript 1.1, implied or written. An example of implied consent would be when a nurse approaches a patient with a blood pressure monitor and the patient stretches out his arm for the blood pressure cuff to be applied. Written consent is a requirement for all medical and surgical procedures. The laws relating to consent may vary a little between countries, but the principles are the same. Nurses must be mindful that performing a procedure without the patient's consent may lead to a charge of assault and battery.

d Students listen to the rest of the conversation and answer the questions.
▶ 1.2 page 94

Answers

1 She has high blood pressure and is in for some tests.
2 She had a mild heart attack.
3 No, she doesn't think she has any allergies.
4 Yes, her son, Jeremy Chad.

e Students listen again and match the questions and the answers.
▶ 1.2 page 94

Answers

2 e   3 d   4 b   5 f   6 a   7 c

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You could ask students the following questions.

1 Why is it important to identify allergies?
2 How can patients with allergies be identified?

Answers

1 Severe allergies which cause anaphylactic shock can be fatal.
http://cks.library.nhs.uk/patient_information_leaflet/anaphylaxis

In addition, an increase in patient allergies to latex (rubber) has led to the need to supply non-latex products in hospitals. Latex products include mattress covers, pillows, elasticated bandages and some surgical equipment. Adverse reactions such as allergic reactions can lengthen hospital stays and increase the cost of hospitalisation.
2 Red identity bracelets, allergy stickers on all charts and notes, Electronic Patient Records (EPR) will also include allergy coding.

---

f Students practise the questions and answers using the given prompts.

g In pairs, students discuss the different approaches.

Suggested answers

1 You would assist the patient to sit down and make sure s/he was comfortable before starting with the admission. The patient's full name, including title, is used as a mark of respect. You may also use more formal language, for example *Would you mind if … , Could you … please*.
2 With children, the nurse would greet the child by his/her first name and use his/her own first name in return. The language used would be informal, for example *Can you … please*. You would put the child at ease and anticipate any anxiety about the hospital admission.
3 It is important to empathise with the patient and apologise for the wait. Reassure the patient that you will admit him/her as quickly as possible.

Communication focus: active listening strategies

Before you begin …
Elicit from students the types of action which indicate that a person is listening attentively.

Suggested answers

- non-verbal communication – body language, for example leaning towards the speaker; nodding the head; gestures; body position and personal space
- eye contact – maintaining comfortable eye contact is important but there are cultural aspects to consider. Eye contact may be seen as rude in some cultures.
- listening noises, for example *mm* which encourages the speaker to continue

---

2 a Students discuss the questions in pairs.

Suggested answer

1 Active listening strategies are used to put the other person at ease, show interest in what is being said, and confirm understanding of what has been said. These include gestures, body position – for example, leaning towards the speaker – nodding, making 'listening noises', respecting personal space and maintaining comfortable eye contact.

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b Students complete the active listening strategies.

Answers

1 *I see*   3 nodding your head
2 *mm/hm*   4 eye contact

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c Students listen again and find examples of active listening strategies in the audioscript. Write the answers on the board.
▶1.2 page 94

Answer

Shona smiles, laughs, nods and leans towards Mrs Chad. She also uses *mm*.

d In pairs, students role play the conversation between Shona and Mrs Chad. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group. You could follow this up with feedback from the students on the difficulty, or ease, of using culturally appropriate active listening strategies.

You could ask students the following questions.
1 How do you indicate willingness to listen in your country?
2 Do you have difficulties with any of the non-verbal communication strategies in Exercise 2b?

e Students role play a patient admission using the Patient Admission form on page 8 and the patient details on pages 86 and 93.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Answers

- Electronic Patient Records (EPRs) are starting to change the way patient information is stored. The Electronic Patient Record is designed to replace the current paper record and will be accessed using palm-held computers. This will allow better cross-referencing of patient data, such as allergies and medications.
- Coding refers to the classification of diagnoses and procedures under medical codes. The information will be used in research and to track the progress of certain diseases.

You could ask students the following questions.
1 If patients can access their own data online, how might this affect what doctors and nurses write?
2 In some countries/situations nurses admit patients by phone prior to arrival at the hospital. What are the advantages and disadvantages of this process?

Answers

1 At present, the Patient Record is not always completed as it should be, for example avoiding the use of subjective comments. These comments will be able to be viewed by the patient which could cause some embarrassment. It may also constrain nurses from documenting certain observations which could be misconstrued by the patient.
2 Advantages – admissions can be completed at a time which is convenient for the patient; the patient can remain at home in familiar surroundings and not have to wait at the hospital while the admission is done.
Disadvantages – there could be problems with accuracy as patients cannot visually check the information. Comprehension difficulties are more likely without the benefit of face-to-face communication.

Medical focus: the heart

Explaining how the heart works

3 a Students answer the questions in pairs.

> **Answers**
>
> 1 The cardiac cycle includes all events which occur from the beginning of one heartbeat to the beginning of the next heartbeat, for example systole and diastole.
> 2 The atria and ventricles contract and then the whole heart relaxes.
> 3 Shortness of breath, as not enough blood is oxygenated by the lungs.
> 4 The nurse in the Cardiac Unit is sometimes required to teach patients about the cardiac cycle in order to explain some of the cardiac tests or procedures which patients have before heart surgery.

b Students read the patient information leaflet and discuss, in pairs, what the parts of the heart do.

> **Answers**
>
> the atria – receive blood
> the ventricles – pump blood
> the pulmonary artery – carries de-oxygenated blood to the lungs
> the valves – open to allow blood to flow between the chambers and then close to prevent backflow of blood
> the pulmonary vein – carries oxygenated blood from the lungs to the left atrium
> the aorta – brings oxygenated blood to all parts of the body

c Students role play explaining how the heart functions using the patient information leaflet.

Communication focus: putting a patient at ease

Before you begin …
Elicit from students the ways of putting a patient at ease. You could ask students the following question.

Why is it important to put a patient at ease?

> **Answer**
>
> If the patient is not at ease, they may feel anxious and not take in important information. Patients who are anxious do not comply well with instructions.

4 a Students listen to the conversation and answer the question.
▶ 1.3 page 94

> **Answer**
>
> They are talking about lifestyle changes after a diagnosis of hypertension, which are needed to manage his blood pressure at home.

b Students match the informal expressions and meanings.

> **Answers**
>
> 2 g   3 c   4 d   5 b   6 f   7 a

c Students complete the strategies for putting a patient at ease. Check students understand the terms *judgemental* and *rapport*.

> **Answers**
>
> 1 same level   2 positive   3 judgemental   4 rapport
>
> 1 d   2 a   3 b   4 c

d Students listen again and find examples of the strategies for putting a patient at ease in audioscript 1.3.
▶ 1.3 page 94

> **Answer**
>
> Susanna sits at the same level as the patient, nods and uses humour to establish a rapport. She also uses *Mm, yeah*.

e In pairs, students role play the conversation between Susanna and Mr Hockings. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**
>
> **Suggested answers**
> - introduce yourself first to personalise the communication
> - avoid barriers to communication, for example sit at the same level as the patient rather than standing over the patient
> - speak in a friendly, informal way and avoid using technical terms which may not be understood by the patient
> - try not to be rushed when communicating with the patient
> - use therapeutic touch, for example touching a patient on the arm where appropriate – this should be used sensitively as some patients may not feel comfortable with touch from a non-family member
> - use interpreters to assist in communication where appropriate
> - make use of information leaflets produced in different languages http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_4123594
>
> With an elderly person:
> - check that the older person can hear what you are saying. Speak slowly and clearly
> - on first meeting use the patient's title (Mrs/Mr/Ms/Dr etc.) to indicate respect
> - ensure that older patients understand that they have the right to be part of decisions made regarding their own healthcare – their past experience of healthcare may be of great concern to them
>
> With a child:
> - introduce yourself using your first name
> - sit at the same level as the child and use informal language
> - only give a few pieces of information at a time
> - ensure that young patients understand that a parent or a nurse will always stay with them during a procedure
> - introduce children to other patients in the same ward area
> - allow familiar items to stay with the child, for example a favourite toy

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Charting and documentation: a nursing handover

5 a Students discuss the questions in pairs.

> **Suggested answers**
>
> 1 Handovers should alert nurses to the presence of IV therapy, drains, wounds, etc. Medication reviews and test results should be given. Staff should be informed of any tests or procedures which will occur during the next shift. Handovers should only give information about the changes in condition or treatment which have occurred during the relevant shift.
> 2 Patient details and treatment which are already noted on the printed handover sheet are not repeated – this is to save time, as the handover usually only lasts 20–30 minutes.
> 3 Inaccurate handing over of information can lead to medication errors, incorrect preparation for tests, and missing appointments with other healthcare professionals, for example X-ray.

You could ask students the following questions.

1 Why could handovers be problematic?
2 Why is it important to be clear and concise when giving a handover?
3 Why are effective communication skills important?

> **Answers**
>
> 1 Handover time is often cited as one of the most difficult times of the day for nurses. Several communication skills are required to be able to manage a handover adequately including note-taking skills and comprehension skills. It is also important to have the ability to understand abbreviations and acronyms and have confidence in medical terminology and nursing jargon. Handovers are often given in crowded rooms where it may be difficult to hear the handover clearly.
> 2 Staff take notes as the handover is given and time is usually limited to around twenty minutes to hand over information about the whole Unit.
> 3 So that important information is not missed and so that all staff are aware of patients' needs.

b Students listen to the conversation and answer the questions.
   ▶1.4 page 94

> **Answers**
>
> 1 Uncontrolled hypertension
> 2 She had a heart attack (myocardial infarction) in June.

You could ask students the following question.
What is the difference between medical history and surgical history?

> **Answer**
>
> A medical history is a history of past illnesses whereas a surgical history is a history of operations.

c Students listen again and mark the statements (T) or (F). Check students understand *ADLs* (Activities of Daily Living) and elicit examples – eating, bathing, toileting, mobility.
   ▶1.4 page 94

> **Answers**
>
> 1 T   2 T   3 F – BP 210/105   4 F – P was 100   5 T

d **Students match the abbreviations and meanings.**

> **Answers**
>
> 2 m   3 b   4 f   5 l   6 c   7 j   8 h
> 9 e   10 n   11 d   12 a   13 k   14 i

> **Language note**
>
> There are differences in the use of some abbreviations, so students should be aware of this and note which ones are used in their own workplace.
>
> For example, 4˚ is also expressed as 4/24. Other differences include **qid**/**qds** and **bid**/**bd**. Medical hierarchy terms can also differ, for example in some countries **RMO** or **Resident Medical Officer** is the equivalent of **SHO** or **Senior House Officer**.

e **Students listen again and complete the audioscript extract.**
▶ 1.4 page 94

> **Answers**
>
> 2   MI   4   BP   6   GTN
> 3   SHO   5   ECG   7 O_2

f **Students read the Patient Record and complete what was said during handover.**

> **Answers**
>
> 2   10 pm   7   one twenty
> 3   SHO   8   five past ten
> 4   Oxygen   9   SHO
> 5   two hundred and twenty over one hundred   10 ECG
> 6   pulse   11 sublingual

g **Students listen to the conversation and then role play a nursing handover using the written Patient Record on page 12.**
▶ 1.5 page 94

h **Students role play a nursing handover using the Patient Records on pages 86 and 93.**

Charting blood pressure and pulse

6 a **Students discuss the questions in pairs.**

> **Suggested answers**
>
> 3   Nursing and other healthcare professionals have access to these charts, which are often kept at the end of the patient's bed in an opaque plastic folder for privacy. However, the charts are easily accessed by the patient or friends and relatives of the patient.
> 4   The nurse who is looking after the patient is responsible for completing the chart. A student nurse may complete the chart if checked and countersigned by a qualified nurse.

You could ask students the following questions.
1   What style of Observation Chart is this?
2   What other style of Observation Chart is there?

Answers

1 This is a horizontal-style chart with details of temperature, pulse, respirations, blood pressure and oxygen saturation all written along the same line.
2 There is also a vertical chart which allows for plotting of the information on a grid so information appears like a graph and a trend is easily visible.

b Students listen to the conversation and answer the questions.
▶1.6 page 94

Answers

1 She will be in hospital for three days.
2 Dr Fielding came to see her because her BP had increased and she was complaining of chest pain.
3 Jenny took her observations before giving the handover.

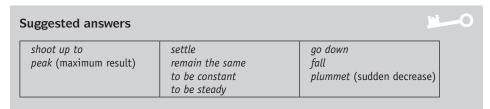**c** Students listen again and mark the incorrect information.
▶1.6 page 94

Answers

Time	P	BP
06.00	76	175/90
10.00	112	210/130
14.00	97	195/90
15.00	86	180/85

d Students practise saying the blood pressure readings.

Answers

1 One hundred and ten over/on seventy
2 One hundred and fifty over/on ninety
3 One hundred and forty-two over/on ninety-nine
4 Eighty-six over/on forty

Medical technology Blood pressure monitors

e Students read audioscript 1.6 and find examples of describing change in blood pressure.

Suggested answers

shoot up to peak (maximum result)	settle remain the same to be constant to be steady	go down fall plummet (sudden decrease)

f Students role play a nursing handover using the information on the Observation Chart on page 86, audioscript 1.6 and the phrases in Exercise 6e.

Background information and useful web links

Taking a patient history (page 6)

An important part of admitting a patient is information gathering. Although hospital environments may differ, the following information is usually gathered.

- Personal details
  These include contact details for the patient and the next of kin. This information is also important for discharge planning.

- Medical and surgical history
  Old notes can be retrieved from Medical Records.

- Allergies
  For example to food, medications or latex. An increasing number of patients are allergic to latex products and non-latex products are ordered in these cases.

- Medications
  These include prescribed drugs, OTC (over-the-counter) medications, herbal medicines and supplements such as vitamins. Patients may not consider mentioning medications bought at a chemist's, or herbal medicines or supplements because they are not prescribed by a doctor. However, interactions with prescribed medications are possible and can be life-threatening.

- Lifestyle
  This includes things such as alcohol consumption, smoking habits and drug use.

- Advance Directive or Living Will
  Advance Directives are instructions given by a person through a legal document which clearly set out the sorts of decision about treatment or lack of treatment they wish to be made on their behalf if they are no longer able to make such decisions themselves because of ill health or dementia.

Patient admission is an important procedure as it ensures the correct identification of the patient. Greeting a patient in a warm and welcoming manner creates a feeling of trust and confidence in the ward staff. It is an opportunity to discover how much the patient knows about their illness and ascertain the level of anxiety which the patient may be feeling.

Useful web links:

Greeting body language
http://changingminds.org/techniques/body/greeting.htm

NHS patient information leaflet: allergies
http://cks.library.nhs.uk/patient_information_leaflet/allergies

Advance Directives (Living Wills)
http://www.patient.co.uk/showdoc/40025325/

UK Department of Health information on the consent form
http://www.dh.gov.uk/en/Publichealth/Scientificdevelopmentgeneticsandbioethics/Consent/Consentgeneralinformation/DH_4015937

Communication focus: active listening strategies (page 7)

Active listening strategies ensure that the listener gives feedback to show understanding or interest in the speaker's message. This can include the use of non-verbal communication such as body language, body postures or body movements. There should be no mismatch between verbal and non-verbal communication. Gestures, usually hand movements, which add non-verbal cues may have different meanings in different cultural settings and should be used with caution.

Useful web links:

Attentive body language
http://changingminds.org/techniques/body/attentive_body.htm

Active listening for the classroom
http://712educators.about.com/cs/activelistening/a/activelistening_2.htm

Active listening
http://www.studygs.net/listening.htm

Share your knowledge (page 8)

Nursing Informatics combines nursing science, computer science and information science to streamline and support the practice of nursing and the delivery of nursing care. In many hospitals, nurses work with the IT team to translate patient care into practical computer applications including the retrieval of information, charting, ordering and billing. The EPR or Electronic Patient Record is a current example of the effect of Informatics on the keeping of confidential patient records.

Useful web links:

Alliance for Nursing Informatics
http://www.allianceni.org/

Nationwide Health Information Technology Standard for Nursing
http://www.allianceni.org/docs/news012007.pdf

Electronic Patient Record
http://www.connectingforhealth.nhs.uk/

Coding for Success: Simple technology for safer patient care (pp10–11)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_066082

British Computer Society Health Informatics Specialist Group
www.nursingschoolsearch.com/nursing-infomatics.htm
http://www.nursing.bcs.org

NHS leaflet including the Data Protection Act
http://www.prodigy.nhs.uk/patient_information_leaflet/health_records

Confidentiality
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4124

Health Record
http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Policyarchive/
WorkingTogetherforHealth/DH_4015208

Confidentiality of personal health information used for research
http://www.bmj.com/cgi/content/full/333/7560/196

Medical focus: the heart (page 9)

Page 9 has a description of the heart including medical terms.

Useful web links:

The heart
http://www.innerbody.com/image/card02.html

Animations and interactives of how the heart works
http://www.smm.org/heart/heart/top.html

The circulatory system
http://www.getbodysmart.com/ap/circulatorysystem/menu/menu.html

Communication focus: putting a patient at ease (page 10)

It can be difficult to put a patient at ease and strategies include non-verbal ones which help students to provide a comfortable and relaxed environment for their patients, especially when managing a patient who is anxious and requires more careful treatment. Cultural sensitivity in the context of appropriate non-verbal communication such as body language is also important to consider.

Useful web links:

The use of register
http://www.roma.unisa.edu.au/07118/language/register.htm

Language, register and power
http://www.literacytrust.org.uk/Pubs/simpson2.html

Charting and documentation: a nursing handover (page 11)

Handover is an important nursing responsibility because it is essential for good communication between nurses. Much information is passed from nurse to nurse during a handover which may be one-to-one or received as a group, as in the change-

of-shift handover. In some places, a taped handover is the method used to relay information between shifts. This method can be very challenging as it does not allow for any feedback to the speaker. The advantage of a taped handover is that it can be replayed.

Useful web links:

Nurserve forum on handovers
http://www.nurserve.co.uk/newforum/forum_posts.asp?TID = 187&PID = 8581

The Patient Record includes the complete notes of all care given to a particular patient. All healthcare professionals who deliver care to a patient, for example physiotherapist, medical officers, nursing staff and social workers, must document the care in the Patient Record. Record keeping is an important responsibility of nurses not least because the Patient Record is a legal document and can be called on as evidence, making it essential that the record is factual and objective and does not contain subjective opinion.

Useful web links:

Record keeping
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID = 4008

Powerpoint presentation which explains aspects of taking vital signs
http://www.docstoc.com/docs/477789/Vital-Signs

Blood pressure (page 13)

Blood pressure (BP) readings are expressed as the systolic reading over the diastolic reading. The systolic reading is the top numeral of the BP result and records the period of contraction of the heart. The diastolic is the numeral at the bottom of the BP reading and records the period of relaxation of the heart.

For example, a BP reading of 90/60 – spoken as ninety over sixty or ninety on sixty – records the systolic reading of 90 and the diastolic reading of 60.

Useful web links:

Video tutorial on blood pressure measurement
http://www.abdn.ac.uk/medical/bhs/tutorial/tutorial.htm

British Hypertension Society
http://www.bhsoc.org/default.stm

High blood pressure explained
http://www.patient.co.uk/showdoc/23068761

Cambridge English for
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TEACHER'S NOTES

UNIT 2 Respiratory problems

- Educating patients about asthma management
- Giving instructions effectively
- Using a nebuliser
- Talking to a child about asthma
- Putting a young patient at ease
- Describing respiration
- Charting respiratory rates

➔ **Go to page 21 for essential background information on the topic and useful web links.**

➔ **Don't forget to explore the Extra activities for this unit.**

🔤 **Medical terms can be found in the Glossary**

Educating patients about asthma management

Before you begin …
The following questions can be used to generate a warm-up discussion before starting Unit 2. You could also ask the students to look at the outline of Unit 2 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the following questions in pairs and then feed back to the class as a whole with their ideas.

1   What types of respiratory problems are you familiar with?
2   Have you cared for a patient with respiratory problems?
3   What factors might aggravate a respiratory condition?

1 **a** **Students look at the picture and discuss the questions.**

> **Answer**
> 1   The peak flow meter is used to measure how fast a person can blow out air after taking a big breath in.

b **Students listen to the conversation and answer the questions.**
▶ 2.1 page 95

> **Answers**
> 1   Mrs Drake feels much better; her chest feels less tight and she is breathing more easily.
> 2   So that she can keep an eye on her asthma when she goes home.
> 3   At the same time each day.
> 4   To take the peak flow readings at the same time every day, write the result on her Daily Record Chart, and bring this to the Asthma Clinic.

c Students listen again and complete the audioscript extracts.
▶ 2.1 page 95

Answers

1 Would you mind
2 I'd like you
3 could you

d Students put the sentences in the correct order.

Point out the discourse markers **first of all, now, next, after that** and **finally** which make the instructions easier to follow.

Answers

2 Now, stand up. Take a deep breath and try to fill your lungs as much as you can.
3 Next, blow as hard and as fast as you can with one breath.
4 Make a note of the final position of the marker.
5 After that, I want you to blow into the peak flow meter two more times.
6 The last thing to remember is to record the highest of the three readings on your Daily Record Chart.

e Students listen and check their answers.
▶ 2.2 page 95

f Students read audioscript 2.2 and find other examples of instructional language and look at the verb forms used.

Answers

In most of the instructions, the verb is an infinitive without *to*: blow, move, make, take. This is the most common and direct way of giving instructions and is appropriate after you have softened your request, for example: *Would you mind … I'd like you to … Could you …* . There are also useful phrases like *I want you …* and *The last thing to remember is …* , both of which are followed by an infinitive with *to*.

Communication focus: giving instructions effectively

Before you begin …
Elicit from students the sorts of instruction you need to give patients.

2 a Students discuss the questions in pairs.

b Students complete the strategies for giving instructions effectively. Check students understand *non-verbal communication* and *register*.

Answers

2 at the same level
3 *That's right*
4 *I'm going to teach you how to …*
5 understood
6 *firstly, secondly*; fingers
7 Demonstrate
8 Repeat

c Students listen to the conversation again and find examples of strategies in the audioscripts 2.1 and 2.2. Write up the strategies on the board for use with Exercise 3e.
▶ **2.1 and 2.2 page 95**

> **Answers**
>
> Eleanor states the purpose of the communication (*I'm going to show you how to use a peak flow meter today.*).
> She smiles and nods at Mrs Drake.
> She gives the instructions in steps (*I'll go through it with you step-by-step.*).
> She encourages her (*Yes, you will! Don't worry, it'll become a habit.*).
> She uses an appropriate level of language.
> She demonstrates (*I'll just show you how to use the peak flow meter.*).
> She gives her the opportunity to ask questions (*Do you have any questions?*).

d In pairs, students role play the conversation between Eleanor and Mrs Drake. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

🔘 Medical technology The Incentive Spirometer

Using a nebuliser

3 a Students discuss the questions in pairs.

> **Answer**
>
> 2 Bronchodilators (medication that makes the airway wider); inhalers and nebulisers to make breathing easier (a spacer is attached to make it easier for a child to use an inhaler); dust reduction in the home (vacuuming every day)

b Students listen to the conversation and put the steps in the correct order.
▶ **2.3 page 95**

> **Answers**
>
> 1 Put in the medication
> 2 Connect to the oxygen
> 3 Put on the mask
> 4 Turn on the oxygen
> 5 Breathe in the mist

c Students listen again and match the beginnings and endings.
▶ **2.3 page 95**

> **Answers**
>
> 1 c   2 e   3 a   4 d   5 b

d Students listen again and find examples in audioscript 2.3 of giving instructions effectively.

▶ 2.3 page 95

> **Answers**
>
> Melanie states the purpose of the communication (*I'd just like to show you how to use this nebuliser.*).
> She sits at the same level as Mr Dwyer so is non-threatening (*I'll bring a chair up so I can have a chat with you.*).
> She smiles and nods at him; she gives the instructions in steps (*I'll go through all the steps with you.*).
> She encourages Mr Dwyer (*It's not too difficult. I'm sure you'll catch on quickly.*).
> She gives Mr Dwyer the opportunity to ask questions (*Any questions?*).

e In pairs, students role play the conversation between Melanie and Mr Dwyer. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

> **Share your knowledge**
>
> Students discuss the questions in small groups and then share their ideas with the whole class.

Medical focus: the respiratory system

Talking to a child about asthma

Before you begin …
As a class, discuss the following questions.

1 How might a child with asthma be feeling?
2 What concerns would a parent of a child with asthma have?

Pronunciation focus

larynx /ˈlærɪŋks/
laryngeal /ˈlærɪndʒiəl/
pharynx /ˈfærɪŋks/
pharyngeal /ˈfærɪndʒiəl/

4 a Students listen to the conversation and label the diagram.

▶ 2.4 page 95

> **Answers**
>
> 2 oral cavity
> 3 voice box / larynx
> 4 bronchus
> 5 alveoli
> 7 epiglottis
> 8 windpipe / trachea
> 9 pleural membrane
> 10 intercostal space

b Students discuss the questions in pairs.

> **Answers**
>
> 1 The inner muscle of the asthmatic airway is inflamed so it is hard for air to go through.
> 2 An asthmatic makes a wheezing noise when trying to breathe during an asthma attack; they may also clutch their neck and look distressed.

c Students listen to the rest of the conversation and write asthmatic (A) or healthy (H) for the sentences.

▶ 2.5 pages 95 and 96

Answers

1   a H   b A
2   a A   b H
3   a H   b A
4   a A   b H

d Students listen again and complete the flowchart.

▶ 2.5 pages 95 and 96

Answers

1   becomes inflamed
2   is conducted
3   is exchanged
4   is narrowed
5   tighten
6   to breathe

The verbs in 1−4 are in the passive. The passive *to be* + past participle is often used to describe a process, for example *… is conducted, … is exchanged, … is narrowed, … is produced*. You can also use *to become* + past participle to describe a process, for example *becomes swollen*.

You may need to review the formation of the passive voice and the structure **become + past participle** as an alternative method of describing a process.

Communication focus: putting a young patient at ease

5 a Students discuss the questions in pairs.

b Students complete the strategies for putting a young patient at ease. Check students understand *small talk* and elicit some examples of topics.

Answers

2   level
3   simple
4   diagrams
5   decision-making
6   encouragement
7   appeal
8   cheerful
9   explain

c Students listen again and find examples of the strategies in audioscripts 2.4 and 2.5.

▶ 2.4 and 2.5 pages 95 and 96

Answers

Tim sits at the same level as Susie (*Can I come and sit here with you for a while?*).
He uses simple, clear sentences and checks for understanding (*Can you see that there is less room for air to go through?*).
He uses a diagram to illustrate his talk (*Have a look on the first page, and you'll see a diagram of what we call your respiratory system.*).
He involves Susie in decision-making (*Does that sound like a good idea?*).
He encourages Susie (*Good on you! I thought you'd find it interesting.*).
He uses a cheerful tone of voice.

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d In pairs, students role play the conversation between Tim and Susie. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

e Students role play explaining to a patient what happens in an asthma attack using the diagrams on page 17.
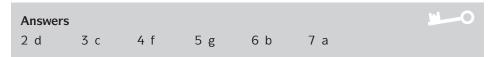
> ### Language note
>
> **wheezing** /wiːzɪŋ/ – making a high, rough noise while breathing because of some breathing difficulty

Pronunciation focus

breathing /briːðɪŋ/
breathe /briːð/
breath /breθ/

6 a Students match the medical terms and meanings. You might like to point out the other, non-medical meanings of inspiration, expiration, expire.

> **Answers**
>
> 2 d   3 c   4 f   5 g   6 b   7 a

b Students underline the stressed syllables.

> **Answers**
>
> 1 inspi<u>ra</u>tion
> 2 in<u>spi</u>ratory rate
> 3 respi<u>ra</u>tions
> 4 re<u>spi</u>ratory rate
> 5 expi<u>ra</u>tion
> 6 ex<u>pi</u>ratory rate

c Students take turns giving definitions of the words.

d Students listen to the conversation and answer the questions.
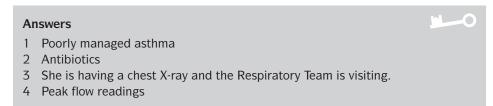▶ 2.6 page 96

> **Answers**
>
> 1 Mr Frank's family are staying with him because he is dying.
> 2 Judy is managing the pain using a PCA with morphine.
> 3 The oxygen is being delivered by nasal cannulae (also called nasal prongs).
> 4 The tachypnoea was caused by a lung infection.

e Students role play asking handover-type questions using the Nursing Notes on page 19 and the prompt cards on pages 86 and 93.

> ### Share your knowledge
>
> Students discuss the questions in small groups and then share their ideas with the whole class.

Charting and documentation: respiratory rates

7 **a** Students look at the Patient Record and discuss the questions in pairs.

> **Answers**
> 1   Poorly managed asthma
> 2   Antibiotics
> 3   She is having a chest X-ray and the Respiratory Team is visiting.
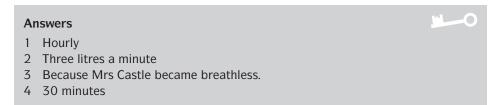> 4   Peak flow readings

b Students match the abbreviations and meanings. Point out that nearly all the abbreviations here are written only so they are said as they are written. The exception is URTI /ɜrti/.

> **Answers**
> 2 f   3 a   4 c   5 b   6 d

c Students take turns giving meanings of the abbreviations. Ask students to cover the right-hand column and point to an abbreviation for their partner to say.

d Students listen to the conversation and answer the questions.
▶ 2.7 page 96

> **Answers**
> 1   Hourly
> 2   Three litres a minute
> 3   Because Mrs Castle became breathless.
> 4   30 minutes

e Students listen again and check the Observations Chart for inaccuracies.
▶ 2.7 page 96

> **Answers**
> RR at 06.00 was 18 breaths not 16
> Pain score at 14.00 was 7/10 not 6/10
> RR at 14.00 was 26 not 22
> RTW on three litres of oxygen not four at 14.00
> RR at 15.00 was 20 not 18

> **Note**
> **On the Observation Chart**
> the pain column contains the level of pain rated by the patient on a scale of 0 to 10 read as **six out of ten**
> the comments column **OT** = Operating Theatre **RTW** = return to ward
> the patient has returned with Patient Controlled Analgesia (PCA) running with Fentanyl (a pain-killing drug).

f Students match the medical terms and meanings.

> **Answers**
> 1 b   2 d   3 e   4 c   5 a

g **Students underline the stressed syllables.**

Answers
1   <u>ap</u>noea
2   bradyp<u>noe</u>a
3   eup<u>noe</u>a
4   tachyp<u>noe</u>a
5   <u>dys</u>pnoea

h **Students answer the questions in pairs.**

Answers
1   No, the *p* is not a silent letter in all words.
2   *Apnoea* and *eupnoea* don't have a silent *p*.

i **Students read the Patient Record and answer the questions.**

Answers
1   AE air entry; FBC full blood count
2   No, she is afebrile.
3   Fast, she has tachypnoea.
4   The day the report was written.
5   Yes, she has to start taking it again.

Language note

The acronym **FBC** can mean **Full Blood Count** or **Fluid Balance Chart**. Students will need to work out the meaning from the context.

j **In pairs, students role play handing over Mrs Castle using the Patient Record. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.**

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Background information and useful web links

Educating patients about asthma management (page 14)

Patient education is an important part of the management programme for an asthma sufferer. It is important that sufferers can detect the early signs of an asthma attack and also understand simple preventative measures which may lessen the severity of an attack.

The peak flow meter is a hand-held device which is used in the home management of asthma. It measures how fast a patient can exhale all of the air out of the lungs in one breath. The reading on the meter is called the peak expiratory flow [PEF] or **peak flow**, as it records the highest of three readings which are measured in litres per minute.

Useful web links:

Comprehensive information about asthma treatment
http://www.sign.ac.uk/pdf/qrg101.pdf

Patient information about asthma (includes videos)
http://www.nhs.uk/Livewell/asthma/Pages/Asthmahome.aspx

Information about asthma
http://www.bbc.co.uk/health/conditions/asthma/aboutasthma_index.shtml

Peak Flow Diary
http://www.patient.co.uk/showdoc/21692482

Asthma – how to use your peak flow meter
http://www.netdoctor.co.uk/diseases/facts/asthmapeakflowmeter.htm

Example peak flow meter chart
http://healthguide.howstuffworks.com/peak-flow-meter-picture-a.htm

Communication focus: giving instructions effectively (page 15)

Giving patients instructions can be far more difficult than in the everyday environment as the patient may be distracted by their illness, pain or stress. It is important to ensure that the patient is actively engaged in the process through monitoring of body language and dividing the information into small chunks that can be easily understood.

Useful web links:

An article on how to communicate effectively
http://media.wiley.com/product_data/excerpt/84/04716574/0471657484.pdf

Using a nebuliser (page 16)

Nebulisers are also used in asthma management. Nebulisers pump pressurised air or oxygen through liquid medication to convert it into a fine vapour or mist. The mist can then be breathed in through a mask. Nebulisers are used in times when there is a need for higher levels of medication, for example during an asthma attack.

Useful web links:

Pictures of different nebulisers
http://www.nlm.nih.gov/medlineplus/ency/presentations/100201_1.htm

Information about bronchodilators
http://cks.library.nhs.uk/patient_information_leaflet/bronchodilator_medicines

Information about nebulisers and options for treatment
http://cks.library.nhs.uk/chronic_obstructive_pulmonary_disease/management/
prescribing_information/nebulizers_and_nebulizer_solutions#

Medical focus: the respiratory system (page 17)

Useful web links:

Audioscripts 2.5 and 2.6 have a description of the respiratory system and asthma.

Good overview of the respiratory system linked to a widely used nursing text book
http://wps.aw.com/bc_marieb_ehap_9/79/20310/5199565.cw/index.html

Practice tutorials which students can do as self-study / revision on the respiratory system
http://www.getbodysmart.com/ap/respiratorysystem/menu/animation.html

Talking to a child about asthma (page 17)

To ensure effective asthma management is followed by children, it is necessary to explain the respiratory system in a manner which is easily understood. Prevention of asthma attacks is one of the aims of asthma management. In most cases, the feeling of panic felt by a child during an asthma attack can be lessened if they have an understanding of what is happening and the emergency treatment which is needed.

Useful web links:

The signs and symptoms of mild, moderate and severe asthma attacks
http://www.medem.com/MedLB/article_detaillb.cfm?article_ID = ZZZE2O8XA7C&sub_cat = 19

Communication focus: putting a young patient at ease (page 18)

It is important to actively engage with young patients to make them feel more at ease with a procedure or when demonstrating a piece of equipment or a process. The aim is to lessen anxiety and to ensure that the young patient listens carefully to instructions without being distracted by fear of the procedure.

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TEACHER'S NOTES

UNIT 3 Wound care

- Discussing wound management
- Asking for advice
- Describing wounds
- Taking part in Continuous Professional Development
- Using a Wound Assessment Chart

➔ **Go to page 30 for essential background information on the topic and useful web links.**

➔ **Don't forget to explore the** Extra activities **for this unit.**

ABC **Medical terms can be found in the** Glossary

Discussing wound management

Before you begin …
The following questions can be used to generate a warm-up discussion before starting Unit 3. You could also ask the students to look at the outline of Unit 3 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the following questions in pairs and then feed back to the class as a whole with their ideas.

1 What types of wound are you familiar with?
2 Have you ever cared for a patient with a wound that was difficult to heal?
3 What factors might hinder wound healing?

> **Answer**
> 3 Factors include poor nutrition, poor blood circulation, age and diabetes.

1 a Students discuss the questions in pairs.

> **Suggested answer**
> 3 Possible complications with wound healing include infection, delayed healing, pain, lack of mobility and amputation.

b Students look at the picture and discuss the questions in pairs.

> **Answers**
> 1 She's removing the dressing on a leg wound.
> 2 To make sure there is no cross-infection from the bacteria on her hands

c Students listen to the conversation and answer the questions.
▶ 3.1 page 96

> **Answers**
> 1 For advice on the management of Mr Jones' wound
> 2 Venous ulcer
> 3 Two weeks

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d Students put the sentences in the correct order.

> **Answers**
>
> 2 He developed a venous ulcer on his right ankle after he tripped on some stairs …
> 3 His local doctor had a look at it and asked the District Nurse to come and dress the wound at home.
> 4 Two weeks ago he was admitted to this ward to have an assessment of his circulation and to monitor his wound management.
> 5 He had a Doppler test done last week.
> 6 We sent a wound swab off, and we just got the results yesterday.
> 7 He's started on some IV antibiotics.

e Students listen again and check their answers.
▶ 3.1 page 96

f Students match the medical terms and meanings. You could ask students to test each other on the medical terms by covering up the left-hand column and asking their partner for definitions.

> **Answers**
>
> 2 g   3 b   4 a   5 c   6 d   7 e

g Students listen to the conversation and answer the questions.
▶ 3.2 page 96

> **Answers**
>
> 1 Because it was not healing at home.
> 2 A VAC dressing
> 3 To help the wound heal faster

Communication focus: asking for advice

Before you begin …
You could ask students the following questions.

1 In what nursing situations would you ask for advice?
2 Who would you ask?

2 a Students match the beginnings and endings to complete the questions.

> **Answers**
>
> 1 c   2 a   3 e   4 b   5 d

b Students match the requests for advice and the responses.

> **Answers**
>
> 1 What do you think I should do with this ulcer?
> 2 What do you suggest we use? What would you recommend that we change to?
> 3 Would you mind giving me some advice on his wound care management?
> 4 What would you recommend that we change to? What do you suggest we use?
> 5 Do you think it's a good idea to try that instead of the dressing they're using now?

c Students role play asking for, and giving, advice on wound management.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class. You could ask students the following questions.

1 Why are Clinical Nurse Specialists important members of the health team?
2 What are the possible effects of chronic wounds on the patient?
3 What are the implications for the healthcare system?

Answers

1 Many areas of healthcare are very specialised and treatments change at a rapid rate. It is becoming increasingly important for nurses to specialise so that they can work as consultants.
2 These include: interruption to employment or the inability to work at all, pain, disfigurement leading to distortions of body image, possible amputation.
3 The effects on the healthcare system include lengthy hospital stays or the need for long-term home nursing services with increased costs as a result.

Medical focus: wound bed preparation

Describing wounds

3 a Students look at the pictures and answer the questions.

Suggested answers

a Looks infected as it has pus in the wound. It looks red and sore.
b Looks black and uneven around the edges with yellowish material in the middle.
c Looks like it has dead tissue around the edges. It looks blackened and not healed.
d Looks red and dry.

b Students match the medical terms and meanings.

Answers

2 a   3 b   4 g   5 d   6 e   7 f   8 c

c Students underline the stressed syllables in the words.

Answers

1 ne<u>cro</u>sis
2 <u>es</u>char
3 desic<u>ca</u>tion
4 infla<u>mma</u>tion
7 de<u>bri</u>dement
8 cellu<u>li</u>tis

d Students take turns giving definitions of the words.

Extension activity: memory game

Ask students to close their books. Write the medical terms 1–8 from Exercise 3b on the board and ask students to memorise the words. Tell students to look away and then erase one word from the board and then ask students to write down the missing word. Repeat until all the 8 words have been erased. Students check their spelling with a partner or on page 25.

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e **Students complete the sentences and match them to the pictures in Exercise 3a.**

> **Answers**
> 1   eschar (photo c)
> 2   cellulitis; desiccation (photo d)
> 3   inflammation; swab (photo a)
> 4   slough; debridement (photo b)

f **In pairs, students take turns describing the wounds in Exercise 3a without looking at the text in Exercise 3e.**

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**
>
> **Suggested answers**
> 1   The location of the ulcers would make it difficult to apply a wound dressing and mobilisation would be a problem.
> 2   Diabetics should never go barefoot as nerve damage decreases awareness of sensations in the foot and so injury in the form of skin cracks often goes unnoticed. These can lead to ulcers.
> 3   A consequence of diabetic ulcers can be a non-healing wound and ultimately amputation of the foot.

Medical technology Wound management

Continuous Professional Development

Before you begin …
You could ask students the following questions.
1   Why is professional development important for nurses?
2   Why is it important to use protocols which follow Evidence of Best Practice (EBP)?

> **Answers**
> 1   To keep nurses up-to-date with the latest advances in medicine
> 2   Because of the need for accountability and the need to have a universal standard which all nurses can follow. This is especially important as nurses frequently travel from country to country to work.

4 **a** **Students discuss the questions in pairs.**

b **Students listen to the talk and tick the medical terms they hear. With less confident students you could check pronunciation of the terms before listening.**
▶ **3.3 pages 96 and 97**

> **Answers**
> high bacterial load, necrotic tissue, exudate

c **Students match the medical terms and meanings.**

> **Answers**
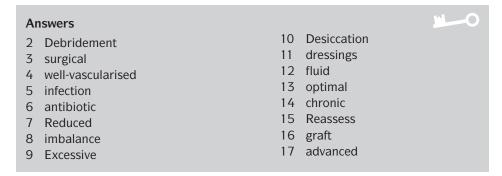> 2 g   3 h   4 e   5 f   6 b   7 d   8 a

d **Students take turns giving definitions of the words.**

e **Students listen again and complete the handout.**
▶ **3.3 pages 96 and 97**

Answers

2 base
3 inflammation
4 balance
5 necrosis
6 load
7 exudate
8 dryness

f **Students listen to the rest of the talk and complete the handout.**
▶ **3.4 page 97**

Answers

2 Debridement
3 surgical
4 well-vascularised
5 infection
6 antibiotic
7 Reduced
8 imbalance
9 Excessive

10 Desiccation
11 dressings
12 fluid
13 optimal
14 chronic
15 Reassess
16 graft
17 advanced

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Charting and documentation: Wound Assessment Chart

5 **a** **Students discuss the questions in pairs.**

Answers

2 An estimated 15–20% of dog bite wounds become infected. Although rare, if infections aren't treated they may lead to septic arthritis or generalised sepsis. Dog bites in areas where rabies is present are also a problem.
3 Complications can be avoided by seeking medical treatment as soon as possible and keeping up-to-date with tetanus protection.

b **Students listen to the conversation and answer the questions.**
▶ **3.5 page 97**

Answers

1 Puncture wounds
2 Flushed with normal saline, not sutured, dressed daily

c **Students listen to the conversation again and match the questions and answers.**
▶ **3.5 page 97**

Answers

1 c   2 a   3 d   4 b

Before you begin …
You could ask students the following questions.

1   What information do you expect to hear in the handover?
2   What information do you not expect to hear?

Answers

1   Description of the patients' medical condition, recent procedures, medications and upcoming events
2   They won't hear full name, sex, doctor's name or full diagnosis as this is on the handover sheet.

d **Students listen to the conversation and put the stages in the correct order.**
▶ 3.6 page 97

Answers

2   He was treated in A&E and discharged home.
3   The wound became infected and he has returned to hospital.
4   The wound was reassessed yesterday.
5   Gary was started on IV antibiotics to clear up the infection in the wound.
6   The wound was surgically debrided this morning.
7   Gary returned to the ward with an antimicrobial dressing which will be re-dressed tomorrow.
8   He is in for a review by the Vascular Team on Monday.

e **Students match the medical terms and meanings.**

Answers

2 d	3 i	4 k	5 a	6 j	7 f	8 l
9 c	10 h	11 b	12 e		

f **Students underline the stressed syllables in the words.**

Answers

1   <u>gran</u>ulated
2   <u>slough</u>y
3   <u>ma</u>cerated
4   in<u>fl</u>amed
5   <u>ser</u>ous
6   haemo<u>ser</u>ous

7   <u>pur</u>ulent
8   <u>o</u>dour
9   <u>non</u>-ad<u>he</u>sive <u>dres</u>sing
10 antimi<u>cro</u>bial
11 <u>hy</u>d<u>ra</u>ting
12 in<u>tact</u> wound

g **Students take turns giving definitions of the words.**

h **Students discuss their experience of using Wound Assessment Charts.**

i **Students find abbreviations in the Wound Assessment Chart for the words in Exercise 5i.**

Answers

1   N/A
2   tds
3   bd
4   L
5   IV
6   amt

j **Students listen again and underline the information they hear.**
▶ 3.6 page 97

> **Answers**
>
> L calf, sloughy, infected, daily, IV, inflamed, small amt, purulent, yes (odour present), surgical, antimicrobial, open wound, for review by Vascular Team on Mon, wound intact – next dressing in two days

k **In pairs, students role play handing over Gary Stephens. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.**

Background information and useful web links

Discussing wound management (page 22)

Wound bed preparation is an essential factor in the management of wounds. Initially, a careful assessment of the type of wound is made and then appropriate treatment is selected. Before healing can commence, it is important to prepare the base of the wound by ensuring that there is a good blood supply to the area, removing any dead tissue, clearing infection and establishing an optimal moisture balance in the wound. The assessment of blood circulation is done using a Doppler (ultrasound) test that uses high-frequency sound waves to measure and assess the flow of blood in blood vessels, tissues and organs. Faint or absent sounds may indicate constricted or obstructed blood flow. Antibiotics or antimicrobial dressings may also be used to clear infection.

Useful web links:

Nottingham University Nursing School resource; information could be used by students to produce a poster or table comparing common nutrients
http://www.nottingham.ac.uk/nursing/practice/resources/nutrition/index.php

Good source of information about many types of wound
http://www.worldwidewounds.com/

A good description of how VAC dressings are used including a simple diagram and glossary
http://www.surgeons.org/Content/NavigationMenu/Research/ASERNIPS/ASERNIPSConsumerInformation/VACconsum0205.doc

A glossary of terms relating to wound care
http://www.woundcareprotocols.com/glossary.htm

Clear description of wound bed preparation
http://wound.smith-nephew.com/UK/node.asp?NodeId = 3104

Patient education information about vascular disease including a good diagram
http://www.patient.co.uk/showdoc/23068800/

A photo of a Doppler
http://www.hku.hk/surgery/vdc/vdc_diagnostics.htm

Medical focus: wound bed preparation (page 24)

Audioscripts 3.3 and 3.4 have an explanation of wound bed preparation.

Taking part in Continuous Professional Development (CPD) (page 26)

Research into nursing practices and protocols continuously refine the way nursing care is delivered. There are many arenas where nurses can access up-skilling opportunities including online courses and workplace in-service sessions. In some places it is a requirement that nurses undertake a stated number of hours of Professional Development per year before they can renew their licence to practise.

Evidence-Based Practice (EBP) is based on a systematic review of current research. EBP is one of several forms of nursing knowledge which include qualitative research and knowledge gained through personal experience. EBP is backed up by quantitative research and is therefore reliable; for this reason, nursing protocols are written following EBP guidelines.

Useful web links:

Information on Professional Development from the Royal College of Nursing UK
http://www.rcn.org.uk/

Academic article on evidence-based practice – high level
http://www.journalofadvancednursing.com/docs/1365-2648.2004.03068.x.pdf

Information about dog, cat and human bite wounds
http://findarticles.com/p/articles/mi_qa3958/is_200104/ai_n8952585

Information about dog bites
http://www.medscape.com/viewarticle/417782

An article on current problems with inefficient handovers
http://www.cabrini.com.au/cabriniinstitute/academicdepartment_cabrinideakinnursing_projects.asp

A source of information about Best Practice
http://www.joannabriggs.edu.au/about/home.php

Share your knowledge (page 27)

A skin graft is a healthy layer of replacement skin transplanted onto a skin wound site. There are different types of skin graft:

Autografts – healthy skin taken from another location on the patient's body

Allografts – skin taken from other human sources such as engineered or skin substitutes e.g. cultured skin grafts made from the patient's skin cells

Xenografts – skin of other animal species, often pigs; for this reason, they are not universally acceptable on religious grounds

Useful web links:

Patient information about skin grafts
http://www.patient.co.uk/showdoc/1191/

BBC article about burns treatment
http://news.bbc.co.uk/2/hi/health/6232247.stm

Wound Assessment Chart (page 28)

A Wound Assessment Chart is part of the Integrated Care Pathway (ICP) for wound management.

Useful web links:

A definition of an integrated care pathway
http://www.evidence-based-medicine.co.uk/ebmfiles/WhatisanICP.pdf

A Flinders University (Australian) site with recommended abbreviations
http://nursing.flinders.edu.au/students/studyaids/clinicalcommunication/page.php?id = 24

A definition of a Care Plan
http://www.careplans.com/pro/default.asp

Cambridge English for
Nursing
TEACHER'S NOTES

UNIT 4 Diabetes care

- Discussing diabetes management
- Making empathetic responses
- Giving advice sensitively
- Explaining hypoglycaemia and diabetes
- Using a Diabetic Chart

➜ **Go to page 38 for essential background information on the topic and useful web links.**

➜ **Don't forget to explore the** Extra activities **for this unit.**

Medical terms can be found in the Glossary

Discussing diabetes management

Before you begin …
The following questions can be used to generate a warm-up discussion before starting Unit 4. You could also ask the students to look at the outline of Unit 4 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the following questions in pairs and then feed back to the class as a whole with their ideas.

1   What are the different types of diabetes?
2   How significant a problem is diabetes worldwide?
3   What are the abbreviations for **insulin dependent diabetes** and **non-insulin dependent diabetes**? How are the abbreviations pronounced?

> **Answers**
>
> 1   Type 1, or insulin dependent diabetes, Type 2, or non-insulin dependent diabetes, gestational diabetes (during pregnancy), diabetes insipidus (a rare condition that occurs when the kidneys are unable to conserve water as they perform their function of filtering blood)
> 2   A serious problem and growing
> 3   IDDM (Insulin Dependent Diabetes Mellitus) /ɪdem/ **Mr Smith is an IDDM on qds blood sugar levels.**
>   NIDDM (Non-Insulin Dependent Diabetes Mellitus) /nɪdem/ **Mr Brown is a NIDDM on a diabetic diet.**

1 a Students discuss the questions in pairs.

> **Answers**
>
> 3   The nurse may be discussing aspects of the patient's care with her.

b Students listen to the conversation and answer the questions.
▶ 4.1 pages 97 and 98

> **Answers**
>
> 1 To have a Personal Care Plan set up
> 2 Her local doctor
> 3 She couldn't control her blood sugar level at home.

c Students listen again and mark the statements (T) or (F).
▶ 4.1 pages 97 and 98

> **Answers**
>
> 1 F – the hospital referred her
> 2 F – she doesn't have one yet
> 3 T

d ▶ 4.1 Students look at the rest of the conversation and complete the questions and then listen again to check their answers.

> **Answers**
>
> 1 How often
> 2 How many times
> 3 How frequently
> 4 Do you ever
> 5 Do you always

e Students use the prompts to ask and answer questions.

Communication focus: making empathetic responses

Before you begin …
As a class, elicit the sorts of situation when you might need to use empathetic responses to a patient.

2 a Students read audioscript 4.1 and find examples of giving empathetic responses.

> **Answers**
>
> Oh dear, that's a shame; Mm. Yes … ; Mm, I see; That's good; Oh, that's a pity; Mm; Oh, that's not so good

b In pairs, students practise giving empathetic responses using the questions in Exercise 1d and the prompts in Exercise 1e.

Communication focus: giving advice sensitively

Before you begin …
Elicit from the students the sorts of advice that a nurse would suggest to Harry Williams when talking about lifestyle changes.

3 a Students discuss the questions in pairs.

> **Answers**
>
> 1 Lifestyle changes include stopping smoking, exercising more, losing weight, eating a healthy diet and cutting down alcohol intake.

b Students listen to the conversation and identify any lifestyle changes that they discussed in the warm-up activity.
▶ 4.2 page 98

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c Students listen again and complete the sentences.

▶ 4.2 page 98

Answers

2 need to
3 Try to
4 should
5 good idea
6 must
7 important to
8 might like to

You could ask students to look at audioscript 4.2 and underline examples where Marta gives advice. How does she give quite serious advice sensitively?

Answer

She avoids using **must**, chooses less confrontational language, for example **Could you try to include …** and uses **really** to soften requests.

d Students discuss the questions in pairs.

e Students match the strategies and expressions.

Answers

2 a   3 d   4 c   5 b   6 f   7 e

f In pairs, students practise giving advice sensitively.

g Students prepare and role play nurse–patient interviews using the patient profiles on pages 87 and 93 and the language they have looked at in this section.

Medical focus: the pancreas

Before you begin …
Elicit from the students the functions of the pancreas. The answers are in the text on page 33.

4 a Students read the information leaflet and answer the questions.

Answers

1 To produce digestive enzymes and secrete them into the small intestine via the pancreatic duct
2 To release hormones into the bloodstream; the beta cells of the islet cells in the pancreas secrete the hormone insulin into the bloodstream
3 It lowers them.
4 Glucagon

b In pairs, students practise explaining the role of the pancreas to a patient.

Explaining hypoglycaemia and diabetes

Before you begin …
You could ask students the following questions.

1 What causes diabetes?
2 What do people with diabetes have to do?

PHOTOCOPIABLE

5 a **Students match the medical terms and meanings.**

> **Answers**
>
> 2 e   3 d   4 j   5 b   6 h   7 f   8 a
>
> 9 g   10 i

b **Students underline the stressed syllables.**

> **Answers**
>
> 1 <u>pan</u>creas
> 2 dia<u>be</u>tes
> 3 dia<u>be</u>tic
> 4 hypogly<u>cae</u>mia
> 5 hypogly<u>cae</u>mic agent
> 6 glyco<u>su</u>ria
> 7 <u>ke</u>tones
> 8 diabetic ketoaci<u>do</u>sis
> 9 <u>in</u>sulin
> 10 <u>blood</u> sugar level

c **Students listen to the conversation and complete the information leaflet.**
▶ 4.3 page 98

> **Answers**
>
> 2 regulates   9 children
> 3 glucose   10 injections
> 4 fat/liver   11 90%
> 5 liver/fat   12 oral
> 6 fuel   13 inhalers/pumps
> 7 beta   14 pumps/inhalers
> 8 normalise

d **In pairs, students practise explaining the role of the pancreas in diabetes.**

e **Students listen to the rest of the conversation and match the options to the pictures.**
▶ 4.4 page 98

> **Answers**
> Option 1: c
> Option 2: a
> Option 3: b

f **Students listen again and complete the information leaflet.**
▶ 4.4 page 98

> **Answers**
>
> 2 catheter
> 3 bolus
> 4 large swings
> 5 vial
> 6 disposable
> 7 Varying
> 8 mixed
>
> 9 accurate doses
> 10 convenient
> 11 cartridge
> 12 Pre-filled
> 13 convenient
> 14 end

g **In pairs, students discuss the advantages and disadvantages of each option. You could write up the following criteria to help students and then share their ideas with the class. Ask them to make notes on each of the points.**

cost   convenience   ease of use   delivery of insulin

🔊 **Medical technology** Diabetes care

Charting and documentation: Diabetic Chart

6 a **In pairs, students look at the Diabetic Chart and answer the questions.**
Check students understand *hypo*. It is the short form for *hypoglycaemic attack*.

> **Answers**
>
> 1 Times of BSL testing and results, times and results of urinalysis, and times of hypos
> 2 Five times a day
> 3 Her urine (tested for glucose and ketones)
> 4 She is given lemonade.
> 5 She checks her BSL again.

b **Students listen to the conversation and mark the statements (T) or (F).**
▶ 4.5 pages 98 and 99

> **Answers**
> 1 T
> 2 F – she is 85
> 3 T
> 4 T
> 5 T
> 6 F – should be less than 10 mmols 1½ hours after meals
> 7 T
> 8 F – it went up to 15
> 9 T
> 10 T

> **Language note**
>
> There are some differences in abbreviations between English-speaking countries.
> **qds** + **2am bsl** may also be referred to as **qid** + **2 bsls.**

c **Students listen again and mark the incorrect information.**

▶ 4.5 pages 98 and 99

> **Answers**
>
> Hypo at 09.00, not 03.00; BSL 4.1 after lemonade; 7.1 at 16.30 yesterday; 8.0 at 02.00 today; 5.2 at 11.30 today; 4.8 at 21.30 today; no hypo today

d **Students answer the question.**

> **Suggested answer**
>
> Her diabetes is poorly managed.

e **In pairs, students role play handing over Alice Wilson using the corrected Diabetic Chart on page 36. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group. You could ask students them to write down the order they will hand over the information in the chart.**

Suggested order

1 General condition
2 Frequency of bsls
3 Frequency of urinalysis
4 Frequency of hypos
5 Compliance with diet

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**
>
> **You could ask students the following questions.**
>
> 1 Why is it important to be aware of special problems the elderly may have?
> 2 What are the benefits to the community of assisting the elderly with diabetes management?
>
> **Answers**
>
> 1 Many countries have an ageing population so the incidence of diabetes in the elderly is relevant.
> 2 There is less need for placement in care homes if diabetes can be managed at home with some assistance; fewer hospital beds are needed for the treatment of the complications of diabetes; less depression in elderly diabetics means more engagement with social activities.

Background information and useful web links

Discussing diabetes management (page 30)

Nurses play an essential role in the care of the diabetic patient in hospital and in the community. Patient education delivered by nurses impacts on lifestyle changes, home monitoring of blood glucose levels and prevention of the complications of diabetes. Nurses must keep abreast of the rapid changes in diabetes technology and treatment options for diabetics. Globally, diabetes organisations seek to provide culturally appropriate information about diabetes to their communities.

Useful web links:

An article for discussion about the global problem of diabetes
http://www.columbusdispatch.com/live/contentbe/dispatch/2006/06/11/20060611-A11-00.html

A timeline about diabetes; useful for discussion or class activity
http://www.diabetes.ca/about-diabetes/what/history/

Case studies of young people with diabetes
http://www.youthhealthtalk.org/diabetes

Information about all forms of diabetes including short videos
http://www.diabetes.org.uk/

Patient education site which outlines the common myths held about diabetes
http://www.diabetesmonitor.com/myths.htm

Information about some of the complications of poorly treated diabetes
http://diabetes.niddk.nih.gov/dm/pubs/complications_eyes/index.htm

Communication focus: making empathetic responses (page 31)

Empathy is the ability to understand the feelings of another by putting yourself in their place. This is achieved by developing an awareness of emotions which are expressed by another person. Empathetic responses include the following:

- restating the perceived feelings of another person, for example **I imagine you are feeling a bit shocked by the news you have just received.**

- asking open questions which encourage the other person to expand on feelings or concerns, for example **You mentioned that you were very upset by the way you were treated when you went for your scan this morning. Can you tell me about that so I can get a picture of what happened?**

- assuring the other person that you understand, for example **Thanks for letting me know about the problem you had this morning. I think I understand now why you said you were so upset.**

Useful web links:

This article includes case-study examples of actual language which could be modified as a class activity
http://www.nonviolentcommunication.com/aboutnvc/resources pdf/HC_Using_Therapeutic_Communication_M_Sears.pdf

Useful tips on how to communicate in an empathetic way using verbal and non-verbal strategies
http://www.charleswarner.us/articles/effectivelisten.html

Glossary of terms used in communication; useful as a class matching activity or for discussion
http://www.comdis.wisc.edu/rlt/RLT%20demos/GB%20Core%202/glossary.html

Communication focus: giving advice sensitively (page 31)

Giving advice sensitively is important if nurses are to encourage patients to make significant lifestyle changes. It is important to encourage the patient to be actively engaged in the process so any difficulties with compliance can be addressed. In order for positive changes to be made, encouragement is needed and praise must be given for any achievements made by the patient.

➜ Useful web links:

Article about talking to reluctant patients about lifestyle changes to improve their diabetes treatment outcomes
http://www.aafp.org/afp/20040115/309.html

Patient education information about diabetic foot care
http://www.patient.co.uk/showdoc/27000145

Medical focus: the pancreas (page 33)

The text on page 33 has a description of the pancreas.

➜ Useful web links:

Clear information about the function of the pancreas
http://www.endocrineweb.com/diabetes/

Information about hypoglycaemia, its presentation and treatment
http://www.patient.co.uk/showdoc/40000926/

Patient education information about hypoglycaemia
http://cks.library.nhs.uk/patient_information_leaflet/hypoglycaemia

Patient education information about the signs of ketoacidosis
http://www.mydr.com.au/default.asp?article = 2321

Explaining hypoglycaemia and diabetes (page 34)

In hospital and at home, testing for glucose levels is most commonly done using a glucometer also called a glucose meter. The treatment of diabetes depends on the type of diabetes present. Most commonly, the treatment of Type 2 diabetes is diet modification, weight control to avoid obesity and physical activity to encourage good blood circulation. If glucose levels remain high despite lifestyle changes, glucose-lowering tablets are prescribed. Insulin is sometimes needed if oral hypoglycaemic agents are ineffective.

The aim of treatment in Type 1 diabetes is to keep blood glucose levels at near normal levels. Treatment includes daily insulin injections (2−4 times a day). Insulin is not absorbed through the gastrointestinal tract so cannot be taken orally.

New technology now means that diabetics have three main options for the delivery of insulin: using a syringe and vial of insulin, an insulin pen and an insulin pump, as explained in audioscript 4.4.

➜ Useful web links:

Patient education information about the importance of testing blood glucose levels
http://www.netdoctor.co.uk/health_advice/facts/diabetesbloodsugar.htm

Information about urine testing
http://library.med.utah.edu/WebPath/TUTORIAL/URINE/URINE.html

Overview of laboratory tests for diabetes
http://labtestsonline.org/understanding/conditions/diabetes-4.html

A table of information about the different types of insulin
http://www.diabetes.co.uk/insulin-in-the-uk.html

Information about insulin pumps
http://www.insulin-pumpers.org.uk/

Comparison between insulin pens and other forms of delivery of insulin
http://www.diabetes.co.uk/insulin/diabetes-and-insulin-pens.html

An article about pancreas transplants which can be used for discussion or comprehension extension
http://www.medicalnewstoday.com/articles/96898.php

Share your knowledge (page 37)

Treatment of elderly diabetics is sometimes problematic. The elderly do not always present with the expected symptoms of diabetes, often because some of the symptoms may resemble the normal symptoms of ageing. Some older people are frail and more susceptible to illness so the complications of diabetes may be more difficult to manage. The co-morbidities of diabetes are divided into microvascular and macrovascular co-morbidities. Microvascular problems include retinopathy (eye disease), nephropathy (kidney disease) and neuropathy (disease affecting the nerves). Macrovascular complications include heart disease, stroke and peripheral vascular disease. A decline in cognitive function has also been identified as a complication of diabetes in the elderly.

Useful web links:

An outline of the specific problems faced by the elderly diabetic in comparison with younger diabetics
http://www.diabetes.co.uk/diabetes-and-the-elderly.html

Charting and documentation: Diabetic Chart (page 36)

All aspects of a patient's diabetes care are recorded on the Diabetic Chart. Hypoglycaemic attacks are recorded as well as blood glucose test results. A hypoglycaemic attack, or hypo, is when blood sugar levels are too low for the brain to function properly.

Urinalysis for the presence of glucose and ketone can be performed using reagent strips, or dipsticks, which are dipped in a sample of urine and the result measured against the colour code on the outside of the jar. The presence of glucose indicates that the level of glucose is high enough for it to have leaked into the urine. Glucose is not normally found in urine at all. The presence of ketones may indicate diabetic ketoacidosis but may also be present during pregnancy and following starvation or rapid weight loss.

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TEACHER'S NOTES

UNIT 5 Medical specimens

- Explaining pathology tests
- Asking for clarification
- Checking understanding
- Telephone skills: contacting other staff
- Explaining renal failure
- Softening a request
- Explaining urinary catheters
- Reading a Pathology Report

➡ **Go to page 48 for essential background information on the topic and useful web links.**

➡ **Don't forget to explore the Extra activities for this unit.**

🔤 **Medical terms can be found in the Glossary**

Explaining pathology tests

Before you begin …
The following questions can be used to generate a warm-up discussion before starting Unit 5. You could also ask the students to look at the outline of Unit 5 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the following questions in pairs and then feed back to the class as a whole with their ideas.

1   What kind of specimens are taken and why?
2   What happens to the specimens after they are taken?
3   What special considerations are there when taking urine specimens?

Answers

1   Body fluids, for example urine, blood, faeces, sputum
2   They are sent to Pathology Laboratory to be tested.
3   Privacy must be respected especially when patients are in a multi-bed room; cultural sensitivities can also be an issue.

---

1   a   Students answer and discuss the questions in pairs.

Suggested answers

1   Blood, urine and other specimens are checked for things like electrolyte levels, presence of infective agents, sensitivity to antibiotics and presence of diagnostic agents for particular diseases, e.g. specific enzymes.
2   To monitor the progress of their patients, to check for toxicity of a drug before administration, to monitor infection and decide on changing patient precaution code (standard precaution to special precaution)

---

b Students listen to the conversation and answer the questions.
▶ 5.1 page 99

> **Answers**
> 1   It hurts when she passes urine and she needs to pass urine frequently.
> 2   UTI
> 3   Culture and Sensitivity test (C&S)
> 4   A midstream urine specimen (MSU)

Communication focus: asking for clarification

Before you begin …
Elicit from the students the situations when you might ask for clarification when communicating with patients. Write them on the board as a reminder.

> **Suggested answers**
> when you don't catch any, or some, of a conversation; when you are unsure of a telephone message; when you are unfamiliar with the person's name; when you don't understand important instructions

2 **a** Students discuss the questions in pairs.

  b Students listen to the conversation again and match the extracts and the responses.
▶ 5.1 page 99

> **Answers**
> 1 c   2 b   3 d   4 e   5 a

  c Students complete the clarification strategies.

> **Answers**
> 1   Repeat
> 2   Paraphrase
> 3   intonation
> 4   clarify

  d In pairs, students practise using the clarification strategies in Exercise 2c.
You could ask students the following question.
Why is it important for nurses to clarify what the patient means by the following statement?
I have a lot of problems when I go to the toilet.

> **Answer**
> It could mean either 'difficulty passing urine' or 'difficulty having a bowel movement'.

  e In pairs, students role play the conversation between Frances and Mrs Faisal. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

> ### Share your knowledge
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**

Communication focus: checking for understanding

3 **a** Students listen to the conversation and put the sentences in the correct order.
▶ 5.2 page 99

> **Answers**
>
> 2 You need to clean the area around the urethra from front to back with these disposable wipes.
> 3 Don't touch inside the container when you take the lid off.
> 4 Try to catch the middle part of the urine stream.
> 5 Tighten the lid before you give me the specimen container, please.

You could ask students the following question.

Why does Frances use humour during the instruction?

> **Answers**
>
> To lighten the atmosphere and reduce Mrs Faisal's embarrassment

b Students match the strategies and expressions.

> **Answers**
>
> 1 a   2 c   3 b   4 d

c In pairs, students role play asking for and giving instructions for a mid-stream urine specimen using strategies for clarifying and checking for understanding.

Telephone skills: contacting other staff

4 **a** Students discuss the questions in pairs.

> **Suggested answers**
>
> 2 Features of a good communication system include: records time of paging, easy to use, alerts staff member when page has been received.
> 3 Mobile phones are often used in place of pagers and email is also used. Technology is also changing the way nurses document patient information; for example, care plans are computerised rather than hand-written, cutting down time and limiting errors caused by illegible handwriting. Some hospital pharmacies use a bedside computerised system to order and supply patient medication, reducing the amount of time spent visiting hospital pharmacies to pick up scripts.

b Students listen to the conversation and mark the statements (T) or (F).
▶ 5.3 pages 99 and 100

> **Answers**
>
> 1 F – she is calling to tell the doctor the patient has frequency and burning when she passes urine
> 2 T
> 3 F – the doctor will come and write up some antibiotics in fifteen minutes
> 4 T

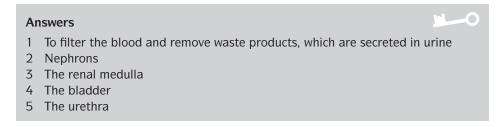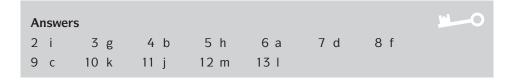**c** Students listen again and complete the extract.
▶ 5.3 pages 99 and 100

Answers
2 remind me
3 in for
4 complaining of
5 febrile
6 up a bit
7 malaise
8 MSU
9 write up
10 Pathology Form

d In pairs, students role play the conversation between Frances and Dr Sinclair. Students could sit back to back so they cannot see each others' facial expressions. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

Medical focus: the kidneys

5 a Students discuss the questions in pairs.

b Students read the patient information leaflet and answer the questions. Check students' understanding of *renal* – relating to the kidneys.

Answers
1 To filter the blood and remove waste products, which are secreted in urine
2 Nephrons
3 The renal medulla
4 The bladder
5 The urethra

c In pairs, students practise explaining how the kidneys work.

Explaining renal failure

6 a Students match the medical terms and meanings.

Answers
2 i   3 g   4 b   5 h   6 a   7 d   8 f
9 c   10 k   11 j   12 m   13 l

b Students underline the stressed syllables.

Answers
1 urinalysis
2 urine
3 urinal
5 renal
7 proteinuria
8 haematuria
9 specimen
10 oedema
11 anuria
12 nephrons
13 oliguria

c Students take turns giving definitions of the words.

d Students listen to the conversation and mark the statements (T) or (F).
▶ 5.4 page 100

Answers
1 T
2 F – it's the first stage.
3 T
4 F – it requires dialysis or transplant.
5 F – in early stages there are often no symptoms.

e Students listen again and complete the extracts.
▶ 5.4 pages 99 and 100

Answers
2 nephrons
3 toxic
4 renal failure
5 urine
6 oedema
7 lethargic
8 renal transplant

Communication focus: softening a request

Before you begin …
Elicit from the students ways of softening a request, for example

Would it be OK if …?

Would you mind if …?

Can you just …?

It'll only take a few minutes.

You could ask students the following questions.

1 Why might it be a good idea to soften requests?
2 How do you soften requests in your language?

Answer
1 A less autocratic style means that patients are more likely to comply with instructions.

7 a Students listen to the rest of the conversation and answer the questions.
▶ 5.5 page 100

Answers
1 An ordinary sample
2 Proteinuria, haematuria, pH value

b Ask students if they think these sentences are the same as the ones they heard. You could listen to the first part of audioscript 5.5 if students need help in identifying the missing word.

Answers
The words 'just' and 'only' are missing.
1 I'd **just** like you to do it now, if that's all right.
2 I **just** need an ordinary sample of urine.
3 It **only** takes a few minutes to get a reading.
4 I'm checking for proteinuria; that **just** means protein in the urine.
5 **Just** ring when you want me to collect it.

c Students listen to the requests and statements without *just*.
▶ 5.6 page 100

d Students listen to the requests and statements with *just* and answer the question.
▶ 5.7 page 100

> **Answer**
> The use of 'just' and 'only' softens the tone of the sentences.

e In pairs, students role play the conversation between Everson and Mr Zelnic. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

Explaining urinary catheters

8 a Students discuss the questions in pairs.

> **Suggested answers**
> 2 Patients who are immobile because of surgery, suffering from a spinal cord injury, etc.
> 3 Infection and tissue damage
> 4 New developments in self-catheterisation include catheters with a low-friction outer coating. They are disposable, so more expensive, but carry fewer infection risks.

b Students listen to the conversation and answer the questions.
▶ 5.8 page 100

> **Answers**
> 1 Not being able to pass urine (urinary retention)
> 2 Insert an indwelling catheter
> 3 A drainage bag

c Students complete the definitions. Students could listen again or look at audioscript 5.8 to help them.

> **Answers**
> 1 pass urine
> 2 in situ
> 3 contamination
> 4 transparent

d Students listen again and match the original and rephrased versions.
▶ 5.8 page 100

> **Answers**
> 2 f   3 a   4 c   5 b   6 e

e In pairs, students practise explaining an IDC.

Medical technology IDCs

Charting and documentation: Pathology Report

9 a Students discuss the questions in pairs.

Suggested answers

2 Pathology Reports contain information about the analysis of specimens, presence of infective agents, cells which are visible under microscopy, and the sensitivity of the organisms to various antibiotics.
3 They are consulted before giving medications; to check on results of specimens which have been tested; and to check blood results, for example for anaemia.
5 The nurse will phone the doctor if an abnormal result comes in, particularly if it is serious.

b Students look at the Pathology Report and answer the questions.

Answers

1 Urine microbiology
2 Microscopy
3 MSU
4 18.45 on 6 March
5 07.18 on 7 March
6 Increased leucocytes, increased erythrocytes and the presence of bacteria
7 A bacterium
8 Antibiotics
9 That it showed a possible UTI

c Students complete the explanations.

Answers

2 sensitive
3 bacteria
4 Microbes
5 antimicrobial
6 microbiology
7 erythrocytes
8 pathology
9 Microscopy
10 culture

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Background information and useful web links

Explaining pathology tests (page 38)

The mid-stream urine specimen (MSU) is taken for analysis at the pathology lab when urinary tract infection (UTI) is suspected. It is therefore very important that the patient has careful instructions not to contaminate the specimen with bacteria on the hands. The result of testing the microbiology of MSUs is awaited before antibiotic therapy is started so as to target the infection with the correct antibiotic. Test results are received in the ward via the hospital intranet and later as a paper copy which is filed in the Patient Record. Nurses may have to contact the patient's doctor to pass on the test results so that antibiotic therapy can be started as soon as possible.

Useful web links:

An explanation of an MSU
http://www.patient.co.uk/showdoc/23068787/

An explanation of a UTI
http://www.patient.co.uk/showdoc/40000668/

An explanation of urinalysis
http://www.labtestsonline.org/understanding/analytes/urinalysis/test.html

Communication focus: asking for clarification (page 38)

Asking for clarification when unsure of an instruction or when unsure that an instruction has been received correctly is an important feature of active listening skills, which were introduced in Unit 1. Avoiding misunderstandings is vital in the healthcare setting.

Useful web links:

Lesson plan for active listening
http://www.springinstitute.org/Files/scanslrd1.pdf

Communication focus: checking for understanding (page 39)

Nurses are often called on to give patients instructions in many areas of healthcare, for example giving specimens, using medical equipment and keeping personal care records. Patient compliance is only possible when patients have a clear understanding of what is expected of them. Strategies to check for understanding include asking the patient to repeat important steps of the instruction and/or demonstrate the instruction.

Useful web links:

Strategies to teach checking for understanding
http://www.bowperson.com/BOWPERSON/CheckforUnderstanding.pdf

Telephone skills: contacting other staff (page 40)

Hospital communication systems include bleeping or paging. Patient information, for example test results or changes in condition, is often communicated to the patient's doctor by phone. Nurses need to be clear and concise when communicating information by phone and ensure that all relevant patient information is at hand during the phone call. Until confidence in speaking over the phone is achieved, many nurses find it challenging to telephone results through.

Useful web links:

An extract from an article about ICT in daily life
http://openlearn.open.ac.uk/mod/resource/view.php?id = 210531

Medical focus: the kidneys (page 41)

The text on page 41 has a description of the kidneys.

Useful web links:

A textbook chapter on the urinary system including quizzes
http://wps.aw.com/bc_marieb_ehap_9/79/20311/5199712.cw/index.html

An explanation of how the kidneys work
http://health.howstuffworks.com/kidney1.htm

Explaining renal failure (page 42)

Acute renal failure is the sudden decrease in kidney function caused when waste products of the body's metabolism accumulate in the blood. This occurs when the kidneys are unable to excrete toxins from the body in the form of urine. The ward urinalysis is a test for suspected renal failure. Nurses are often asked to explain the sorts of abnormalities which may show in their urine and the significance of these abnormalities. Patients are instructed on how to provide a urine specimen using a urinal or a bed pan as sterility of the specimen is not necessary.

Useful web links:

An animation of renal dialysis
http://www.virtualrenalcentre.com/HumanAtlas/flash_content/clientNF.html

An animation of renal transplantation
http://www.virtualrenalcentre.com/HumanAtlas/flash_content/clientNF.html

A–Z of kidney diseases
http://kidney.niddk.nih.gov/kudiseases/a-z.asp

Communication focus: softening a request (page 43)

In order to establish a rapport with a patient, nurses often use softening or mitigating language such as **just** and **only**. Used with a friendly tone of voice, softened requests are more likely to be successful. The effect of using such softeners is to remove barriers to communication, such as the perception that the nurse is in a position of power.

Useful web links:

A lesson plan on softening short requests
http://draft.eca.state.gov/education/engteaching/pragmatics/yates2.htm

Explaining urinary catheters (page 43)

Urinary catheters are thin, hollow tubes which are introduced into the bladder to allow urine to drain out of the body. There are three main types of urinary catheter: indwelling catheters (IDC) which are for short-term use, for example during an operation or for urinary retention; supra-pubic catheters (SPC) which are for long-term use; and catheters used for intermittent self-catheterisation (ISC).

Useful web links:

A definition of urinary catheters
http://www.nlm.nih.gov/medlineplus/ency/article/003981.htm

An article on IDCs and Best Practice
http://www.joannabriggs.edu.au/pdf/BPISEng_4_1.pdf

Charting and documentation: Pathology Report (page 44)

Nurses refer to pathology results in order to make correct assessments for the care of their patients. Particular interest is taken in the case of swabs or specimens which are suspected of being infected by so-called **super bugs**, such as MRSA, as these infections are difficult to treat and can represent long, costly stays in hospital for the patient.

Useful web links:

An explanation of the Pathology Report
http://www.thedoctorsdoctor.com/translating.html

A–Z of microbiology terms
http://www.hardydiagnostics.com/Glossary-L.html

Share your knowledge (page 45)

MRSA (methicillin-resistant Staphylococcus aureus) is the acronym for any of the 17 strains of Staphylococcus bacteria which are resistant to one or more antibiotics. The treatment of MRSA requires much higher doses of antibiotics than usually prescribed. There is great concern about the future of the treatment of **super bugs** as bacteria seem able to mutate very efficiently and resistance to antibiotics is increasing. Over-use of antibiotics in the past, often caused by consumer demand for antibiotics for any infection, bacterial or not, may also have contributed to the mutation of different strains of MRSA.

Useful web links:

The Smith and Nephew MRSA website
http://www.mrsa.uk.com/

An article on MRSA superbugs
http://news.bbc.co.uk/1/hi/health/medical_notes/j-m/2572841.stm

Cambridge English for
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TEACHER'S NOTES

UNIT 6 Medications

- Administering medication
- Doing a medication check
- Working as part of a team
- Checking medication orders for accuracy
- Explaining drug interactions
- Checking the 'five rights' of medication administration
- Reading a Prescription Chart

➔ **Go to page 59 for essential background information on the topic and useful web links.**

➔ **Don't forget to explore the Extra activities for this unit.**

🔤 **Medical terms can be found in the Glossary**

Administering medication

Before you begin …
The following questions can be used to generate a warm-up discussion before starting Unit 6. You could also ask the students to look at the outline of Unit 6 on the Contents Page and ask them to think about what areas they would most like to improve and practise. Students discuss the following questions in pairs and then feed back to the class as a whole with their ideas.

1 What are some examples of Controlled Drugs?
2 When might controlled drugs be used?

> **Answers**
> 1 morphine, oxycodone, fentanyl
> 2 CDs are used as pain relief after operations, for chronic pain, during childbirth etc.

1 a Students discuss the questions in pairs.

> **Suggested answer**
> 4 Controlled Drugs are regulated so strictly because they are highly addictive and illegal without a prescription. They must be controlled to avoid street use.

b Students listen to the conversation and answer the questions.
▶ 6.1 page 100

> **Answers**
> 1 She needs another nurse to check the morphine because it is a controlled drug.
> 2 An injection of morphine
> 3 He has to prepare a patient for the Operating Theatre.
> 4 Yes. She is clearing the dressing trolley, and then she is free.

You could ask students the following questions.

1   How do Trish and Marek tell Natasha that they are unable to help her?
2   Do you think it was appropriate to respond in this way? Why? Why not?

Answers
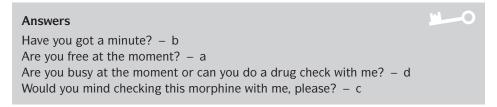
1   See Exercise 1d
2   The responses given by Trish and Marek were polite but assertive and therefore appropriate.

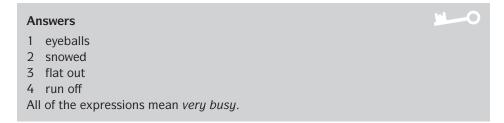**c**   Students match the beginnings and endings to complete the questions.

Answers

1 c   2 a/d   3 a/d   4 b

d   Students listen again and check their answers.
▶ 6.1 page 100

Answers

Have you got a minute? – b
Are you free at the moment? – a
Are you busy at the moment or can you do a drug check with me? – d
Would you mind checking this morphine with me, please? – c

e   Students complete the audioscript extracts.

Answers

1   eyeballs
2   snowed
3   flat out
4   run off
All of the expressions mean *very busy*.

f   Students practise asking for assistance with a drug check. This will be two sentence exchanges to practise the expressions in Exercise 1e. Students can use their own ideas for the following: declining because you are busy; declining because you have already started something else; agreeing to help in a minute after you finish something else.

Doing a medication check

Before you begin …
Elicit from the students the reasons why it is important to check Controlled Drugs very carefully.

Suggested answers

for patient safety / because it is mandatory according to the law / to follow nursing competency / to maintain professional standards

2 a Students listen to the conversation and answer the questions.
▶ 6.2 pages 100 and 101

> **Answers**
> 1 Pethidine 100mg IM
> 2 Because Anna is carrying the CD keys so she can unlock the drug cupboard
> 3 Count how many ampoules are in the cupboard and confirm the number left when one is removed
> 4 They both have to sign the drug book.
> 5 The dose (100mg) and the expiry date (April 2010)

> **Extension activity: reading**
>
> Students read an interview with the inventor of the Snapit Ampoule Opener found at:
> http://www.abc.net.au/ra/innovations/stories/s2159656.htm
>
> In the next session students can discuss the article in small groups or pairs and feed back information about the device and its advantages and disadvantages.

b Students listen again and put the steps in the correct order.
▶ 6.2 pages 100 and 101

> **Answers**
> 2 Check the time the last injection was given to the patient
> 3 Get an ampoule from the locked cupboard
> 4 Check the number of ampoules left in the cupboard
> 5 Sign and witness the drug book
> 6 Check the expiry date of the drug in the ampoule
> 7 Draw up the correct amount of the drug in a syringe
> 8 Check the amount of drug drawn up in the syringe

c Students try to remember the order of the steps in a medication check. They could do this first as a collaborative exercise with a partner and then individually, with their partner checking their answers.

d Students match the strategies and the rationales.

> **Answers**
> 2 f   3 d   4 a   5 c   6 e

e In pairs, students role play the conversation between Natasha and Anna. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

Communication focus: working as part of a team

3 Students match the strategies and examples.

> **Answers**
> 2 f   3 a   4 b   5 e   6 d

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Suggested answers

1   Team nursing is a type of nursing model which makes use of the different skill levels of the team and allows for the different scopes of practice between RNs and other levels of nursing, for example Assistant Nurses, Enrolled Nurses and Healthcare Assistants (HCAs). Team nursing was introduced in the 1950s to cope with post-war staff shortages. It regained popularity in the 1990s as a way of dealing with staff shortages.

2   Working as a team, each member encouraged to make suggestions, can lead to fewer staff absences as there is a shared workload.

3   Often viewed as *task allocation nursing*, where a task – for example, taking all observations – is allocated to one nurse; this can lead to boredom, potential problems with accountability, and become divisive, with some nurses taking on the heavier workload while others write the Patient Record.

Checking medication orders for accuracy

4 a Students answer and discuss the questions in pairs.

b Students listen to the conversation and answer the questions.
▶ **6.3 pages 100 and 101**

Answers
1   He wants her to check a medication (warfarin) with him.
2   Chris Multer in bed 1
3   An anticoagulant medication
4   The INR
5   Josh signs and Susanna countersigns.

c Students put the stages of the medication check in the correct order and then listen and check their answers.
▶ **6.3 pages 100 and 101**

Answers
2   Crosscheck chart and patient information
3   Check the medication label
4   Crosscheck route
5   Crosscheck time of administration
6   Check the INR result
7   Crosscheck dose on Medication Chart
8   Take out medication
9   Sign Medication Chart
10 Countersign Medication Chart

d Students practise doing a drug check, making sure that they crosscheck the information.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Suggested answer

3 Some units have introduced dedicated Medication Nurses who are responsible for handing out all medications. The pros are that they get less distracted by other tasks, can concentrate better, have less time pressure and are not interrupted while completing their round. The cons are that some nurses feel uncomfortable having another nurse dispense medication to 'their' patients, as they feel they aren't accountable for total patient care.

Extension activity: reading

Students read an article on best practice regarding the reduction of medication errors: http://www.joannabriggs.edu.au/pdf/BPISEng_9_4.pdf

You could ask students to summarise the article for the next session. You could ask students the following questions.

Are there any advantages to having one nurse responsible for the medication round, according to the article? Are there any disadvantages?

Answer

There could be reduced job satisfaction; you would be relying on one nurse who may still make errors; there is no evidence that errors are reduced.

Medical technology Administering medication

Medical focus: the metabolism of medication

Patient education in medication safety

5 a Students answer the questions in pairs.

> **Suggested answers**
> 1 Because nurses are well placed to spend time answering questions and addressing patient concerns
> 2 An incorrect dose may be taken, the wrong drug may be taken, and precautions may not be followed.
> 3 Interactions, special precautions, contraindications, and storage of the drug

You could ask students the following questions.
1 Why are nurses in a good position to deliver patient education?
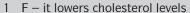2 What are the risks of self-medication?

> **Answers**
> 1 Nurses are on the spot and often develop a good rapport with their patients.
> 2 Patients could take the wrong dosage / patients may be unaware of side effects with other medications / patients may be unaware of contraindications.

b Students listen to the conversation and mark the statements (T) or (F).

▶ 6.4 page 101

Answers

1 F – it lowers cholesterol levels
2 T
3 F – it's absorbed in the stomach and small intestine
4 T
5 F – it's better to take it in the morning

c Students listen again and complete the patient information leaflet.

▶ 6.4 page 101

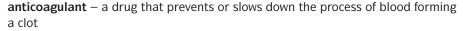**Answers**

2 passes into
3 leads to
4 mixes with
5 goes into
6 via

7 metabolised
8 causes
9 inhibiting
10 released into

d In pairs, students practise explaining the metabolism of medication.

Explaining drug interactions

Language note

anticoagulant – a drug that prevents or slows down the process of blood forming a clot

contraindication – a sign that someone should not continue with a particular medicine or treatment because it is or might be harmful

side effect – an unpleasant effect of a drug that happens in addition to the main effect

6 a Students read the information leaflet and answer the questions.

Answers

1 Those which decrease the elimination of the drug from the body, for example erythromycin and cyclosporine. Warfarin and niacin are also contraindicated.
2 The build-up of the drug could cause muscle damage.
3 Grapefruit juice and related fruit such as Seville oranges

b Students complete the precautions.

Answers

1 advised not to
2 should/must not be taken; increasing the risk
3 should be
4 must not take
5 should/must not be taken; increases the toxic effects
6 precaution to take

c Students listen to the conversation and answer the questions.
▶ 6.5 page 101

> **Answers**
> 1   Her weekly rounds in the ward
> 2   Mr Albiston's chart
> 3   She noticed that Mr Albiston had been ordered a multi B vitamin, which is contraindicated with atorvastatin.
> 4   Vitamin B3
> 5   Helen will notify the doctor to cancel the order.

d Students listen again and complete the audioscript extracts.
▶ 6.5 page 101

> **Answers**
> 1   need to be   4   shouldn't take
> 2   I'm a bit concerned   5   not to
> 3   shouldn't be

e Students practise explaining the interactions of the drug atorvastatin using audioscript 6.4 and the patient information leaflet.

Charting and documentation: Prescription Chart

7 a Students look at the chart on page 88 and discuss the questions.

> **Suggested answers**
> 1   It is a Prescription Chart.
> 3   It shows the name of the medication, the dose, the number of times the medication is to be given, the prescribing doctor's details and the date of the drug order.
> 4   The pharmacist, the doctor and the nurse are responsible for the chart.
> 5   It is updated each time a new medication is ordered or when a drug must be reordered.

You could ask students the following question.

What are some of the difficulties nurses may have with medication charts?

> **Answer**
> abbreviations may be unfamiliar; poor handwriting could make it difficult to read the drug order; new drugs may be unfamiliar so nurses need to keep up-to-date to stay competent

b Students match the abbreviations and meanings. There are sometimes regional differences in abbreviations so students should become familiar with the ones used in their workplace.

> **Answers**
> 2 f   3 d   4 g   5 e   6 i   7 a   8 c
> 9 j   10 b

c Students answer the question.

> **Answers**
> po; mg; mane

You could ask students the following questions.

Which of the abbreviations are written only? How are they spoken?

> **Answers**
>
> tab. (spoken: tablet)
> cap. (spoken: capsule)
> mg (spoken: milligram)
> mcg (spoken: microgram)
> ml (spoken: mil/mils)
> po (spoken: per oral or per os)
> sc (spoken: subcut or subcutaneous)

> **Note**
>
> Some older texts may still contain the Greek letter μ (mu) to represent microgram. This is no longer acceptable as it was found to be too easily confused with the letter *u* (unit) when handwritten.

d Students take turns giving meanings of the abbreviations.

e Students look at the chart on page 88 again and answer the questions.

> **Answers**
>
> 1 27 April
> 2 08.00
> 3 Yes, he has had three doses
> 4 A multi B vitamin
> 5 No
> 6 You would not give Mr Albiston a multi B vitamin at the same time as atorvastatin because of the drug interaction.

Checking the 'five rights' of medication administration

Before you begin …
Elicit the five checks (the 'five rights') which nurses make before administration of medication (see Exercise 8a for answers).

8 a Students look at the 'five rights' and discuss the questions.

b Students listen to the conversation and mark the order that the rights are checked in. They can number the 'rights' using the tick boxes in Exercise 8a.
▶ 6.6 page 101

> **Answers**
>
> 1 The right drug   4 The right dose
> 2 The right patient   5 The right time
> 3 The right route

c Students match the 'five rights' and meanings.

> **Answers**
>
> 1 c   2 e   3 d   4 a   5 b

d Students practise doing a drug check using the Prescription Chart on page 87.

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**

Background information and useful web links

Administering medication (page 46)

The correct administration of medication is one of the professional standards of nursing practice. Medication names can change and new brands come onto the market so it is important for nurses to keep abreast of these changes. More recently, there have been changes to legislation in some countries, which now allow nurses to prescribe certain medications under strictly controlled circumstances. Controlled Drugs are those whose supply is strictly controlled by law, for example morphine.

Useful web links:

Nurses and Midwives Council website guidelines for nurses when giving medications
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID = 4007

A website which gives information on medications and their use
www.bnf.org

A–Z of medications
http://www.patient.co.uk/dils.asp

Nurses' handbook of medications and treatment
http://www.bnf.org/bnf/extra/current/popup/NPF2007-2009.pdf

An article about safe dosages for medication and safety incidents
http://www.npsa.nhs.uk/patientsafety/alerts-and-directives/directives-guidance/safety-in-doses/

Articles on Controlled Drugs
http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/ControlledDrugs/index.htm

Doing a medication check (page 47)

The procedure for checking and administering a Controlled Drug (CD) is clearly set out in guidelines provided by relevant nursing councils and in relevant legislation. In addition to checks of patient identity, allergies, medication and dosage, there are strict regulations about the storage and documentation of usage of CDs. CDs must be kept in a secure, locked cupboard in an area which is not easily accessible to the general public. The key to this cupboard must be carried by a registered nurse at all times. When checking out a CD, one nurse counts the number of tablets (oral administration) or ampoules (for injections) which are in the cupboard. The second nurse writes up the drug register, noting the patient's name. The dosage of the CD and the number of tablets or ampoules remaining are also written down. Both nurses sign the register when finished.

Communication focus: working as part of a team (page 48)

Teamwork is very important as nurses rely on each other for assistance with nursing care and for support in their practice. Nursing used to be hierarchical, but it has now evolved into a more co-operative model. This has many advantages such as better job satisfaction and greater motivation to cooperate.

Useful web links:

An article on working in groups
http://www.deakin.edu.au/current-students/study-support/study-skills/handouts/groups.php

Two views on whether team nursing works
http://www.realnurse.net/articles/team.shtml

Checking medication orders for accuracy (page 49)

Medication errors cause a significant number of health problems in many hospitals, so much so that procedures have been put in place to minimise adverse events. Computerised systems have been trialled in some areas and regular checks of medication charts by the ward pharmacist are common. It is believed, however, that the single most important factor in reducing medication errors is careful checking by the nurse administering the medication. Some medications are considered high-risk medications because of the potentially serious side effects they possess, so these

drugs are checked especially carefully and with reference to blood test results which check toxicity of the drug.

→ Useful web links:

An article on the risk of drug errors with elderly people
http://news.bbc.co.uk/2/hi/health/5321450.stm

An article about strategies to reduce medication errors
http://www.joannabriggs.edu.au/pdf/BPISEng_9_4.pdf

A website for reporting medication side effects
http://yellowcard.mhra.gov.uk/

Medical focus: the metabolism of medication (page 50)

Audioscript 6.4 has a description of how drugs are absorbed and metabolised by the body.

→ Useful web links:

An academic article on drug metabolism
http://www.thebody.com/content/art875.html#fig1

A description of atorvastatin
http://www.healthtouch.com/bin/EContent_HT/drugShowLfts.asp?fname = usp0840.
htm&title = Lipitor&cid = HT

A description of how drugs work
http://www.johnshopkinshealthalerts.com/reports/prescription_drugs/1522-1.html

A description of statins
http://www.patient.co.uk/showdoc/27000367

A description of warfarin
http://www.patient.co.uk/showdoc/30002751/

A description of the interaction of herbal supplements with warfarin
http://www.stuartxchange.org/Anticoagulants.html

Information for patients about drug interactions
http://www.fda.gov/cder/consumerinfo/druginteractions.htm#top

Definitions and descriptions of food and medication interactions
http://www.foodmedinteractions.com/mechs.html

An article on over-the-counter drugs
http://news.bbc.co.uk/1/hi/health/6619749.stm

Charting and documentation: Prescription Chart (page 52)

The Prescription Chart (or Medication Chart) is used for the administration of regular medications. Only approved abbreviations can be used in medication charts. This is to avoid confusion or misunderstandings regarding dose or drug name. There are several pairs of drugs which have similar names and can be confused easily, for example prednisone and prednisolone. Similarly, some abbreviations for unit measurements are no longer acceptable, for example the symbol μ must be written as *microgram* to avoid confusion. Strict procedure must be followed when administering medications. Nurses must ensure that the medication has been ordered correctly by the doctor and ensure that the order is current. All medications on the chart must be reviewed to avoid harmful interactions.

→ Useful web links:

A–Z of medical abbreviations
http://www.medicinenet.com/script/main/art.asp?articlekey = 54842

An article on electronic prescribing
http://www.dmd.nhs.uk/documentation/item_8_guidelines_for_the_design_and
presentation_of_medication_elements_in_ep_0.1__2.pdf

Checking the 'five rights' of medication administration (page 53)

Medication errors include errors made in prescribing, dispensing or administering a drug. To avoid such errors, nurses use the 'five rights' of medication administration as a mental checklist to ensure that the correct patient receives the correct dose of the correct drug at the correct time and via the correct route.

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TEACHER'S NOTES

UNIT 7 Intravenous infusions

- Reviewing IV infusions
- Passing on instructions to colleagues
- Assessing IV cannulas
- Telephone skills: taking a message about patient care
- Checking IV orders
- Charting fluid intake and output

➔ **Go to page 69 for essential background information on the topic and useful web links.**

➔ **Don't forget to explore the Extra activities for this unit.**

🔤 **Medical terms can be found in the Glossary**

Reviewing IV infusions

Before you begin …
The questions in Exercise 1a should generate a warm-up discussion on the topic of IV therapy. Before you start, you could ask the students to look at the outline of Unit 7 on the Contents Page and ask them to think about what areas they would most like to improve and practise.

1 **a** **Students answer and discuss the questions in pairs.**

> **Answers**
> 2 When dehydrated, after surgery, to administer IV medications

b **Students look at the picture and discuss the questions.**

> **Answers**
> 1 An IV pump, a new bag of IV fluid hanging up ready to be started and a small bag of fluid going through an IV line which is also ready to be connected
> 2 Reviewing IV fluids, discussing fluid intake and output

Extension activity: comparing IV infusion equipment

There are two types of IV equipment:

- gravity feed IV infusions which infuse the solution into a chamber or burette which is connected to an IV line and then to the patient through an IV cannula

- volumetric pumps which infuse programmed amounts of solution through an infusion pump, an IV line and an IV cannula.

Exercise 1b question 1 should have elicited these two types, as they are both in the picture. If not, then ask students to name the two types of IV infusion equipment.

In small groups, ask students to write down the differences between the types of equipment. Allow them to do this with no prompting, but if needed you could write the following hints on the board:

cost   training   power source   weight   how it works   alarm
secondary fluids   PCA   convenience

Answers

Infusion pump	Gravity infusion set
expensive	cheaper piece of equipment
requires more training before use	requires short training in use. Easy for relatives to use at home
runs on electricity, recharge battery needs electricity (disadv: power failure, can only be used outdoors for the length of the battery charge)	does not need electricity (adv: can be used in any setting incl. outdoors)
heavy to carry around on IV pole	light
works on volume of fluid per hour (adv: calculation of flow rate easy)	works on drip rate per min (calculation of drip rate requires more difficult formula)
alarms alert nurse if air in line or flow stopped	no alarms, requires regular monitoring to check still running
secondary fluids can be pumped through at the same time or separately (change settings on pump)	secondary fluids can be infused at the same time or separately (more difficult as line not in use must be clamped)
must be used for PCA (patient-controlled analgesia)	cannot be used for PCA (patient-controlled analgesia)
more convenient for nurses	less convenient

c Students listen to the conversation and mark the statements (T) or (F). Check students understand *primary line* (the main IV line) and *secondary line* (a separate line used to deliver IV antibiotics).
▶ 7.1 pages 101 and 102

Answers

1 T
2 F – Paula is looking after Mrs Boland while Mrs Boland's nurse is off the ward
3 F – they are quite low
4 F – she is to start 1L Normal Saline with KCl 40 millimols
5 T
6 F – the cannula is going to be removed

d Students listen again and circle the words or abbreviations they hear.
▶ 7.1 pages 101 and 102

Answers

2 a   3 a   4 a   5 a   6 b   7 a

Language note

IV cannula is sometimes called **IVC** (both written and spoken)

K is used for **potassium** as **P** refers to **phosphate**

e **Students listen again and tick the instructions they hear.**
▶ **7.1 pages 101 and 102**

Answers

1 Could you take down Mrs Boland's IV when it's finished, please?
2 Leave it (the cannula) for another day …
3 Could you start her on a litre of Normal Saline with 40 millimols of KCl?
4 Can you run it over eight hours, please?
5 Can you take out his cannula before he goes home, please?

Medical technology IV therapy

Passing on instructions to colleagues

Before you begin …
You could ask students the following questions.

1 What difficulties might you have when passing on messages?
2 How can you overcome these difficulties?
3 Have you used **nursing scraps**?

Answers

1 You might not understand all or some of the message / you might forget the message / you may not remember the message accurately
2 You should ask for clarification if you don't understand / you should write down the message / you should double-check any doses or numbers
3 These are pieces of paper / Post-it notes / notebooks which contain extra, personalised patient information, such as likes and dislikes for food and drink, which is not recorded elsewhere in the 'official' records. They can also be a memory-jogger.

2 **a** **Students listen to the second part of the conversation and write the patient initials next to the information in Exercise 2b.**
▶ **7.2 page 102**

Answer

C – Light dressing ✓
B – Take down IV when thr.
D – Run IV 8°
D – IV ABs
B – Leave cannula
D – K levels
C – Home this pm
D – Put up 1L N/S with KCl 40 mmols
C – Cannula out ✓

b **Students answer the question.**

Answer

Because these tasks have already been done

c Students listen again and write down Paula's words.
▶ 7.2 page 102

> **Answers**
>
> 2 He said to leave the IV cannula in for another day just in case she needs more fluids.
> 3 He asked if you could put up a bag of Normal Saline with 40 mmols of KCl.
> 4 He wants it to run over eight hours.
> 5 He said that Mr Claussen's IV cannula could be taken out.

d In pairs, students practise passing on messages using the notes on pages 88 and 93.

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**
>
> **Suggested answers**
>
> 4 Advantages of preloaded IV infusions: decreased bacterial contamination, accurate dose of additive is ensured, less chance of medication error, more convenient, decreased nurse time in preparing IV solutions with additives. Disadvantages: cost, possibility of mistaking dose (IV bags are loaded with 22 mmols KCl, 30 mmols KCl or 40 mmols KCl, with no colour coding to alert of different dose)

Medical focus: IV cannulas

Assessing IV cannulas

Before you begin …
You could ask students the following questions. The topic is discussed in audioscript 7.3.

1 Why do IV cannulas need to be assessed regularly?
2 What happens if they are not assessed regularly?

> **Answers**
>
> 1 To check that they are still positioned in the vein and that the IV fluid is running into the vein; to check for signs of infection; to check for phlebitis (irritation of the vein); to check the length of time the IV cannula has been in place (checked against the date documented in care plan)
> 2 The patient may end up with an infection which could lengthen hospital stay; the patient suffers discomfort; the patient may not receive the correct amount of fluid.

3 a Students listen to the conversation and answer the questions.
▶ 7.3 page 102

> **Answers**
>
> 1 To see that the IV cannula is in order before she puts up another infusion
> 2 Warmth, redness, tenderness
> 3 Six
> 4 It was in an inconvenient spot, which made the IV positional – that is, the IV stopped dripping when Mrs Boxmeer moved her arm.
> 5 The IV cannula is removed.

b Students match the medical terms and meanings.

> **Answers**
>
> 2 f 3 i 4 e 5 g 6 b 7 h 8 d 9 a

c Students underline the stressed syllables.

> **Answers**
>
> 1 noso<u>com</u>ial
> 2 phle<u>bitis</u>
> 3 infil<u>tra</u>tion
> 4 <u>Staph</u>
> 5 IV <u>giv</u>ing set
> 6 ery<u>the</u>ma
> 7 a<u>sep</u>tic technique
> 8 po<u>si</u>tional

d Students take turns giving definitions of the words.

e Students listen again and complete the audioscript extracts.
▶ 7.3 page 102

> **Answers**
>
> 2 put; in
> 3 put in
> 4 take out
> 5 leave; out
> 6 put in
> 7 put; in
> 8 put; in
> 9 take; out
> 10 take; out
> 11 kept in

Telephone skills: taking a message about patient care

Before you begin …
You could ask students the following questions.

1 How often do you use the telephone to pass on messages in your workplace?
2 Why is it important to be confident in the ability to pass on messages by phone?

> **Answers**
>
> 2 Colleagues need to know that accurate information has been passed on. Each nurse is accountable for his/her own actions so nurses need to trust that information received is accurate.

4 a Students discuss the questions in pairs.

> **Suggested answers**
>
> 1 Nurses would use the telephone to report test results, report a change in a patient's condition, request SHO to review a patient, request medication order, book tests, book porters, etc.
> 2 Nurses might receive the following types of information by phone: information relating to patient care, e.g. test results; phone orders for medication (in some countries); messages for patients from family or friends.
> 4 You can avoid misunderstandings when taking phone messages by asking the caller to repeat any information which you have not understood immediately, asking the caller to speak slowly if you can't understand, always noting down the message and asking about words you don't understand, and always asking for unusual words or names to be spelt out.

b Students listen to the conversation and circle the details they hear.
▶ 7.4 page 102

Answers

Dr Gonzalez; resite cannula Mrs Szubansky; Michael to call re when cannula needs resite; due time of next ABs; bleep Dr G on 645

c Students read the guidelines and write down Kasia's words. Students could listen again to check their answers.

Answers

2 Sorry, I didn't catch the patient's name. Could you spell it for me, please?
3 … so you need to talk to Mrs Szubansky's nurse about resiting a cannula?
4 Would you mind slowing down a bit? I'm afraid I've missed some of the message.
5 OK. Let me just read that message back to you.
6 I'll make sure I pass on your message to Michael. He's the nurse looking after Mrs Szubansky today.
7 Can I get a contact number so Michael can return your call?

Extension activity: telephone messages

In pairs, students think of more phrases for the guidelines in Exercise 4c and then feed back ideas to the class. Some examples are:

1 Sorry, I didn't catch your name.
2 I'm not familiar with the patient's name. Could you please spell it for me?
3 Just to check, you need to talk to Mrs Drake's nurse, is that right?
4 Would you mind speaking a little slower. I'm finding it difficult to follow you.
5 I'll just go through the message again to check I have it.
6 I'll be sure to pass it on to Michael.
7 Could you give me your bleeper / pager number so I can pass it on to Michael?

d Students practise giving and taking messages using the notes on page 93 and the message pad on page 88.

Share your knowledge

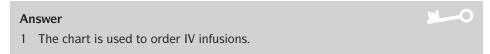Students discuss the questions in small groups and then share their ideas with the whole class.

Suggested answers

1 Other ways messages can be passed on include writing the message on the ward whiteboard or message board, or sending an SMS if nurses use mobile phones to send and receive messages.
3 Some problems that occur when messages have to be passed on include the ward or unit not having a prominent place to display messages so the messages are not noted, staff taking messages without making a written note and then forgetting to pass them on, messages not being understood correctly and not being passed on because of embarrassment, and messages not being passed on in a timely manner and being forgotten.

Charting and documentation: IV Prescription Chart

Checking IV orders

5 a Students discuss the questions in pairs.

> **Answer**
> 1 The chart is used to order IV infusions.

> **Language note**
>
> **IV Prescription Chart** is also known as **IV Infusion Order**
>
> 8˚ = over 8 hours is also written as 8/24

b Students listen to the conversation and answer the questions.
▶ 7.5 pages 102 and 103

> **Answers**
> 1 She's going on a break.
> 2 Because she was receiving IV antibiotics when she was first admitted
> 3 Normal Saline
> 4 To check out the next IV infusion as the current infusion has just finished
> 5 Miss Hadfield's details, the time the current litre started, the time it finished, the amount of fluid that went through, the next order (date, route (IVI), name of solution)
> 6 The name of the solution and the expiry date
> 7 The infusion rate
> 8 Both nurses
> 9 The expiry date

c Students listen again and complete the audioscript extract.
▶ 7.5 pages 102 and 103

> **Answers**
> 2 8
> 3 03.00
> 4 11.00
> 5 1000 ml
> 6 30th
> 7 5%
> 8 30th
>
> 9 5%
> 10 16th
> 11 2010
> 12 11.00
> 13 10
> 14 1000 ml
> 15 100 ml

Charting fluid intake and output

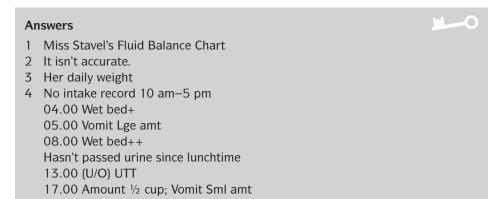**6 a** Students look at the chart on page 89 and discuss the questions.

> **Answers**
> 2 It records fluid intake and output in order to assess fluid status.
> 3 It is the responsibility of each nurse to fill out the chart for his/her shift.

b Students find abbreviations in the Fluid Balance Chart and match with the meanings.

Answers

2 UTT	8 Sml amt
3 BO	9 Wet bed +
4 C/F	10 OJ
5 U/O	11 to KVO
6 H_2O	12 Asp
7 BNO	13 Mod amt

c Students listen to the conversation and answer the questions.
▶ 7.6 page 103

Answers

1 Miss Stavel's Fluid Balance Chart
2 It isn't accurate.
3 Her daily weight
4 No intake record 10 am–5 pm
　04.00 Wet bed+
　05.00 Vomit Lge amt
　08.00 Wet bed++
　Hasn't passed urine since lunchtime
　13.00 (U/O) UTT
　17.00 Amount ½ cup; Vomit Sml amt

d Students listen again and complete the audioscript extracts.
▶ 7.6 page 103

Answers

2 recorded; inaccurately
3 measure; properly
4 problem; record
5 accuracy
6 point; mistakes

e Students read audioscript 7.6 and find the words Rebecca and Casey use to point out inaccuracies.

Answers

1 It's impossible to know what size cup!
2 It really doesn't look as though it was explained to her at all.
3 … they haven't been able to measure it properly.

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

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Background information and useful web links

Reviewing IV infusions (page 54)

Fluids may be given to patients directly into the vein – intravenously (IV) – in order to replace fluid lost during surgery or because of dehydration. IV therapy may also be used to administer medications which need to be absorbed as quickly as possible. There are three potential complications with the use of IV therapy: infection of the site of insertion of the IV cannula, phlebitis or irritation of the vein, and fluid overload. Fluid overload is a dangerous complication which occurs when more fluid is introduced into the body than the body can manage. Dangerous complications like heart failure or pulmonary oedema may result. In addition, the infusion of solutions which affect the electrolyte balance of the body may also cause unpleasant side effects. For this reason, IV fluids must be prescribed by a doctor in the same way as any other medication and are checked by two nurses before administration.

IV fluids may be delivered through an IV line via a burette or chamber or via an infusion pump. When using a burette and IV line, nurses must calculate the number of drips per minute (DPM) and adjust the flow using the IV clamp. If a volumetric pump or infusion pump is used a different calculation is made. This information is recorded in the column marked *Rate ml/hr* as infusion pumps calculate the volume or mils which will be pumped through every hour.

Useful web links:

A slide show on prescribing medications
http://www-clinpharm.medschl.cam.ac.uk/pages/teaching/documents/
PrescribingLectureSlides2005.ppt

Share your knowledge (page 56)

The protocols for checking IV infusions are in place to ensure that the correct solution is infused to the correct patient. Particular attention is placed on preloaded infusions with potassium chloride because of the danger of overdose which could cause severe cardiac problems.

Useful web links:

Information about potassium
http://www.ciap.health.nsw.gov.au/nswtag/publications/guidelines/Potassium/
RNSHRyde.pdf

Medical focus: IV cannulas (page 56)

Audioscript 7.3 has a description of how drugs are absorbed and metabolised by the body.

Useful web links:

An article about handwashing
http://www.infectioncontroltoday.com/articles/071feat2.html

A description of phlebitis
http://www.patient.co.uk/showdoc/23068983

Telephone skills: taking a message about patient care (page 57)

Taking telephone messages is often daunting for non-native speaker nurses. There can be much interference present, for example background noise, indistinct voice of the speaker, heavy accent of the speaker or the fast pace of the information. In addition, anxiety about the ability to hear correctly over the phone can impact on the listener.

Useful web links:

Links to a number of articles on interpersonal communication
http://humanresources.about.com/od/interpersonalcommunicatio1/qt/tips_com_com3.htm

An academic article about the role of language in nursing
http://www.ajan.com.au/Vol24/Vol24.4-9.pdf

An academic article about the use of mobile phones in Intensive Care
http://www.anesthesia-analgesia.org/cgi/content/full/102/2/535
An explanation of a PICC line
http://www.cancerbackup.org.uk/Treatments/Chemotherapy/Linesports/PICCline

Charting and documentation: IV Prescription Chart (page 59)

The IV Prescription Chart (or IV Fluid Order) is used for ordering IV fluids. The columns labelled 2 to 24 at the top of the IV Prescription Chart are the drip rates using a giving set which delivers 20 drops of fluid per mil.

Charting fluid intake and output (page 60)

The fluid status of a patient is recorded on the Fluid Balance Chart. All fluids taken in orally and parenterally /pærentərəli/ (via IV or subcutaneous routes) are documented against the time of intake. The patient's output is also recorded: urine, vomitus, aspirate from naso-gastric tubes, diarrhoea, drainage from wound drains and any other loss are recorded. At midnight, the amounts for intake and output are calculated and the patient's fluid status is assessed. The patient is said to have a positive balance if the intake is greater than the output. This may indicate a renal or cardiovascular problem. A negative balance where the output is greater than the intake may be caused by severe diarrhoea and vomiting or excessive blood loss. Homeostasis, or fluid balance, is described as an intake and output of around 2.5 litres.

Studies suggest that the accuracy of Fluid Balance Charts is often in question. The reasons for this include inaccurate recording of information and lack of patient compliance because the procedure has not been properly explained beforehand. There may also be poor communication between nursing staff who may dispose of urine specimens without measuring them first, being unaware of the need to record the information on a Fluid Balance Chart.

Useful web links:

Information and case studies about fluid replacement therapy
http://renux.dmed.ed.ac.uk/EdREN/Teachingbits/fluids/fluids.html

Clinical guidelines for recording fluid balance
http://www.meded.bradfordhospitals.nhs.uk/NR/rdonlyres/FB42501B-F54E-4558-8B45-1823E2D5D0C8/58034/FluidBalanceClinicalGuidelinesforrecording2004.doc

An academic article on Fluid Balance Charts
http://www.rlhleagueofnurses.org.uk/Education/Nursing_Progress/Issue5/Fluid_balance/fluid_balance.html

UNIT 8 Pre-operative patient assessment

- Doing pre-operative checks
- Giving pre-operative patient education
- Preparing a patient for surgery
- Allaying anxiety in a patient
- Using Pre-operative Checklists

Go to page 79 for essential background information on the topic and useful web links.

Don't forget to explore the Extra activities for this unit.

Medical terms can be found in the Glossary

Doing pre-operative checks

Before you begin …
The questions in Exercise 1a should generate a warm-up discussion on the topic of pre-operative checks. Before you start, you could ask the students to look at the outline of Unit 8 on the Contents Page and ask them to think about what areas they would most like to improve and practise.

Before you begin …
Elicit from the students how they think Nancy Clarke might be feeling prior to the operation. You could ask students the following questions.

1   What questions might Nancy ask the nurse?
2   What strategies can the nurse use to allay Nancy's anxiety?

Answers
1   She might ask what she has to do before and after the operation.
2   Listen to her concerns and reassure her that nurses can be contacted if she has any questions.

1 a Students answer the questions in pairs.

Suggested answers
2   Pre-op checking procedures ensure that all information is correct, for example: correct identity of the patient, consent form signed, correct preparation made for the operation, etc.
3   Incorrect checking could lead to the wrong patient being taken to the Operating Theatre, the wrong pre-med being given, Theatre staff not being alerted to allergies, and a patient who has not fasted pre-operatively vomiting during surgery.

b Students listen to the conversation and answer the questions.
▶ 8.1 page 103

Answers

1   Mrs Clarke has to wash twice with antiseptic wash – once the evening before the operation and once on the morning of the operation. She also has to remove her nail polish.
2   Because it's a choking risk with anaesthesia
3   To prevent DVTs

c Students listen again and complete the sentences.
▶ 8.1 page 103

Answers

2   I'll
3   you'll
4   Will
5   I'm going to
6   won't; will
7   I'll; You'll

d In pairs, students practise explaining pre-operative preparations.

Giving pre-operative patient education

2 **a** Students discuss the questions in pairs.

Suggested answers

2   When dealing with children and non-native speakers of English, it is a good idea to show them any pieces of equipment or show pictures of what to expect after an operation.
3   Pre-op patient education has been shown to improve patient compliance with any post-op activities, for example post-op exercises. It also decreases patient anxiety and lessens the experience of pain. Benefits to the healthcare system include reduced days in hospital and less likelihood of return to hospital with avoidable complications.

b Students match the medical terms and meanings.

Answers

1 d   2 e   3 b   4 c   5 a

c In pairs, students practise asking and answering questions using the post-op information sheet and the patient questions. Allow students enough time to read through the information sheet and check any new vocabulary.

Preparing a patient for surgery

3 a Students discuss the questions in pairs.

> **Answers**
>
> 1   Before surgery it is important to explain about IVs, IDCs, drains and dressings which the patient will return with. Post-operative activities – for example, deep breathing and coughing – may need to be explained. Preventative measures such as anti-embolic stockings and heparin injections should also be explained.
> 3   The challenges include the rapid pace, pre-op and post-op care being demanding, pain management, and the quick turnover of patients.
> 4   Laparoscopic, or keyhole, surgery has become more widespread.
> 5   Patients are prepared for abdominal surgery by having a low-residue diet for a few days and then a clear fluid diet coupled with an enema to ensure the bowel is clear. The abdominal area may be shaved according to the surgeon's wishes.

b Students match the medical terms and meanings.

> **Answers**
>
> 2 d   3 a   4 c   5 f   6 b

> **Extension activity: web research**
>
> Allocate half the group the subject of laparoscopy and the other half Patient-Controlled Analgesia. At the next session, students give a short presentation of their findings to a partner. You could use the following questions as prompts.
>
> **Laparoscopy**
> What is the history of laparoscopy?
> How is it performed?
> What are the complications?
> How has its use changed the length of hospital stays?
> What post-op discomfort is common?
>
> **Patient-Controlled Analgesia (PCA)**
> What is the history of PCA?
> How does a PCA machine work?
> What special features does it have?
> What benefit do PCA machines have for patients?
> What is PCA by proxy?

c Students take turns giving definitions of the words.

Before you begin …
Elicit from the students the emotions that Ms Slade might be experiencing. These could include: apprehension about surgery; concern about the pain she may experience after the operation; concern that she may say something embarrassing under anaesthetic; concern about her ability to return to work after the operation; possible financial concerns. You could ask students the following questions.

1   Why might Emma be feeling nervous?
2   What non-verbal communication is important in this situation?

> **Answers**
>
> 1   She hasn't been to hospital since she was a child and is unsure of hospital routines; she may be unsure about laparoscopic surgery.
> 2   Communicate willingness to listen to patient concerns; sit at same level as the patient; allow time for patient to voice concerns; avoid blocking behaviours.

d ▶ 8.2 **Students listen to the conversation and answer the questions.**

Answers

1 Very anxious
2 Keyhole surgery, also called minimally invasive surgery
3 A laparoscope
4 The surgery is performed through three to four small puncture sites instead of a long incision.
5 A couple of hours
6 Emma's swallow reflex
7 Soon after returning to the ward, when Emma thinks she can pass urine.

e **Students listen to the conversation again and match the notes to the correct explanations. Students could practise Alva and Emma's conversation using audioscript 8.2.**
▶ 8.2 **pages 103 and 104**

Answers

2 f   3 h   4 d   5 a   6 c   7 g   8 b

Communication focus: allaying anxiety in a patient

4 a Students discuss the questions in pairs.

Suggested answers

1 Spend time explaining what happens in the pre-op and post-op period so it is more familiar. Ensure that you have uninterrupted time to discuss any concerns with your patient so that they feel comfortable talking about them. Be aware of cultural or language factors which may cause more anxiety and ensure an interpreter is at hand if necessary.
2 Yes, different strategies may be needed depending on the needs of the particular age group.
3 Strategies useful for a child: allow the child to touch equipment, for example oxygen masks; reassure the child that a parent will accompany them to the Operating Theatre; allow the child to take a special toy with them or keep the toy to wait for the child.
4 Strategies for a patient who doesn't speak English: ensure that an interpreter is available to translate your instructions and the patient's questions; be culturally sensitive to any concerns the patient may have; allow the interpreter or relative to accompany the patient to Operating Theatres.

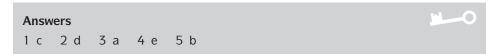**b** **Students complete the strategies for allaying anxiety in a patient.**

Answers

2 reassuring
3 normal
4 anxiety
5 avoid
6 involve

c Students listen to the rest of the conversation and answer the questions.
▶ 8.3 page 104

> **Answers**
> 1 That she might overdose
> 2 Alva explains the 'lock-out' feature, which prevents patients over-using the PCA.
> 3 The nurses will check her obs. and her pain level second hourly (required during the use of a PCA).
> 4 Emma will use her tri-ball every hour whilst she is awake.
> 5 That she must wear TEDs until fully mobile

d Students match the strategies and concerns.

> **Answers**
> 1 c   2 d   3 a   4 e   5 b

You could ask students the following question. **What sort of non-verbal communication would be appropriate in this situation?**

> **Answer**
> empathetic tone of voice; avoiding facial expressions which indicate condescension; smiling; therapeutic touch, for example a light touch on the arm to reassure

e Students discuss the strategies in pairs.

f In pairs, students practise allaying patient anxiety using the patient information sheet on page 89 and the questions on page 90. Allow students enough time to read through the information sheet and check any new vocabulary.

Medical focus: blood circulation

5 a Students discuss the questions in pairs.

> **Answer**
> It shows a patient with DVT.

b Students listen to the conversation and mark the statements (T) or (F).
▶ 8.4 page 104

> **Answers**
> 1 T
> 2 F – he had the symptoms after this operation
> 3 T
> 4 F – only on the affected leg
> 5 F – he hasn't developed a pulmonary embolism
> 6 F – he has warmth, swelling and calf pain

c Students match the medical terms and meanings.

> **Answers**
> 1 c   2 d   3 a   4 b

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d Students underline the stressed syllables.

> **Answers**
> 1 venodil<u>a</u>tion
> 2 <u>em</u>bolus
> 3 <u>em</u>bolism
> 4 venous <u>sta</u>sis

e Students label the diagram.

> **Answers**
> 1 normal blood flow
> 2 DVT
> 3 embolus
> 4 embolism

f Students put the stages in the correct order and then listen and check their answers.
▶ 8.4 page 104

> **Answers**
> 1 Venous stasis caused by immobility
> 2 Venodilation causes small tears in the inner walls of the veins
> 3 Blood becomes stickier and coagulates more easily
> 4 Formation of an embolus
> 5 An embolus blocks blood flow

g Students complete the explanations.

> **Answers**
> 2 heparin
> 3 subcutaneous
> 4 warfarin
> 5 DVTs; pulmonary embolism; lifelong
> 6 dose; INR
> 7 filter

Before you begin …
You could ask students the following questions.
1 What do you understand by *economy class syndrome?*
2 What strategies have airlines introduced to combat this problem?

> **Answers**
> 1 The risk of formation of DVTs while on a long-haul flight in economy class. It has also become an informal expression for DVT.
> 2 Exercises to do while seated: walking up and down the aisle frequently; restricting coffee and alcohol; using anti-embolic stockings (flight socks) if needed; avoiding constrictive socks or stockings

h In pairs, students practise explaining how DVTs form and allaying anxiety using the diagram in Exercise 5e and audioscript 8.4.

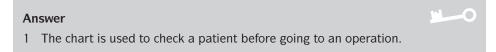**Medical technology** Pre-operative patient care

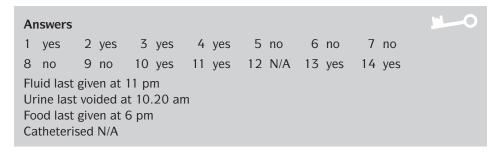# Charting and documentation: Pre-operative Checklist

Doing pre-operative checks

Before you begin …
Elicit from the students the sorts of thing that are checked before surgery.

6 **a** **Students look at the chart on page 90 and discuss the questions.**

> **Answer**
>
> 1   The chart is used to check a patient before going to an operation.

b **Students listen to the conversation, complete the checklist and tick the boxes.**
▶ **8.5 pages 104 and 105**

> **Answers**
>
> 1 yes   2 yes   3 yes   4 yes   5 no   6 no   7 no
> 8 no   9 no   10 yes   11 yes   12 N/A   13 yes   14 yes
>
> Fluid last given at 11 pm
> Urine last voided at 10.20 am
> Food last given at 6 pm
> Catheterised N/A

You could ask students the following question.

What strategies could be used during a pre-op check to allay patient anxiety?

> **Answer**
>
> Smiling at the patient; asking frequently if the patient is managing and that it is all right to continue with the check; therapeutic touch; making encouraging noises; using a soothing tone of voice

c **Students listen to the conversation and tick the sections that are double-checked.**
▶ **8.6 page 105**

> **Answers**
>
> Name
> ID bracelet
> Operation or procedure
> Consent form signed
> Pre-med given and signed for

> **Language note**
>
> The use of the different future forms in English is not easy. Spontaneous future events or predictions are expressed in one way, plans or intentions in another. The use of *I'll get you to …* or *I'll be asking you to …* is used to get the patient to comply with a request, for example *I'll get you to take off your nail varnish.* The request is softened in this way.

d Students listen again and put the extracts in the correct order.

▶ 8.6 page 105

> **Answers**
>
> 2 I'm just going to go through this Checklist again.
> 3 I know you've already answered many of these questions, but we like to double-check everything.
> 4 Can you tell me your full name, please?
> 5 I'll have a quick look at your identification bracelets if I may?
> 6 Can you tell me what operation you're having today?
> 7 Did you sign a consent form for the operation?
> 8 Is this your signature on the consent form?
> 9 Have you had a pre-med?
> 10 I'll sign the Checklist, and you've already got a theatre cap to cover your hair.

e Students practise going through a Pre-operative Checklist.

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**
>
> **Suggested answer**
>
> 3 Having several checks before the patient has an operation guards against: mistaken identity; the wrong operation being performed; lack of consent leading to a charge of negligence and/or assault and battery; potentially serious allergies being missed.

Background information and useful web links

Doing pre-operative checks (page 62)

Pre-operative checks are important so that surgical errors are avoided. Errors are sometimes caused by unscheduled operating time changes, the pressure of working in operating theatres and patient information which is incomplete or inaccurate. In addition, patients pass through the care of many different people from the time of admission to the time of their operation. This can leave room for communication errors or false assumptions, for example that the patient has already received a pre-med. Pre-operative protocols aim to minimise such errors by improving the pre-operative verification process which is often repeated at least twice to ensure correct identification of the patient and correct checking of patient details. In addition, there is often a time set immediately intra-operatively for the surgical team to make sure all information is correct. Pre-operative checking commences on the evening before the operation unless the patient is undergoing day surgery. In this case, an information booklet is sent to the patient with a telephone follow-up if necessary. Inpatients fast for at least six hours before the operation – Nil By Mouth (NBM) – wash with an antiseptic solution and are fitted with anti-embolic or TED stockings. The operation site is not usually shaved following EBP guidelines but the surgeon may mark the area to be operated. The patient's signature on the consent form is checked. If it is not signed or incorrect in any way, the nurse has a responsibility to inform the surgeon or the surgeon's representative immediately as the pre-med may not be given nor can the operation proceed. It is important for nurses to be aware of the groups of people who have legal capacity to sign a consent form and those who do not. It is also important to be aware of any legal differences from country to country.

Useful web links:

Links to articles about consent
http://www.dh.gov.uk/en/Publichealth/Scientificdevelopmentgeneticsandbioethics/Consent/index.htm

A description of colonoscopy
http://www.patient.co.uk/showdoc/27000300

Giving pre-operative patient education (page 63)

Any form of surgery is stressful, so it is normal to expect that patients will experience some anxiety. Patients often fear the unknown especially if they have limited experience of the hospital environment. Fear of post-operative pain is quite common as is anxiety about what they may say while under anaesthetic. Some patients are also concerned about disfigurement if the surgery involves the possibility of scarring. Patient education plays an important role in reducing the effect of pre-operative stress. The nurse's role is to present the information for the patient in a way that is not overwhelming. The concern about post-operative pain can be diminished by explaining equipment, such as the Patient-Controlled Analgesia (PCA) machines which patients can use to control their own pain medication. Education about the prevention of Deep Vein Thrombosis (DVT) is also given pre-operatively. It is important to get the patient's co-operation in wearing anti-embolic stockings, consenting to anticoagulant medication and understanding the importance of early ambulation.

Useful web links:

Guidelines on managing pre-operative patients
http://www.udmercy.edu/crna/agm/periop03.htm

A description of how blood clots form
http://health.howstuffworks.com/blood3.htm

Preparing a patient for surgery (page 64)

It is generally accepted that patients who know what to expect after their operations, do better than those who are not well prepared. A brief explanation of the operation, in this case keyhole surgery, prepares the patient for the number of drains to be used and the length and size of the incision wound. Keyhole surgery, also called minimally invasive surgery, has reduced the length of hospital stays considerably and also the interference with the patient's normal activities post-operatively. During the surgery,

a laparoscope /ˈlæprəskəʊp/ is introduced into one of the puncture sites in order to visualise the surgical area. Cutting and extracting instruments are inserted into the three other puncture sites and the affected organ, often the gallbladder, is removed. This is called Laparoscopic Cholecystectomy /ˌlæprəskɒpɪk kɒlɪstektəmi/. Patients need to be prepared for the sight of three to four puncture wounds on the abdomen and the presence of a mini-drain in the immediate post-operative period. After recovering from anaesthesia /ˌænəsˈθiːziə/, patients can slowly begin to take in oral fluids. Patients start with small amounts of ice chips then small sips of water. This is to ensure that the oesophagus /ɪˈsɒfəgəs/ is not still under the influence of anaesthesia and that the swallow reflex has returned. IV therapy can be removed as long as the patient has no episodes of post-operative vomiting.

→ Useful web links:

Patient information about PCA
http://www.addenbrookes.org.uk/resources/pdf/patient_visitors/patient_information_leaflets/pain_service/PIN762_Info_PCA.pdf

An example of a Pain Assessment Chart
http://www.ich.ucl.ac.uk/website/gosh/clinicalservices/Pain_control_service/Custom%20Menu_03/P1_PCA_NCA_Chart_May06.pdf

Communication focus: allaying anxiety in a patient (page 65)

As outlined above, a certain level of anxiety is considered to be a normal response to surgery. Studies indicate that women are more anxious than men pre-operatively. This appears to be partly due to factors such as education level, earning capacity and marital status. Women statistically earn less than men and are often more concerned about their ability to cope financially after an operation. It is therefore important to consider psychosocial factors during the pre-operative period as they can influence the speed of recovery from an operation and the level of anxiety felt by a patient. In addition to gender differences, cultural differences in anxiety levels can be noted. In cultures where expression of emotions or aggression is frowned upon, uncertainty is accepted quite readily and anxiety levels are relatively low. On the other hand, cultures which are more expressive and where showing one's emotions is acceptable tend to be more anxious. For these reasons, it is important to be aware of non-verbal cues which may indicate anxiety especially in patients from so-called 'Uncertainty accepting cultures'. Non-verbal cues suggesting anxiety may include: sweating especially of the palms, minor muscle twitching especially around the mouth and eyes and changes in voice tone and speed. Some signals are less obvious; for instance, biting the inside of the mouth, pulling a strand of hair, putting the hands in the pockets and scratching the nose.

The place of spirituality and/or religion in allaying a patient's anxiety can be difficult to gauge. It is often better to allow patients to bring up any religious beliefs themselves so as to avoid any feeling that the nurse is pushing his or her own religious view. For some people, illness, faith and spirituality are closely linked. In order to assess the patient holistically, these spiritual needs must be identified and respected.

Share your knowledge (page 66)

Students discuss the role played by patient education. Increasingly nurses are being called on to fulfil a wider role in the pre-operative management of patients. Complex equipment may need to be explained, which requires an on-going competence on the part of the nurse. Cultural sensitivity is essential when educating patients, particularly elderly patients who may not be used to learning from younger people. Many nurses feel this area of nursing to be challenging, especially if they do not see themselves as natural teachers. Lack of confidence can be alleviated by preparing well beforehand. Nurses should be familiar with the equipment used in their area of expertise. Using information leaflets can help as well. The relevant Department of Health website is often useful in this regard. Patients receiving anticoagulant therapy have been identified as a group who benefit greatly from nurse-managed patient education. Patient education which is delivered at regularly attended clinics is more effective because of the relationship of trust built up between patient and clinic nurse. Education empowers patients to assist in making informed decisions about healthcare.

Useful web links:

A short article on the success of a patient education programme
http://www.uk-sh.co.uk/news-&-events/patient-education-programme-empowers-patients,-delivers-quicker-recovery

Medical focus: blood circulation (page 67)

The formation of DVT is explained in audioscript 8.4.

Useful web links:

A description of the cardiovascular system with interactive quizzes
http://wps.aw.com/bc_marieb_ehap_9/79/20310/5199417.cw/index.html

A description of DVT
http://www.patient.co.uk/showdoc/23069201

Charting and documentation: Pre-operative Checklist (page 68)

The pre-operative check is performed at the patient's bedside in the ward and again at the holding bay in the operating theatres area. The pre-op check ensures that the correct patient has been prepared for the correct operation or procedure. At this point, it is ascertained whether the patient has been correctly informed about the operation or procedure and has signed a consent form which has been witnessed by the surgeon or delegated representative.

The issue of consent is an important part of patient care as it ensures that patients are given the opportunity to allow or not allow procedures or information gathering. It also encourages patients to feel part of the decision-making process of their own health and well-being. Consent may be: verbal, for example *Do you mind if I take your blood pressure now? Sure, go ahead*; implied, for example a patient puts their arm out to have the blood pressure cuff applied; or written. Written consent is usually a requirement for all medical procedures.

The laws relating to consent may vary a little within English-speaking countries, however, the principles are similar. In the UK, the person who is performing the operation or procedure should be the person who obtains the consent from the patient after explaining the procedure carefully and outlining the major complications of the procedure. In certain circumstances, other health professionals may seek consent on behalf of the surgeon who is to perform the procedure. Health professionals who are entitled to provide information about the procedure to the patient must be competent to do so.

Competence is judged as having competently carried out the procedure or having received specialist training in advising patients about the procedure. Both groups will have been assessed regarding their specialist knowledge and are aware of their own knowledge limitations. They will also be subject to audit. One of the main areas where nurses obtain informed consent from patients is in the area of research. It is important to understand that witnessing the signature on a consent form is not the same as obtaining informed consent from the patient. This is an administrative duty only and is only possible after the surgeon or delegate has informed the patient clearly about the procedure and the patient indicates understanding of the explanation. This is sometimes confusing as common practice is to report that *consent form signed* which may be understood erroneously to mean that the patient understands the procedure.

Nurses must always be mindful that performing a procedure without the patient's informed consent may potentially lead to a charge of assault and battery. It is the nurse's professional duty to ensure that the care of patients is their first concern and so consent must be obtained before any treatment or care. Nurses must also ensure that the process of establishing consent demonstrates a clear level of professional accountability and that any information relating to consent is documented accurately.

Pre-operative hygiene procedures include instructing the patient to shower with an antiseptic wash on the previous evening and on the morning of the operation. This is done to cut down the number of bacteria which reside on the skin, in particular staph. In addition, patients must be instructed to remove nail varnish as covering the nail bed can interfere with oxygen saturation monitoring. Any piercings should be removed before coming in to hospital because electrical burns can occur if electrocauterisation is used during surgery to stop bleeding. Piercings may also create ghost artefacts (misrepresentations of tissue structures) during magnetic resonance imaging.

A pre-med may be given to relieve anxiety pre-operatively. The pre-med may be in the form of a tablet or injection. It is important to explain that the pre-med is not an anaesthetic and will therefore not cause the patient to become unconscious.

Useful web links:

Guidelines for nurses on consent
http://www.rcn.org.uk/data/assets/pdf_file/0010/78607/002267.pdf

An article about informed consent in Indian public hospitals
http://www.issuesinmedicalethics.org/084di116.html

An article about removing piercings during surgery
http://pediatrics.aappublications.org/cgi/content/full/114/3/e384

Patient information on anaesthetics
http://www.nurseonline.nhs.uk/masterwebsite1asp/targetpages/drugs/anaesthe.asp

Share your knowledge (page 69)

Variations in pre-op procedure may exist; for example, in Finland a trial of processing pre-op information in the patient's home or at the patient's primary health provider has reduced the amount of hospital time needed. This is seen as useful for older patients who feel more at ease in their own homes. Guidelines for pre-op fasting may be different from country to country as well as the definition of *clear fluids* (relevant in bowel surgery preparation). In Canada, solid food is not given during the operation day and clear fluid is given until 3 hours before the operation. In the United States, solid food is not restricted until 6 hours before the operation and clear fluid is permitted up to 2–3 hours before the operation. In the United Kingdom, solid food is forbidden after midnight and clear fluid is allowed until 3 hours before surgery.

Useful web links:

An article on the Finnish trial of a new admissions procedure
http://www.futurehealth.fi/inc/downl_file.asp?f = 107973&m = 25104&a = 2358&c = 534&x = 0

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TEACHER'S NOTES

UNIT 9 Post-operative patient assessment

- Giving a post-operative handover
- Checking a post-operative patient
- Explaining post-operative pain management
- Dealing with aggressive behaviour
- Using pain assessment tools

Go to page 90 for essential background information on the topic and useful web links.

Don't forget to explore the [Extra activities](#) for this unit.

Medical terms can be found in the [Glossary](#)

Giving a post-operative handover

Before you begin …
The questions in Exercise 1a should generate a warm-up discussion on the topic of a post-operative handover. Before you start, you could ask the students to look at the outline of Unit 9 on the Contents Page and ask them to think about what areas they would most like to improve and practise.

1 a Students discuss the questions in pairs.

> **Suggested answers**
>
> 2 Name of operation performed, any complications, analgesia given in Recovery, any complications in Recovery, drains and dressings in situ, new Prescription Charts (IV Infusion Orders), medication orders and follow-up instructions. All pre-op charts also need to be handed back, with new orders on new charts, and the Operation Report.
> 3 The Ward Nurse crosschecks the Operation Report, Prescription Chart, Obs. Chart, the patient's wound, drains and IV.
> 4 All previous orders (Prescription Charts, medication and dressings) have changed.
> 5 It's important to check for excessive blood loss, pain level, dehydration, nausea and vomiting, and loss of consciousness.

b Students listen to the conversation and answer the questions.
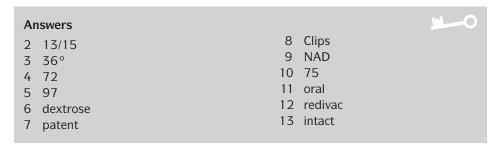▶ 9.1 page 105

> **Answers**
>
> 1 He's had a splenectomy.
> 2 Because he was slow to wake up after his operation
> 3 Because he had some post-op nausea and vomiting
> 4 Yes, it is patent and draining.
> 5 Using clips
> 6 No, it is to be left intact for the surgeon to review the next day.
> 7 Yes, in Recovery
> 8 He was feeling cold and his temperature was a bit low.

c Students match the abbreviations and meanings.

> **Answers**
>
> 2 a   3 e   4 c   5 b   6 d

d Students listen again and complete the Operation Report.
▶ 9.1 page 105

> **Answers**
>
> 2 13/15   8   Clips
> 3 36°   9   NAD
> 4 72   10   75
> 5 97   11   oral
> 6 dextrose   12   redivac
> 7 patent   13   intact
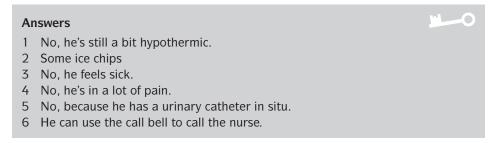
e In pairs, students practise handing over a post-operative patient using the role card on page 91.

Checking a post-operative patient on a ward

2 a Students listen to the conversation and answer the questions.
▶ 9.2 page 106

> **Answers**
>
> 1 No, he's still a bit hypothermic.
> 2 Some ice chips
> 3 No, he feels sick.
> 4 No, he's in a lot of pain.
> 5 No, because he has a urinary catheter in situ.
> 6 He can use the call bell to call the nurse.

b Students listen again and match the feelings and explanations.
▶ 9.2 page 106

> **Answers**
>
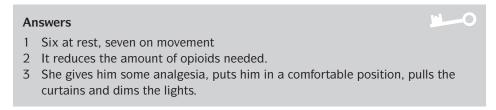> 2 e   3 h   4 g   5 b   6 d   7 f   8 a

c In pairs, students role play the conversation between Georgia and Roli. Confident students may agree to role play the scenario in front of the class, inviting comments from the whole group.

Explaining post-operative pain management

3 a Students listen to the conversation and answer the questions.
▶ 9.3 page 106

> **Answers**
>
> 1 Six at rest, seven on movement
> 2 It reduces the amount of opioids needed.
> 3 She gives him some analgesia, puts him in a comfortable position, pulls the curtains and dims the lights.

PHOTOCOPIABLE

b Students complete the sentences.

> **Answers**
> 1 hurt
> 2 throbbing
> 3 hurts
> 4 stinging
> 5 knife

c Students listen to the conversation again and match the questions and answers.
▶ 9.3 page 106

> **Answers**
> 2 a   3 f   4 b   5 g   6 h   7 d   8 e

d In pairs, students practise rating and explaining how to manage pain.

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**
>
> **Suggested answers**
> 1 Pain can be described as aching, cramping, crushing, throbbing, radiating.
> 2 For example: an aching knee, cramping period pain, crushing angina pain, throbbing headache, radiating heart attack pain
> 3 Pain behaviours include intermittent moaning, rubbing the affected area, grimacing, limping, constantly changing position
> 4 These behaviours draw attention to their pain.
> 5 Possible pain management problems include: sufferers feel that they are not taken seriously and can become quite hostile, sufferers may not want to try new options for fear of an increase in pain, constant moaning can make empathetic response a challenge.

Dealing with aggressive behaviour

Before you begin …
Elicit from the students active listening strategies that can be used to defuse a potentially aggressive situation.

> **Answers**
>
> listen attentively; show your interest in what is being said; give feedback in the form of listening noises; use non-threatening body language; use a quiet but firm tone of voice; rephrase to show understanding

4 a Students discuss the questions in pairs.

b Students listen to the conversation and answer the questions.
▶ 9.4 page 106

> **Answers**
> 1 They are watching a patient and his visitors, as the visitors appear to be becoming agitated.
> 2 He is upset that Paul is in pain and thinks the nurses are not helping him.
> 3 They speak calmly and offer to get Paul some pain relief.
> 4 She asks him to lower his voice.
> 5 She reassures him that Paul is getting regular pain relief and says she will talk to Paul about alerting the nursing staff earlier if the amount of pain medication is not enough.

c Students complete the information sheet.

> **Answers**
>
> 2 defuse
> 3 Listen
> 4 Speak
> 5 Rephrase
> 6 Empathise
> 7 solution
> 8 alternative

d Students read audioscript 9.4 and find other examples of Aggressive Behaviour Management techniques.

> **Answers**
>
> Listen calmly – use non-verbal communication such as nodding the head, maintaining comfortable eye contact and making 'listening noises' to reinforce that you are interested in what the speaker is saying.
>
> Defuse the situation if possible – *It's OK, I'll see what I can do. I'll be looking after Paul this evening. Can I ask who you are first, please?*
>
> Speak quietly but firmly – *I need you to lower your voice so we can talk about sorting out Paul's pain.*
>
> Rephrase – *You're worried that Paul isn't getting regular pain relief. Is that right?*
>
> Empathise – *I do understand, it's hard, isn't it?*
>
> Offer a solution – *How about I get his chart now and see what he's been having?*

You could ask students the following questions.

1 What other strategies could be added to the list?
2 If the situation escalates what support services are available for nurses to call upon?

> **Answers**
>
> 1 Assess the presence of drug or alcohol intoxication, recognise the point where de-escalation is not working and ensure a clear exit is available, call for assistance when needed
> 2 hospital security, police

e In pairs, students practise defusing a tense situation.

> **Share your knowledge**
>
> Students discuss the questions in small groups and then share their ideas with the whole class.
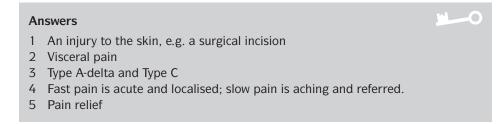>
> **Suggested answers**
>
> 1 Aggressive behaviour is a problem in many countries. Statistically, nurses are more likely to be attacked than any other healthcare workers.
> 2 The reasons for aggression can be frustration with treatment, dissatisfaction with staffing levels, past history of aggression or having a short fuse, parents with children in pain, drug and alcohol withdrawal, feelings of loss of autonomy especially when used to being in control of situations, fear of pain, dementia, different images of nurses in different cultures.
> 3 Initiatives include having a good ABM programme in each hospital, good support for nurses' safety from management, signs alerting patients that aggression towards nursing staff will not be tolerated, cultural awareness training regarding differing images of nurses.

Medical focus: pain receptors

Before you begin …
You could ask students to cover the text in Exercise 5a and, in pairs, try to explain what it shows.

5 **a** **Students read the information leaflet and answer the questions.**

> **Answers**
>
> 1 An injury to the skin, e.g. a surgical incision
> 2 Visceral pain
> 3 Type A-delta and Type C
> 4 Fast pain is acute and localised; slow pain is aching and referred.
> 5 Pain relief

b **Students match the medical terms and meanings.**

> **Answers**
>
> 2 a   3 d   4 b   5 f   6 c

c **Students underline the stressed syllables.**

> **Answers**
>
> <u>no</u>ciceptor   in<u>ci</u>sion
> cu<u>tan</u>eous   <u>lo</u>calised pain
> <u>vis</u>ceral   re<u>fe</u>rred pain

d **Students listen to the conversation and match the medical terms and meanings.**
▶ 9.5 pages 106 and 107

> **Answers**
>
> 2 c   3 h   4 g   5 d   6 b   7 i   8 e   9 a

e **Students listen again and complete the notes.**
▶ 9.5 pages 106 and 107

> **Answers**
>
> 2 threshold
> 3 tolerance
> 4 scale
> 5 non-steroidal
> 6 morphine-like
> 7 background
> 8 Multimodal

f **Students make notes on the use of opioids, non-steroidals and paracetamol from audioscript 9.5 and then take turns to explain their topic. Allow students enough time to get all the information they need. Students with the same topic could sit together to prepare before going back to their groups to give their mini-presentation.**

Extension activity: web research

To follow on from Exercise 5f, students could do further research into post-operative analgesia options. Students can use the table below as a guideline. At the next session, students give a short presentation of their findings in small groups. See Unit 6 for more on medication.

opiates
non-steroidals
paracetamol
combination drugs with paracetamol

name of drug and usual dose Brand names	action of the drug	contraindications	side effects	interactions

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Suggested answer

1   If pain isn't adequately treated it can affect a patient's ability to mobilise after surgery or to do important post-op exercises. Chronic pain can lead to depression.

Charting and documentation: pain assessment

6 a Students look at the chart on page 91 and discuss the questions in pairs.

Answers

1   The chart is for rating pain intensity and contains a number of different scales.
3   The facial expressions, often called the Wong–Baker faces, are used to rate the level of pain felt by a child or a person who is unable to communicate verbally because of a language barrier or other problem.
4   The numerical scale, which uses numbers from 0 (no pain) to 10 (worst pain imagined by the sufferer); the verbal descriptor; and the activity tolerance scale
5   Pain levels are subjective so it is important that the patient be able to describe their pain.

b Students listen to the conversation and answer the questions.
▶ 9.6 page 107

Answers

1   Stickers
2   Number three
3   A video game

c Students listen again and match the faces and explanations.
▶ 9.6 page 107

Answers

2 f   3 a   4 b   5 e   6 c

d Students complete the sentences and answer the questions.

> **Answers**
> 1 don't you?
> 2 isn't he?
> 3 is he?
> 4 doesn't it?
> 5 shall we?
>
> Sharon uses question tags to soften what she says and to include Anton in the conversation.

e Students read the strategies and answer the question. You could ask students the following question.

Why is it important to handle a child in pain carefully?

> **Answers**
> a child's fear may magnify pain; anticipation of an injection for pain may make the child reluctant to own up to pain; child needs to develop a sense of trust with the nurse so that the child understands that nothing will be done against his/her will

> **Extension activity: reading**
> Students read the patient information leaflet **Consent: Your Rights – A guide for children and young people under 16** found at:
> http://www.confidentiality.scot.nhs.uk/publications/Consentunder16s.pdf
> In the next session students can discuss the issue of children giving consent to treatment. Who can give consent for the child? Are there any exceptions?

f Students match the sentences and strategies.

> **Answers**
> b 5   c 3   d 4   e 1   f 6   g 7

g Students discuss the questions in pairs.

h In pairs, students practise explaining the Wong–Baker faces chart.

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**
>
> **Answers**
> 1 Other groups who can use the Wong–Baker faces scale include anyone who has difficulty verbalising, due to lack of language skills or as the result of an illness such as dysphasia.
> 2 The chart could be modified by using Braille so that visually impaired patients could feel the faces.
> 3 The faces could be modified to show examples of emotions; for example, anger, fear, grief or incomprehension.

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www.cambridge.org/elt/englishfornursing

Background information and useful web links

Giving a post-operative handover (page 70)

When patients return to the ward after an operation, a handover on the patient's status is given to the ward staff. The Recovery Room nurse will check through the details of the operation which has just been performed, inform ward staff of any complications encountered during the recovery stage and review post-operative instructions. Post-operative instructions outline any special observations needed, for example: circulation and neurological observations; wound management instructions; instructions about the removal of drains; pain management; the presence of a urinary catheter.

Useful web links:

Page 7 of the following booklet deals with post-operative handover guidelines
http://www.frimleypark.nhs.uk/information/placements/students/welcomepacks/pacu.doc

Guidelines for managing a post-operative patient
http://www.udmercy.edu/crna/agm/periop03.htm

Checking a post-operative patient on a ward (page 71)

After receiving a post-operative patient on the ward, the nurse will commence post-operative observations of vital signs. Post-operative patients have their vital signs checked hourly for the first four hours and then four-hourly if vital signs are satisfactory. Particular attention is paid to the blood pressure and pulse as a fall in blood pressure with a rise in pulse can indicate internal bleeding. Temperature is also monitored. A rise in temperature which may indicate an infection is unlikely in the immediate post-op period. A low temperature, in other words hypothermia, is not uncommon when the patient first returns to the ward. Extra blankets are usually enough to bring the patient's temperature to the normal range.

Explaining post-operative pain management (page 72)

Accurate pain assessment post-operatively is very important as patients are frequently anxious about the amount of pain they will experience after their operation. Pain which is not relieved affects many aspects of the patient's recovery. Pain is difficult to assess as it is almost completely subjective in nature. The patient is the only accurate assessor of his or her pain level. Objective data collected by nurses include non-verbal communications such as grimacing, moaning and guarding a painful area.

Pain assessment is a holistic assessment of the level of pain from the patient's perspective, the type or quality of pain and the duration of pain. Pain level is assessed using a Pain Assessment Scale. There are several pain assessment scales which are commonly used. The numerical scale asks the patient to rate the pain felt on a scale from zero (no pain at all) to ten (worst pain ever imagined by the patient).

Useful web links:

Another example of a pain questionnaire
http://www.cebp.nl/vault_public/filesystem/?ID = 1400

Dealing with aggressive behaviour (page 73)

The hospital environment is often stressful for patients and their relatives. There are several factors which can contribute to stress levels including long waiting times in Emergency Departments, frustration over hospital routines, anxiety and apprehension about procedures which may not be understood, and the presence of pain. Although a certain level of frustration is acceptable, violence towards health workers is not. Aggression is no longer seen as being something which is part of a nurse's job description. Aggression is more prevalent in hospitals than it has been in any time in the past and most countries are attempting to adopt policies which will minimise the incidence. The aim of zero tolerance is desired in most cases but not easily obtained.

Many hospitals have instigated aggressive behaviour management training to assist staff in becoming aware of changes in the behaviour of patients or their visitors so that levels of aggression do not become unmanageable. The work environment in many hospitals has been modified so that all areas in wards are not easily accessible

to patients or visitors. Some units have digital or keyed locks on treatment room doors and in other areas where sharp objects may be kept. In areas of high aggression risk, such as Accident and Emergency departments, staff may be allocated personal safety alarms. Most hospitals issue name badges using the health worker's first name only and nurses are advised not to share personal information about their home address or phone number. Some hospitals also offer martial arts training for all staff.

Aggressive behaviour management relies on efficient use of non-verbal communication to calm potentially explosive situations. This is referred to as *defusing*. Nurses are advised to use a calm but confident manner to negotiate with aggressive patients or their visitors. It is necessary to remove the aggressive person from a highly charged environment and encourage the person to speak quietly in an empty corridor or vacant room. Active listening strategies ensure that the nurse communicates a willingness to understand the concerns of the person who is agitated or aggressive. This technique is referred to as *de-escalating*. Rephrasing the concern confirms that it has been understood and also shows empathy. One or two (at most) options can be offered to the patient or visitor. It is important to be able to assess those situations which cannot be dealt with in this manner, for example patients or visitors who are under the influence of illicit drugs or alcohol or experiencing a psychotic episode. Other techniques called *breakaway techniques* enable staff to remove themselves from physically aggressive situations such as hair or hand grabs.

Useful web links:

Advice on dealing with violent behaviour in hospital
http://www.hse.gov.uk/healthservices/violence/index.htm

Medical focus: pain receptors (page 74)

Cutaneous pain is caused by injury to the skin or superficial tissues. Cutaneous nociceptors terminate just below the skin, and produce a sharp, localised pain of short duration. Pain threshold is defined as the least experience of stimulus that a person can recognise as pain, while pain tolerance is defined as the greatest pain level a person can tolerate. Both pain threshold and pain tolerance are subjective measurements, so both will be influenced by factors such as cultural expectations, familiarity with the pain stimulus and existence of pain coping mechanisms.

The pronunciation of NSAIDs (non-steroidal anti-inflammatory drugs) varies from country to country. In the UK, NSAIDs may be referred to as *non-steroidals* or the acronym is pronounced /ɛnseɪdz/. In Australia, NSAIDs are generally only referred to using the acronym pronounced /eneseɪdz/.

Useful web links:

Information for patients on pain management
http://www.painaction.com/painaction/Article.aspx?channelId = 2&contentId = 114
http://www.nda.ox.ac.uk/wfsa/html/u07/u07_003.htm

Share your knowledge (page 75)

Current literature suggests that many people are being undertreated for both acute and chronic pain. It is estimated that around 50% of patients with acute or chronic non-cancer pain receive less than adequate pain relief. Even more concerning is the estimation that as many as 90% of people with pain caused as a result of cancer or terminal illness are undertreated. Undertreatment has physical, psycho-social and spiritual effects. Fatigue is caused by lack of sleep because of pain or discomfort. The longer pain remains untreated, the more likely it is that anxiety and depression are experienced. In addition, fear of future pain is a concern if patients have to undergo more treatment for a similar ailment.

Useful web links:

A description of acute and chronic pain
http://www.revolutionhealth.com/conditions/bones-joints-muscles/back-pain/understand-overview/acute-chronic

An article about untreated pain
http://hispanicprwire.com/news.php?l = in&id = 4284&cha = 8

Charting and documentation: pain assessment (page 76)

A child of around the age of seven is usually assessed using the Wong–Baker faces scale. It must be remembered that children may not want to admit to feeling pain if they are concerned that they will receive an injection as a result. Children may not verbalise pain as pain but as a feeling of *not feeling good*. Younger children may also use other expressions for pain, such as *ow* or *ouch*.

Useful web links:

An article on how children express pain
http://www.publicaffairs.ubc.ca/ubcreports/2005/05jan10/ouch.html

Cambridge English for
Nursing
TEACHER'S NOTES

UNIT 10 Discharge planning

- Attending the ward team meeting
- Telephone skills: referring a patient
- Explaining the effects of a stroke
- Using patient discharge planning forms

➔ Go to page 100 for essential background information on the topic and useful web links.

➔ Don't forget to explore the Extra activities for this unit.

🔤 Medical terms can be found in the Glossary

Attending the ward team meeting

Before you begin …
The questions in Exercise 1a should generate a warm-up discussion on the topic of attending meetings. Before you start, you could ask the students to look at the outline of Unit 10 on the Contents Page and ask them to think about what areas they would most like to improve and practise.

1 a Students discuss the questions in pairs.

> **Suggested answers**
>
> 1 To avoid duplication of services, to ensure a holistic approach to patient care
> 2 Communication problems, poor sense of teamwork

Before you begin …
Elicit from the students the reasons why discharge planning starts on the date of admission. What factors may alter the expected date of discharge?

> **Answers**
>
> To organise the support services that are needed when the patient has been discharged, for example if the patient is elderly and discharged on a weekend, they may not have sufficient food and a warm/cool home.
>
> The date will change if the patient has a relapse, lives alone with no-one able to visit, is unwilling to let in outside help.

b Students listen to the conversation and mark the statements (T) or (F).
▶ 10.1 pages 107 and 108

> **Answers**
>
> 1 T
> 2 F – they found her uncoordinated
> 3 F – she'd had a stroke
> 4 F – it happened the night before
> 5 T
> 6 F – it is planned
> 7 T

c Students listen again and answer the questions.
▶ 10.1 pages 107 and 108

Answers
1 Two weeks
2 To go back to her own home
3 Monday, 12 June
4 The kitchen staff puréed food brought in for her
5 With her daughter, Larissa
6 Friday, 9 June

d Students match the phrases and functions.

Answers
2 a   3 b   4 c   5 c   6 b

Before you begin …
Ask the students to read the information about Eddie Trumpett in Exercise 1e and write down some of the physical and emotional problems they think that Eddie might be experiencing. These could include: low self-esteem, concerns about sexual ability, embarrassment, drooling, feeding problems and incontinence.

e In groups of three, students practise taking part in a team meeting.

Telephone skills: referring a patient

2 a Students look at the telephone referral form and discuss the questions.

Answers
1 RN, Andrea Dubois
2 Alexandra Hospital
3 Her daughter, Larissa

b Students listen to the conversation and complete sections 1−9 of the referral form.
▶ 10.2 page 108

Answers
2 Larissa
3 01265 644 753
4 Hanif
5 bathing; mobility
6 soft
7 No
8 Yes
9 12 June

c Students discuss the questions in pairs.

Suggested answer
2 Challenging situations include: people with a strong accent; people speaking fast; people not understanding you; forgetting how to say something in English. These situations can be managed by: asking the person to repeat/slow down/rephrase; rephrasing what you say in order to be understood; checking pronunciation of words before you use them; and planning your phone call ahead of time.

d **Students listen again and tick the sentences they hear.**
▶ 10.2 page 108

Answers

1 a   2 a   3 a/b   4 b

e **In pairs, students practise making a referral using the referral form on page 79 and the notes on page 91.**

f **Students listen to the conversation and answer the questions.**
▶ 10.3 page 108

Answers

1 It can become quite labile.
2 The Key Worker
3 Because of confidentiality
4 He suggests that Gillian calls the Discharge Planning Nurse so she can discuss her concerns.

g **Students discuss the concerns in pairs.**

Suggested answers

1 Callers know that nurses are busy and worry that they are taking them away from their duties.
2 Callers are sometimes unsure if they are talking to the right person.
3 It's sometimes difficult to locate the right person to talk to; callers worry that the phone call will be interrupted.
4 This can happen when callers feel a little inferior or have not had much experience dealing with the health system.
5 Waiting times for treatment can be lengthy and callers are concerned that the same is true for enquiries.
6 Privacy laws are not always understood by patients or relatives. Older people may not be aware of the changes to data protection.

h **Students listen again and match the concerns to the solutions.**
▶ 10.3 page 108

Answers

b 4   c 6   d 2   e 1   f 3

i **In pairs, students practise the telephone conversation using the prompts.**

Share your knowledge

Students discuss the questions in small groups and then share their ideas with the whole class.

Answer

2 Patient records are kept out of easy access to relatives or friends, usually behind the Nurses' Desk in a filing cabinet.

Medical focus: cerebrovascular accidents

Before you begin …

Elicit from the students the physical changes caused by a stroke. At this stage do not be too concerned about correct medical terminology as this is in Exercise 4b.

> **Suggested answers**
>
> damage to the body on opposite side to damage to brain; problems swallowing; speech problems; mobility problems; one-sided weakness, one-sided paralysis; difficulty articulating words

Elicit from the students the psychosocial changes caused by a stroke.

> **Suggested answers**
>
> emotional and personality changes which can lead to: depression, conflict with carer/family/spouse/friends, social isolation, loss of self-esteem, loss of sexual confidence

3 a Students discuss the questions in pairs.

> **Suggested answers**
>
> 1 Weakness or paralysis on one side of the body, damage to the swallow reflex
> 2 Speech and language problems, mobility, change to behaviour patterns, visual problems, loss of memory, etc.

b Students match the medical terms and meanings.

> **Answers**
>
> 2 f 3 b 4 e 5 c 6 a 7 d

c Students underline the stressed syllables.

> **Answers**
>
> <u>hemi</u>sphere   ischaemia
> ca<u>ro</u>tid <u>ar</u>tery   is<u>cha</u>emic stroke
> <u>Cir</u>cle of <u>Wil</u>lis   haemor<u>rha</u>gic stroke

d Students complete the text.

> **Answers**
>
> 2 Haemorrhagic
> 3 hemispheres
> 4 branch out
> 5 oxygenated
> 6 cerebral
> 7 deprived of
> 8 obstruct

Explaining the effects of a stroke

Before you begin …

You could ask students the following questions.

How do you think Mr Sloane is feeling?

What do you think his son and daughter are concerned about?

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www.cambridge.org/elt/englishfornursing

Suggested answers

Mr Sloane: shocked/embarrassed/ashamed/concerned about ability to cope/
depressed about level of dependence/concern about returning to old life/
concerned about financial implications/concerned about relationships and social
standing

Son and daughter: how they are going to manage to look after father; possibility
of a care home; embarrassment due to emotional changes

4 a Students listen to the conversation and mark the statements (T) or (F).
▶ 10.4 pages 108 and 109

Answers

1 T
2 T
3 F – he has inappropriate emotional responses and mood swings
4 T
5 F – there is no hearing loss after a stroke

b Students match the medical terms and meanings.

Answers

2 f   3 g   4 h   5 d   6 b   7 a   8 c

c Students underline the stressed syllables.

Answers

hemipa<u>re</u>sis   dys<u>ph</u>asia
hemi<u>ple</u>gia   dys<u>ph</u>agia
hemia<u>no</u>pia   dys<u>a</u>rthria
a <u>pha</u>sia   em<u>o</u>tional lia<u>bil</u>ity

d In pairs, students practise explaining the effects of a stroke using the Patient
Profiles on pages 91 and 93 and the text on page 83.

Charting and documentation: Katz ADL Index

Before you begin …
**Elicit from the students the patient assessments which might be done when a
patient is placed in a care home. Why are these things assessed?**

Suggested answers

ADL assessment – the level of self-care or dependence, including mobility,
continence or incontinence; the presence and level of dementia; falls risk
assessment; pressure area risk assessment; the risk of wandering

These are assessed to decide: the level of care required; staffing levels;
government funding; placement (in low-care/high-care/secure unit); for legal
reasons falls risk and pressure area risk assessments are carried out.

5 a Students look at the chart on page 88 and discuss the questions in pairs.
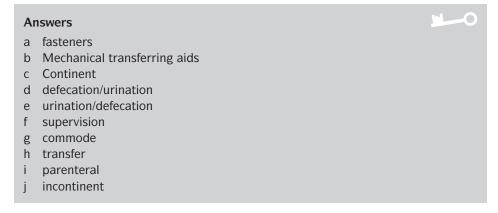
Suggested answers

1 To assess how independently a patient can perform basic daily activities
2 Older adults, especially before placement in a care home
3 An independent, self-caring patient
4 A severely disabled or physically dependent patient

b **Students match the terms and meanings.**

> **Answers**
> 2 j   3 e   4 i   5 g   6 c   7 d   8 a
> 9 f   10 h

c **Students complete the Katz ADL Index.**

> **Answers**
> a   fasteners
> b   Mechanical transferring aids
> c   Continent
> d   defecation/urination
> e   urination/defecation
> f   supervision
> g   commode
> h   transfer
> i   parenteral
> j   incontinent

d **Students listen to the conversation and complete the Katz ADL Index with the scores.**
▶ 10.5 page 109

> **Answers**
> Ernesta Bortoli
>
> Bathing 0   Dressing 0   Toileting 0
>
> Transferring 1   Continence 0   Feeding 1
>
> Total Points 2
> She will be quite dependent, as she needs help with bathing and toileting, including continence assistance and dressing.

e **Students look at the chart on page 92 and discuss the questions in pairs.**

> **Answers**
> 1   The services required on return to home, referrals for follow-up care, understanding of medication regime. It is used during the patient's stay in hospital to ensure a smooth transition is made back home or to another facility.
> 3   So a plan is put in place in time for the discharge date
> 4   A box with divisions so that medication for each day can be dispensed, and the patient does not have to take out medication from individual bottles
> 5   Patients may not be supported and become isolated; especially important when patients live alone and do not have family who can help them
> 6   For emergencies
> 7   Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide comprehensive care for the patient
> 8   To ensure that all members of the team work together, that no services are duplicated, and to ensure a complete understanding of the patient's progress
> 9   To ensure that post-hospital instructions are understood, for example medication regimes, outpatient appointments, and GP appointments. Also, if the patient is returning to their own home, to ensure that heating is switched on and there is enough food in the house (especially important in winter)

Before you begin …
Elicit from the students the emotions and concerns that patients might feel when being transferred to a care home for the first time. What strategies can be used to allay these fears?

> **Suggested answers**
>
> loss of independence; loss of self-esteem; fear of the unknown; disconnection from neighbours/family and friends; the reality of ageing and death

f **Students read the information about Henry Jacques and role play the interview. You could ask students the following questions.**

1   What type and level of support would Henry need when he returns home?
2   What are some of the challenges he might face?
3   How can technology assist in this process?

> **Suggested answers**
>
> 1   Needs help with ADLs and meal preparation – moderate support
> 2   Loss of mobility and stability resulting in another injury or fall
> 3   Electronic monitoring of his apartment including closed-circuit monitoring; help buttons; daily phone call from neighbour or family member to check how he is doing

> **Share your knowledge**
>
> **Students discuss the questions in small groups and then share their ideas with the whole class.**

Background information and useful web links

Attending the ward team meeting (page 78)

Discharge planning is an integral part of patient care and often involves the Multidisciplinary team attached to each unit. Multidisciplinary team (MDT) participation is essential for good outcomes for stroke patients. The MDT consists of healthcare workers such as physiotherapists, speech and language therapists, occupational therapists, doctors and nurses. If appropriate, psychologists and social workers may also be involved in the team. Teamwork is essential to ensure the best outcome for the patient; however, certain barriers to effective teamwork may hinder the progress of discharge planning. One such barrier is the perception of teamwork held by the members of the team. The status of several members of the healthcare team, in particular nurses, has changed somewhat in recent years. Nurses are now regarded as equal partners in the healthcare team who share the workload of the team. Unfortunately, some healthcare workers retain a hierarchical notion of health workers and assume that nurses should perform a disproportionate amount of the workload. This is partly due to the historical dominance of doctors in medical teams. A further barrier to good teamwork is the possession of insufficient skills to function as a team member. The MDT must be highly skilled in their areas of expertise in order to be able to contribute effectively to the group.

The aim of team meetings is to ensure that liaison with community services is in place and services such as support groups are organised for the carers of patients with a chronic illness such as stroke. This is important so that elderly patients can be supported in a return to their own home and readmission because of a lack of ability to cope at home is avoided. The ability to retain the elderly in familiar surroundings is desirable not least because of the savings to the healthcare budget.

Discharge planning of the elderly after a stroke commences on the day of admission as many services need to be booked prior to discharge. The assessment of a patient's ability to return home takes into account residual damage after a period of rehabilitation after stroke. Time spent in rehabilitation is exhausting for stroke patients as they relearn many simple tasks such as feeding themselves, toileting and mobilising. Intensive physiotherapy and occupational therapy is required, both during rehabilitation and afterwards on return home. A strong support network needs to be established of family, district nurse, local doctor and support group before discharge is possible.

Team meetings must be focused on the patient's needs. Each team member needs to contribute relevant patient information and share their expertise. Good housekeeping during meetings is essential for the smooth running of the session. Turn-taking, inviting all members to express an opinion and managing the agenda in a timely fashion are important, as are the avoidance of grandstanding and blocking behaviours. Teams which work well together often contribute to efficient co-ordination of services and a positive outcome for both patient and family.

Useful web links:

Guidelines for MDTs with stroke patients
http://www.sign.ac.uk/guidelines/fulltext/64/section6.html

An article on leading meetings
http://www.communicating-effectively.com/newsletters/V4_5.PDF

An article on ensuring active participation in meetings
http://www.communicating-effectively.com/newsletters/V4_6.PDF

A patient information leaflet on discharge from hospital
http://www.sdhct.nhs.uk/patientCare/pil/23430.php

Telephone skills: referring a patient (page 79)

Elderly patients who are returning home may be referred to District Nursing Services for initial assistance when they return home. In the past, District Nurses predominantly assisted in wound management, palliative care and rehabilitation for patients with specific nursing needs. More recently, their role has expanded to include nurse prescribing, the performance of physical assessment skills and health education. Referral from hospital is often done by phone. Information is passed on about the patient's current medical status and ability to perform ADLs. In addition, information

about the likelihood of patients sustaining a fall is also given as falls are a significant and costly problem for the elderly. Details about carers or family are also given along with an assessment of home aids which may be required.

Giving and receiving information, especially information which includes numbers, on the telephone is often very challenging. It is important for the listener to use strategies to ensure that information is understood clearly. The telephone referral requires the nurse to complete a referral form at the same time as listening to information.

In addition to making telephone referrals, nurses often receive phone calls requesting information about the condition of patients in their care. Relatives who phone for details of patient care are often unsure of hospital routines and worry they are interrupting busy staff. Relatives and friends of stroke patients often need reassurance about the future care of their loved one and may need to be referred to other health professionals for further advice or information.

➔ Useful web links:

An article on the cost of patient falls
http://community.nursingspectrum.com/MagazineArticles/article.cfm?AID = 24106

How to get people to slow down on the phone
http://esl.about.com/library/speaking/bltelephone_tips.htm

Share your knowledge (page 81)

Privacy laws exist in most countries and health workers have a duty to protect patient information by safeguarding the information in a secure place. All staff are warned not to gossip and to discuss patient care in a private area. Because of the protection of patient information, bedside handovers are not common as patient confidentiality cannot be assured.

➔ Useful web links:

An academic article on confidentiality
http://www.bma.org.uk/ap.nsf/Content/Confidentialitydisclosure
Confidentiality and guidelines on confidentiality
http://www.gmc-uk.org/guidance/current/library/confidentiality.asp#1

The UK Data Protection Act
http://www.ico.gov.uk/what_we_cover/data_protection.aspx

Medical focus: cerebrovascular accidents (page 82)

Audioscript 10.4 and the text on pages 82 and 83 have descriptions of two main types of stroke, ischaemic stroke and haemorrhagic stroke.

Patient information on stroke
http://www.patient.co.uk/showdoc/23068830

Explaining the effects of a stroke (page 83)

The effect of stroke is felt not only by the sufferer of the stroke but also by his/her family as the aftercare of stroke places enormous strain on families. It is often necessary to set up a small family meeting in order to explain the progress of the condition. Discussions with the patient and his/her relatives need to be open and honest as important decisions must be made about the ability to return home or the need to transfer to a care home. Some of the effects of stroke are distressing for families, for example emotional lability and personality changes. In addition, communication difficulties caused by the physical effects of stroke can be upsetting for both patient and relative.

Charting and documentation: Katz ADL Index (page 84)

Before entering a care home, residents are assessed for their level of dependence or independence. Many care homes are divided into areas of low care and high care to suit the needs of the residents. The ability to perform basic ADLs such as feeding, toileting, hygiene and mobility must be assessed in order to plan adequate levels of care for the resident. It is also important to assess dependency levels so that staffing levels are sufficient to care for residents in a caring and humane manner.

The assessment of ADLs is only one of many assessments which are performed on admission to a care home and on an on-going basis. Other important assessments include a falls risk assessment and pressure area risk assessment.

All patients receive a Discharge Plan before they leave hospital to ensure that follow-up appointments are noted and all aftercare instructions are well understood. Enquiries are also made about the home, for example whether there is adequate food, water and heating where appropriate.

Useful web links:

Guidelines for Discharge Planning for patients after a stroke
http://www.sign.ac.uk/guidelines/fulltext/64/section5.html

An article on Nursing Informatics in Discharge Planning
http://www.nursing-informatics.com/kwantlen/nrsg2141.html