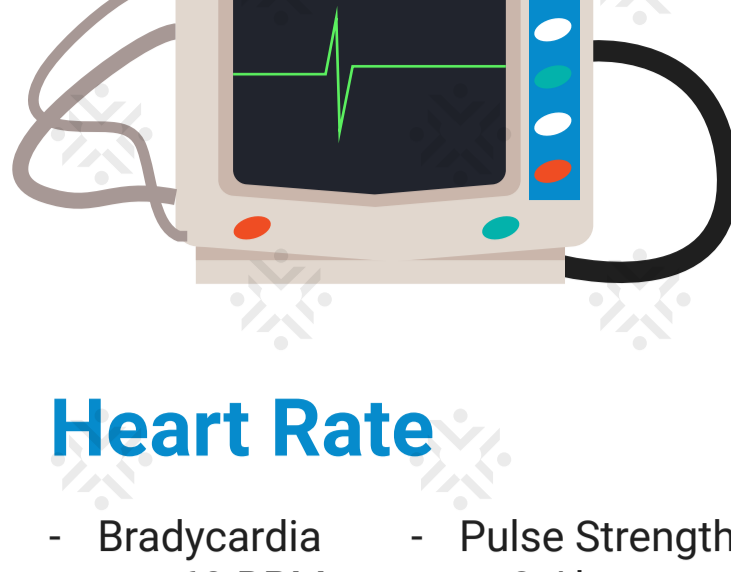


Clinical Skills

Vital Signs

- 120 SYS 93 MAP
- 80 DIA
- 60 BPM
- 97% SpO2
- 98.6 °F



Temperature

- Oral
 - 97.6 - 99.6 °F
 - 35.5 - 37.5 °C
- Rectal
 - 98.6-100.4 °F
 - 36.6-38.0 °C
- Axillary
 - 96.6-98.6 °F
 - 34.7-37.3 °C



Heart Rate

- Bradycardia
 - < 60 BPM
- Normal
 - 60 - 100 BPM
- Tachycardia
 - 100 BPM
- Pulse Strength
 - 0 Absent
 - +1 Weak
 - +2 Normal
 - +3 Increased
 - +4 Bounding

Blood Pressure

	Stolic	Diastolic
- Hypertension	>140	>90
- Prehypertension	120-139	80-89
- Normal	100-120	60-79
- Hypotension	<100	<60

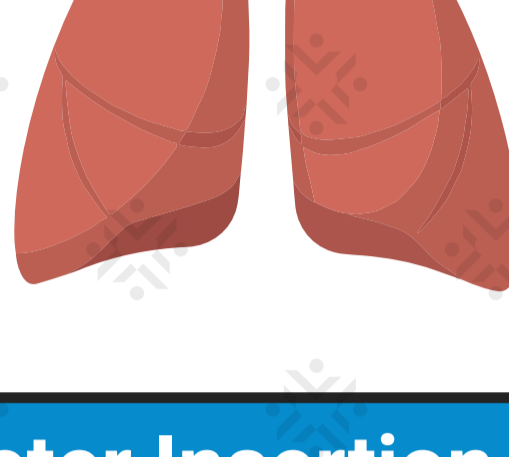
Oxygen Saturation

Normal	Mild Hypoxia
95 - 100% SpO2	90 - 94% SpO2
Moderated Hypoxia	Severe Hypoxia
86 - 89% SpO2	<86% SpO2

Respirations

Rate
Rate 12 - 20 breaths per minute

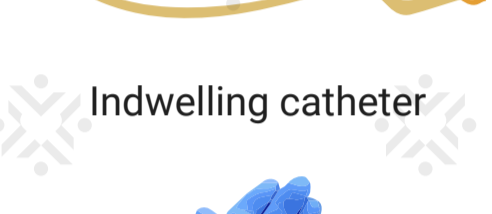
- Assessment**
- Rhythm regular or irregular
 - Depth normal, deep shallow
 - > 20 =Tachypneic
 - < 12 = Bradypneic



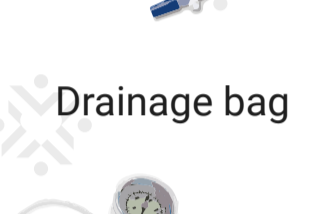
Male Foley Catheter Insertion

Supplies Needed

Foley catheter kit including



Indwelling catheter



Drainage bag



Sterile gloves



Inflation syringe

- Bed pad or chux
- Towel or drape
- Basin with soap and water

Preparation

- Read and verify orders
- Explain procedure to patient and answer any questions
- Gather supplies
- Prepare the area and remove obstacles
- Position the patient using pillows if needed

CAUTI

Proper sterile technique is necessary to prevent Catheter Associated Urinary Tract Infections

Procedure

- Wash hands
- Place equipment
- Place chux pad underneath the patient
- Wash hands again & supply clean gloves
- Open the kit by folding top paper flap away from self
- Remove paper drape + place over legs just beneath groin area
- Apply + sterile gloves + designate sterile + dirty hand
- Place fenestrated drape over genitals leaving urethra opening visible
- Attach pre-filled syringe to balloon port
- Open lubricant and squeeze onto catheter
- Open swab package
- Hold penis @ 90° angle to the body with your designated "dirty" hand. This hand now can't touch anything sterile
- Clean catheter entrance site using all 3 swabs
- Using the sterile hand insert the catheter into the urethra until urine begins draining into tray
- If resistance met, encourage pt to relax as the sphincter muscle may be contracted
- If urine is draining inflate balloon
- Attach drainage bag to catheter
- Secure catheter & bag as appropriate
- Rinse and dry genitalia
- Properly dispose of urine and supplies
- Wash hands

Nursing Considerations

- Be sure to monitor urine output and clamp if over 700 mLs drains initially. This will prevent bladder spasms
- Document tolerance of procedure, output, nature of urine and what size/type of catheter was inserted

Wound Care

Wound Healing Influences

Nutrition

Calories	30-35 kcal/kg / day - all foods
Protein	1.25 -1.5/kg - poultry, fish, eggs
Vitamin C	1000mg/day - citrus, tomatoes
Vitamin A	1600-2000 re/day - green leafy veg
Zinc	15-30 mg - vegetables, meat, legumes
Fluids	30-35 mL/kg - sugarless

- Tissue perfusion - perfusion of O2 is needed for adequate tissue healing
- Infection - prolongs the inflammatory stage
- Age - older age delays healing

Poor Healing

Primary Intention

- Poorly approximated
- Drainage is present ≥ 3 days after closure
- Inflammation high 3-5 days after injury
- No epithelialization by day 4

Secondary Intention

- Pale/fragile granulation
- Purulent exudate
- Slough tissue or necrosis
- Fruity odor
- Presence of fistulas

Wound Healing Influences

Debridement

- removal of nonviable, necrotic tissue

Cleansing

- normal saline is used gently cleanse the wound

Always go Clean to dirty

Dressing

- to protect from contamination and absorb drainage

Vacuum-Assisted Closure

- applies negative pressure to draw the edges of a wound together

Nursing Interventions

Decreased perception

- Cushion pressure points and assess skin integrity frequently

Moisture

- Change brief/pads frequently

Friction & Shear

- Reposition using a drawsheet
- Limit head elevation to 30°

Decreased Activity

- Establish a turn and position schedule - ~ Q 2hrs

Poor Nutrition

- Provide adequate nutrition and fluid intake - especially protein



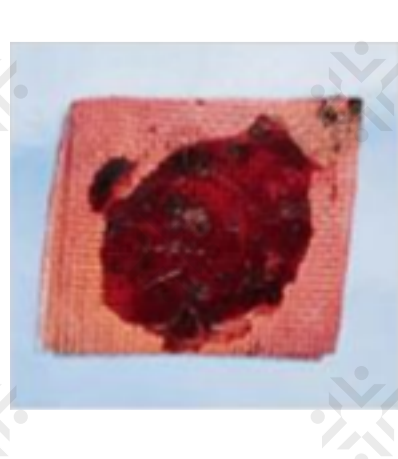
Serous

- Clear, pink, watery plasma



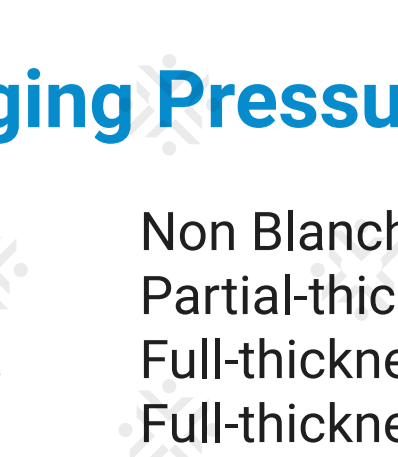
Serosanguineous

- Pale, pink, watery mixture



Purulent

- Thick, yellow or brown



Sanguineous

- Bright red

Staging Pressure Injuries

I. Non Blanchable Redness

II. Partial-thickness

III. Full-thickness skin loss

IV. Full-thickness tissue loss

Unstageable Depth Unknown