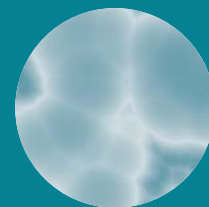


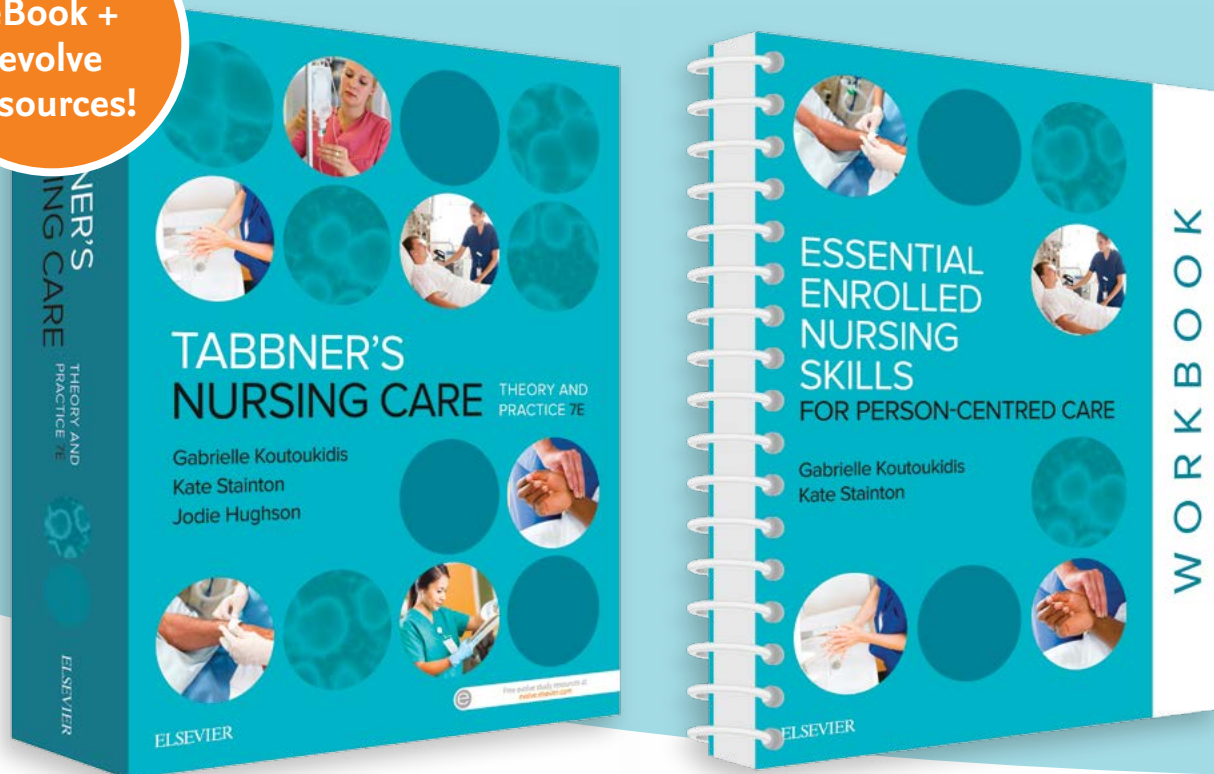
The market-leading
Diploma of Nursing resource
aligned with the **2016 Enrolled
Nurse Standards for Practice and
HLT Health Training Package**
for the enrolled nursing student.

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Includes
eBook +
evolve
resources!



TABBNER'S NURSING CARE: THEORY AND PRACTICE, 7E

By Gabby Koutoukidis, Kate Stainton
and Jodie Hughson

Publication date: 16th September, 2016

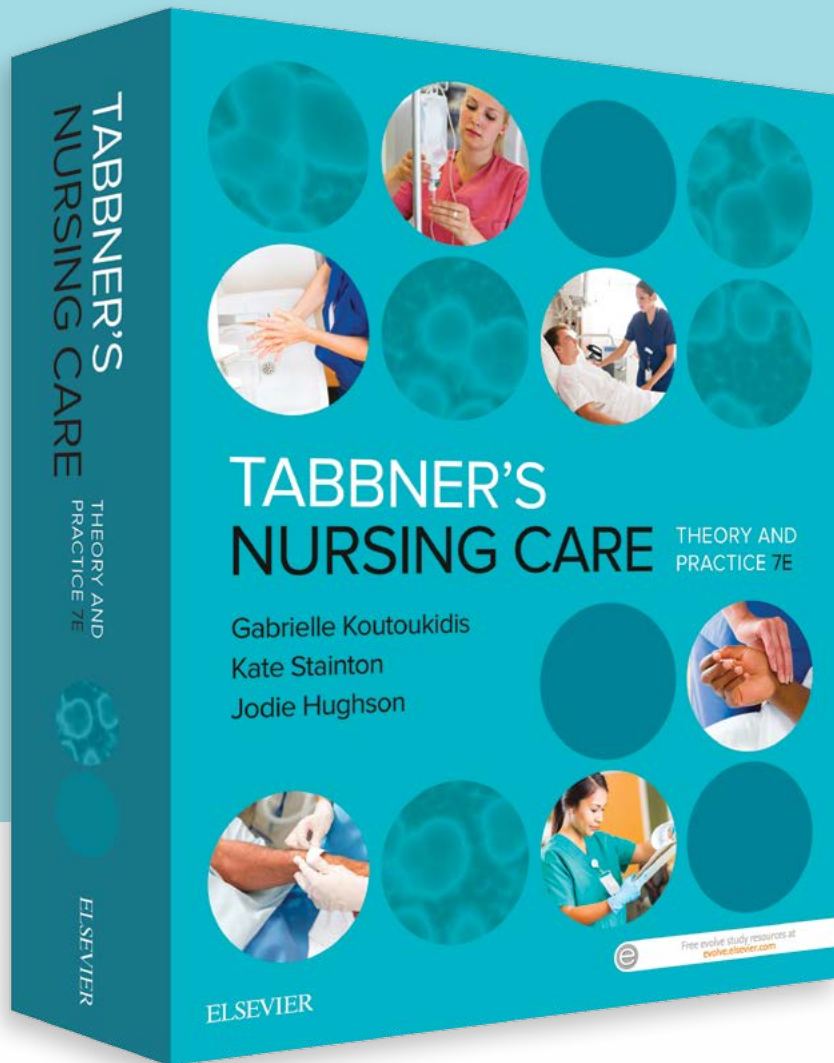
ESSENTIAL ENROLLED NURSING SKILLS FOR PERSON-CENTRED CARE

By Gabby Koutoukidis and
Kate Stainton

Publication date: 16th September, 2016

Tabbner's Nursing Care: Theory and Practice, 7e and *Essential Enrolled Nursing Skills for Person-Centred Care* provides a solid foundation of theoretical knowledge and skills for nursing students embarking on an Enrolled Nurse career.

Now aligned to the 2016 Enrolled Nurse Standards for Practice and HLT Health Training Package for the enrolled nursing student, *Tabbner's Nursing Care: Theory and Practice, 7e* is the only foundation text in the market written specifically for Diploma of Nursing students in Australia and New Zealand.



TABBNER'S NURSING CARE: THEORY AND PRACTICE, 7E

Now in its 7th edition, *Tabbner's Nursing Care: Theory and Practice* reflects the scope of practice in contemporary enrolled nursing practice while still maintaining the strengths of previous editions that have made it an essential resource for enrolled nursing students and their facilitators.

Featuring contributions from Australian TAFE and undergraduate academics, as well as a range of clinicians, this new edition focuses on the delivery of person-centred care, emphasises critical thinking throughout and demonstrates the application of the decision-making framework across multiple scenarios.

[View full list of Contributors + Reviewers](#)

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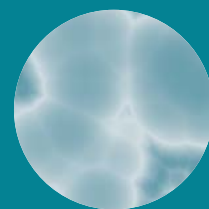
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NEW TO THE SEVENTH EDITION



- **2 new chapters:**
 - Nursing informatics and technology in healthcare
 - Quality and safety in healthcare
- Includes exercises on the **decision-making framework for the EN**
- Includes examples of **progress notes and nursing care plan documentation**
- Supported by a **NEW companion skills workbook; Essential Enrolled Nursing Skills for Person-Centred Care**
- **83 Clinical Skills aligned with the new 2016 Nursing and Midwifery Board of Australia Enrolled Nurse (EN) Standards for Practice** to help students understand the skill and translate it into effective clinical practice
- **Aligned to the HLT Health Training Package**
- **Now includes an eBook with print purchase** on VitalSource

CHAPTER
5

Nursing informatics and technology in healthcare

Robert M Ribbons

KEY TERMS

email
protocol
browser
hardware
random access memory (RAM)
business analyst
health informatics
read only memory (ROM)
central processing unit (CPU)
hospital information system (HIS)
social networks
clinical information system (CIS)
local area networks (LANs)
software
management information system (MIS)
spreadsheet
convergent technology
telehealth
teler nursing
data standards
nursing minimum data sets
universal serial bus (USB)
database
Personally Controlled Electronic Health Record (PCEHR)
e-health
picture archiving and communication system (PACS)
world wide web (WWW)
electronic health record (EHR)

LEARNING OUTCOMES

At the completion of this chapter and with further reading, students should be able to:

- Define informatics, health informatics and nursing informatics
- List a brief history of computers and computing
- Discuss the fundamentals of information technology including concepts of hardware and software
- Discuss the role of the internet and world wide web in contemporary healthcare
- Demonstrate a beginning understanding of how specific software application (e.g. word processing, spreadsheet, database, presentation and statistics) may be applied to nursing practice, administration, education and research
- Describe the role of database, communication and network technology in the development, implementation and utilisation of information systems
- Understand issues related to informatics ethics, privacy and confidentiality
- Demonstrate a beginning understanding of the role of computer and network security in maintaining health information system integrity
- Describe the need for data standards and nursing minimum data sets
- Demonstrate an understanding of current trends in e-health including the use of social media and how they influence the development, implementation and utilisation of information systems
- Discuss specific clinical, administration, education and research information systems and determine their role in improving nursing care

CHAPTER
7

Quality and safety in healthcare

Yvonne Elizabeth Wilkinson

KEY TERMS

accreditation
adverse event
audit
benchmark
clinical indicators
error management
governance
human error
human factors engineering
nursing-sensitive indicators
patient safety
preventable patient harm
quality
quality improvements
second victim
standards

LEARNING OUTCOMES

At the completion of this chapter and with further reading, students should be able to:

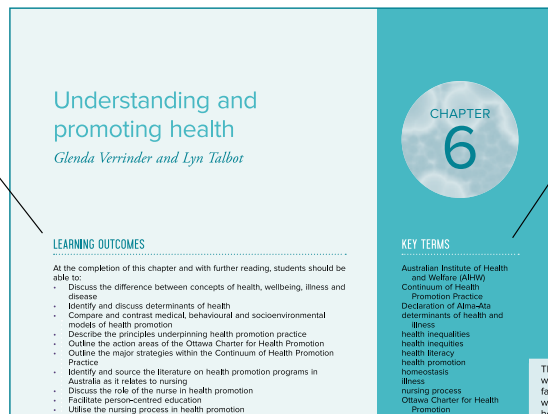
- Understand quality and safety in the context of the health system, the nursing profession and person-centred care
- Appreciate your role in ensuring that individuals receive safe quality nursing care
- Contribute to quality and safety activities in your practice setting
- Understand the interplay between occupational health and safety and safe quality service delivery

DISCOVER MORE

TEXT FEATURES

Each chapter is structured with:

Learning Outcomes assist students to focus on key information in each chapter



Key Terms are listed at the beginning of each chapter and defined within the text

Chapter Focus introduces the key concepts in each chapter

CHAPTER FOCUS

This chapter provides a focus for nurses from which to recognise the interrelationship of factors that determine health, wellbeing and illness. This perspective enables nurses to effectively facilitate health promotion with individuals and families and within the wider community. The chapter is presented in three parts. First, we discuss concepts of health, wellbeing and illness and what determines health. Second, we outline the emergence of health promotion, discuss what health promotion is and provide guidance for practice. Finally, we discuss the role of nurses in promoting health.

Overall the world's population is generally living longer and experiencing healthier lives. However, major disparities in health exist within and between countries. International leadership in reducing health inequalities comes from the World Health Organization (WHO) who defined health as 'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity' (WHO 1946). This perspective of health and wellbeing leads us to health promotion practice where we employ medical, behavioural and socioenvironmental approaches depending on key priorities identified by evidence.

The role of the nurse in promoting health can be multilayered. Essentially, though, it is to gather evidence and work in collaboration with others to enable individuals, families and communities to reach their full health potential. In this chapter we introduce you to health promotion theories to guide practice; principally, the Ottawa Charter for Health Promotion (WHO 1986) and the **Continuum of Health Promotion Practice** (Talbot & Verrinder 2014), which highlight the collective role of health and other sectors, organisations and communities in achieving optimal health and wellbeing. Understanding theories that underpin health promotion practice is a key strategy for nurses in contributing to the enterprise of promoting health and reducing inequalities to improve health outcomes.

Lived Experiences are taken from actual clinical situations to help students understand a particular health experience from the point of view of individuals, their families or nurses and other health professionals

LIVED EXPERIENCE

The refugee health program at the community health centre in which I work provides a range of services to facilitate settlement in Australia. On arrival to Australia, the lifestyle of refugees changes dramatically, including changes to diet and exercise; there is an increase in energy-dense diet and people become sedentary which increases the risk of chronic disease. In refugee camps the food is rationed and people are often hungry and high levels of incidental exercise are required to survive.

As the refugee nurse, I worked with Karen the community health nurse to develop a healthy lifestyle program. We found that the refugees in this community were not familiar with the notion of preventative healthcare. Furthermore, most health literature is in English and based on Western lifestyle. As part of the program we screened 30/32 refugees using the diabetes risk assessment tool.

Together, transition from pre- and post-arrival, and overall slight increase in health status as a result of the program.

NURSING CARE PLAN 8.1

Mary was not able to explain to me the medical procedure she was having today. She told me she was very frightened and thought she might die. I explained the procedure to her again and answered her questions. She was able to explain it back to me and told me that she doesn't feel as anxious any more. She stated that she will go ahead with the procedure. She informed me that she suffers from anxiety and is very worried about how she will cope when she is discharged.

Assessment: Anxiety due to concerns about ability to cope upon discharge

Issues to be addressed: Medication review—at present not on anti-anxiolytics or anti-depressants

Goals: Mary verbalises reduced level of anxiety and is able to state processes which are in place to improve her ability to cope when discharged

Care/Actions	Rationale
1. Spend time with Mary encouraging her to discuss her worries and concerns	If interest and concern are demonstrated Mary will be more likely to talk about her worries. Verbalising concerns decreases anxiety
2. Explain the procedure to her again	
3. Provide emotional support	
4. Collaborate with Mary to develop a coping plan	
5. Provide information on effects of medication	
6. Monitor for side effects	

Evaluation: Mary reported reduced anxiety. Mary was able to explain the procedure to me.

Nursing Care Plans provide comprehensive examples of an individual's care within a specific scenario

Case Studies provide context for practice and include questions for student reflection

CASE STUDY 41.1

Grace is 42 years old. She was born with a brain injury as a result of birth trauma. Her parents have been her primary carers since birth. Grace requires a high level of physical assistance. For example, every day of her life her father has lifted her from her bed in the morning and carried her to a recliner chair in the lounge and later returned her to bed the same way. Each day her mother has prepared the food and assisted Grace with her meals. Because of the difficulties Grace has with chewing and swallowing her food, mealtimes have always been a lengthy process. Personal care routines such as showering and dressing are provided by her parents. Sometimes Grace resists and yells out. Grace is incontinent of urine and her parents fit her with disposable pads every morning and change them frequently during the day. They take care of the pressure areas that sometimes develop.

After leaving her special developmental school at 17 years Grace began attending a day centre 3 days each week. She was taken there in a community bus specially designed to accommodate her wheelchair. Activity at the centre revolved mostly around the staff meeting the hygiene, toileting, medication, mobility and nutritional needs of the two dozen or more people with severe or profound disabilities who also attended. The staff reported that Grace spent a lot of her time there simply dozing.

On the days she is at home Grace has many things surrounding her that give her pleasure. She has a box containing many different pieces of material. She enjoys the feel of the different textures, especially the velvet and silk. Other times she holds on to colourful toys and, although she has a profoundly limited vocabulary, she is able to express her pleasure in her favourite television programs and music. Grace also enjoys being with her mother in the kitchen and sitting on the outside veranda watching people walk past the house. Many of the neighbours greet her cheerfully.

Grace's parents have been anxious for some time about their future ability to care for her, but now Grace's mother has fallen and fractured her hip. Her father is exhausted and cannot manage to care for Grace alone. Grace has been admitted to a residential care unit, where most of the residents are elderly and have dementia.

available at the

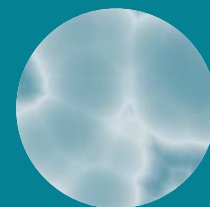
CLINICAL INTEREST BOX 30.4 Refeeding syndrome

First discussed in prisoners of war post WWII, refeeding syndrome is the derangement of serum electrolytes, vitamins and fluid resulting from over-aggressive treatment of malnourished individuals. In response to carbohydrate load, insulin is released, leading to increased glycogen, fat and protein synthesis. This triggers sudden uptake of potassium, phosphate and magnesium. This intracellular movement results in hypokalaemia, hypophosphataemia and hypomagnesaemia (Khan et al 2011). Symptoms of lethargy, shortness of breath, muscle weakness, GI upset, ataxia and delirium are indicative of these electrolyte disturbances. Individuals at an increased risk of developing Refeeding syndrome are children, individuals with greater than 10% weight loss in 4 weeks, anorexia for more than 7 days and chronic alcoholism. It is recommended electrolyte abnormalities are corrected prior to commencement of refeeding at a rate of 10–20 kCal/kg/day before gradually increasing over week.

(Sydney Children's Hospital 2013, Khan et al 2011)

Clinical Interest Boxes

offer information on developmental considerations, cultural aspects of care, current research and teaching individuals



Request an inspection copy

View Sample Chapter

Clinical Skills are in a referenced, step-by-step format emphasising the nursing process and include rationales for each step

Review Questions are specific to the assist students with comprehension and review of the chapter content

Summary highlights key points in the chapter content

References and Recommended Reading encourage further reading within each chapter topic

CLINICAL SKILL 20.1 Assessing body temperature	
Review and carry out the standard steps for all clinical skills/interventions	
NMBA Decision-making Framework considerations: 1. Am I educated? 2. Am I authorised? 3. Am I competent? If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/nurse team leader/clinical facilitator/educator.	Equipment: Appropriate thermometer Disposable probe cover or sleeve Pen (blue/black) and observation chart
Skill activity	Rationale

DECISION-MAKING FRAMEWORK EXERCISE 20.1

You have just been employed as a graduate Enrolled Nurse at a healthcare facility. You are completing a vital sign assessment on one of your allocated individuals, and you discover her blood pressure is 90/55 and heart rate is 95 bpm; all other vital signs are in normal limits. The individual states she does feel a bit light headed and can't remember the last time she passed urine. After approaching the medical officer and handing over the individual and current situation, the medical officer asks you to insert an IV cannula and orders the commencement of IV therapy.

- Using the decision-making framework:
- From the interventions ordered by the medical officer, are all interventions within your current scope of practice?
- What actions are required in this situation?
- How would you document the above situation in your nursing notes?

Review Questions

- What are the factors that can affect vital signs?
- What are the advantages and disadvantages of using each body temperature site?
- What characteristics should be included in a respiratory assessment?
- What is an early indicator of a clinical deterioration in an individual?
- Ms Hawdon has just given birth to a healthy baby boy. After the delivery she has a postpartum haemorrhage and loses 1200 mL of blood. Would you expect Ms Hawdon's blood pressure to increase or decrease? State the reason for your answer.
- Identify two sites for taking blood pressure in an adult. Describe the procedure.
- What are the three (3) characteristics of a pulse? What characteristic(s) would be altered during atrial fibrillation and why?

PROGRESS NOTE EXAMPLE 20.1

04/06/2016 1300 hrs Nursing: CNS: pt alert and orientated to person, place and time. Nil complaints of pain. CVS: complained of feeling dizzy when ambulating, vital signs checked—BP 101/59, HR 66, RR 15, SaO₂ 99% on RA, Temp 36.5. BP monitored 2/24, oral fluids encouraged and ambulation supervised. BP increased to 115/70. GIT: tolerating diet and fluids. BNO. Renal: pt voiding on sensation. FBC maintained. ADLs: showered independently. Supervision when ambulating with nil mobility aids. Legal: medication given as per medication chart.

Zoe Morgan (Morgan) EN

Summary

Vital signs reflect changes in body function and therefore provide the nurse with important information about the clinical health status of an individual. Various sites and methods can be used to assess vital signs, and the nurse selects the site and method that is safest for the individual and that will provide the most accurate measurement possible. It is important to note that changes in one vital sign can trigger changes in other vital signs.

Vital signs are generally assessed when an individual is admitted to a healthcare agency, to establish baseline data, when there is a change or possibility of change in the individual's condition and as part of routine care. Data

obtained from measurements of vital signs are then used to plan and implement appropriate nursing interventions, as well as to evaluate an individual's response to nursing interventions or prescribed medical therapy. It is important for the nurse to have knowledge of the normal ranges of vital signs and of the factors that regulate and influence vital signs, as this helps them interpret the measurements that deviate from normal. It is also imperative that the nurse has the underpinning clinical knowledge and judgment to recognise and respond to a deteriorating individual and act accordingly to maintain the clinical health status (ACSQHC 2012).

CRITICAL THINKING EXERCISE 20.4

- You are working in a nursing home and the Registered Nurse asks you to complete a blood pressure reading on a new admission. The individual is morbidly obese and the cuff only just fits around the individual's arm. How would this affect the accuracy of the reading?
- You are working in a community health centre and you need to complete a blood pressure reading on a 75-year-old female, Rita Smith. Rita wants to keep her thick woollen jumper on while you complete the blood pressure. How would you respond to Rita's request?
- You are caring for Renae Polontee, a 30-year-old apprentice chef, who has accidentally cut off her right thumb. There was considerable blood loss prior to first aid administered at the scene. Would you expect Renae to be hypotensive or hypertensive? Justify your answer.
- Which arm would you assess Renae's blood pressure on and why?

References

Agency for Healthcare Research and Quality (AHRQ). (2015). Patient safety primers, *Human Factors Engineering* <<http://pnet.ahrq.gov/primer.aspx?primerID=20>> Accessed 23.08.15.

Australian Commission on Safety and Quality in Healthcare (ACSQHC). (2010). *Health Care 2010* <<http://www.safetyandquality.gov.au/priorities/australian-safety-and-quality-report.pdf>> Accessed 14.03.15.

— (2011). *Implementing the Australian Commission on Safety and Quality in Healthcare's* <<http://www.safetyandquality.gov.au/priorities/australian-safety-and-quality-report.pdf>>

Recommended Reading

Australian Commission on Safety and Quality in Healthcare. (2014). *Vital Signs 2014* <<http://www.safetyandquality.gov.au/wp-content/uploads/2014/10/Vital-Signs-2014-web.pdf>>.

Australian Commission on Safety and Quality in Healthcare (ACSQHC). (2011). *Care Development* <<http://www.safetyandquality.gov.au/priorities/australian-safety-and-quality-report.pdf>>.

Braithwaite, J., Healy, A., & Smith, J. (2011). *Developing a patient safety culture* <<http://www.safetyandquality.gov.au/priorities/australian-safety-and-quality-report.pdf>>.

Online Resources

Institute for Healthcare Improvement <<http://www.ihf.org/topics/patientsafety/pages/default.aspx>>

<<http://www.ihf.org/resources/Pages/Changes/DevelopaCultureofSafety.aspx>>

Joint Commission Center for Transforming Care <<http://www.jointcommission.org>>

National Health Service UK Patient Safety Centre <<http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/patientsafety.health.org.uk>>

Decision-making Framework Exercises are specific to the chapter content and the EN scope of practice

Progress Note Examples show how a student might document care of an individual while on placement

Critical Thinking Exercises stimulate the student to think critically and problem solve

Online resources provide useful web links related to the chapter content

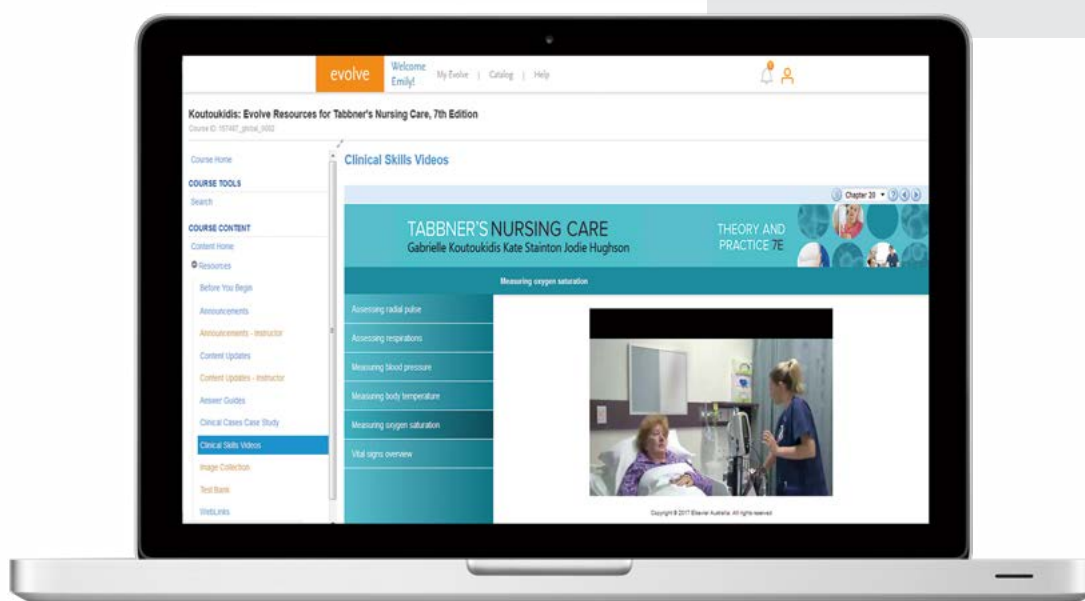
YOUR GATEWAY TO ELSEVIER'S ONLINE CONTENT

evolve is an online platform that provides additional teaching and learning resources to help you prepare your lectures and assessments, as well as student resources for revision. **Tabbner's Nursing Care: Theory and Practice, 7e** includes:

INSTRUCTOR RESOURCES STUDENT RESOURCES

- **An eBook on VitalSource**
(with print book purchase)
- **Instructor resources to enhance your teaching**
 - Image collection – all figures and tables from the textbook
 - Testbank

- **An eBook on VitalSource**
(with print book purchase)
- **Supporting student resources for revision and to master key concepts and skills**
 - Answer guides to:
 - Case studies
 - Critical thinking exercises
 - Decision-making framework exercises
 - Review questions
 - Australian Clinical Skills videos demonstrating core skills to help students link the theory to practice
 - Weblinks



WORDS FROM YOUR PEERS

Ann Bolton

*Lecturer/Team Leader Nursing,
Charles Darwin University*

“The clinical interest boxes, review questions and critical thinking exercises enable the student to reflect on what has been learnt and make it relevant to their clinical practice.”

Gayle Watson

*Lecturer (Advanced Skills Lecturer)
North Metropolitan TAFE, Perth*

“Covers content at EN level. Easier for this level of student who can become confused separating RN level information and what they need to learn as an EN from other texts.”

Dr Ellie Kirov

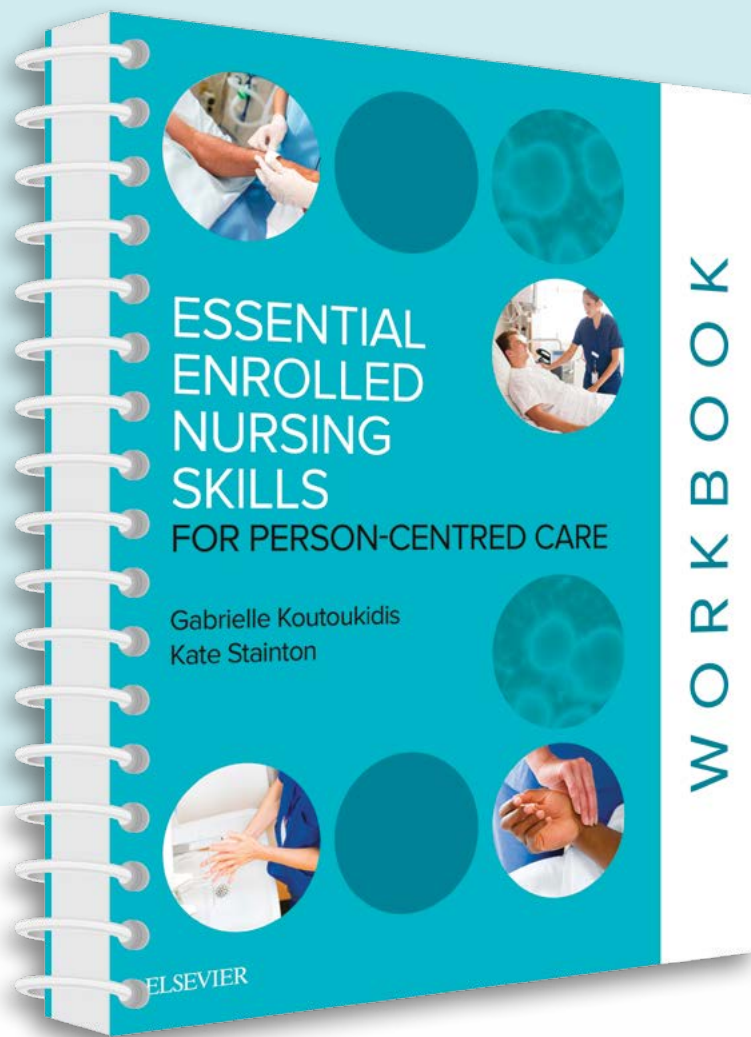
*Course Coordinator & Lecturer –
Health Studies*

“Case studies at the end of each chapter are great as they engage students with the content and encourage critical thinking, which so many students have difficulties with.”

Katie Piper

*Lecturer, Nursing
Monash University*

“The way the chapters are organised reflects the requirements of an EN, for example the critical thinking questions/scenarios.”



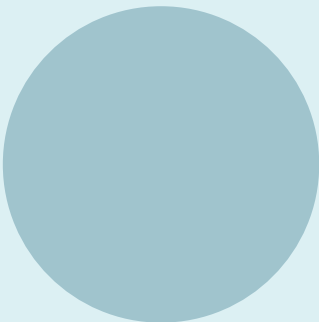
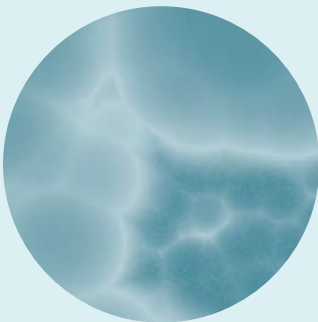
ESSENTIAL ENROLLED NURSING SKILLS FOR PERSON-CENTRED CARE

The ***Essential Enrolled Nursing Skills for Person-Centred Care***, workbook is an indispensable tool that will assist students in mastering the clinical skills required to deliver the highest-quality care.

Specifically developed to support ***Tabbner's Nursing Care: Theory and Practice, 7th edition***, the workbook features the essential skills that form part of the assessment for Diploma of Nursing students. Based on evidence-based practice, each skill features a step-by-step approach and rationale to help understanding of how and why a skill is performed.

TABLE OF CONTENTS

Understanding and promoting health	Maintaining and promoting skin integrity and wound care
Health information: Nursing Documentation and Clinical Handover	Promotion of health and wellbeing: nutrition
Health assessment frameworks: initial and ongoing	Nursing care: urinary elimination and continence
Vital sign assessment	Nursing care: bowel elimination and continence
Admission, transfer and discharge process	Nursing assessment and management of sensory health
Infection prevention and control	Nursing assessment and management of neurological health
Maintenance of health: hygiene and comfort care	Nursing assessment and management of endocrine health
Medication administration and monitoring	Nursing in the acute care environment
Nursing care of an individual: cardiovascular and respiratory	Nursing in the perioperative care environment
Nursing care of an individual: fluid and electrolyte homeostasis	Nursing in the emergency care environment
Promotion of health and wellbeing: movement and exercise	



KEY FEATURES

- Directly aligned to *Tabbner's Nursing Care: Theory and Practice, 7th edition*
- All skills and competency checklists align to the **new 2016 Enrolled Nurse Standards for Practice** and the **HLT Health Training Package**
- Competency checklists **feature the Bondy Rating Scale** allowing students to track their skill development progress, as well as providing assessors with a clear competency assessment tool
- **Equipment list for each skill**
- **Reflection opportunity at the end of each competency checklist** to encourage learning
- All clinical skills feature **decision-making framework considerations for the EN**

54 ESSENTIAL ENROLLED NURSING SKILLS FOR PERSON-CENTRED CARE

CLINICAL SKILL 20.1 Assessing body temperature

Review and carry out the standard steps for all clinical skills/interventions; these steps must be performed consistently with each individual to ensure safe nursing care is provided

NMBA Decision-making Framework considerations:

1. Am I educated?
 2. Am I authorised?
 3. Am I competent?
- If you answer 'no' to any of these, do not perform that activity. Seek guidance and support from your teacher/a nurse team leader/clinical facilitator/educator.

Equipment:

- Appropriate thermometer
- Disposable probe cover or sleeve
- Pen (blue/black) and observation chart

Skill activity

Rationale

Before assessing body temperature

Assess the individual for temperature alterations and anything that may interfere with the accuracy of temperature measurement
Wait 15–20 minutes if the individual has smoked or ingested hot or cold foods or fluids

Physical signs and symptoms of temperature alterations may be present such as the individual being flushed or shivering
If using an oral thermometer, intake of some foods can cause inaccurate readings
If using a tympanic thermometer, hearing aids can increase temperature readings

Determine appropriate temperature site and temperature device for the individual

Different individuals will have different requirements due to their health conditions

Assessing body temperature with a tympanic membrane electronic thermometer

Assist the individual in assuming a comfortable position, with head turned away from the nurse

Ensures comfort and exposes auditory canal for accurate temperature measurement. Ensures individual safety and comfort

Observe for ear wax (cerumen) in individual's ear canal

Lens cover of speculum must not be impeded by earwax (will not obtain an accurate measurement). Switch to other ear or select an alternative measurement site

Remove thermometer from charging base and slide disposable speculum cover over otoscope-like tip until it locks into place, being careful not to touch lens cover

Base provides battery power. Soft plastic probe cover prevents transmission of microorganisms

If holding handheld unit with right hand, obtain temperature from individual's right ear; left-handed persons should obtain temperature from individual's left ear
Insert speculum into ear canal, following manufacturer's instructions for tympanic probe positioning. Pull pinna backwards, up and out for an adult; move thermometer in a figure-eight pattern, fit probe snugly in canal and do not move, point towards the nose

The less acute the angle of approach the better the probe will seal inside the auditory canal
Correct positioning of probe will ensure accurate readings as there will be maximum exposure of the tympanic membrane

As soon as probe is in place, depress scan button. Leave thermometer probe in place until an audible signal is given and individual's temperature appears on the digital display

Depression of scan button causes infrared energy to be detected. Otoscope tip must stay in situ until signal occurs to ensure accurate measurement

Carefully remove speculum from auditory meatus. Push ejection button on unit to discard plastic probe cover into an appropriate receptacle

Reduces transmission of microorganisms

Return handheld unit to charging base

Protects sensor tip from damage and keeps unit charged ready for next use

Assist individual in reassuming a comfortable position

Restores comfort and sense of wellbeing

Perform hand hygiene

Reduces risk of transmission of microorganisms

Discuss findings with individual as needed

Promotes participation in care and understanding of health status

Vital Sign Assessment 57

ASSESSMENT OF ASSESSING BODY TEMPERATURE

STUDENT NAME: _____

CLINICAL SKILL 20.1: Assessing body temperature

DOMAIN(S): Professional and collaborative practice; provision of care; reflective and analytical practice

EN STANDARDS FOR PRACTICE INDICATOR: 11, 12, 13, 14, 15, 16, 17, 110, 21, 22, 23, 24, 25, 26, 27, 28, 210, 31, 32, 33, 34, 35, 36, 37, 41, 42, 43, 44, 51, 52, 53, 54, 55, 56, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 92, 94, 101, 102, 106

DEMONSTRATION OF: The ability to effectively measure and assess body temperature

Independent (I)
Supervised (S)
Assisted (A)
Marginal (M)
Dependent (D)

COMPETENCY ELEMENTS	PERFORMANCE CRITERIA/EVIDENCE	I	S	A	M	D
Preparation for the activity	Identifies indications and rationale for performing the activity					
	Identifies the individual using three individual identifiers					
Performs activity informed by evidence	Ensures therapeutic interaction					
	Gains the individual's consent					
	Checks facility/organisation policy					
	Validates the order in the individual's record					
	Locates and gathers equipment					
	Assesses the individual for temperature alterations					
	Determines appropriate temperature site					
	Assists the individual into an appropriate position					
	Assessing body temperature with a tympanic membrane electronic thermometer:					
	Ensures individual's head is turned away from nurse					
	Observes for cerumen					
	Removes thermometer from charging base					
	Slides the cover into place					
	Inserts speculum into ear canal					
	Depresses scan button and leaves thermometer probe in place until audible signal is heard and temperature appears on digital screen					
	Removes speculum from auditory meatus					
	Ejects plastic probe cover					
	Returns hand-held unit to charging base					
	Assessment of body temperature with electronic thermometer:					
	Oral temperature:					
	Removes thermometer from charging unit					
	Slides cover into place					
	Asks the individual to open their mouth and gently places thermometer probe under tongue in posterior sublingual pocket lateral to centre of jaw					
	Asks the individual to hold thermometer in place with lips closed					
	Leaves the thermometer probe in place until audible signal occurs and temperature appears on digital screen					
	Removes thermometer probe from under individual's tongue					
	Pushes ejection button and discards plastic probe cover					
	Returns thermometer to charger					

WORDS FROM YOUR PEERS

Katya May

Educator; Diploma of Nursing, Careers Australia

“It is a good decision and so useful to students to include the equipment list, and rationale for the skill activities.

The admission and discharge skill is the most thorough and detailed version I have ever seen. It is good that you have been so precise as beginning students really need this level of detail.”

Andy Squires

*Lecturer, Diploma of Nursing
TAFE SA*

“Very happy with the level of the content, this is aimed at novice level enrolled nursing students.”

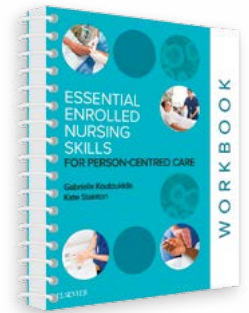
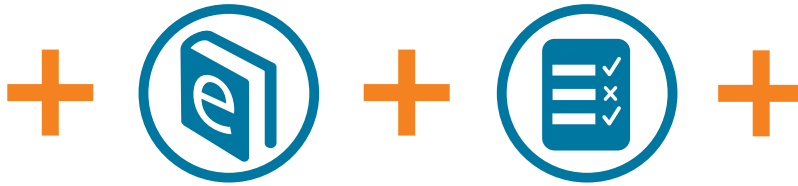
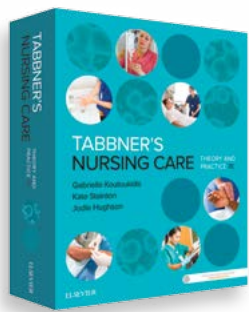
Nicole Dillon

*Casual Teacher Nursing, TAFE NSW and
Western Sydney University*

“Very specific, definitely links to competencies. Good clear steps to follow with reasoning.

Comprehensive, ability to choose different assessments to complete dependant on facility requirements.”

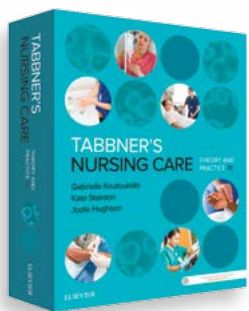
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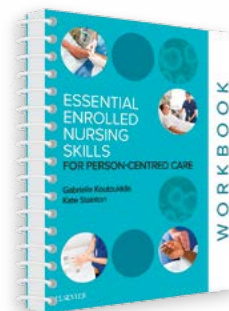
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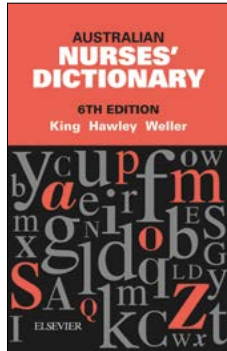


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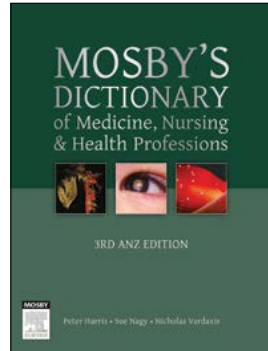
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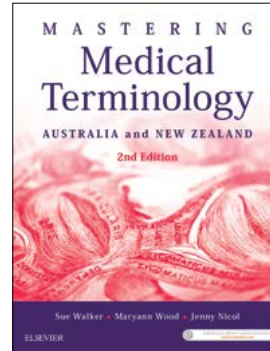
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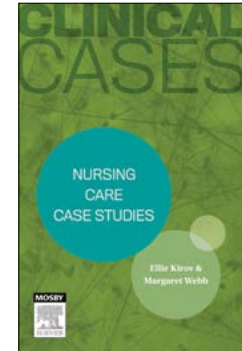
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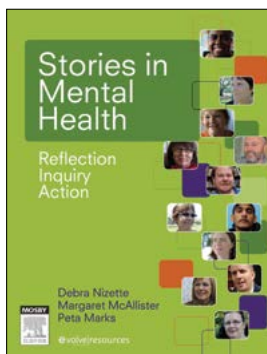
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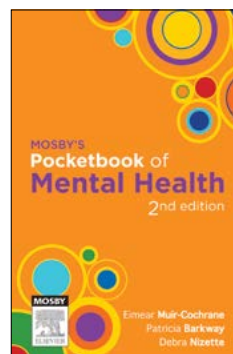
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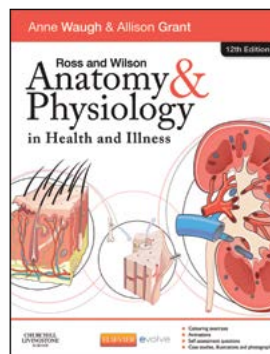
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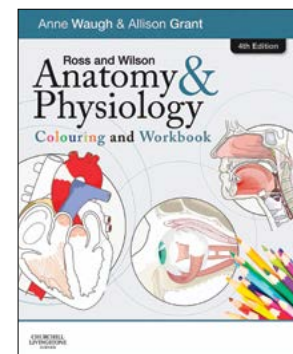
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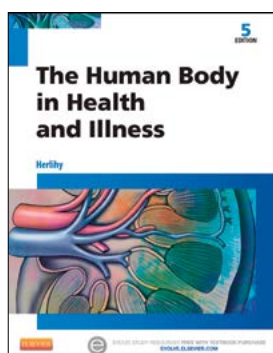
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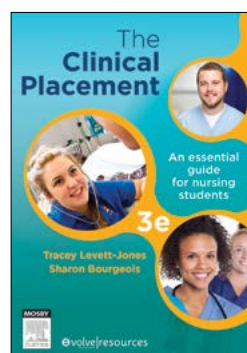
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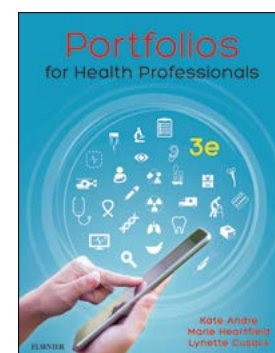
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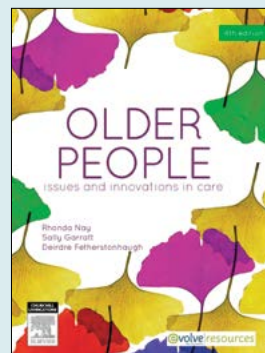


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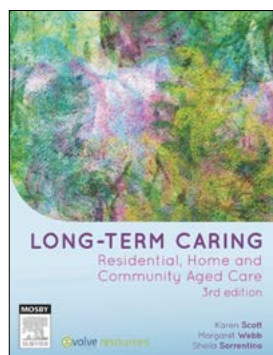
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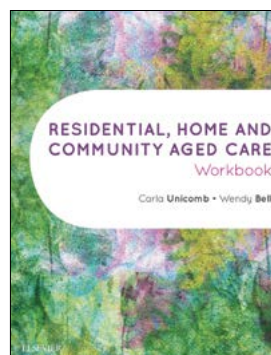
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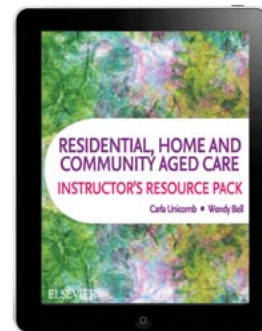
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