Key points from the book

1 Nursing: Past, Present and Future

Key Points

• The fundamental basis of nursing is associated with caring and helping, and nursing can be described as both an art and a science.
• Caring defines nurses and their work, and as such, there are many facets associated with the role and function of the nurse. The role is constantly evolving and is difficult to classify.
• Care has been claimed to be an essential human need for the full development, health maintenance and survival of human beings in all world cultures.
• Many of the theories developed through the 20th century that relate to nursing have a philosophical foundation, and include ideas about the nature of nursing, the nature of the person, the nature of society and the environment and the nature of health.
• With regards to the demand for health care, there are many drivers, including the kind and main causes of disease.
• Project 2000 introduced a framework for pre-registration nurse programmes, which was to radically change the experience of student nurses in practice and in education. New developments have seen the revision of nursing curriculums from 2013 onwards.
• On 1 April 2013, the NHS saw its biggest reform in its 65-year history. Hundreds of NHS organisations were abolished and hundreds of others created, transforming the provision, commissioning and regulation of health care.

2 The Professional Nurse and Contemporary Health Care

Key Points

• Professional nursing practice is not only judged by the recipient of care – the patient – but also by the profession itself. Professionals judge other professionals with regard to the quality and the appropriateness of the care that they provide.
• All registered nurses have a role to play in the development and facilitation of teaching and learning in the clinical learning environment.
• The processes by which learning occurs are complex and over time, psychologists have tried to describe them; however, none of the theories in isolation can provide a full understanding.
• Nurses can apply leadership styles and adapt them to the ever changing situations that they are faced with on a regular basis. An understanding of the theories that underpin leadership can guide nurses in adopting the most effective ways of working in practice.
• Nurses have a key role to play in the management of change; they are equipped to ensure that the principles of care, in addition to the principles of access, equity and efficiency, remain at the heart of any changes to service provision.
• Nurses should be focussed on the needs of patients and be able to use the many facets of clinical governance to constantly evaluate and improve patient care.
• Effective interprofessional working can have the potential to improve and develop care, and where teams work well, they learn and support each other in this aim. Similar to clinical governance, the philosophy underpinning interprofessional working puts emphasis on the patient at the centre of care, and acknowledges that patients often move from one professional group to another, depending on need.
3 Health Promotion

Key Points

• Health promotion is the process of enabling people to increase control over, and to improve, their health. It becomes an essential guide for health professionals in addressing the major health challenges faced by developing and developed nations. Health promotion is a process directed towards enabling people to take action and, as such, it is not something that is done on or to people; it is done by, with and for people either as individuals or as groups.
• Health is seen as a positive concept, not merely limited to one’s physical capacities, but intrinsically linked to, for example, where a person might live and to aspects of their social networks. In supporting health, nurses must understand the variety of dimensions and factors that will impact upon an individual’s health status, and the ability of individuals to make choices with regard to their future health.
• Individual beliefs about health and illness are a significant factor in the way our patients and clients behave in relation to their health status.
• Individual beliefs need to be understood if nurses are to engage in supporting, caring and nurturing health and healthy choices in our patients and clients.
• Health promotion in the care setting will inevitably take account of lifestyle assessment, health teaching, effective communication, information giving and providing opportunistic health promotion strategies in everyday clinical practice.
• There is a variety of theories that guide health promotion interventions, and most theories are based in the social sciences, which include sociology, education, psychology and social policy studies.
• When discussing health-related behaviours, emphasis should be placed on the style of communication that is used, for example the attitude and approach that is taken when engaging with patients.
• Models of behaviour change are a popular choice for nurses engaging in health promotion interventions.

4 Public Health

Key Points

• Public health is focussed on the needs of large groups and populations, with a strong emphasis on positive health outcomes, health improvement and protection, and disease prevention.
• In 2013, the government set out a public health workforce strategy (Healthy Lives, Healthy People, DH 2013a), which acknowledges the significant changes made to the public health system to support these changes with specialised public health workers.
• Public Health England (PHE) is an executive agency of the Department of Health set up in 2013 to bring together public health specialists from over 70 organisations into a single public health service. The aim of the service is to protect and improve the nation’s health and support healthier choices.
• The picture of health on a global scale can be said to be improving, and in the UK it is generally accepted that in contemporary society on average, a person can expect to live longer, be healthier and be in a financially better position than a person 50 years ago. However, these patterns of improvement are not equally distributed, and the gap between rich and poor communities and groups has widened.
• Poverty is a central concern of public health, not only in this country, but worldwide. People living in poverty (this can equate to poor housing, overcrowding, poor sanitary conditions) have a reduced life expectancy and experience poorer health than the rest of the population.
• Epidemiology is concerned with the study of how diseases are dispersed between groups of populations and the factors that influence this distribution. As such, the rate of disease, its timing and place, and the people affected can suggest a pattern to epidemiologists who will be involved in predicting the development of disease among the wider population.
• Primary care nursing refers to all the health services that are provided in the community setting and community nursing care is focussed on all aspects of health. Community nursing services provide the public with essential evidence-based nursing, which enables people to remain in their own home and environment wherever possible, and receive health care and health education according to their individual needs.
5 Ethics, the Law and the Nurse

Key Points

- Nursing practice is structured by codes of ethics and standards, with which an individual can be held accountable in a court of law.
- The standards set help define the roles of nursing and are critical to moral decision-making.
- The Code (NMC 2008) highlights standards of conduct, performance and ethics for nurses and midwives.
- Values underpin our decisions and behaviours and are demonstrated in the 6Cs (caring, compassion, competence, communication, courage, commitment).
- A variety of approaches underpin ethical decision-making; these include the rules that we believe to be right, the consequences of our actions and the moral codes that we live by.
- Ethical principles of not harming, doing good, allowing choice and being fair also underpin nursing approaches.
- Legal dilemmas exist in nursing and nurses are responsible by law for their actions.
- People have the right to refuse treatment and to complain if treatment is poor or puts them at risk.
- The UK and European Law influences people’s rights in healthcare situations.
- Staff are accountable for their actions when delivering care to patients, their families and carers and their actions must meet the requirements of their professional body and the law.

6 The Nursing Process

Key Points

- This chapter offers insight into the various definitions of nursing.
- An introduction to the history of the Nursing Process and understanding of the concept (philosophy/principles) of the Nursing Process is provided.
- Consideration is given to the practice of nursing and various organisational models of care.
- Having an understanding of the stages of the Nursing Process; assessment, diagnosis, planning, implementation and evaluation (ADPIE) can help the nurse use a systematic approach to care provision.
- An understanding of how ‘intentional rounding’ and compassion impact on the concept of individualised care is provided.

7 Models of Nursing

Key Points

- This chapter has provided an introduction to the history and principles underpinning nursing models.
- Undertaking a comprehensive, systematic nursing assessment that takes account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement ensures that care provision is patient-centred.
- Various nursing models have been discussed, demonstrating how a nursing model links closely to patient-centred care and safety.
- The Roper, Logan and Tierney activities of living model of nursing (or derivatives thereof) is most the most widely used nursing model in the UK.
- The chapter provides insight into the dimensions of Roper, Logan and Tierney’s model, Orem’s model, a model related to the child and young person and a nursing model used in mental healthcare settings.
- Nursing models allow nurses to articulate the art and science of nursing.
- Nurses are required to work in partnership with service users, carers, families, groups, communities and organisations, managing risk and promoting health and well-being, empowering people to make choices that promote self-care and safety.
- All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. This can enable the nurse to take account of individual differences, capabilities and needs.
- When assessing, planning, delivering and evaluating care, nurses must use up-to-date knowledge and evidence.
### 8 The Principles of Safeguarding and Dignity

**Key Points**

- In all aspects of society, there are vulnerable individuals who should be afforded dignity, protection and safeguarding against abuse or inequality.
- This chapter has focused on the older person, however the principles discussed here can be applied to all fields of nursing.
- Key terms have been defined and discussed in this chapter, with consideration on how safeguarding and dignity can directly affect care and support.
- There are a number of legislative frameworks concerning safeguarding and dignity and these have been outlined.
- The chapter has offered insight into the application of the principles relating to safeguarding and dignity.
- Supporting and promoting the principles of safeguarding and dignity in care, among other things, requires the nurse to apply the principles of the Mental Capacity Act in a capacity assessment, encourage and to advocate the application of the dignity challenges and practice framework.
- When nurses participate in the delivery of safe and dignified care, offering support to individuals in any care setting, they must practice within the Nursing and Midwifery Council’s (NMC 2008) ‘Code of Conduct’.

### 9 The Principles of Older People’s Care

**Key Points**

- The chapter has emphasised the importance of communication in the older person setting and also when communicating with older people and their families.
- Key issues associated with all aspects of care have been discussed; these included dignity and respect. The need to ensure that people are treated as individuals has been highlighted.
- It is imperative that care planning is (when possible) done with patients reflecting and respecting their individual needs.
- When undertaking an assessment of individual needs, a holistic approach must be adopted. The person undertaking the assessment of needs must be deemed competent and confident in this important aspect of care. Assessment tools must be used judiciously, be fit for purpose and be relevant.
- Falls are a major cause of morbidity and mortality in the ageing population. Undertaking a detailed and patient-centred assessment can identify those at risk and help to prevent a fall occurring.
- Caring for people in their own homes in a safe and effective manner will require the nurse to plan the discharge in such a way that the patient is at the centre of any decisions being made. A multidisciplinary team approach has been advocated.
10 **The Principles of Caring for People with Learning Disabilities and Autism**

**Key Points**

- This chapter has provided the reader with an understanding of the nature of learning disabilities, causes and prevalence. Gaining insight into these issues can help the nurse provide person-centred care.
- People with learning disabilities are more susceptible to inequalities in health and social care when compared with other people in society.
- Enhanced communication awareness and the use of effective communication skills has the potential to improve the health and well-being of people with learning disabilities.
- When service provision has been reasonably adjusted, the needs of the person with learning disabilities can be met more effectively.
- Legislation has the ability to impact positively on care delivery for people (and their families) with learning disabilities.
- The key role of the nurse is to support and promote the health, well-being and rights of people with learning disabilities.
- Partnership with specialist learning disability services is essential when offering health and social care services to those with learning disabilities.
- The nurse is required to assess the person's physical and psychological needs using communication strategies that are appropriate and effective.
- When encouraging person-centred planning, the nurse empowers the person with regards to choices in health and social care.

11 **The Principles of Caring for Children and Families**

**Key Points**

- The nurse when caring for children and their families should offer care that is safe and effective using a sound evidence base.
- Growth and development of a child is influenced by a number of factors, for example nutrition and a variety of social, economic, geographic and political aspects. These factors interact and impact on the overall child’s development into adulthood.
- Childhood is a period of rapid growth and development; children of different ages from birth through to adolescence have very distinctive needs.
- During adolescence a rapid growth spurt occurs. The internal organs grow, for example the lungs and the heart, this in turn increases physical endurance.
- The nurse is required to use appropriate and effective communication skills when supporting the child or young person and their families, particularly when undergoing procedures that they would rather not undergo.
- Immunisation programmes (childhood immunisations) have provided significant and beneficial effects for the health of children since these programmes were introduced.
- Common physical and mental health problems for infants, children and young people have been considered, providing the reader with a ‘flavour’ and offering signposts where further information can be found.
- Protecting infants, children and young people is everybody's responsibility. Child protection is a very sensitive area, which touches all of society. A brief overview of the legal framework for safeguarding children has been provided.
12 The Principles of Caring for People with Mental Health Problems

Key Points

• This chapter has provided you with an overview of the fundamental aspects associated with mental health nursing, the principles of care. The chapter has provided information immersed in the policy context for contemporary mental health nursing care.
• An awareness of the various approaches to understanding mental disorder have been discussed, an emphasis has been placed on the principles of the ‘recovery’ approach. The values of holism in the delivery of nursing care for people with mental health problems are essential if care is to be person centred.
• Understand the principles of nursing care for people experiencing mental distress and their carers, including assessment, treatment options and therapeutic nursing care have been discussed with an appreciation of why physical health problems may be elevated in this client group.
• The chapter has highlighted the need for nurses to be aware of the contexts for mental health care, including the various settings for care and the legal contexts.
• Central to the values that underpin effective mental health nursing is the need for all nurses to practise in a holistic, non-judgemental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, the nurse must challenge inequality, discrimination and exclusion from access to care.
• Emphasis has been placed on the need for all nurses to use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, respecting professional boundaries.

13 The Principles of Maternity Care

Key Points

• This chapter has explored the role of the midwife in maternity care and the options available for maternity care and birth.
• It has provided an insight into the physiology of pregnancy and links for further reading.
• There is an overview of the important screening tests offered to woman during pregnancy and there are recommended links for further reading.
• Discussed some of the common minor disorders of pregnancy and their appropriate management.
• The importance of the care a woman receives in the antenatal, intranatal and postnatal period and the initial care of the neonate has been emphasised.
• Highlighted some of the complications of pregnancy and childbirth and the actions required by health professionals.
• There are many opportunities where nurses can impact on maternal and child health.

14 The Principles of Surgical Care

Key Points

• The effect of surgery on patients is not restricted to the physical.
• Preoperative teaching is vital to both patient safety and patient satisfaction.
• Preoperative checklists are an essential tool in ensuring patient safety.
• Collecting patients from the recovery area involves a complete handover and patients should not be transferred unless the nurse is sure it is safe to do so.
• Immediately on return to the ward, the nurse should undertake a complete assessment of the patient including vital signs.
• The trends of vital signs are just as important as any single result and are often more useful to the nurse.
• Mobilising patients early after surgery has the potential to reduce the incidence of several postoperative complications.
15 The Principles of Cancer Care

Key Points

- Cancer is a generic term for a host of different illnesses; some develop as a result of lifestyle choices we make and require different approaches to treatment.
- Cancer treatments can be debilitating and perceived as worse than the illness itself, leading to neutropenia and possible death, which requires rapid responses when they present for emergency care.
- Cancer is a chronic, rather than terminal, illness and many people survive cancer but are in need of support to adjust to life with disability and deformity.
- Cancer is a frightening experience and people need care and compassion but above all else, honesty from healthcare professionals and sensitive handling of their issues.
- Some people with cancer present too late for curative treatment and palliative care is their only option.
- Cancer is an illness that affects all of a person’s social circle – families, friends and work colleagues, so we are not just caring for the person but people important to the person as well.
- Cancer research is at the cutting edge of medical science and to remain proficient in caring for people with cancer, we must ensure our knowledge is current and up-to-date.

16 The Principles of Infection Control

Key Points

- The importance of infection prevention and control has been described providing the reader with an historical perspective.
- A discussion concerning the most common healthcare-associated infections has been provided.
- The requirement to use a person-centred, evidence approach to the treatment of people with communicable diseases has been discussed.
- The unique role and function of the nurse as central in the prevention, monitoring and control of infection has been reiterated.
- The chapter has provided insight and understanding concerning a number of ways of collecting specimens.
- Information giving is a key factor in the fight against infection prevention and control.

17 The Principles of Nutrition

Key Points

- What we eat and drink is vital to maintaining a healthy body and a poor diet results in ill health.
- The nutrients need to be balanced for homeostasis and when an element is missing, ill health including mental health occurs.
- The nutrients we eat are as important as the medical treatment received; wounds only heal if the nutrients are available to sustain this.
- Nurses have a crucial role to ensure that the people they are caring for are adequately nourished; ignoring this aspect of care is detrimental to their patient’s well-being.
- There are professional, legal and ethical dilemmas to consider when feeding artificially continues and adversely affects quality of life.
- A dying person still requires nutrition to ensure a comfortable and dignified death but the type and amounts are different.
18 The Principles of Skin Integrity

Key Points

• The cost of wound care is rising and according to Posnett and Franks (2007), around 200,000 people in the UK have a chronic wound, which costs approximately £2.3–3.1 billion per year.
• The tissue viability nurse’s role is a key lead position in wound prevention and management, undertaking the four key roles of a nurse specialist duties working alongside other members of staff and acting as consultant, researcher, educator and manager.
• A vital component of wound healing is to assess the patient holistically and therefore prior to even assessing the wound and the dressing currently being used, it is imperative that the clinician assesses the physical, social and psychological factors that may impinge on wound healing.
• The wound site can assist in the identification of any comorbidities or processes that could be connected with the occurrence of the wound, for example a diabetic foot ulcer occurs on the foot, usually were there has been uneven pressure distribution and a venous ulcer is common in the gaiter region. Naming and documenting the site of the wound is vital, specifically if there is more than one area of loss of skin integrity.
• A wound assessment that addresses the holistic assessment of the patient is imperative to good wound management. The assessment process should discover any contributing or causative factors that could impinge on the wound healing process, consider the state of the wound bed and peri-wound area and then plan appropriate interventions.
• The causes of pressure ulcers are either extrinsic or intrinsic. According to NICE (2005) guidance, all patients should have an initial and ongoing assessment of their risk of developing pressure ulcers.
• Age is a contributing factor in the potential for skin breakdown and the delay in wound healing. As a person ages, they also develop other intrinsic and extrinsic factors that further interfere with this process.

19 The Principles of Medicine Administration and Pharmacology

Key Points

• All drugs produced have a generic and one or more brand names. A generic name is a drug’s common scientific name. A brand name drug is a medicine that is discovered, developed and marketed by a pharmaceutical company.
• Drug administration does not just involve giving out medication to patients; it involves working with the person, their relatives and other healthcare professionals in the safe administration of medicine. Nurses also have to follow the local, national and their professional guidelines to ensure that they carry out their duties confidently and professionally.
• The chemical nature of the drug determines how and where the absorption takes place. Absorption takes place through the intestinal wall and into the plasma before it reaches the site of action.
• Drugs administered orally have a major hurdle to go through before they reach the general circulation. This is called ‘first pass metabolism’.
• Some of the enteric-coated tablets are gastric irritants and therefore should be taken with food or after a meal. Thus, nurses should never crush enteric-coated medications as it may render the drug ineffective.
• Anticoagulant medicines reduce the ability of the blood to clot. If the patient is overdosed with an anticoagulant, prompt action is needed to reverse the action of the drug. Some of the serious side-effects include bleeding from the GI tract, haematuria, bleeding from the gums and epistaxis.
20 The Principles of Death, Dying and Bereavement

Key Points

• The concept of a ‘good death’ may seem strange to many but how and where people die is often very important to individuals and their families.
• Promoting comfort is the main aim of any management at the end of life and a holistic approach must be taken that acknowledges the interrelationship between the emotional psychological, spiritual and the physical.
• It can often be difficult to truly hear what another is saying. Actively listening and helping the other person stay focussed on their concerns can be difficult and it is all too easy to move the focus of the conversation to one which we assume is more relevant or that makes us feel more comfortable.
• The very nature of end of life care and the profound ethical questions it raises for health and social care practitioners demands an understanding of the underpinning ethical theories and the place they play in clinical decision-making.
• As nurses, when patients are dying, our natural sense of accomplishment from helping someone to return to independence or to heal from an episode of injury or illness is missing.
• Numerous models have been developed that seek to help us understand the complexity of thoughts and emotions that are often experienced when we are bereaved.
• Healthcare workers are repeatedly faced with loss and grief and caring for dying patients for a sustained period of time can develop intense feelings of grief.

21 The Cell

Key Points

• The different types of cells.
• The cell as a communicator, both locally and throughout the body.
• The impact of genetics on the cell.
• The constituents of the cell and their individual roles.
• The cell as the target for the maintenance of health.
• How the cells grow and develop into a fully functioning human being.

22 Immunity, Inflammation and Infection

Key Points

• The difference between the innate immune response and those of the cell-mediated and antibody-mediated responses.
• The lymphatic system – the structure and its components – how they function and communicate to fight infection.
• The impact of genetics on immunity.
• The chemical proteins involved in immunity.
• Immunoglobulins and antibodies.
• Autoimmune diseases.
• Cancer.
23 Pain Management

Key Points

- Pain is a universal phenomenon – everyone experiences pain at some point in their life.
- Nurses must always be non-judgemental in their assessment of the individual with pain – remember pain is what the patient says it is.
- Pain can be acute (short term) or chronic (pain which continues after healing is complete).
- Acute pain is often accompanied by visible and recordable symptoms, whereas chronic pain may not present with symptoms.
- Pain is both a physical and emotional experience and nurses need to pay equal attention to both if they are to provide effective holistic care.
- Unresolved pain has many unwanted physiological consequences which can exacerbate the patient's condition and affect well-being.
- Nurses must carry out a comprehensive pain assessment for all patients experiencing pain.
- Nurses must be able to explain, select and administer a range of both pharmacological and non-pharmacological pain control interventions.

24 Fluid and Electrolyte Imbalance, and Shock

Key Points

- The movement of fluid and electrolytes ensures that the cells are in constant supply of electrolytes, such as sodium, chloride, potassium, magnesium, phosphates, bicarbonate and calcium for cellular function.
- Fluid and electrolyte imbalance can affect all the body systems, especially the cardiovascular, respiratory, renal and the central nervous systems.
- The most common electrolyte imbalances relate to sodium, potassium and calcium.
- Both hyper- and hypokalaemia affect the conducting system of the heart. If not treated promptly they can prove fatal for the patient.
- Shock is a life-threatening condition that occurs when the vital organs, such as the brain and heart, are deprived of oxygen due to a problem affecting the circulatory system. Shock develops when oxygen supply to the cells is insufficient to meet the metabolic demands of the cells.
- Hypovolaemic shock is the most common type of shock and is caused by insufficient circulating volume. Its primary cause is haemorrhage (internal and/or external) or loss of fluid from the circulation, for example dehydration. The aim is to correct the hypovolaemia and hypoperfusion of vital organs such as the heart and the kidneys before irreversible damage occurs.
- Anaphylactic shock results in vasodilatation, pooling of blood in the periphery and hypovolaemia, which can affect cellular metabolism.
25 The Person with a Cardiovascular Disorder

Key Points

- The cardiovascular system is complex and interconnected and, particularly disorders of the heart will manifest in signs and symptoms in the circulatory system.
- Examination of the cardiovascular system requires both physical assessment skills and the ability to take a focussed history from the patient.
- In myocardial infarction, time is critical but the nurse should remain calm so as not to unduly distress the patient.
- Initial treatment for patients with acute cardiac pain is MONA.
- Patients with a disorder of the heart are often anxious and require psychological support and reassurance.
- Health promotion for patients with a cardiovascular disorder is often based on reducing modifiable risk factors, such as diet, exercise and smoking.
- There are many support groups available nationally for patients with a variety of cardiovascular disorders.

26 The Person with a Haematological Disorder

Key Points

- Anaemia is the most common disorder of the red blood cell. The signs and symptoms of anaemia relate to the functions of RBCs and gas transportation.
- An increase in the red concentration in the blood is known as polycythaemia or erythrocytosis.
- Leukaemia and lymphoma are haematological disorders of the white blood cells.
- Nursing care of the patient with leukaemia and lymphoma focusses on the risk of bleeding and managing the side-effects of chemo- and radiotherapies.
- Bleeding and clotting disorders can result from low platelet counts.
- Teaching self-care and safety to minimise bleeding in haemophilia is important.
27 The Person with a Respiratory Disorder

Key Points

The absorption of oxygen and disposal of carbon dioxide follows four distinct processes: pulmonary ventilation, external respiration, transport of gases, and internal respiration.

The rate and depth of breathing is dependent upon:

- Optimum oxygen and carbon dioxide levels
- Hydrogen ions
- Body temperature
- Cognitive well-being.

Changes in respiratory rate at rest are always clinically significant.

An inability to maintain adequate oxygen levels constitutes respiratory failure, of which there are two types:

- Respiratory failure type 1 – inadequate oxygenation
- Respiratory failure type 2 – inadequate oxygenation and hypercapnia.

Nurses must be able to perform a comprehensive respiratory assessment, which must include the following:

- Respiratory rate
- Assessment of symmetry and depth of breathing
- Listening for added sounds
- Oxygen saturation.

Nurses must be able to recognise the cardinal signs of acute deterioration in patients with acute respiratory disorders, for example:

- Tachypnoea
- Tachycardia
- Hypoxia and hypoxaemia
- Cool clammy peripheries
- Confusion, disorientation, agitation
- Loss of consciousness.

Patients living with long-term respiratory disorders will require psychosocial care strategies that promote self-care and coping interventions.

28 The Person with a Gastrointestinal Disorder

Key Points

- A bacterium, Helicobacter pylori (H. pylori), is the main cause of peptic ulcers. PU can affect people of any age, including children, but the condition is most common in people who are 60 years of age or over.
- The most common cause of PU is H. pylori infection. It is a Gram-negative, spiral-shaped bacterium. The next most common cause is excessive use of non-steroidal anti-inflammatory drugs (NSAIDs).
- Around 95% of stomach cancers are adenocarcinomas and 5% are lymphomas, sarcomas and carcinoids. Adenocarcinomas can spread along the stomach wall to the duodenum and can also spread to other organs in the abdominal cavity.
- There is a correlation between diet and stomach cancer. High intakes of salt, pickled and smoked foods have been associated with stomach cancer, while eating a lot of fruit and green vegetables can reduce the risk.
- Hepatitis is a viral disease and cannot be cured. Preventing the spread of hepatitis is an important nursing responsibility.
- The formation of a stoma results in altered body image and can affect both the patient and the relatives. Nurses should give the patient and their relatives time to express their concerns and worries, and nurses should give all the necessary information and build a trusting relationship with them. Some of their anxieties may include loss of control of normal bodily functions, restrictions on current lifestyle and daily activities.
- During the first few weeks following the formation of a stoma, the patient may experience sudden urges to defecate. This is known as the ‘phantom rectum’ and can be very distressing for the patient. Nurses need to reassure and inform the patient that it is normal to have such a feeling and that over time this feeling will die down.
**29 The Person with a Urinary Disorder**

**Key Points**

- The two main common UTIs are cystitis and pyelonephritis. Cystitis is more common in women, as women have a short urethra compared with men. For an uncomplicated UTI, a short course of antibiotic therapy should treat the problem.
- Nurses should advise the patient on measures to prevent UTI. Encourage the patient to drink approximately 2.5–3 liters per day and advise on the type of fluid to drink and avoid.
- Kidney stones can obstruct any section of the urinary tract. Some of the obstructions may cause severe pain, such as renal colic, while others may be without any symptoms in the early stages, such as the formation of stones in the kidney.
- In the UK, bladder cancer is the fourth most common cancer in males, and in females it is the eleventh most common cancer. Cigarette smoking is the most significant risk factor for bladder cancer.
- AKI is a frequent complication of critical illnesses, typically occurring in individuals with no prior history of kidney disorder. There may be no symptoms or signs, but oliguria (urine volume less than 400 mL/24 hours) is common. There is an accumulation of fluid and nitrogenous waste products demonstrated by a rise in blood urea and creatinine.
- People with any stage of CKD have an increased risk of developing heart disease or a stroke. This is why it is important to detect even mild CKD, as treatment may not only slow down the progression of the disease, but also reduce the risk of developing heart disease or stroke.

**30 The Woman with a Reproductive Disorder**

**Key Points**

- The female reproductive system is essential for sexual reproduction as well as other important issues, which must be considered by the nurse when caring for women, for example, the psychological and social features of reproduction, as well as the pleasure often provided by the reproductive organs.
- This chapter has considered the female reproductive organs; it has outlined their key functions and given an explanation for the normal and abnormal changes that can occur in the female reproductive system.
- The nurse must use a framework, a systematic approach to guide assessment, planning, implementation and the evaluation of care provision. When applying a systematic approach, the physical, psychological and cultural needs of the woman should be taken into consideration.
- There are numerous screening and diagnostic tests available to help offer women care that is responsive and appropriate. The role of the nurse is multifaceted and will include acting as patient advocate. The nurse will also have to possess an understanding of risk factors for gynaecological cancers and other gynaecological conditions.
- Promoting the rights, choices and wishes of all women requires the nurse to be confident and competent as well as understanding the importance of working in partnership to address women’s needs in all care settings.
- The nurse practises in a holistic manner, respecting individual choice, supporting and promoting the health, well-being and dignity of women.
## 31 The Man with a Reproductive Disorder

**Key Points**

- The male reproductive system and its function, along with normal and abnormal changes that may occur as a result of disease or injury, have been discussed.
- A systematic approach to care delivery is required to ensure the needs of the man have been fully explored and met, assessing his physical and psychological needs. The nurse should adopt a sensitive and caring approach when discussing intimate aspects of the man’s health and well-being.
- A range of diagnostic tests are available to help make a diagnosis and to plan and implement subsequent care. The nurse is required to ensure that the man knows what is involved in these various tests, so that he is able to make an informed decision. Alternatives to planned treatments (where available) should be discussed.
- There are number of risk factors associated with male reproductive cancers and conditions. These have been outlined; there are some controversies surrounding some of these risk factors and the nurse must have an understanding of these.
- As an advocate, in all health and social care settings, the nurse should work in partnership with the man and, if appropriate, his family, to promote his rights, choices and wishes.
- Overall, the key aim of nursing care should be to practise in a holistic manner, respect individual choice and to offer support, promoting the health, well-being, rights and dignity of men.

## 32 The Person with a Sexually Transmitted Infection

**Key Points**

- Positive sexual health is a human right. Nurses are ideally placed to help people enjoy positive sexual health and they can do this in a number of ways using a sound evidence base.
- Identifying groups at risk, for example young people and MSM, and providing them with community specific health education and advice may help to reduce the incidence of STI in these groups.
- The incidence of STIs is increasing, despite a number of strategies in place locally, nationally and internationally.
- The ability to take comprehensive sexual history is paramount if the nurse is to offer care that is appropriate and effective. The skills required to do this effectively and with compassion can be honed as the nurse becomes more experienced.
- There is an increasing need to offer sexual health services in a variety of settings other than the sexual health clinic (the genitourinary medicine (GUM) clinic). Other primary, care settings, such as the general practice and the pharmacy, are important settings where the service can be offered closer to the patient.

## 33 The Person with an Endocrine Disorder

**Key Points**

- The nurse’s role in the management of endocrine disorders requires knowledge of the normal functioning of the endocrine system.
- Endocrine disorders can be slow and insidious in onset with vague symptoms.
- Management of patients with an endocrine disorder requires skills in education and counselling.
- Most patients with an endocrine disorder will be required to carry out self-care activities in managing their disorder and many patients become experts in their own disorder.
- All patients with an endocrine disorder should be strongly advised to wear a MedicAlert talisman.
- Most endocrine disorders have an associated support group and patients should be made aware of any specific to their condition.
- Endocrine disorders are always managed in a shared care agreement between primary care and the hospital consultant.
- The care of patients with diabetes involves the management of risk for long-term complications as much as short-term hormone replacement.
The neurological system is both complex and challenging and to ensure effective and competent nursing care for neurological patients, nurses need the necessary skills and experience, especially in the utilisation of tools, such as the GCS.

Nursing care of conditions related to the neurological system requires an understanding of the anatomy and physiology of the nervous system.

Nursing care for this diverse, vast patient group requires a collaborative approach with other healthcare professionals, and/or their relatives/informal carers according to patients’ holistic needs and goals.

A neurological assessment is conducted to assess the function and integrity of the nervous system and should be conducted in a systematic way, with an initial assessment providing a baseline against which subsequent assessment can be compared.

Altered level of consciousness (LOC) is a common response to intracranial disorders, and is an early manifestation of deterioration of the function of the cerebral hemispheres.

Increased intracranial pressure is a sustained elevated pressure (≥10mmHg) within the cranial cavity and can result from a variety of intracranial and extracranial causes, and if untreated, can be fatal.

Traumatic brain injury (TBI) refers to any injury of the scalp, skull or brain, and is a leading cause of death and disability worldwide. TBI affects all body systems, and may result in a constellation of deficits, including: physical, language, cognitive, behavioural and emotional.

Central nervous system infections may be caused by a variety of organisms and the major CNS infections are meningitis, encephalitis and brain abscess.

Intracranial tumours are named according to the tissues from which they arise and include, on or in brain tissue: the meninges, the pituitary gland, blood vessels; in addition, they are a frequent site for secondary tumours from elsewhere in the body.

A stroke is a major healthcare problem in the UK and results from a sudden decrease in blood flow to a localised area of the brain and may be ischaemic or haemorrhagic.

Epilepsy is a chronic disorder of abnormal, recurring, excessive and self-terminating electrical discharges from neurones – its pathophysiology is not fully understood and it is frequently misdiagnosed.

Headaches, a common type of intracranial pain, are categorised as tension, migraine and cluster. Headaches are a sign and symptom of increased intracranial pressure.

Multiple sclerosis (MS) is an incurable, complex, chronic demyelinating neurological disease of the CNS, commonly occurring in the young to middle-aged adults, in which inflamed areas on the myelin sheath of nerves in the brain result in damage and loss of the nerve axon and the formation of localised inflammation called ‘plaques’, and eventual nerve death.

Parkinson’s disease (PD) is an incurable, common, progressive neurodegenerative disorder affecting the CNS, usually affecting the older adult, which eventually leads to disability characterised by tremor, muscle rigidity and bradykinesia.

Alzheimer’s disease and related disorders is a major, rapidly increasing epidemic and a worldwide challenge to health care and, Alzheimer’s disease (AD), a degenerative cerebral disease, is the most common form of pre-senile dementias and age-related cerebral disorders.

Peripheral neuropathy refers to damage to the peripheral nerves, includes over 100 different conditions, and results in a variety of symptoms, including pain, numbness and muscle wasting.
35 The Person with an Ear or Eye Disorder

Key Points
- The normal and altered anatomy and physiology of the ear and eye have been outlined.
- It has been noted that if the nurse is to deliver care that is patient-centred, safe and effective, there is a need to use a systematic approach.
- The nurse is required to have, or be prepared to develop, an understanding of the assessment of needs using a variety of tools, make inferences from the data collected, plan care with the person, with the person at the heart of all that is done, deliver care that is sensitive to the needs of the individual (and their family if appropriate) and undertake an evaluation of care delivered, making changes where there is a need to do so.
- There are a multitude of diagnostic tests available to help assess the function of the person’s hearing and sight.
- Risk factors related to the senses of sight and hearing have been described. The nurse must have an understanding of these risk factors as preventative measures may be put in place to avoid harm or deterioration in the person’s condition.
- This chapter has emphasised the need to work in partnership with the person and other healthcare professionals. At all times, the nurse should strive to practise in a holistic manner, respect the choices the individual makes, act as an advocate, support health and well-being and uphold the rights and dignity of people.

36 The Person with a Musculoskeletal Disorder

Key Points
- Almost every activity we undertake will involve the musculoskeletal system. This chapter has presented an overview of the musculoskeletal system. It has detailed the structure and the functions that are associated with the system.
- Explanations have been offered concerning the normal and abnormal changes that may occur when the person has a problem related to the musculoskeletal system.
- A number of common disorders and impairments concerning the musculoskeletal system have been discussed and the nurse has been encouraged to use the nursing process as a framework for care provision in order to ensure that care delivered is safe, effective and person-centred.
- A partnership working arrangement has been advocated throughout. The nurse is encouraged to work with the multidisciplinary team to ensure that the person’s care and recovery are effective.
- Partnership with the patient has also been a central thread of this chapter, working to address the person’s individual needs from a physical and psychological perspective.
- The nurse must offer care that is holistic, respects individual choice and supports and promotes the person’s health and well-being.
- The information the nurse provides to help to prevent illness and minimise complications associated with the musculoskeletal system must be offered in such a way that the person understands it and this will mean that various cultural nuances must be given serious consideration.

37 The Person with a Skin Disorder

Key Points
- This chapter has provided the reader with an overview of the structures of the skin, hair and nails.
- An understanding of the processes involved in the way wounds heal has been offered.
- The nurse is required to undertake a holistic assessment of the patient with a skin disorder in order to provide care that is safe and effective, as well as meeting the individual needs of the person and recognising the effect of the psyche on the skin.
- An emphasis has been made with regard to the importance of using correct terminology in the assessment and management of skin disorders.
- There are a number of investigations that can be undertaken to aid diagnosis and management of skin disorders and the nurse should assist the person pre, peri and post investigation, explaining the rationale for the investigations and the care required after the investigation has been completed.
- This chapter has provided a review of common skin conditions, the care required, clinical management and the involvement of members of the multidisciplinary team.
- High quality care requires the nurse to promote health and well-being, self-care and independence, by teaching and empowering people and carers to make choices in coping with the effects of treatment.