PCP 1103- Preparation for Clinical Practice

Outcome 1- discuss person-centred assessment and apply to the collection of health data/cues

Purpose of health assessment

- Paramount to effective nursing.
- Identify subtle changes and minimise adverse events.
- Understanding person's health.
- Includes:
- Person's perceived health needs
- Health problems
- Related experiences
- Values
- Lifestyle
- Baseline observations to know what's wrong with your patient.
- To pick up subtle changes over time.
- Talk to them about their experiences.
- We can't put our values on them must might their values.

Person-centred assessment

- 'Recognising the patient as a person, not a person with a disease. Nurses need to look after patients, but also themselves. Knowing the patient. Understanding the patient's situation and helping. Advocating for the patient. Need compassion. Competency of the nurse'.
- Care needs to be centred around the person and needs to be appropriate for the patient. Its about acknowledging that person isn't just another patient, but also could be a sister or mother, etc.
- Need to put yourselves in their shoes. Show empathy. Need to talk to the person about their concerns and issues, and their goals.
- 'Seeing the person, not just the patient or their disease'.
- This helps to improve-
- Quality and safety.
- Decrease costs.
- Improves satisfaction.
- Decreased medical errors, readmission, infection rates and mortality.
- Short length of stay.
- Reduce anxiety.
- Quality of life.
- May have same condition, but different care plans.
- In a way you sell it to the patient, the type of care they need to receive.

- Better language towards patients.
- Making care related to the person.

Patient assessment data

- Types of data-
- Objective data- signs, visual cues, blood tests.
- Subjective data- symptoms, pain level 1-10, what their feeling, perception of their health status.
- Speaking to the patient vs reading their paperwork.
- 95% of information you want you can get straight from the patient.
- Improving therapeutic communication with patient when talking to them as its more person-centred.

Collecting cues/data

- Data collection methods-
- Observing-
- Noticing- looking at the patient. Always need to observe.
- Interpreting- information given to us. Need to interpret information given to us, why is it happening?
- Interviewing-
- Open-ended questioning- engaged, don't get yes or no answers, detail.
- Closed questions- yes or no answers, don't wont a lot detail.
- Neutral- don't express opinion in way of questioning.
- Leading- shows opinion, leads you down a certain track. E.g. 'have you been taking your medication?' 'yeah' 'then why is this bottle not open'.
- The more you ask the more you get.
- Examining-
- Inspection (look)- e.g. a new rash, look at it (spreading, touch).
- Auscultation (listen)- listen to breathing.
- Palpation (feel)- feel them breathe.
- Percussion- tapping of the area.
- Looking at things more deeply.
- Have to listen to patient talking.
- Acknowledging its worth (story) to the patient.

How we access

- Ask open ended questions.
- Eye contact, cues, more detail.
- Identify priorities among problems.
- Reviewing collected info.
- Identify persons problems.
- Effective communication.
- Dignity and respect.

When do we access

- Admission and emergency assessment (primary)- first inspection down in emergency department. Tell nurse, nurse writes in down and gives you an idea on what's going to happen.
- Focused/ comprehensive assessments (secondary)- in bed/ward. Next assessment after primary. More relevant to what's happened. E.g. you had a fall, how did you fall, what did you land on, what side did you land on, etc.
- Re-access patients on every clinical encounter.

What do we access

- Access baseline vital systems- temp, respiratory rate, pulse, blood pressure, oxygen saturation and pain.
- Consider cultural/ social background, e.g. Muslim.
- Patient history- what are they telling me has happened to them. What do the notes say?
- General appearance- what am I looking at? Are they bleeding.
- Additional measurements- weight, height and blood sugar level.
- Observations aren't showing us anything then that's not the problem.
- Physical assessment- ABCDEFG.
- Wellbeing- tell me about yourself, who looks after you? Do you live alone? Do you care or have a career?

Focused assessment (secondary)

- Head to toe.
- Work your way through the list.
- This is done to provide appropriate care.
- E.g. fallen over, broke arm- is there any neurological damage.
- Systematic approach-

- Neurological- respiratory- cardiovascular- gastrointestinal- renal- musculoskeletal- skin- eye- ear- nose- throat.

Beyond physical assessment

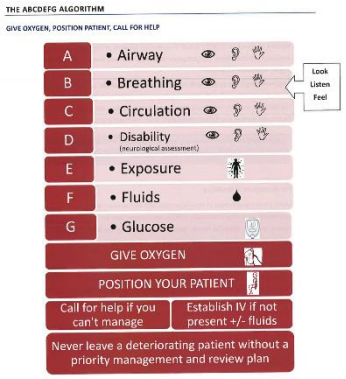
- Lifespan (biological)- where they are compared to the lifespan.
- Wellness (psychological)- anxiety/depression.
- Cultural (sociocultural).
- Risk (environmental)- kind of job they do.
- Politico- economic- based on where you live.
- Patient's background can come into play.

Assessment frameworks- making sense of the data

- DETECT framework.
- Orem's self-care model.

- Ray's adaption model.
- Gordon's functional model.
- Roper- Logan- Tierney model for nursing.

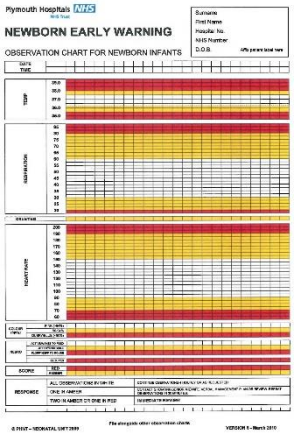
DETECT



- A, B, C, D, E, F, G.
- A, B, C most important.
- Kind of the same as DRSABCD.
- Used to help you understand what your looking for and listening to.

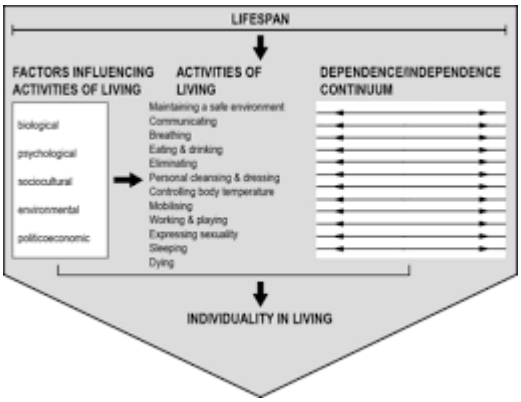
DETECT and SAGO

- SAGO- standard adult general observation.
- Colour coded calling criteria.
- Used for airway, breathing and circulation.
- White is good, yellow is early warning signs, and red is late warning signs.
- Used to help pick up deterioration.



- Observations are done at different times depending on your care needed.
- Surgery- hourly after getting back.
- Patient stable- 8th hourly.
- Nursing homes- once a week/ once a month, as that's not the reason their there.
- Palliative care- obs aren't done.
- Yellow zone you may want to ring the doctor.
- Write in notes- talked to doctor and his response to it.
- Red zone is a rapid response.
- How does it work with my patient, fit man vs unfit man.
- Temperature will be high if they have an infection, hence normal for them.

Roper-Logan-Tierney Model



- Looks at daily living, can they move around, can they talk, can they eat?
- Based on person's background.
- Independent and dependant living.
- What's influencing their daily activities.
- Then they try to work out a plan with the patient.
- Its individual- person-centred.