

SKILLS IN  
**CLINICAL**  
NURSING

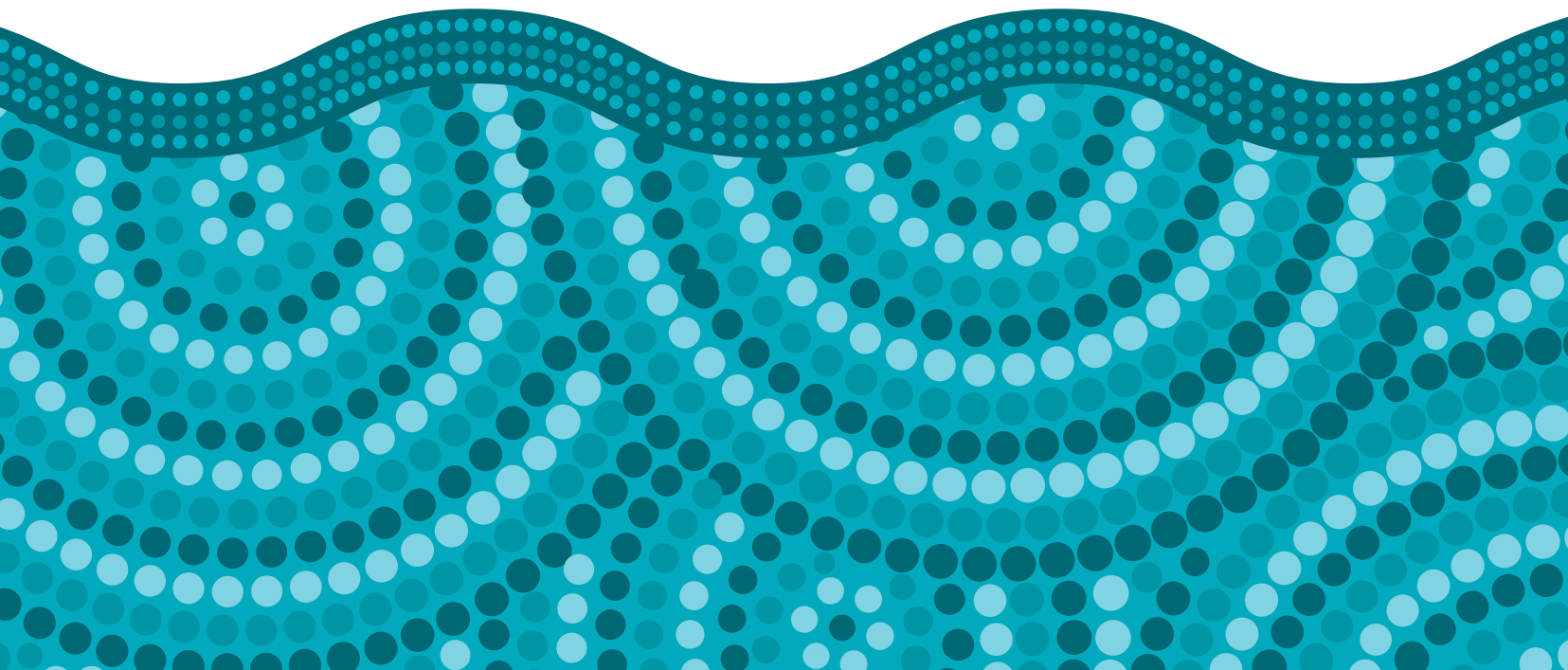
Berman

Snyder

Levett-Jones

Burton

Harvey



# PREFACE

Excellence in clinical practice requires nurses to have a sophisticated knowledge level, highly developed technical and non-technical skills, a professional attitude and a person-centred approach. Quality and safety in health care is dependent upon the extent to which nurses are able to integrate these essential components into their care.

This first Australian edition of *Skills in Clinical Nursing* includes 95 of the most important skills performed by nursing students and graduates, organised from simple to complex and written to reflect current evidence-based practice guidelines. *Skills in Clinical Nursing* is intended to be a valuable textbook for nursing students and beginning nurses. Content was selected based on feedback from clinical reviewers, a market survey, and the extensive teaching and clinical experience of the authors. All content was critically reviewed for currency and accuracy by practising clinicians.

## Format

*Skills in Clinical Nursing* has been designed as a practical and easy-to-navigate reference for both the classroom and clinical practice settings.

Each section contains concise introductory information with clear learning outcomes and key terms. Background information contextualises the skills and provides a brief overview of relevant anatomy, physiology and pathophysiology. The importance of and rationale for each skill is then outlined.

Each unit includes the following elements and features:

**CLINICAL SAFETY ALERTS** – highlight key patient safety issues relevant to the performance of particular skills.

**STANDARDS FOR PRACTICE** – link performance of the skills with the Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016).

**CLINICAL SCENARIOS** – link what you are learning to a relevant clinical story. The scenarios are designed to promote person-centred care and clinical reasoning skills.

**CRITICAL THINKING QUESTIONS** – test your knowledge and application of learning at the end of each introductory section and following each Clinical Scenario.

**WHAT IF?** – explore unexpected outcomes in a concept map format.

**LIFESPAN CONSIDERATIONS** – present age-related content to alert you to differences in caring for people of different ages.

**3Ps TABLES** – Each clinical skill is organised with step-by-step instructions and using the 3P structure:

1. Preparation and planning
2. Performing the procedure
3. Priorities post procedure.

*Explanations* and *rationales* explain the reasons for particular *nursing actions* and decisions in the 3Ps Table.

Critical steps are *visually represented* with full colour photos and illustrations.

**FURTHER READINGS, WEBLINKS** and **REFERENCES** – provide evidence-based resources to extend your learning and can be found at the end of each unit.

# FEATURES

**CLINICAL SAFETY ALERTS** – highlight key patient safety issues relevant to the performance of particular skills.

## CLINICAL SAFETY ALERT



Prior to performing the skill, as with all clinical skills, the procedure needs to be fully explained to the person and consent obtained. People often report that knowing what is going to be done to them, helps minimise the embarrassment (Matiti & Trorey, 2008). This is especially important when performing hygiene care. It is also critical to remember that the person is free to withdraw their consent at any time or only consent to certain aspects of hygiene care.

## STANDARDS FOR PRACTICE

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) specify that the registered nurse 'coordinates resources effectively and efficiently for planned actions' (NMBA, 2016, p. 4) and 'appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles' (NMBA, 2016, p. 5. © Nursing and Midwifery Board of Australia).



**STANDARDS FOR PRACTICE BOXES** – link performance of the skills with the Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016).

**CLINICAL SCENARIOS** – link what you are learning to a relevant clinical story. They are designed to promote person-centered care and clinical reasoning skills.

## CLINICAL SCENARIO

Back to Sam Neal, a 30-year-old male with a past history of contracting HBV. Sam has been diagnosed with appendicitis and is now being prepared for surgery.

**CRITICAL THINKING QUESTIONS** – test your knowledge and application of learning at the end of each introductory section and following each Clinical Scenario.

## Critical Thinking Questions



1. What precautions should both the emergency department and operating theatre staff take in relation to Sam?
2. How should body secretions, bed linen, equipment used for vital signs, one-use disposable equipment, sharps and laboratory specimens be handled?

## LIFESPAN CONSIDERATIONS

When providing hygienic care for an older person be mindful of the developmental changes that occur with skin. The older person's skin is more fragile and therefore care is needed with the amount of pressure and friction that is used when cleansing. Too much pressure or friction will put the person at risk of skin breakdown and injury. Recommendations for helping to maintain skin integrity include the use of protective moisturisers and not using 'drying' soaps.

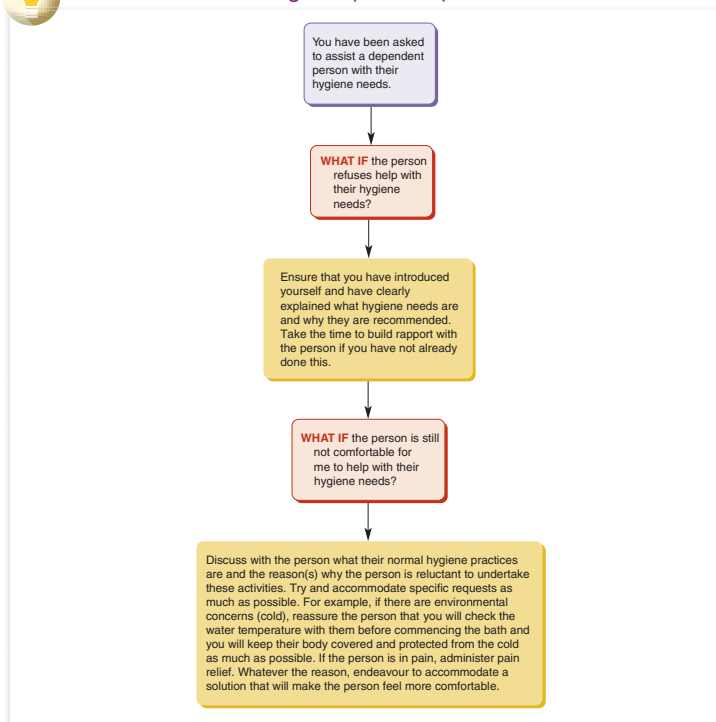


**LIFESPAN CONSIDERATIONS** – present age-related content to alert you to differences in caring for people of different ages.

**WHAT IF FEATURES** – explore unexpected outcomes in a concept map format.



**What If ... Bed bathing a dependent person**



**THE 3Ps TABLE BED BATHING A DEPENDENT PERSON**

PREPARATION AND PLANNING	
ACTION	EXPLANATION AND RATIONALE
Perform hand hygiene.	Hand hygiene is an essential skill to remove microorganisms and prevent cross contamination.
Determine the indication and the type of bath that the person needs. Determine if the hygiene care can be delegated to an Assistant in Nursing or appropriate caregiver.	The person's health status and what procedures they have undergone will guide the nurse in her/his assessment of whether the care can be delegated.
Assess the person's physiological and psychological comfort levels and determine if there are cultural, religious, environmental or any other factors that need to be considered prior to commencing the procedure.	A person-centred approach to care is essential. Nurses needs to be considerate of a person's normal hygienic practices and individual preferences. Whenever possible, individual preferences should be accommodated and the person should be made to feel as comfortable as possible. A person-centred approach will also help determine if there are any specific precautions or considerations needed for that person – i.e. movement issues, intravenous therapy, plaster casts.
Determine the person's self-care ability.	Encouraging the person to perform self-care if they are physically and psychologically able to do so. Self-care helps to promote independence, exercise and self-esteem. Often people prefer to clean their own face and genital area if able.
Gather the necessary equipment and supplies to complete the procedure. The equipment needed includes: <ul style="list-style-type: none"> <li>• Non-sterile clean gloves (if appropriate)</li> <li>• Washcloth x 2</li> <li>• Soap/cleansing agent</li> <li>• Bath towels x 2</li> <li>• Extra towel/Bath blanket</li> <li>• Basin (or sink) with warm water (43°C–46°C)</li> <li>• Toiletry items as requested by the person (i.e. lotions, deodorant, shaving equipment)</li> <li>• Clean linen and linen carrier (linen skip)</li> <li>• Pyjamas, gown or clothes</li> <li>• Table for bathing equipment.</li> </ul>	Having all the equipment available and ready to use avoids interrupting the bed bath or leaving the person unattended while the nurse retrieves the missing items. It also improves time management as having to stop and start to retrieve equipment will cause the procedure to take longer.
PERFORMING THE PROCEDURE	
ACTION	EXPLANATION AND RATIONALE
Perform hand hygiene and put gloves on if body fluids or open lesions are present.	Hand hygiene is an essential skill to remove microorganisms and prevent cross contamination. Gloves are required if body fluids or open lesions are present or if you are providing perineal-genital hygiene care.
Introduce yourself to the person using full name and designation. Verify the person's identity and ask how they would like you to address them, i.e. their preferred name.	This is a professional expectation and helps to promote rapport with the person. Verifying the person's identity ensures that you have the right person. Checking how the person prefers to be addressed also helps to promote rapport and demonstrates respect.

**3Ps TABLE** – Each clinical skill is organised with step-by-step instructions and using the 3P structure:

1. Preparing and planning
2. Performing the procedure
3. Priorities post procedure

**CLINICAL SKILLS APPRAISAL FORMS** . . . . ▶

— These can be used for both peer review and for formative and summative evaluation of students’ clinical skills performance.

**Section 1.3 Clinical Skills Appraisal Form**

**USING PERSONAL PROTECTIVE EQUIPMENT (PPE)**

U – Unsatisfactory; D – Developing; S – Satisfactory; NA – Not applicable



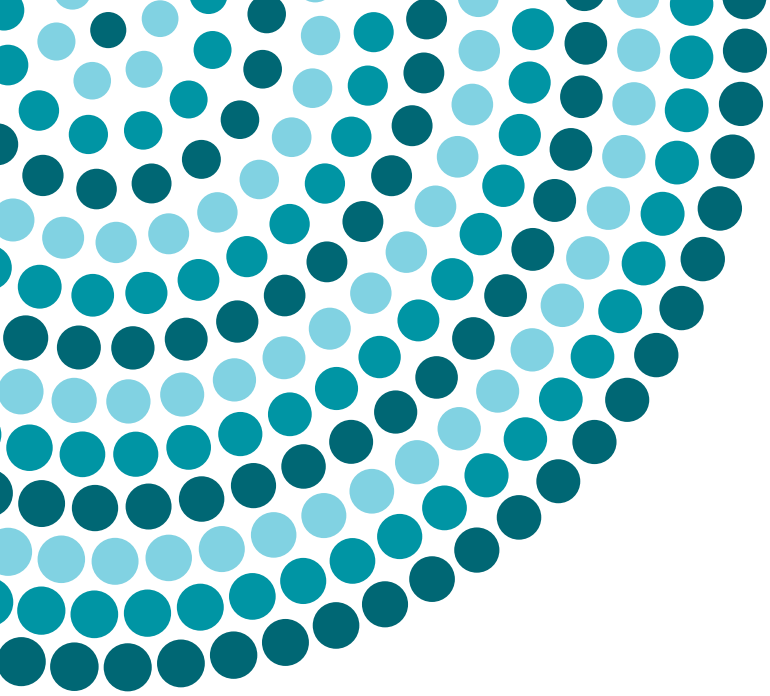
PREPARATION AND PLANNING FOR THE PROCEDURE	U	D	S	NA
Determines activities				
Determines infection control precaution level				
Collects equipment: Gown, mask, eyewear, gloves				
<b>PERFORMING THE PROCEDURE</b>				
Removes/secures all loose personal items				
Explains to the individual why PPE is necessary				
Performs hand hygiene and observes appropriate infection control procedures				
Applies a clean gown				
Applies the face mask				
Applies protective eyewear if it is not combined with the face mask				
Applies clean gloves				
To remove soiled PPE, removes the gloves first since they are the most soiled				
Performs hand hygiene				
Removes protective eyewear and dispose of properly or place in the appropriate receptacle for cleaning				
Removes the gown when preparing to leave the room				
Removes the mask				
<b>PRIORITIES POST PROCEDURE</b>				
Disposes of used equipment appropriately				
Performs hand hygiene				
Ensures that area is stocked with necessary equipment				

Student:

Assessor name and signature:

Comments:

Date:



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