

Chapter 46

Working in Acute Care

Working in Acute Care (1 of 2)

- Traditionally, support workers did not play an active role in the care of clients in acute care.
- Today, more and more hospitals are employing support workers to assist the health care team.
- In some jurisdictions, people who are hospitalized are referred to as “patients” rather than “clients.”
- Know your role and scope of practice and stay within it.

Working in Acute Care (2 of 2)

- Because clients in acute care can develop life-threatening health challenges quickly, it is important to observe for and immediately report changes in the client's condition to the nursing staff.
- It is also important to stay within your scope of practice and not attempt anything that you have not been delegated or taught to do.
 - See textbook *Box 46.1: Challenges of Working in an Acute-Care Setting*

Supporting the Client During Transitions (1 of 6)

- *A transition* is moving a client from one area to another.
- Transitions are difficult for most people
- Clients should feel safe, comfortable, and relaxed in their environment.
- Moving can cause or increase signs of confusion or disorientation in some clients, especially older persons.

Supporting the Client During Transitions (2 of 6)

- The Hospital Unit
 - Hospitals have similarities to and differences from long-term care facilities.
 - Each unit consists of client rooms and a nursing station (central station)
 - There are other rooms as well (e.g., clean utility room, soiled utility room, pantry, or kitchenette).

Supporting the Client During Transitions (3 of 6)

- Admitting a Client to an Acute-Care Facility
 - Admission is the official entry of a client into any health care facility where the client will be staying for any period of time, from overnight to indefinitely.
 - The focuses of admission to any acute-care setting are:
 - Diagnosis
 - Treatment or surgery
 - Improvement in quality of life by providing pain and symptom relief
 - Rehabilitation and therapy

Supporting the Client During Transitions (4 of 6)

- Admitting a Client to an Acute-Care Facility
 - Admission procedures include:
 - Weighing and measuring the client
 - Orienting the client to the room, unit, and hospital
 - Obtaining a urine specimen, if ordered
 - See textbook box: *Providing Compassionate Care: Welcoming a Newly Admitted Client*

Supporting the Client During Transitions (5 of 6)

- Transfers

- Transfers usually occur when a client's condition changes or when a room change is requested.
- You may assist with the transfer or carry out the entire procedure.
- Clients are usually transferred by wheelchair or stretcher.
- Be sensitive and compassionate; provide support and reassurance.
- Wish the client well as you leave the room.

Supporting the Client During Transitions (6 of 6)

- Discharges

- *Discharge* is the official departure of a client from a hospital or other health care facility.
- You may assist with discharge.
- In a hospital, a doctor must write a discharge order before a client is allowed to leave.
- Use good communication skills.
- Wish the client and family well as they leave.
- If a client wants to leave without permission (i.e., before they are discharged), notify the nurse immediately.

Assisting With Physical Examinations (1 of 5)

- There are many reasons for conducting a physical exam on a client.
 - Clients admitted to acute-care facilities usually require one or more physical exams during their hospital stay.
 - In some provinces and territories, support workers in a facility may be asked to assist the physician or nurse with a physical exam.

Assisting With Physical Examinations (2 of 5)

- The support worker's responsibilities regarding physical examinations:
 - These depend upon employer's policies and procedures, scope of practice, examiner's preference, the setting, and the type of exam.
 - You may do some or all of the following:
 - Collect linens for draping the client for the procedure
 - Collect examination equipment
 - Prepare the room for the examination
 - Transport the client to and from the exam room if your facility has one
 - Assist with lighting

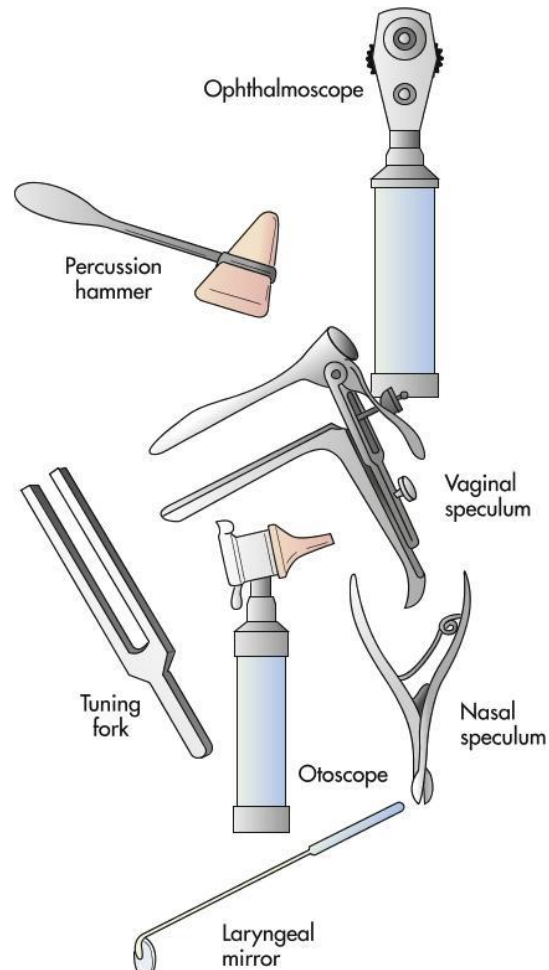
Assisting With Physical Examinations (3 of 5)

- You may do some or all of the following
 - Measure vital signs, height, and weight
 - Position and drape the client
 - Hand equipment and instruments to the examiner
 - Stay with the client before or during the exam to provide emotional support and prevent falls
 - Label specimen containers
 - Dispose of soiled linen and discard used supplies, according to the facility policy
 - Clean equipment

Assisting With Physical Examinations (4 of 5)

- Equipment (see Figure 46.5 on next slide)
 - Ophthalmoscope
 - Otoscope
 - Percussion hammer
 - Vaginal speculum
 - Nasal speculum
 - Tuning fork
 - Laryngeal mirror

Assisting With Physical Examinations (5 of 5)



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Preparing the Client for a Physical Exam (1 of 6)

- Many clients worry about a physical exam.
 - Feeling discomfort and embarrassment, fearing exposure, and not knowing what the procedure involves all cause anxiety.
 - Be sensitive to the client's feelings and concerns, and prepare the client physically and psychologically for the examination.

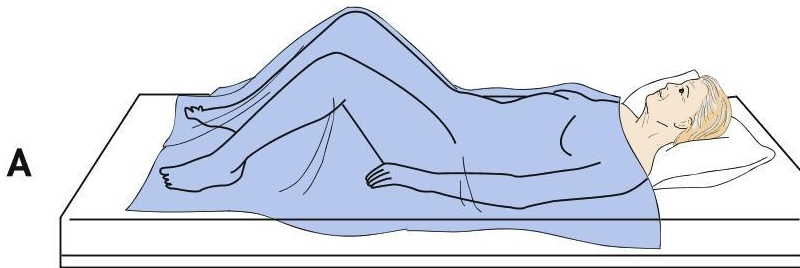
Preparing the Client for a Physical Exam (2 of 6)

- The client has the right to know who will do the exam, the reason for the exam, when it will be done, and what procedures will be involved.
- The exam is done only after the client has given consent.

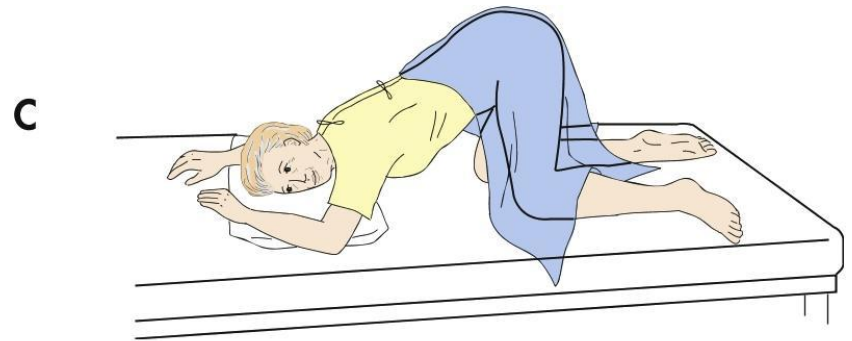
Preparing the Client for a Physical Exam (3 of 6)

- Positioning and Draping the Client
 - Before helping client assume and maintain the required position, explain:
 - Why the position is needed
 - How to assume the position
 - How the body is draped for warmth and privacy
 - How long the client can expect to stay in the position
 - Positions for a physical examination may include supine, lithotomy, knee–chest, and Sims' positions
- Refer to Figures 46.6 *A-D*

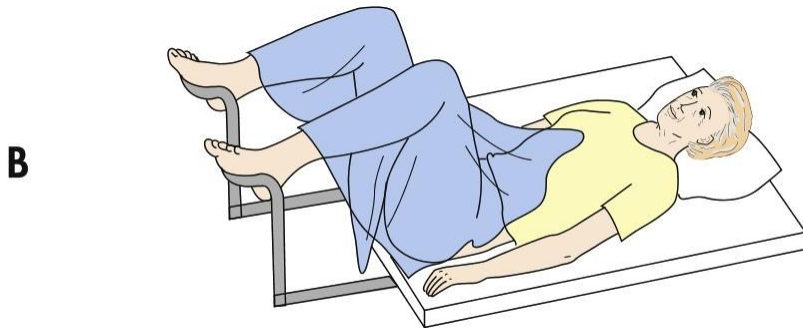
Preparing the Client for a Physical Exam (4 of 6)



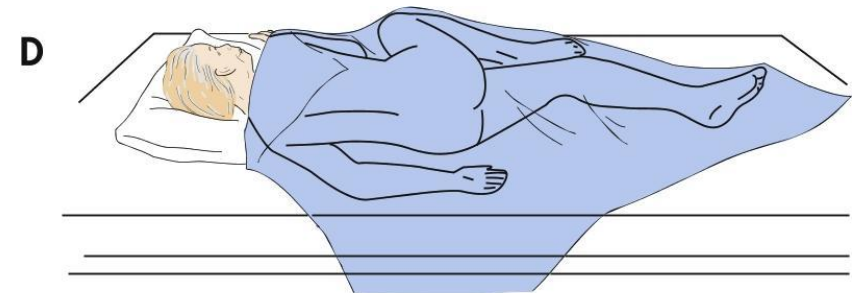
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Preparing the Client for a Physical Exam (5 of 6)

- Assisting with the Examination:
 - Depending on your province/territory and your facility's policies, you may be asked to prepare, position, and drape the client and also to assist the physician or nurse during the exam.
 - Clients who have cognitive impairment may resist the examiner and become agitated or physically aggressive (due to fear and confusion).
 - Never force or restrain a client who is refusing or actively resisting.

Preparing the Client for a Physical Exam (6 of 6)

- Assisting After the Examination:
 - After the exam, the client dresses.
 - You may be asked to:
 - Discard disposable items
 - Replenish supplies for the next exam
 - Clean reusable items (such as otoscope and ophthalmoscope tips, speculum, and stethoscope), according to employer policy; return them to the tray or storage place
 - Remove the used paper from the examination table—clean and tidy the exam room
 - Label specimens

Supporting the Client Who Is Having Surgery (1 of 11)

- In hospitals, as a support worker, you will come in contact with clients before and after surgery.
- Surgeries can be elective, urgent, or emergency.
- Purposes of surgical procedures include diagnostic, reconstructive, palliative, curative, or transplant

Supporting the Client Who Is Having Surgery (2 of 11)

- Psychological Care

- Psychological preparation before surgery is very important.
 - Illness or injury causes many fears and concerns.
- Respect fears and concerns and the client's need to talk about them.
- Some clients may be quiet, withdrawn; some may pace restlessly; some may act overly cheerful.
- See textbook *Box 46.3: Common Fears and Concerns of Surgical Clients*

Supporting the Client Who Is Having Surgery (3 of 11)

- The support worker's role in psychological care:
 - Assist in the psychological care of the surgical client by doing the following:
 - Listen to the client.
 - Refer any questions to the nurse.
 - Explain the procedures that YOU will perform.
 - Communicate effectively.
 - Report any verbal or nonverbal signs of pain, fear, or anxiety.
 - Report client's request to see a spiritual advisor.

Supporting the Client Who Is Having Surgery (4 of 11)

- The Preoperative Period
 - The *preoperative period* is the time period before surgery.
 - The nurse does the preoperative client teaching:
 - Preoperative activities
 - Deep breathing, coughing, and leg exercises
 - The post anaesthesia care unit
 - Foods and fluids
 - Turning and repositioning
 - Early ambulation
 - Pain, needed treatments, and position restrictions

Supporting the Client Who Is Having Surgery (5 of 11)

- The Preoperative Period
 - Special tests
 - Nutrition and fluids
 - Elimination
 - Personal care
 - Valuables
 - Skin preparation
 - The preoperative checklist and medication
 - Transport to the operating room

Supporting the Client Who Is Having Surgery (6 of 11)

- Anaesthesia

- *Anaesthesia* is the loss of feeling or sensation produced by a medication given immediately prior to most surgical procedures.
- Anaesthetics are given by specially trained physicians called *anaesthetists*.
- 3 types of anaesthesia:
 - General anaesthesia
 - Regional anaesthesia
 - Local anaesthesia

Supporting the Client Who Is Having Surgery (7 of 11)

- The Postoperative Period
 - During the *postoperative* (after surgery) period, the client is taken to the post-anaesthesia care unit (PACU) or, as it is called in some regions, the *recovery room*.
 - Recovery can take 1 to 2 hours.
 - Some clients may have nausea and vomiting.
 - Clients leave the recovery area when vital signs are stable, respiratory function is good, and the client is responding.

Supporting the Client Who Is Having Surgery (8 of 11)

- The Postoperative Period
 - Preparing the client's room—making an open bed
 - Return from the recovery room
 - Vital signs are checked by nurse:
 - Every 15 minutes for the first hour
 - Every 30 minutes for 1 to 2 hours
 - Every hour for 4 hours
 - Every 4 hours
 - Observations
 - Positioning
 - Coughing and deep breathing

Supporting the Client Who Is Having Surgery (9 of 11)

- The Postoperative Period
 - Stimulating circulation
 - Leg exercises
 - Elastic stockings and bandages
 - Early ambulation
 - Wound healing
 - Nutrition and fluids
 - Elimination
 - Comfort and rest
 - Personal hygiene

Supporting the Client Who Is Having Surgery (10 of 11)

- Safety Precautions for Clients Who Are Having Surgery:
 - Clients in day surgery may have medications that cause diarrhea—ensure that they have bathroom access.
 - Ensure bed rails are raised once any preoperative medication is given.
 - Know when your client is to be NPO—consult with the nurse.
 - Know your agency policy related to deep breathing, coughing, and leg exercises.
 - Report intake and output to your supervisor

Supporting the Client Who Is Having Surgery (11 of 11)

- How to assist in an emergency situation:
 - It is important to observe and immediately report changes in the client's condition.
 - Stay within your scope of practice and never attempt to do something you have not been taught or delegated to do.
 - The client must be observed and assessed at least every hour.
 - See textbook *Box 46.5: Client Observations That Must Be Reported Immediately*