NR 224 Week 3 Core Assignment; Hygiene and Tissue Integrity

Functional Ability

A client has a deficit in the functional ability of the right arm and hand. Which activities of daily living (ADLs) will the client need assistance with while hospitalized?

Washing the left arm
Buttoning a shirt

The nurse considers which factors when assessing the functional ability of a client?

Mobility
Cognition
Senses

The nurse is completing a functional assessment on a client. The client asks what the purpose of the assessment is. How should the nurse respond?

"It is used to identify ways to maintain independence."

- Sensory perception: The ability to respond meaningfully to pressure-related discomfort.
- Moisture: The degree to which skin is exposed to moisture.
- Activity: The client's level of physical activity.
- Mobility: The client's ability to change and control body position.
- Nutrition: The ability of the client to take in enough food and liquids.
- Friction and Shear: The effects of moving while all or part of the body is in contact with surfaces that rub against the skin.

Individuals with a total score of 16 or less are considered at risk.

- 15–16 = low risk
- 13–14 = moderate risk
- 12 or less = high risk

A nurse is planning a presentation about functional ability in older adults. Which statements should be included in the presentation?

Functional ability changes with illness.
Assistive devices help clients maintain independence.

A client with a physical and cognitive impairment was just admitted to the unit from the Emergency Department. Which statement is true about the functional ability of this client?

The client's functional abilities need to be assessed.

Which client's functional ability will be most impacted by their health? A client with drug-induced psychosis

While caring for a client who wears glasses to correct severely impaired vision, the unlicensed assistive personnel (UAP) notices the client is not wearing their glasses. Which action should the UAP take first?

Introduce themselves when entering the client's room.

The nurse is assessing a client with a left-sided weakness and wants to gain insight into the client's instrumental activities of daily living (IADL) functional ability. What question would be most appropriate?

"Are you able to shop independently for yourself?"

Which factors are included in the Braden Scale rating? Nutrition
Activity
Sensory perception

The Braden Scale includes the following factors:

Sensory perception: The ability to respond meaningfully to pressure-related discomfort.

Moisture: The degree to which skin is exposed to moisture.

Activity: The client's level of physical activity.

Mobility: The client's ability to change and control body position.

Nutrition: The ability of the client to take in enough food and liquids.

Friction and Shear: The effects of moving while all or part of the body is in contact with surfaces that rub against the skin.

Activities of daily living (ADL) are basic tasks such as bathing, dressing, toileting, transferring, continence, and feeding.

Instrumental activities of daily living (IADL) are the ability to use a telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility for one's own medications, and the ability to handle finances.

Hygiene

A client is admitted for pain control post knee replacement. The nurse observes that the client always washes the upper body before praying. How should the nurse interpret this behavior?

Religious practice

The sequence for giving a bath is as follows:
eyes

1. face
2. arms
3. chest
4. abdomen
5. legs
6. CHANGE WATER
7. Perineum
8. Buttocks
9. Anus
10. CHANGE WATER
11. back

Reduced sensation: Client unable to sense skin injury. Does not receive normal transmission of nerve impulses when applying excessive heat or cold, pressure, friction, or chemical irritants to the skin. Increases risk for pressure injuries.

Altered cognition: Client unable to verbalize skin care needs. Does not realize the effect of pressure or prolonged contact with excretions or secretions, requiring more vigilant assessment.

Limited protein: Predisposition to impaired tissue synthesis. The skin becomes thinner, less elastic, and smoother with the loss of subcutaneous tissue. Poor wound healing results and impaired skin turgor.

Excessive secretions: Moisture is a medium for bacterial growth and causes local skin irritation, softening of epidermal cells, and skin maceration.

Foot Care for Clients With Decreased Circulation

- Inspect the feet each time they are washed.
- Wash the feet in warm (not hot) water.
- Dry the feet thoroughly, including between the toes.
- Apply lotion to the foot surfaces, but not between the toes.
- Put on shoes (preferred) or slippers when the client is out of bed.
- If the nails need to be trimmed, contact the healthcare provider.
    - Although policies may vary by facility, nurses should not cut a client's toenails.
- Report any wounds or abnormalities to the healthcare provider.

Based on age, which client is most likely to require assistance with hygiene?

Preschooler

An older adult client is on complete bed rest after a heart attack. The client has limited use of the right arm and a heparin intravenous (IV) infusion in the left upper arm. The client prefers bathing at night because it relaxes them before bed. They state that they prefer to clean their hands and upper body before every meal and that they use an electric razor at home.

Which are achievable goals for this client?

The client will use an adaptive measure to shave with the left hand.

The client will maintain intact clean skin.

Follow these steps when performing eye care:

1. Assemble equipment, including clean, warm water, washcloth, and towel.
2. Introduce yourself and state the purpose of being in the room.
3. Identify the client using two identifiers.
4. Position the client sitting comfortably with the head tilted back.

5. Perform hand hygiene.
6. Assess the external and internal eye for discharge, bruising, or inflammation.
7. Moisten a washcloth with warm water and gently clean the upper eyelid from the medial canthus outward.
8. Using a clean portion of the washcloth, repeat the same process on the other eye.
9. Remove gloves and perform hand hygiene.
10. Return the client to a position of comfort.

Follow these steps when providing oral care:

1. Assemble equipment, including clean water, toothbrush, oral swabs, toothpaste, emesis basin, dental floss, mouthwash, and towel.
2. Introduce yourself and state the purpose of being in the room.
3. Identify the client using two identifiers.
4. Position the client sitting comfortably with the head tilted back.
5. Perform hand hygiene and don clean gloves.
6. Assess the integrity of the lips, teeth, oral mucosa, gums, palate, and tongue.
7. Assess gag reflex and ability to swallow.
8. Remove gloves, perform hand hygiene, and apply clean gloves.
9. If using a toothbrush and toothpaste, apply toothpaste to the length of the toothbrush.
10. Perform oral care in this order:
    - Clean chewing surfaces and inner teeth on top and bottom.
    - Clean outer surfaces of teeth.
    - Use an oral swab soaked in water or mouthwash to clean the roof of the mouth, gums, and internal cheeks.
    - Gently brush the tongue, being careful to avoid stimulating the gag reflex.
11. Ask the client to rinse with mouthwash, discarding rinse in an emesis basin.

12. Return the client to a position of comfort.

While planning morning care, which client is the highest priority to receive a bath first?

A client who is experiencing frequent incontinent diarrheal stools

The three varieties of lice that infect humans are:

- *Pediculus humanus capitis* (head lice)
- *Pediculus humans corporis* (body lice)
- *Pediculus pubis* (crab lice)

Which actions are appropriate for the nurse bathing a client with dementia?

Gather everything you will need for the bath before approaching the client.

Help the client feel in control.

Use a supportive, calm approach and praise the client often.

Which clients require assistance with hygiene care?

A young adult with severe grief after the death of a spouse A

school-aged child who had heart surgery the previous day

An adolescent who is confused
An adult with upper extremity rigidity