Medical Surgical Nursing Care 4th edition Burke Solutions Manual

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CHAPTER 2

HEALTH, ILLNESS, AND SETTINGS OF CARE

LEARNING OUTCOME 1

Define *health*, the *health–illness continuum*, and *high-level wellness*.

Concepts for Lecture

1. Health is "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (World Health Organization definition).
2. The health–illness continuum is a dynamic process, with high-level wellness at one extreme of the continuum and death at the opposite extreme.
3. High-level wellness is a way of functioning to reach one's maximum potential at a particular point in time.

LEARNING OUTCOME 2

Use knowledge of variables affecting health status to promote, maintain, and restore health when providing patient-centered care for adults across the life span.

Concepts for Lecture

1. Many different factors affect a person's health or level of wellness.
2. Major factors affecting health include genetic makeup; cognitive abilities and education; race, age, gender, and developmental level; lifestyle and environment; socioeconomic status; and geographic area.
3. The emphasis in nursing is shifting from a focus on acutely ill patients toward prevention and community-based care.

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4. Two essential aspects of medical–surgical nursing today are teaching healthy behaviors and health maintenance and providing for continuity of care.
5. Certain practices are known to promote health and wellness.

LEARNING OUTCOME 3

Discuss the purpose and uses of *Health People 2020.*

Concepts for Lecture

1. The national public health objectives published in *Healthy People 2020* provide a foundation for disease prevention and wellness activities across public and private sectors and serve as a model for measuring the achievement of identified goals and objectives.
2. Some leading health indicators associated with *Healthy People 2020* are access to health services, clinical preventive services, mental health, and social determinants.

LEARNING OUTCOME 4

Compare and contrast disease and illness and acute illness and chronic illness.

Concepts for Lecture

1. *Disease* is a medical term describing disruptions in structure and function of the body or mind. Manifestations are signs and symptoms exhibited by disruption that prompts a person to seek treatment.
2. Many diseases have a biologic cause. Environmental factors often play a major role in the development of disease, and lifestyle impacts the development of disease.
3. Diseases rarely result from just one cause. Common causes include genetic defects, developmental defects, biologic agents or toxins, physical agents, chemical agents, generalized response of tissues to injury or irritation, alterations in the production of antibodies, faulty metabolic processes, and continued unabated stress.

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4. Illness is the response a person has to a disease. Illness integrates pathophysiologic alterations; psychologic effects of those alterations; effects on roles, relationships, and values; and cultural and spiritual beliefs.
5. A chronic illness or disease is one that typically has a slow onset and lasts for a prolonged time. Chronic illness is characterized by impaired function in more than one body system.
6. The intensity of a chronic illness and its related symptoms ranges from mild to severe, and the illness is usually characterized by periods of remission and exacerbations.
7. An acute illness is one that occurs rapidly, lasts for a relatively short period of time, and is self-limiting. The condition generally responds to self-treatment or to medical or surgical intervention.

LEARNING OUTCOME 5

Provide safe and effective nursing care and teaching for patients experiencing acute or chronic illness and their families.

Concepts for Lecture

1. The response of a person to chronic illness and the patient's needs are unique and are influenced by many complex interrelated factors.
2. Adaptation to chronic illness is influenced by many variables such as anger, depression, denial, self-concept, locus of control, hardiness, and disability.
3. Nursing interventions for a patient with a chronic illness focus on education to promote independent functioning, reduce health care costs, and improve well-being and quality of life.
4. Chronic illness in a family member is a major stressor that may cause changes in family structure and function, as well as changes in performing family developmental tasks.

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5. Patients' responses to acute illness often follow a predictable sequence. The person (1) experiences symptoms or manifestations that signal a change in normal health; (2) assumes the sick role, accepting the symptoms as evidence of an illness; (3) seeks medical care; (4) assumes a dependent role once he or she accepts the diagnosis and planned treatment for the illness; and (5) recovers and engages in rehabilitation.

LEARNING OUTCOME 6

Describe the focus of various settings of care, including acute, long-term, and residential care and community-based and home care.

Concepts for Lecture

1. Patients with highly acute needs often receive care in a hospital as an inpatient. The primary reasons for hospital admission vary by age group, and patients who are hospitalized often require a high level of professional and technologic care.
2. Extended or long-term care options range from independent senior housing to skilled nursing home care. Increasingly, multiple levels of support and care are available. The focus of independent living, residential care, and assisted living facilities is on providing the support necessary to maintain resident function and independence.
3. Community-based nursing focuses on culturally competent individual and family health care needs. Nurses practicing community-based care provide direct services to individuals to manage acute or chronic health problems and to promote self-care.
4. Community-based nursing occurs in many different settings, including community-based health centers and clinics, day care programs, churches, schools, and correctional facilities.

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5. Patients receiving home health care services are under the care of a physician, and the LPN/LVN provides care based on physician orders. The nurse's care is guided by the home health agency's bill of rights, which the LPN/LVN will share with the patient.
6. The patient in home health is both the person receiving care and the person's family, which is not limited to those related by birth, adoption, or marriage.
7. Safety and infection control in the home and in residential care are priority concerns for the home health nurse.

LEARNING OUTCOME 7

Discuss the role and responsibilities of the LPN/LVN as a member of the health care team across different settings of care.

Concepts for Lecture

1. Most health and illness care occurs outside the acute hospital environment. In each environment, the nurse can take on the role of care provider, care manager, teacher, and/or patient advocate.
2. The focus of nursing care has shifted toward preventive community-based care and chronic disease management. Nurses must teach healthy behaviors and health maintenance as well as provide continuity of care as a patient moves among health care settings.
3. LPNs/LVNs are often employed in community centers and clinics to carry out focused assessments, to assist the physician or APRN with examinations, and to teach the patient necessary self-care activities.
4. In acute settings, LPNs/LVNs provide care under the direction of the RN. Acute care nurses must be able to care safely and effectively for patients who are acutely ill and have multiple needs. The nurse also must prioritize the needs of multiple patients, use and manage

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equipment, communicate effectively with physicians and other members of the health care team, and practice cost-effective care.

5. In long-term care settings, the LPN/LVN is involved with planning, directing, and evaluating care.
6. In skilled nursing care centers, the LPN/LVN, under the direction of the RN, provides direct care, administers medications, and delegates and supervises care administered by nursing assistants. The nurse is responsible for assessing the residents, planning and directing care, and monitoring health care needs.

GENERAL CHAPTER CONSIDERATIONS

1. Have students study and learn key terms listed at the beginning of the chapter.
2. Have students complete end-of-chapter exercises either in their book or on the companion website.

SUGGESTIONS FOR CLASSROOM ACTIVITIES

- Discuss the health–illness continuum. How does it differ from the World Health Organization's definition of health? In what ways does it differ from Dunn's description of wellness? This discussion could take place in small groups in the classroom.
- Initiate a discussion on factors affecting health status, promotion, and maintenance by having the students compare their present health status and the ways in which they promote personal and family health.
- Divide the class into small groups of four. Have the students develop the following scenarios and role-play the nurse–patient interaction.
    - Scenario A: A 22-year-old male seen in the hematology clinic with sickle cell disease
    - Scenario B: A 45-year-old recently divorced female who had a hysterectomy

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- Scenario C: A 55-year-old postmenopausal female with a high cholesterol level
- Scenario D: A 42-year-old patient with esophageal cancer with metastasis to the liver who drinks alcohol ("in moderation") and smokes cigarettes ("just a few a day")
- Scenario E: A 30-year-old type I diabetic who is not adhering to the diabetic diet or the insulin regimen
- Scenario F: A 75-year-old patient with chronic obstructive lung disorder

- Define and discuss acute illness. Describe the steps of the sick role in acute illness.
- Invite a home health nurse to speak to the class about caring for a patient with chronic illness at home.
- Invite several nurses, each from a different health care setting, to appear on a panel and speak about their roles in their respective settings. Advise the students of the settings where the panel members work. Ask each student to write questions he or she would like to ask panel members. Collect the questions, review them for relevance to the learning outcomes, and give panel members the relevant questions prior to the panel presentation. Also, allow for some live question-and-answer time.
- Assign students to go to the library and find an article in a journal about rehabilitation nursing or a person who is getting or has gotten rehabilitation. Ask students to summarize the article and share it with the class.
- Ask students to break into small groups and to imagine what it would be like not to be able to walk or feed themselves and to be in a rehabilitation hospital. What would their fears be, and what would they want from the nurse and from their families and friends?
- Assign students to interview a nurse of their choice who works in a community care setting. Have the students write a paper on how this nurse came to work in this setting, the nurse's

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philosophy of nursing in this setting, what type of patient the nurse serves, and how the nurse serves his or her patient population. Have students present their papers in class or post them in an area where the rest of the class can read them.

- Assign students to compile a resource manual containing information about home-based and community health care. Students can collect information about the services of a variety of agencies providing these services. Information might include brochures, advertisements, interviews with marketing personnel, and information from the agency website.

SUGGESTIONS FOR CLINICAL ACTIVITIES

- Assign students to interview assigned patients to determine their concepts of health and wellness.
- Have students help with teaching health promotion and maintenance at a health fair.
- Prior to clinical, assign students to interview patients and ask them what factors they think played a role in their disease or illness. Ask them about genetic factors, environmental factors, lifestyle factors, and stressors. Assess the patient and see if you agree with the patient's assessment of his or her own factors.
- Assign students to observe patients in a physician's office or other setting. Have them identify and journal about the behaviors that the patients exhibit in the various stages of acute illnesses.
- Assign students to care for patients in a rehabilitation facility. They should compare the care of a patient with a chronic illness to a patient with an acute illness in an acute health care facility.
- Before clinical assignments in both long-term care settings and acute care settings, assign students to observe and interview LPNs/LVNs about their roles. Have the students write

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down what they observe and what they learn in the interviews. This information can be discussed in postconferences. Over a semester, the students will probably go to more than one setting, so as students move from one setting to another, they can compare and contrast the roles they have learned about.

- Arrange a tour of a rehabilitation hospital or facility. Arrange to have someone demonstrate the various types of equipment and exercises used in rehabilitation. Have an LPN/LVN on staff talk about the philosophy of nursing at this facility; how he or she works with the other health care professionals on the team; the process of assessment and care planning; how he or she manages and organizes care and advocates for the patient; how the team works with the family; and discharge planning.
- Arrange a tour of a jail or prison that employs LPNs/LVNs, and have students observe what the nurse does when working in this particular community care setting. If this tour is not feasible, select a community care setting from the list in Box 2-2 and arrange a tour of that facility.
- Arrange for students to have an observational experience with a home-based or community health care nurse.

PEARSON NURSING STUDENT RESOURCES: nursing.pearsonhighered.com

- Case Studies
- NCLEX-PN® Questions
- Challenge Your Knowledge Questions

STUDENT WORKBOOK AND RESOURCE GUIDE

- Chapter 2 activities
- *Separate purchase*

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PEARSON NURSE'S DRUG GUIDE

- *Separate purchase*

TEST BANK

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