



THIRD CANADIAN EDITION

# Fundamentals of Canadian Nursing

## Concepts, Process, and Practice





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## Concepts, Process, and Practice

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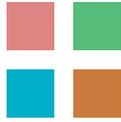
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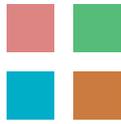
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# About the Canadian Editors

## Madeleine Buck



**Madeleine Buck** is an Assistant Professor and Assistant Director at the McGill University Ingram School of Nursing and a clinical associate at the McGill University Health Centre. Her 35-year career in nursing has provided her with opportunities to work in acute and critical care, community health, and educational settings. She is currently the Program Director of the Bachelor of Science (Nursing) Program at McGill and teaches in the undergraduate and graduate programs, principally in the areas of acute care and illness management. She is active in the Canadian Association of Schools of Nursing (CASN)—as past Chair of the CASN Accreditation Bureau she now sits as co-chair of the CASN Advisory Committee on Accreditation Policies. She is involved in international work and leads McGill Nurses for Highlands Hope, which works with a group of Tanzanian nurses and peer health educators in dealing with the HIV/AIDS pandemic in the Highlands of Tanzania. With her nursing students in the McGill Global Health Masters stream, she works to foster collaboration and development of nursing education and practice relationships, including implementing nursing best practices in low resourced settings in Tanzania. As with previous editions, half of her royalties from the publication of this book will go toward supporting sustainable nursing projects originating from the Tanzanian Highlands Hope Nurse network.

## Lucia Yiu

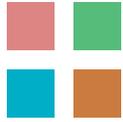


**Lucia Yiu**, RN, BScN, BA (Psychology, Windsor), BSc (Physiology, Toronto), MScN (Administration, Western Ontario), is an Associate Professor in the Faculty of Nursing, University of Windsor, and an Educational and Training Consultant in community nursing. She has published on family and public health nursing. Her practice and research interests include multicultural health, international health, experiential learning, community development, breast health, and program planning and evaluation. She has worked overseas and served on various community and social services committees involving local and district health planning. Currently, Lucia is board member and committee member with various community organizations related to children's mental health; community health centres; quality assurance; status of women, equity, and diversity; occupational health and employment equity. She is currently president of the World Breast Cancer Organization.

## Lynnette Leeseberg Stamler



**Lynnette Leeseberg Stamler** began her nursing career with a BSN from St. Olaf College, Northfield, MN. Her interest in patient teaching began within that program, and inspired her to complete a MEd degree from the University of Manitoba. Although she has worked in many areas of nursing, she has always gravitated to clinical areas where the relationship with patients and families is essential—such as rehabilitation, long-term care, dialysis, and VON (visiting nursing). After teaching in a diploma program at Red River College in Winnipeg, she completed a PhD in nursing from the University of Cincinnati, where she was their third graduate. She has since taught at the University of Windsor, Nipissing University/Canadore College Collaborative BSN program, and the University of Saskatchewan. She has been very active in the Canadian Association of Schools of Nursing (CASN), serving as Treasurer and the first elected President who was not a Dean or Director. She is also active in Sigma Theta Tau International. Her research and international work have focused on aspects of education, from patient to health to nursing. In this spirit, she began work on Canadian nursing textbooks, recognizing that this is one way to influence the next generation of nurses. She has served as an accreditation site visitor. In 2011, her work was recognized when she was inducted as an International Fellow in the American Academy of Nursing, one of eight Canadian nurses to hold that distinction at that time. In the fall of 2012, she embarked on a new adventure, moving to South Dakota to take the position of Associate Dean, Graduate Studies, College of Nursing, South Dakota State University.



# Dedication

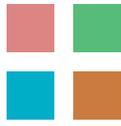
**Madeleine Buck** dedicates this edition to the Highlands Hope Umbrella, an organization that brings together community, professional, and volunteer networks to address the challenge of HIV-AIDS and related social problems in the Njombe region of the Southern Highlands of Tanzania. The knowledge, skill, creativity, and dedication of nurses, nursing students, and other members within the “Umbrella” is truly commendable.

**Lucia Yiu** dedicates this edition to her family and especially to her students and nursing colleagues who have inspired her to strive for excellence in nursing.

**Lynnette Leeseberg Stampler** dedicates this edition to her biological sisters, Karen and Marilyn, to her many nonbiological sisters through marriage and friendship, and to her many students and colleagues. Each has contributed to her learning and joy in nursing and teaching. All have supported her in many ways along the journey.

**Audrey Berman** dedicates this edition to Bo-Gunnar Edvard Dahlström, without whom it would not have been possible. There are few people on earth who can simultaneously challenge and support Audrey—even with all my sharp edges—and he is one. Audrey is grateful for his intellect and English skills, which exceed her own. He loves three nurses unconditionally: his sister, his daughter, and Audrey.

**Shirlee Snyder** dedicates this edition in loving memory of her late mother, Jean Snyder, and to her husband, Terry J. Schnitter, for his unconditional love and support.



# Chapter Features: Walk-Through

We carefully prepared a variety of special features to facilitate learning and to highlight the 5 major themes that form the framework for this edition—namely, *Primary Health Care*, *Critical Thinking*, *Clinical Reasoning*, *Nursing Process*, and *Lifespan Considerations*.

## LEARNING OUTCOMES ►

outline the essential concepts addressed in the chapter

## LEARNING OUTCOMES

After studying this chapter, you will be able to:

1. Explain the relationship of individuality and holism to nursing practice.
2. Compare and contrast the elements of physiological and psychological homeostasis.
3. Identify six common factors that can make an individual more vulnerable to some health problems and describe a nursing implication for each.
4. Identify Maslow's five categories in the hierarchy of human needs.
5. Discuss how a nurse might use the three selected types of theories to begin to assess an individual's health needs.

## EVIDENCE-INFORMED PRACTICE ►

boxes highlight relevant Canadian research; systematic reviews and meta-analyses are cited within each box and clinical relevance is carefully described.

## EVIDENCE-INFORMED PRACTICE



### What Causes Temper Tantrums?

The purpose of the study was to determine how *emotional reactivity* and *emotional competence* of the children contributed to temper tantrums, and 127 families with 3- to 5-year-old children in British Columbia took part in the study. Results showed that children who were more emotionally competent were less likely to display anger and distress. But more importantly, emotionally competent children, while they may be just as emotionally reactive as other children, were less likely to display the full-blown temper tantrum.

**NURSING IMPLICATIONS:** A child's level of emotional competence, not the tendency to be emotionally reactive, was the key to understanding why some reactive children have tantrums and others do not. Nurses need to understand that two children with similar thresholds for emotional reactivity may display widely different frequencies of temper tantrums and that maturity (i.e., age) and verbal ability had little effect on temper tantrums.

Source: Based on Giesbrecht, G., Miller, M., & Müller, U. (2010). The anger-distress model of temper tantrums: Associations with emotional reactivity and emotional competence. *Infant and Child Development*, 19, 478–497.



## Case Study 18

Billy is a 6-year-old boy entering Grade 1. He is scared and hesitant to let go of his mother's hand. As the nursing student working in this setting, you have the opportunity to work with Billy and other young children as they start school.

### CRITICAL THINKING QUESTIONS

1. How would you help Billy's mother reassure him?
2. On the basis of his age, what strategies might you use to teach Billy and his classmates about health promotion?

After working through these questions, visit [www.pearsoncanada.ca/mynursinglab](http://www.pearsoncanada.ca/mynursinglab) to check your answers.

## ◀ CASE STUDIES

present scenarios applicable to Canadian nursing and relevant to the chapter topic at hand.

- *Critical thinking questions* that accompany each Case Study guide students to reflect about the case from different points of view to ensure comprehensive analysis.
- *Suggested answers* to the case-based critical thinking questions can be found in the Instructor's Manual and on the Study on the Go feature.

**NURSING AND CANADIAN SOCIETY** ▶

boxes summarize relevant facts about issues in Canadian society and their implications for nursing.

Fact	Implications for Nursing Practice
Most older Canadian adults live independently in the community and desire to remain in their homes (PHAC, 2009). In 2008-09, about 0.7% of the Canadian population lived in an institution; of this, about 75% were 65 years and older (Organization for Economic Co-operation and Development, 2011).	Nurses need to be aware of the resources and community services available to their older clients. "Aging in place" interventions can assist older adults to maintain their independence.
Canada has a shortage of health care professionals, including nurses, who specialize in the care of older persons. Numerous Canadian organizations and professional associations actively engage in and disseminate research to better meet the needs of older Canadians (PHAC, 2009).	All nurses need to acquire the requisite knowledge, skills, and expertise to care for the rapidly growing numbers of older adults in Canada—to understand trends that impact health care delivery, plan for evidence-based interventions, and advocate for safe and ethical care.
Although cancer death rate is falling in Canada, cancer incidence and mortality rates continue to be highest among the older adults (Canadian Cancer Society's Steering Committee on Cancer Statistics, 2012).	Nurses are challenged to successfully implement cancer prevention strategies to promote healthy lifestyle changes into the daily lives of older persons (e.g., promoting cancer screening, healthy diet, and active living).



**Nursing and Canadian Society**

**REFLECT ON PRIMARY HEALTH CARE**



Nurses apply critical thinking skills as they use a *primary health care approach* to care for their clients. This activity involves knowing *what* are the health-promotion needs of their clients; *how, where, and when* to engage their clients and the members of the multidisciplinary team for input regarding their clients' needs, strengths, and barriers; and *what and how* to adapt the resources or appropriate technology in order to design services and care that will meet the clients' socioeconomic and cultural needs.

◀ **REFLECT ON PRIMARY HEALTH CARE**

boxes ask readers to reflect about the clinical application of one or more of the five principles of primary health care (i.e., health promotion, accessibility, public participation, appropriate use of technology, and intersectoral collaboration) in relation to chapter-specific topics.

**SKILL BOXES** ▶

provide clear step-by-step directions and feature the following:

- Clear purpose statement
- Clinical reasoning questions (for many of the skill instructions).
- Steps to consider during implementation of the skill
- A complete list of equipment required to ensure success
- Patient identification procedures and "infection prevention and control reminders" to promote patient safety
- Easily identified rationales throughout the skill instructions to ensure complete understanding of each step
- Coloured photos and illustrations provide the visual cues needed to ensure accurate completion of the skill

An evaluation focus at the end of each skill ensures that the relevant assessment and follow-up occurs.

**SKILL 39.5 TRANSFERRING BETWEEN BED AND CHAIR**

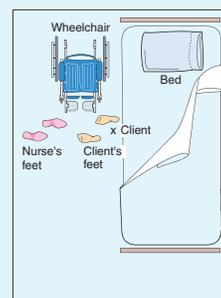
**PURPOSE**

A client may need to be transferred between the bed and a wheelchair or chair, the bed and the commode, or a wheelchair and the toilet. This technique has numerous variations. Which variation the nurse selects depends on factors related to the client, the environment, and the health care provider, which are assessed before beginning the transfer.

**ASSESSMENT**

Before transferring a client, assess the following:

- Client's body size
- Client's ability to follow instructions
- Client's activity tolerance
- Client's muscle strength and ability to bear weight
- Client's joint mobility
- Presence of paralysis or paresis
- Client's level of comfort



● The wheelchair is placed parallel to the bed as close to the bed as possible. Note that placement of the nurse's feet mirrors that of the client's feet.

**LIFESPAN CONSIDERATIONS** ▶

boxes identify clearly when and how nursing care should be adapted for the needs of infants, children, adolescents, and/or older adults.

**LIFESPAN CONSIDERATIONS**

**Positioning, Moving, and Turning Clients**

**INFANTS**

- Position infants on their back for sleep, even after feeding. They have little risk of regurgitation and choking, and the rate of sudden infant death syndrome (SIDS) is significantly lower in infants who sleep on their backs.
- The skin of newborns can be fragile and may be abraded or torn (sheared) if the infant is pulled across a bed.

**CHILDREN**

- Carefully inspect at least three times in each 24-hour period the dependent skin surfaces of all infants and children confined to bed.

**OLDER ADULTS**

- Clients who have had cerebrovascular accidents (CVAs, strokes) have a risk of shoulder displacement on the paralyzed side from improper moving or repositioning techniques. Use care when moving, positioning in bed, and transferring. Pillows or foam devices are helpful to support the affected arm and shoulder and prevent injury.
- Decreased subcutaneous fat and thinning of the skin place older adults at risk for skin breakdown. Repositioning approximately every 2 hours (more or less, depending on the unique needs of the individual client) helps reduce pressure on bony prominences and avoid tissue trauma.

**CLINICAL ALERTS** ▶

focus on patient safety and highlight the potential risks that nurses must watch out for.



**CLINICAL ALERT**

Take safety measures before faxing confidential information. Consent is needed from the client to fax information. Make sure that personally identifiable information (e.g., client name, social insurance number) has been removed. If needed, confirm that the material is being sent to a confidential fax number or call ahead to ensure the person is present to receive the fax. Check that the fax number is correct before pressing the send button.

**HOME CARE CONSIDERATIONS** ▶

boxes guide readers to consider the issues that could affect the client's successful home recovery and living.

**HOME CARE CONSIDERATIONS**

Positioning, Moving, and Turning Clients

- Assess the height of the bed and the person's leg length to ensure that self-movement in and out of the bed are smooth.
- Inspect the client's mattress for support.
- Assess the caregivers' knowledge and application of body mechanics to prevent injury.
- Demonstrate how to turn and position the client in bed. Observe the caregiver performing a return demonstration. Re-evaluate this technique periodically to reinforce correct application of body mechanics.
- Teach caregivers the basic principles of body alignment and how to check for proper alignment after the client has been changed to a new position.
- Warn caregivers of the dangers of lifting and repositioning and encourage the use of assistive devices and a "no solo lift" policy.
- Teach the caregiver to check the client's skin for redness and integrity after repositioning the client. Stress the importance of informing the nurse about the length of time skin redness remains over pressure areas after the person has been repositioned. Emphasize that reddened areas should not be massaged as it may lead to tissue trauma.

**CLINICAL MANIFESTATIONS** ▶

boxes feature bulleted lists of common signs and symptoms to provide a quick and easy reference to key manifestations of illness situations.

**CLINICAL MANIFESTATIONS**

Hypothermia

Hypothermia typically manifests in the following ways:

- Decreased body temperature
- Severe shivering (initially)
- Feelings of cold and chills
- Pale, cool, waxy skin
- Hypotension
- Decreased urinary output
- Lack of muscle coordination
- Disorientation
- Drowsiness progressing to coma



**PRACTICE GUIDELINES 32.2**

Applying Restraints

Guidelines	Rationales
Ensure that all alternative measures other than restraints have been exhausted and that the least restraint option is being used. Assure the client and the family that the restraint is temporary and protective.	Underlying reasons for restraints must be addressed and corrected, if possible, as their use is associated with psychological (guilt, anger, shame, feeling punished) and physiological (strangulation, skin breakdown, constipation) risks.
Obtain consent from the client or guardian and ensure that necessary collective or physician prescriptions are in order.	Legal and ethical considerations require informed consent, unless in an emergency situation. Health agencies generally have specific protocols and lines of authority to ensure practices are consistent and safe.
If restraints are applied, ensure the following:	
<ul style="list-style-type: none"> <li>• Apply the restraint so that the client can move as freely as possible without defeating the purpose of the restraint.</li> </ul>	Inability to move can cause anxiety and agitation, and enhance the risk of physiological complications, such as aspiration if vomiting.
<ul style="list-style-type: none"> <li>• Apply a restraint using quick-release buckles or a half-bow (quick-release) knot that does not tighten when pulled and supports the normal anatomy of the body part.</li> </ul>	Time is of the essence in emergency situations and tight physical restraints can impede blood circulation and are uncomfortable; contractures and discomfort can arise from poor body alignment.

◀ **PRACTICE GUIDELINES**

provide clear and succinct summaries of evidence-based clinical actions and their rationales.

### Sample Care Plan for Amanda Aquilini

**Nursing Diagnosis: Ineffective Airway Clearance related to viscous secretions and shallow chest expansion secondary to deficient fluid volume, pain, and fatigue**

**Goals/Desired Outcomes**

Demonstrate adequate air exchange (goal), as evidenced by the following:

- Absence of pallor and cyanosis (skin and mucous membranes)
- Using correct breathing/coughing technique after instruction
- Productive cough
- Symmetric chest expansion of at least 4 cm

*Within 48–72 hours*

- Lungs clear to auscultation
- Respirations 12–22/min, pulse <100 beats/min
- Inhaling normal volume of air on incentive spirometer

**Nursing Interventions**

Monitor respiratory status q4h: rate, depth, effort, skin colour, mucous membranes, amount and colour of sputum.

Monitor results of blood gases, chest x-ray studies, and incentive spirometer volume, as available.

Monitor level of consciousness.

Auscultate lungs q4h.

Take vital signs q4h (temperature, pulse, respiration [TPR], blood pressure [BP], pulse oximetry, pain).

Instruct in breathing and coughing techniques. Remind to perform, and assist q3h.

Administer prescribed expectorant; schedule for maximum effectiveness.

**Rationale**

*This helps identify progress toward or deviations from goal. Ineffective Airway Clearance leads to poor oxygenation, evidenced by pallor, cyanosis, lethargy, and drowsiness.*

*Inadequate oxygenation causes increased pulse rate. Respiratory rate may be decreased by narcotic analgesics.*

*This enables the client to cough up secretions. The client may need encouragement and support because of fatigue and pain.*

*This helps loosen secretions so they can be coughed up and expelled.*

### ◀ SAMPLE CARE PLANS

outline the nursing process relative to specific clinical scenarios; rationales for all nursing actions are provided to help increase the reader’s understanding of each component of the plan.

### HEALTH-PROMOTION GUIDELINES ▶

provide recommendations for how to promote the health of clients at various stages in the lifespan.

### Health-Promotion Guidelines for Neonates and Infants

The following are important to the health of neonates and infants:

**HEALTH EXAMINATIONS**

- At birth, screening for hearing, congenital hypothyroidism, and phenylketonuria (PKU).
- Physical examination at birth, 2 weeks, and at 2, 4, 6, 9, and 12 months

**PROTECTIVE MEASURES**

- Routine immunizations: 5-in-1 DTaP-IPV and Hib vaccines protect against diphtheria, tetanus, pertussis, polio, and *Haemophilus influenzae*, type B (Hib) vaccine, hepatitis B vaccine (HepB), varicella vaccine, pneumococcal conjugate vaccine, and meningococcal C conjugate vaccine; influenza vaccine and other vaccines, as recommended. Schedules may vary across provinces and territories. See Table 34.9: Routine Immunization Schedules for Infants and Children (page 988).
- Fluoride supplements, if inadequate water fluoridation (less than 0.7 parts per million [ppm])
- Screening for congenital hypothyroidism, PKU, and other metabolic and congenital disorders, according to jurisdictions
- Prompt attention for illnesses or fever
- Appropriate skin hygiene and clothing
- Assessment of caregiver–infant relationship quality

**INFANT SAFETY**

- Supervision at all times
- Car seat, crib, playpen, bath, sleeping arrangement, and home environment safety measures
- Feeding measures (e.g., avoid propping the bottle during feeding)

- Toys with no small parts or sharp edges
- Elimination of toxins in the environment (e.g., tobacco, chemicals, radon, lead, mercury)
- Use of smoke and carbon monoxide (CO) detectors in home

**NUTRITION**

- Exclusive breast-feeding to 6 months
- Proper breast-feeding and bottle-feeding techniques
- Formula preparation
- Feeding schedule
- Introduction of solid foods
- Need for iron supplements at 4 to 6 months; iron-fortified formulas to infants who are not breastfed or for infants receiving formula as well as breast milk; by age 6 months, iron-rich foods
- Continued breast-feeding to age 12 months

**ELIMINATION**

- Characteristics and frequency of stool and urine elimination
- Diarrhea and dehydration signs

**REST AND SLEEP**

- Established routine for sleep and rest patterns

**SENSORY STIMULATION**

- Touch: holding, cuddling, rocking
- Vision: colourful, moving toys
- Hearing: soothing voice tones, music, singing
- Play: toys appropriate for development

### TEACHING CLINICAL

#### Client Self-Management of Pain by Using a Patient-Controlled Analgesia Pump

Choose a time to teach the client about pain management when the pain is controlled so that the client is able to focus on the teaching.

Teaching the client about self-management of pain can include the following:

- Demonstrate the operation of the patient-controlled analgesia (PCA) pump and explain that the client can safely push the button without fear of overmedicating. Sometimes, it helps clients who are reluctant to repeatedly push the button to know that they must dose themselves (i.e., push the button) 5 to 10 times

to receive the same amount of medication (10 mg morphine equivalent) they would receive in a standard injection.

- Describe the use of the pain scale and encourage the client to respond to demonstrate understanding.
- Explore a variety of nondrug pain relief techniques that the client is willing to learn and use to promote pain relief and optimize functioning.
- Explain to the client the need to notify staff when ambulation is desired (e.g., for bathroom use), if applicable.

### ◀ TEACHING: CLINICAL

boxes discuss teaching with regard to the learning needs of the individual client.

**TEACHING HOME CARE****Hygiene**

Suggest the client or family do the following:

- Consider purchasing a bath seat that fits in the tub or shower.
- Install a hand shower for use with a bath seat and shampooing.
- Use a nonskid surface on the tub or shower floor.
- Install hand bars on both sides of the tub or shower to facilitate transfers in and out of the tub or shower.
- Carefully monitor the temperature of the bathwater. See Chapter 32 for hot water tank setting recommendations.
- Apply lotion *after* the client is out of the tub or shower since lotions may make the tub surface or shower floor slippery.

**◀ TEACHING: HOME CARE**

boxes describe teaching methods designed to facilitate self-care for clients living at home.

**▼ TEACHING: WELLNESS**

boxes offer teaching methods directed at providing wellness or health-promotion information to help clients live healthier lives.

**TEACHING WELLNESS****Reducing Electrical Hazards**

Take the following steps to reduce electrical hazards:

- Check cords for fraying or other signs of damage before using an appliance. Do not use it if the cord is damaged.
- Avoid overloading outlets and fuse boxes with too many appliances; use grounded outlets and plugs.
- Always pull a plug from the wall outlet by firmly grasping the plug and pulling it straight out. Pulling a plug by its cord can damage the cord and plug unit.
- Ensure that ground fault circuit interrupters (GFCIs) have been installed wherever electrical appliances or equipment can inadvertently come in contact with water, such as near sinks, bathtubs, or showers, or outdoors.
- Keep electric cords and appliances out of the reach of children, and place protective covers over wall outlets to protect young children.
- Carefully read instructions before operating electric equipment.
- Always disconnect appliances before cleaning or repairing them.
- Unplug any appliance that has given a tingling sensation or shock and have an electrician evaluate it.
- Keep electric cords coiled or taped to the ground away from areas of traffic to prevent people from damaging the cords or tripping over them.

**ASSESSMENT HOME CARE**

- Monitor respiratory rate following the administration of respiratory depressants, such as morphine.
- Assess the home setting for factors that could interfere with breathing, such as exhaust, gas, or cigarette smoke.
- If the client has just come in from another room, allow the client to rest a minute or two before counting respirations.

**◀ ASSESSMENT: HOME CARE**

boxes provide guidelines to assess the needs of clients or families or caregivers and explain how to assess the available community resources for discharge and home care planning.

**ASSESSMENT INTERVIEW**

**Hygiene Practices**

The following questions can help the nurse learn about the client's hygiene practices:

**SKIN CARE PRACTICES**

- What is your usual time to shower or bathe?
- What products, such as soap, shampoo, deodorant, do you prefer to use?
- What products, if any, do you use on your face?
- How frequently do you clean or discard applicators or puffs that you use on your face?
- Are there any products or practices that you avoid because of how they affect your skin?

**SELF-CARE ABILITIES**

- Do you have any problems managing your own hygiene?
- What assistance can the nurse give you to help you meet your need for hygiene?

**SKIN PROBLEMS**

- Do you have any tendency toward dry skin, acne, itchiness, rashes, bruising, excessive perspiration, or lack of perspiration?
- Do you have any allergies? If so, to what?

**ASSESSMENT: INTERVIEW**

boxes offer examples of interviewing questions that can be used to help elicit relevant assessment data from the client.

**ASSESSMENT: DEVELOPMENTAL GUIDELINES**

boxes feature critical assessment questions relevant to the growth and developmental needs of the client.

**ASSESSMENT DEVELOPMENTAL GUIDELINES**

**The Young Adult**

In these three developmental areas, does the young adult do the following?

**1. PHYSICAL DEVELOPMENT**

- Exhibit weight and BMI within normal range for age and gender
- Manifest vital signs (e.g., blood pressure) within normal range for age and gender
- Demonstrate visual and hearing abilities within normal range
- Exhibit appropriate knowledge (e.g., STIs) and attitudes about sexuality

**2. PSYCHOSOCIAL DEVELOPMENT**

- Feel independent from parents
- Have a realistic self-concept

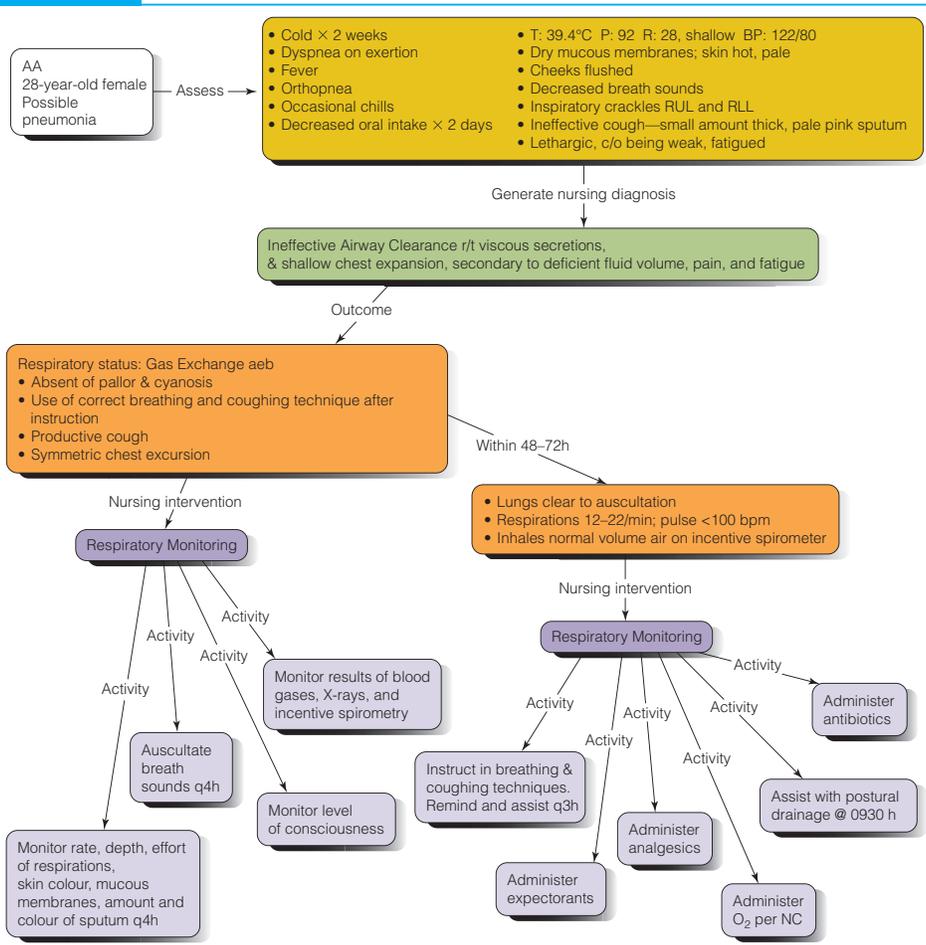
- Like self and direction of life

- Interact well with family
- Cope with the stresses of change and growth
- Have well-established bonds with significant others and intimacy with a partner or close friends
- Have a meaningful social life
- Demonstrate emotional, social, and economic responsibility for own life
- Have a set of values that guide behaviour

**3. ACTIVITIES OF DAILY LIVING**

- Have a healthy lifestyle

**CONCEPT MAP Ineffective Airway Clearance (Gas Exchange)**



**CONCEPT MAPS**

show the schematic relationships of various concepts and elements of both the nursing process and nursing care plans.

**KEY TERMS ►**

summarize, in alphabetical order, the essential vocabulary associated with each chapter; the key term is defined and highlighted in boldface upon first mention in the chapter, and then both the term and the definition appear again in the end-of-book Glossary.

**KEY TERMS**

**capacity building** p. 189  
**climate change** p. 183  
**colonialism** p. 189  
**environmental health factors** p. 183  
**epidemiological transition** p. 188  
**food security** p. 195

**global health** p. 187  
**Indigenous peoples** p. 193  
**international health** p. 187  
**international nursing** p. 192  
**migration** p. 193

**Millennium Development Goals (MDGs)** p. 189  
**natural disasters** p. 195  
**pollution** p. 186  
**poverty** p. 194  
**safe water** p. 186  
**sanitation** p. 186  
**social determinants of health** p. 193  
**social justice** p. 192  
**surveillance** p. 195  
**sustainability** p. 192  
**vectors of disease** p. 185

**ASSESS YOUR LEARNING**

- On the basis of a community needs assessment, a public health nurse develops a program to prevent childhood obesity. Which strategy is most appropriate for successful implementation?
  - Providing information to the teacher for classroom use
  - Involving parents, teachers, and children in program development
  - Asking the school administration to remove all vending machines
  - Initiating an exercise program during recess for children who are obese
- In contrast to a home health nurse, the practice of public health nurses is characterized by a focus on what?
  - Illness and injury prevention
  - The health of populations
  - Work in school health, occupational health, and home care

- employ which of the following primary health care principles?
- Accessibility, health promotion, and public participation
  - Illness and injury prevention; political action
  - Social justice and equity
  - Appropriate use of technology and community organization
- Planning for discharge from an institutional setting, such as a hospital, can include a referral to a home care nurse. What BEST describes the expectations of the referral?
    - The home care nurse will deliver all care himself or herself.
    - The discharge assessment of service needs will be followed exactly.
    - The home care nurse will coordinate the health care service needs of the client.
    - The discharge plan is developed solely by the discharge planner and the client.

**◀ ASSESS YOUR LEARNING**

sections present 10 multiple-choice questions to help reinforce concepts and clinical application. Answers can be found in the Instructor's Manual and in the Study on the Go feature.

**WEBLINKS ►**

lists offer readers an annotated list of relevant web-based resources

**WEBLINKS**

Canadian Interdisciplinary Network for CAM Research (IN-CAM)  
<http://www.incamresearch.ca>  
 Launched in January 2004, IN-CAM's two primary objectives are to build research capacity and facilitate interdisciplinary CAM research in Canada, particularly from the perspective of health services or social science. It offers a searchable members database, bimonthly e-bulletin, networking opportunities, and an annual research symposium. Membership is free.

the regulating authority for natural health products for sale in Canada.

Canadian Holistic Nurses Association  
<http://www.chna.ca>

This site presents the philosophy and objectives of the Canadian Holistic Nurses Association (CHNA) and information on the levels of training for a holistic nursing specialty.

**◀ STUDY ON THE GO—QUICK RESPONSE CODES**

align text and mobile learning by providing access to practice assessments, glossary flashcards, and more.

**REFERENCES ►**

sections cite the relevant evidence-based sources that appear in each chapter. Readers are encouraged to consult these to further enhance their comprehension of the chapter topics.

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# Preface

As the scope and pace of nursing and allied health knowledge continues to grow exponentially, one must ask what is *truly “fundamental”* for a nurse to know and understand in order to practice knowledgeably, morally, ethically, accurately, sensitively, and compassionately in both today’s and tomorrow’s health care delivery system. Within the context of the current and future health-care system, the third Canadian edition of *Fundamentals of Canadian Nursing: Concept, Process, and Practice* provides undergraduate nursing students with the *fundamentals* they will require as they embark on their nursing careers. This textbook aims to provide students with a broad and solid foundation of knowledge about the health of individuals, families, communities, and populations. Also included are the issues that client populations face at varying points in time, as well as the nursing care that is possible in health and illness situations, whether clients are situated at home, in the community, at a clinic, at an extended or palliative care facility, or in an acute care setting. We hope that this text will serve as a “go to” resource for students and practicing nurses working in a wide range of settings.

With the goal of providing a fundamental understanding of what is required for contemporary professional nursing practice in Canada, we built on the first and second editions to ensure that we thoroughly addressed needed *skills*, such as communication, critical thinking, clinical reasoning, decision making, use of the nursing process, development of interpersonal and interprofessional relationships, teaching, leading and managing change, use of technology, and application of primary health-care principles. We placed high importance on such concepts as caring, wellness, health promotion, disease prevention, complementary and alternative health modalities, rural health, environmental and global health, multiculturalism, growth and development, nursing theories, nursing informatics, nursing research and education, ethics, accountability, and advocacy. Furthermore, we highlighted basic nursing care for clients across the lifespan from hospital to community settings in the culturally diverse Canadian health-care system throughout. In all areas, we integrated the most recent literature and clinical best-practice guidelines.

To ensure that our text reflects “pan-Canadian” issues and practices, we enlisted reviewers and contributors from across the country, representing different geographical perspectives. We expended every effort to ensure that the level of specificity and readability is appropriate for beginning nursing students. We believe that this text will also provide a strong foundation for advanced nursing studies. Enjoy!

## Organization

For this third Canadian edition, we present 7 units for a total of 49 chapters—one more than our last edition, as we added a new chapter entitled *Environmental and Global Health Nursing* (see page v for a complete list of chapters). The material presented in this publication addresses foundational and fundamental knowledge and skills required for a person entering the nursing profession. Building on the strengths of our first and second editions, we enhanced many features to ensure that our textbook is relevant and informative to nurses across the country.

### UNIT 1—THE FOUNDATION OF NURSING IN CANADA

(Chapters 1–6) introduces the nature of the nursing profession, from the history of nursing to its current practice, education, and research. Each chapter has been updated since our last edition to reflect evolving trends and emerging issues such as changes to nursing practice standards, the increasing role of nurses as research consumers, the influx of internationally educated nurses, moral distress in the work of nurses, and the role of social media in nursing and health care, among many other topics.

### UNIT 2—CONTEMPORARY HEALTH CARE IN CANADA

(Chapters 7–16) describes health-care practice in today’s multicultural environments. Concepts of health, illness, and wellness are addressed as well as the role nurses can play in health promotion from an individual, family, community and global perspective. This unit addresses foundational concepts related to Canada’s health care system and specific issues related to rural and remote health care, including Northern nursing. *Chapter 10: Environmental and Global Health Nursing* is a NEW chapter. Topics addressed include: how the environment influences health; theories related to global development; and major issues in global health such as migration, poverty, inequality, gender, and infectious diseases (to name a few).

### UNIT 3—LIFESPAN AND DEVELOPMENTAL STAGES

(Chapters 17–20) describes concepts of growth and development and outlines the various developmental stages and their specific health needs throughout the lifespan. Particular attention has been given to the issues facing the very young and older adults.

### UNIT 4—INTEGRAL ASPECTS OF NURSING

(Chapters 21–27) describes the fundamental nursing tools required for practice, including critical thinking, clinical reasoning and decision making, caring and communicating, the nursing process, documenting and reporting, teaching

and learning, and leading and managing change. These tools provide a foundation for competent nursing care.

**UNIT 5—NURSING ASSESSMENT AND CLINICAL SKILLS** (Chapters 28–36) provides fundamental knowledge to guide comprehensive health assessment, including vital signs, and addresses integral components of care in relation to pain assessment and management, hygiene, safety, medications, infection prevention and control, skin integrity and wound care, and caring for perioperative clients.

**UNIT 6—PROMOTING PHYSIOLOGICAL HEALTH** (Chapters 37–44) discusses such physiologic concepts as sensory perception; sleep; activity and exercise; nutrition; fecal elimination; urinary elimination; fluid, electrolytes, and acid-base balance; and oxygenation and circulation.

**UNIT 7—PROMOTING PSYCHOSOCIAL HEALTH** (Chapters 45–49) covers a wide range of areas that affect one’s health. Self-concept, sexuality, spirituality, stress and coping, and loss, grieving, and death are all areas that a nurse should consider to care effectively for a client.

Following the book chapters is a **Glossary** in which key terms are defined. Three **Appendices** are provided near the end of the book. They summarize important information about laboratory values, formulae, and vital signs.

## What’s New in the 3rd Canadian Edition

- **NEW approach with adoption of a broader, less prescriptive approach to nursing diagnoses.** This new edition encourages students and nurses to use their knowledge, experience, and critical thinking skills to generate diagnoses or analysis.
- **NEW focus on “Environmental and Global Health Nursing”**—A whole new chapter is devoted to this important and fascinating topic.
- **NEW Patient Safety**—All national patient safety consensus recommendations from Safer HealthCare NOW!, the Canadian Patient Safety Institute, and Accreditation Canada have been integrated into relevant chapters.
- **NEW Community Health Assessment focus**—In addition to individual and family assessment features, we have added a community health assessment focus.
- **NEW emphasis on Clinical Reasoning**—A discussion about the importance of clinical reasoning and the similarities and differences between, and among, clinical reasoning and critical thinking now appear. *Clinical Reasoning* questions appear in several chapters to encourage readers to consider the clinical context as a major factor in determining the specific priorities and approach to nursing care.
- **REINSTATED Glossary of Key Terms**—Previously, our glossary of key terms was available on-line; based on feedback from users, we have reinstated the glossary as part of the text so that users have ready access to such an important feature.
- **UPDATED Reflects the Latest Evidence**—A thorough review of the literature was conducted for each chapter. Emphasis was placed on including the results of systematic reviews and meta analyses to ensure the highest level of evidence.
- **UPDATED All relevant national consensus guidelines related to nursing care are included in the relevant chapters.**
- **ENHANCED Rationales for Nursing Care**—All Skill instructions and Clinical Guidelines were reviewed and revised to ensure that a rationale is provided for each recommendation to promote clarity and understanding.
- **ENHANCED Pan-Canadian Perspective**—Reviewers and contributors were selected from across Canada to ensure that the textbook provides a relevant and comprehensive perspective on nursing care and issues facing nurses across the country.
- **ENHANCED Level of Foundational Knowledge**—We took care to sustain the broad knowledge base provided by this foundational “fundamentals” text; however, the depth and specificity of certain topics were updated and augmented where required throughout the text.
- **ENHANCED Images and Photos**—Over 50 new colour photos have been added, mostly in the Skill Boxes, to enhance clarity and that the most up-to-date equipment appears.

# Resources and Supplements

## Student Resources

### Clinical Reference Cards

Each copy of the book is accompanied by a series of Clinical Reference Cards, which are intended to serve as a handy reference when engaged in clinical work. The contents include brief summaries of such topics as the normal ranges of vital signs for various age groups, common laboratory values, the Glasgow Coma Scale, and the “10 Rights” of medication administration.

### Online Resources



At the end of every chapter, students will find a QR code (also known as a quick response code) that aligns text and mobile learning. Students can access practice quizzes, glossary flashcards, and more text-specific resources through their smartphones, allowing them to study whenever and wherever the wish!

Students can visit one of the sites below to download a free app to their smartphone to gain access to these resources. Once the app is installed, the phone scans the code and links to a website that features Fundamentals of Canadian Nursing’s Study on the Go content.

#### ScanLife

<http://getscanlife.com>

#### NeoReader

<http://get.neoreader.com>

#### QuickMark

<http://www.quickmark.com.tw>



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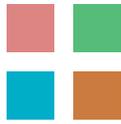
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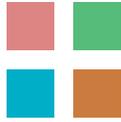
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