

Wagner

Module 2 – Holistic Care of the Patient and Family

Learning Objectives

- 2-1. Discuss stages of illness a high-acuity patient may experience.
- 2-2. Identify ways the nurse can help high-acuity patients cope with an illness and/or injury event.
- 2-3. Describe the principles of patient-and family-centered care in the high-acuity environment as it relates to educational needs of visitation and policies.
- 2-4. Discuss the importance of awareness of cultural diversity when caring for high-acuity patients.
- 2-5. Examine the role of palliative care in the high-acuity environment.
- 2-6. Identify environmental stresses, their impact on high-acuity patients, and strategies to alleviate those stressors.
- 2-7. Examine personal values as they relate to the nurse's role in working with high-acuity patients.
- 2-8. Discuss end-of-life issues to be considered in caring for high-acuity patients.

LO: 2-1. Discuss stages of illness a high-acuity patient may experience.

1. The nurse is caring for a patient who has been diagnosed with an aggressive cancer. There are numerous tests ordered by the physician. The laboratory technicians have reported to the nurse that the patient has been uncooperative with attempts to obtain the needed specimens. Which of the following best describes the Suchman's stages of illness being demonstrated by the patient's behavior?
 1. denial
 2. anger
 3. fear
 4. shock and disbelief

Answer: 4

Rationale: During the stage of shock and disbelief, the patient may be uncooperative with the hospital personnel. The diagnosis may be viewed as a threat to life and the patient is unprepared to handle it. Anger and fear are not a part of the Suchman's stages. During denial, the patient refuses to acknowledge the diagnosis.

Cognitive Level: Analyzing

Nursing Process: Diagnosis

Client Need: Psychological Integrity

LO: 2-1. Discuss stages of illness a high-acuity patient may experience.

2. The spouse of a patient recently diagnosed with terminal cancer has voiced concerns about her husband's continual denial of his disease. When planning a response to her, which of the following should the nurse consider?
 1. There is a limited amount of time left in the patient's life so the denial must be rapidly worked through.
 2. It will be helpful to plan an intervention to force the patient to acknowledge his disease.
 3. It may be helpful for the patient's emotional state at this time to be in a state of denial.
 4. Denial is abnormal and the patient needs to have a consultation with a therapist.

Answer: 3

Rationale: Denial is a normal state experienced by patients having critical diagnoses. It is believed that denial may be therapeutic as it allows the patient to have a removal from worry. Each patient will work through denial at an individualized pace. Movement through the stage cannot be rushed or forced.

Cognitive Level: Evaluating

Nursing Process: Planning

Client Need: Psychological Integrity

LO: 2-1. Discuss stages of illness a high-acuity patient may experience.

3. A patient in Suchman's awareness stage has become argumentative and demanding. The nursing staff is becoming frustrated with the behaviors. What actions by the nurse are indicated?
 1. Encourage the physician to discharge the patient to home.
 2. Rotate the nursing assignments frequently to limit each nurse's exposure to the behaviors.
 3. Confront the patient about his demeanor.
 4. The nurse should accept the behaviors and attempt to open the lines of communication.

Answer: 4

Rationale: The patient is acting in a manner consistent with the stage of awareness. The patient is attempting to exert control over the situation. The patient should not be forced home as they will likely need inpatient patient care at this time. The patient will most benefit from a supportive environment with consistent nursing care.

Cognitive Level: Analyzing

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

LO: 2-2. Identify ways the nurse can help high-acuity patients cope with an illness and/or injury event.

1. A patient experiencing a recent health crisis is considering aromatherapy to assist with his recovery. The patient has purchased a series of oils for use. Which of the following oil selections indicates the need for further education?
 1. Lavender
 2. Primrose
 3. Jasmine
 4. Hiba

Answer: 2

Rationale: Lavender, jasmine and hiba oil are associated with the use of aromatherapy. Evening oil of primrose is associated with the management of premenstrual syndrome.

Cognitive Level: Evaluating

Nursing Process: Assessment

Client Need: Health Promotion and Maintenance

LO: 2-2. Identify ways the nurse can help high-acuity patients cope with an illness and/or injury event.

2. A recently hired graduate nurse has overheard a nurse and patient joking. The graduate nurse voices concern to the preceptor, stating, "I don't think the nurse is being respectful of the patient's diagnosis by telling jokes." What response by the preceptor is indicated?
 1. "I am inclined to agree with you."
 2. "You should not eavesdrop on a private conversation."
 3. "The nurse and patient were engaged in therapeutic communication."
 4. "You are too inexperienced to understand the interaction you overheard."

Answer: 3

Rationale: The nurse and patient were engaging in humor. Humor can be used to lighten the moment and is associated with positive patient outcomes. There is not enough information to assume the interaction was inappropriate. The nurse should not be criticized, as there is no indication of misconduct. While the nurse may be inexperienced, this is an opportunity to make the graduate nurse aware of the potential of humor.

Cognitive Level: Analyzing

Nursing Process: Implementation

Client Need: Psychological Integrity

LO: 2-2. Identify ways the nurse can help high-acuity patients cope with an illness and/or injury event.

3. The patient with burns reports having difficulty sleeping. The nurse is reviewing potential alternative therapies to assist with this concern. The selection of which of the following methods indicates an inadequate understanding of acceptable methods?
1. massage
 2. aromatherapy
 3. drinking a glass of warm milk before retiring
 4. reducing the temperature of the room

Answer: 1

Rationale: The use of massage therapy is contraindicated in conditions including burns, advanced osteoporosis, bone fractures, DVT, eczema, phlebitis, and infections of the integument. Aromatherapy, warm milk and a cool comfortable environment are facilitators to rest.

Cognitive Level: Evaluating

Nursing Process: Evaluation

Client Need: Physiological Integrity

LO: 2-3. Describe the principles of patient-and family-centered care in the high-acuity environment as it relates to educational needs of visitation and policies.

1. The wife of a patient who has just arrived at the hospital for treatment of a possible massive myocardial infarction is tearful. She is demanding the nurse stop her interventions and explain her husband's condition. Which of the following actions should be taken by the nurse initially?
 1. Contact the security officer to restrain her.
 2. Stop actions and provide family education to her.
 3. Tell the woman that she will be arrested if she does not calm down.
 4. Continue to provide the needed care.

Answer: 4

Rationale: The patient's physiological needs take precedence over the psychological needs of the spouse. There is no reason to believe the spouse is violent. The officer may need to be contacted in the future just not at this immediate period. Threatening the woman will likely cause her to become angrier.

Cognitive Level: Analyzing

Nursing Process: Implementation

Client Need: Physiological Integrity

LO: 2-3. Describe the principles of patient-and family-centered care in the high-acuity environment as it relates to educational needs of visitation and policies.

2. The newly licensed nurse is attempting to provide teaching about a medication to a seriously ill patient. The nurse cannot understand why the patient has not been able to retain the information provided. The nurse seeks the help of the assigned preceptor to provide guidance. Which of the following concepts should be included in the preceptor's response?
 1. Acutely ill patients have many barriers to retaining information provided.
 2. The nurse should have provided more information to the patient.
 3. The education was not performed in a manner that was meaningful to the patient.
 4. The nurse should have included family members in the teaching as a backup.

Answer: 1

Rationale: When seriously ill, patients are stressed and may have problems retaining information presented. There is no indication that the nurse has not provided enough information or that the teaching was not completed in a meaningful manner. Providing education to the family members is helpful and encouraged but does not meet the concerns voiced by the newly licensed nurse.

Cognitive Level: Analyzing

Nursing Process: Planning

Client Need: Physiological Integrity

LO: 2-3. Describe the principles of patient-and family-centered care in the high-acuity environment as it relates to educational needs of visitation and policies.

3. The nurse is attempting to provide discharge teaching to a patient recently diagnosed with a terminal illness. The patient tells the nurse they would prefer to discuss this stage of care with the nurse that had been assigned to them for the past 3 days. What initial action by the nurse is indicated?
 1. The nurse will need to contact the physician.
 2. The nurse should ask the patient to sign a refusal of information form.
 3. The nurse should continue to provide the information to the patient despite the objections of the patient.
 4. The nurse should ask the patient what efforts could be taken to make him feel more comfortable.

Answer: 4

Rationale: The patient is not feeling secure. Acutely ill patients need to feel comfortable and secure in order to learn. The physician should not be contacted, as there is limited information to provide to them. The nurse has a responsibility to attempt to accomplish the education and not just ask for the patient to sign a refusal form. Forcing the information on the patient would be counterproductive and cause more anxiety.

Cognitive Level: Analyzing

Nursing Process: Implementation

Client Need: Psychological Integrity

LO: 2-4. Discuss the importance of awareness of cultural diversity when caring for high-acuity patients.

1. The nurse is preparing to perform an assessment on a newly admitted patient. Which of the following questions should be included to consider the cultural needs of the patient?
 1. family medical history
 2. who lives in the home
 3. current age
 4. race

Answer: 4

Rationale: The cultural assessment will include information such as race, gender and sexual orientation. The family medical history, living arrangements and age are a part of a comprehensive data collection but do not reflect cultural information.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Physiological Integrity

LO: 2-4. Discuss the importance of awareness of cultural diversity when caring for high-acuity patients.

2. The student nurse is shadowing an experienced registered nurse. The student observes the admission assessment of a patient. After the assessment, the nurse questions the importance of determining the socioeconomic status of the patient for the plan of care. What response by the nurse is most appropriate?
 1. The patient's income will determine his likelihood of paying his hospital bills.
 2. The patient's socioeconomic status will influence the patient's beliefs about health care.
 3. Determining the patient's socioeconomic status will enable the nurse to identify the patient's healthcare priorities.
 4. The socioeconomic status will provide the best information when selecting the patient's roommate.

Answer: 2

Rationale: The socioeconomic status of a patient will provide information about the health care beliefs and access to health care. While the ability to manage hospital related costs might be impacted by the socioeconomic status it is not the primary reason for the assessment. The socioeconomic status will not definitively provide information about the health care priorities. Roommate selection is not the focus of this line of questioning.

Cognitive Level: Application

Nursing Process: Assessment

Client Need: Psychological Integrity

LO: 2-4. Discuss the importance of awareness of cultural diversity when caring for high-acuity patients.

3. The nurse is preparing to have an educational program for new nurses. Cultural competence is going to be a primary topic. Which of the following concepts concerning cultural competence should be included in the presentation?
 1. Cultural competence includes an awareness of the physical limitations of the patient.
 2. Cultural competence increases the cost of the nursing care provided.
 3. A nurse must have an awareness of their own thoughts and feelings to be culturally competent.
 4. Cultural competence is needed only to provide care to minorities.

Answer: 3

Rationale: Cultural competence requires the nurse to have an understanding and awareness of their own thoughts and feelings. The physical condition of a patient is not a part of the information needed for cultural competence. All patients deserve to be cared for in a culturally competent manner.

Cognitive Level: Application

Nursing Process: Planning

Client Need: Psychological Integrity

LO: 2-5. Examine the role of palliative care in the high-acuity environment.

1. The nurse caring for the patient in the high-acuity care unit is encouraged to plan care interventions to allow for at least _____ hour(s) of uninterrupted sleep.
 1. one
 2. two
 3. three
 4. four

Answer: 2

Rationale: Patients in the high-acuity care unit require at least 2 hours of uninterrupted sleep to promote rapid eye movement sleep.

Cognitive Level: Applying

Nursing Process: Planning

Client Need: Physiological Integrity

LO: 2-5. Examine the role of palliative care in the high-acuity environment.

2. A patient has decided to explore palliative care. After making the decision, the nurse notices that not all of the disciplines of the health care team seem to be supportive of the decision. What action by the nurse is indicated?
 1. Develop a plan of care and distribute it to the other disciplines of the healthcare team.
 2. Plan a multidisciplinary conference to explore the patient's needs.
 3. Contact the physician to report the discrepancies in the plan of care.
 4. Advise the patient to contact the social services department.

Answer: 2

Rationale: When a patient seeks palliative care a multidisciplinary team should meet to formulate the plan of care. Distributing the plan of care without input from all of the participating fields will be ineffective and does little to promote collaboration. Calling the physician does not address the need for the differing disciplines to work together to benefit the patient. The social services department may be represented on the team but the patient does not have the responsibility to contact them.

LO: 2-5. Examine the role of palliative care in the high-acuity environment.

3. The patient reports to the nurse concerns that none of the healthcare team members seem to be listening to their wishes. What action should be taken by the nurse?
 1. Offer emotional support to the patient.
 2. Encourage the patient to stand up for himself.
 3. Report the concerns to the hospital's administration.
 4. Set up a patient care conference.

Answer: 4

Rationale: A patient care conference is indicated to ensure that all members of the health care team are communicating actions. Offering emotional support is important but does not address the root cause of the problems being perceived by the patient. The patient is acutely ill and should not have to use force to promote continuity of care. It is the responsibility of the nurse to act as a patient advocate. The administration of the hospital should not be involved at this level of the process.

Cognitive Level: Applying

Nursing Process: Implementation

Client Need: Psychological Integrity

LO: 2-6. Identify environmental stressors, their impact on high-acuity patients, and strategies to alleviate those stressors.

1. The charge nurse on a busy high acuity care unit is reviewing the plan of care for 4 patients. When planning interventions and room assignments, which of the following patient will be at the highest risk for experiencing sensory perceptual alterations (SPAs)?
 1. 22-year-old male patient who has been hospitalized for complications related to diabetes
 2. 41-year-old female patient admitted to rule out a myocardial infarction
 3. 79-year-old female patient diagnosed with end stage renal failure
 4. 25-year-old male patient diagnosed with new onset diabetes

Answer: 3

Rationale: Patients who are very young, very old, and postoperative or unresponsive are at the greatest risk for experiencing sensory perceptual alterations (SPAs). The 79-year-old patient is at the greatest risk as a result of age and diagnosis. The remaining patients are at risk if they are on the high acuity care unit but are not as compromised as the elderly woman.

Cognitive Level: Analyzing

Nursing Process: Diagnosis

Client Need: Physiological Integrity

LO: 2-6. Identify environmental stressors, their impact on high-acuity patients, and strategies to alleviate those stressors.

2. The nurse manager is planning an educational program to address noise levels on the unit.

What information should be given about the recommended noise levels?

1. not to exceed 25 dBA at night or 40 dBA during the day
2. not to exceed 35 dBA at night or 60 dBA during the day
3. not to exceed 45 dBA during the day or 15 dBA during the night
4. not to exceed 55 dBA during the day or 40 dBA during the night

Answer: 2

Rationale: The Environmental Protection Agency recommends hospitals maintain noise levels of 60 dBA during the day and 35 dBA during the night. The remaining combinations are incorrect.

Cognitive Level: Comprehending

Nursing Process: Planning

Client Need: Safe, Effective Care Environment

LO: 2-6. Identify environmental stressors, their impact on high-acuity patients, and strategies to alleviate those stressors.

3. The patient in the high acuity care unit reports feeling “out of sorts” despite the fact she has slept several hours during the day after a sleepless night. She asks how this can be possible. What response by the nurse is indicated?
1. “These feelings are likely the result of having your days and nights changed.”
 2. “This is normal when you are hospitalized.”
 3. “You should begin to take a sleeping pill in the evening.”
 4. “You should take a pain tablet in the evening to help you rest better.”

Answer: 1

Rationale: Patients hospitalized are at risk for having their sleep and wake cycles altered. This may result in feelings of fatigue. While these feelings may be a result common during hospitalization it does not meet the patient’s request for information. Taking medications such as sleeping pills or analgesics in the evening hours to **achieve rest or comfort** does not meet the patient’s request for information.

Cognitive level: Application

Client need: Physiological Integrity

Nursing Process: Implementation

LO: 2-7. Examine personal values as they relate to the nurse's role in working with high-acuity patients.

1. A nurse who has been working on a high-acuity unit for the past 3 months is sharing concerns with a mentor about her feelings of incompetence in handling workplace stressors. The nurse reports she has been having increased problems "letting go" of her patients near the end of their lives. What advice by the mentor is indicated at this time?
 1. The nurse should be encouraged to put in for a transfer to another nursing unit.
 2. The nurse should be encouraged to enter therapy to learn coping strategies for handling the workplace environment.
 3. The nurse should be encouraged to review her own value system.
 4. The nurse should be encouraged to avoid accepting patient assignments that may cause her to feel stressed.

Answer: 3

Rationale: Nurses who are aware of their own values and beliefs have an increased job satisfaction and ability to manage work related stressors. The nurse has only worked on the unit for a short period of time. It is premature to encourage a transfer. The nurse is likely still in a period of adjusting to the unique stressors associated with a high acuity care unit. It is premature for the nurse to consider therapy. It is inappropriate for the nurse to avoid certain patient care assignments.

Cognitive Level: Evaluating

Nursing Process: Implementation

Client Need: Psychological Integrity

LO: 2-7. Examine personal values as they relate to the nurse's role in working with high-acuity patients.

2. The wife of a critically ill patient asks the nurse for help in making end-of life care decisions from the nurse. What action by the nurse is indicated?
 1. offer advice
 2. relate what most other families have done in similar situations in the past
 3. encourage her to recall what her husband would want
 4. refer her to the social services department

Answer: 3

Rationale: The rights of the ill patient must be protected. Offering advice is inappropriate as nurses are restricted from imposing personal feelings and beliefs onto the families under their care. The actions taken by other families should not be shared with this family. The social services department is not the reference to make.

Cognitive Level: Evaluating

Nursing Process: Implementation

Client Need: Psychological Integrity

LO: 2-7. Examine personal values as they relate to the nurse's role in working with high-acuity patients.

3. The nurse has been assigned to care for a patient. The patient has been unresponsive and had no living will. The patient's family has requested no resuscitative measures be implemented. They state this is what their loved one would want. The nurse feels confident that life saving measures would likely be successful if implemented. What action by the nurse is indicated?
 1. The nurse should contact the hospital attorney.
 2. The nurse should share their beliefs with the family.
 3. The nurse should uphold the resuscitation orders listed in the patient's chart.
 4. The nurse should share beliefs with the unit manager.

Answer: 3

Rationale: The nurse is charged with the responsibility to uphold the decisions made by the responsible parties concerning end-of life decisions. It would be inappropriate for the nurse to contact the hospital attorney. The beliefs of the nurse should not be offered to the patient's family members. The nurse may opt to discuss concerns with the nurse manager. This action is not the most important to be taken by the nurse.

Nursing Process: Implementation

Client Need: Safe, Effective Care Environment

Cognitive Level: Evaluating

LO: 2-8. Discuss end-of-life issues to be considered in caring for high-acuity patients.

1. A patient is approaching the end of life. When planning care, which nursing intervention has the highest priority?
 1. pain management
 2. nutrition
 3. personal hygiene
 4. monitoring vital signs for changes

Answer: 1

Rationale: The patient approaching the end of life must have their pain controlled. The nutritional needs and personal hygiene needs of the dying patient are not the priority. Patients near death often have reduced interest in food intake. Personal hygiene measures may cause additional discomfort to the patient. The vital signs will not change the patient's course of care and are not of the highest priority.

Cognitive Level: Application

Nursing Process: Planning

Client Need: Physiological Integrity

LO: 2-8. Discuss end-of-life issues to be considered in caring for high-acuity patients.

2. A patient on the high-acuity care unit has decided to accept the fact that they are terminally ill and forgo additional treatments for their disease. The patient has presented a valid living will. The family of the patient is not happy with the decisions made by the patient about the end-of-life care. They have asked the nurse to consider their feelings because their family member is acting this way as a result of feeling depressed. What response by the nurse is indicated?
 1. "I must act as an advocate for your family member's wishes."
 2. "You can just go to the physician to have the plan of care changed."
 3. "Let's talk to the patient to see if we can get him to change his mind."
 4. "You just need to get on board for your family member's healthcare plan."

Answer: 1

Rationale: The nurse must act as an advocate for the patient and uphold their documented requests. Referring the family to the physician to overturn the plans is not correct. A conference, however, may be indicated. To encourage the family to try to change the family member's mind actually encourages them to pressure the patient at this serious time. This is not an action of a true patient advocate. Although the family members will not be able to change the plan of care this response is not emphatic or appropriate.

LO: 2-8. Discuss end-of-life issues to be considered in caring for high-acuity patients.

3. A nurse manager has recently held an educational program for newly hired nurses on the high acuity care unit. Which of the statements by a participant indicates the need for further education?
1. "The plan of care should ensure the wishes of the patient at the time of death."
 2. "The palliative care plan should seek to ensure the patient and family understands the disease status."
 3. "Advanced directives are not included in the palliative plan of care."
 4. "The goals of medical care should be included in the palliative plan of care."

Answer: 3

Rationale: Advanced directive information is included in the palliative plan of care. All of the other elements are elements of the palliative plan of care and are correct statements.

Cognitive Level: Evaluating

Nursing Process: Evaluation

Client Need: Safe, Effective Care Environment