NURSING CARE CHECKLIST

Accurate Documentation
When documenting, remember the following guidelines:
- Make documentations correct and accurate.
- Show the timing and the sequence of actions.
- Identify the dose, route, and time of medications.
- Indicate equipment or materials used.
- Use accepted terminology and abbreviations.
- Label late entries and continued notes on charts.
- Provide facts, not opinions.

Note the following two examples. The underlined portions of Example 2 make the second documentation much more accurate and measurable than the first.

Example 1
(date) On admission ulcerated area noted on lower, inner aspect of right leg. No apparent dressing. Moderate

Example 2
=date) On admission ulcerated area noted on lower, inner aspect of right leg. No apparent dressing. Moderate

amount of drainage observed. Foul odor noted. Pedal pulses present but weak, foot slightly cyanotic with edema. Wound edges red, surrounding skin hot. Charge nurse notified. Wound cleansed, dressing applied. Acetaminophen 500 mg given PO per physician’s order. Teaching done. M. Penn, LVN

REFERRAL TO SUPPORT GROUPS
There are also many community agencies and groups to support the family. Some of these agencies are federally funded, while others are privately funded. The practical or vocational nurse should be aware of community support groups that can help families cope with pediatric issues. For example, local churches or hospice may be the site of support groups for parents of terminally ill children. Schools may offer evening seminars on health topics that affect school-age children.

SUPPORT GROUPS FOR STAFF
Many facilities have staff support groups to assist nurses and other health care workers to adjust to difficult situations in pediatric care. For example, when a chronically ill child has received care at the same hospital for several years, the staff may become attached to both client and family. If the child dies, the staff may need time and a safe place away from work to share their feelings of loss. They may also experience feelings of failure because the child died despite their care.

NURSING CARE

PRIORITIES IN NURSING CARE
When providing nursing care to a client who has legal or ethical issues, the priorities are therapeutic listening, critical thinking, and awareness of the law. Using skills such as reflecting, open-ended questions, and silence, the nurse can support the client and family to explore their reactions to the situation, whether it is a first pregnancy or the death of a child. The nurse can practice critical thinking by teaching the family about treatment options and by helping them to shape questions to ask the care provider. In situations such as suspected child abuse, the nurse will also know that the law requires a report to social services.

ASSESSING
The data the nurse gathers in legal and ethical situations will likely relate to psychosocial factors. Does the 2-year-old flinch when the mother suddenly turns toward her? Does the family argue in the visitors’ lounge about treatment decisions for their boy with leukemia? Has the teenager been yelling at the staff since he heard the diagnosis of cancer? The nurse would document these findings in objective, nonjudgmental terms. In situations that have legal or ethical difficulties, the LPN/LVN would collaborate with other members of the health care team to see that client needs were met.

DIAGNOSING, PLANNING, AND IMPLEMENTING
Some common nursing diagnoses in legal and ethical client situations are:
- Deficient Knowledge related to [details, such as beginning pregnancy]
- Altered Family Processes related to [details, such as learning a child was born with cerebral palsy]
- Anticipatory Grieving related to [details of terminally ill child]