

CHAPTER 4 *Practice Settings and Aggregates*

Community health nurses practice in diverse settings. They practice as home health nurses, hospice nurses, occupational health nurses, faith community nurses, school nurses, and forensic nurses.

Aggregates receive services from community health nurses. These include individuals from infancy to death, families, and groups within the community.

It is important to be aware of health disparities of each group (significant differences in health status) and to minimize those disparities when possible. Health disparities can be linked to gender, ethnicity, race, education, and income differences. Minority populations have a health disparity in relation to quality of care. Individuals who are of a minority tend to receive lower-quality health care regardless of the type of condition or other economic factors.

Practice settings

HOME HEALTH

Community health nurses provide health care services to clients where they reside. This includes traditional homes, assisted living facilities, and nursing homes.

- When making a visit to a client's home, the nurse should always take measures to ensure her own safety.
- The nurse is a guest in the client's home and should respect the values of the client and household members.
- Community health nursing care in the home setting is used to target specific at-risk individuals and groups.
- Community health nurses assist clients to transition from one level of care to another.
- Working as part of an interprofessional team is essential to providing holistic care. **QIC**
 - The interprofessional team provides care for the client in the home and is comprised of nurses, physical therapists, occupational therapists, home health aides, social workers, and dietitians.
 - The primary care provider prescribes services that are then usually coordinated by the home health nurse.

- The home health nurse functions as educator, provider of skilled nursing interventions, and coordinator of care. The nurse must consider the client assignment for each day and prioritize the order of visits.
 - Many clients leave the hospital in just a few days and are still very ill.
 - These clients and their family members need skilled services and education about the disease process, prescribed medications, and future implications of their illnesses.

SKILLED SERVICES INCLUDE:

- Skilled assessment
- Wound care
- Laboratory draws
- Medication education and administration
- Parenteral nutrition
- IV fluids and medication
- Central line care
- Urinary catheter insertion and maintenance
- Coordination, delegation and supervision of various other participants in health services

Omaha System model

Nurses caring for individuals, families, and communities under home health and hospice care often use the Omaha System model to implement the nursing process. The framework is also used in many electronic health record systems.

STEPS OF THE OMAHA SYSTEM **QI**

- Collecting and assessing data
- Stating the problem
- Identifying an admission problem rating using a problem classification scheme
- Planning and intervening
- Re-rating problems during the span of care delivery and at discharge
- Evaluating the end problem outcome

LIVING ENVIRONMENT

The home health nurse must evaluate the living environment for safety, paying close attention to nonsecure rugs, electrical outlets, and extension cords; the use of oxygen; low lighting; the need for safety devices in the bathroom; and other potential environmental hazards. **Qs**

Older adults are at a particular risk for falls. **©**

QUESTIONS TO ASK

- Does the client have food in the house to eat?
- Is there help with household activities?
- Does the client live alone?
- Who is the client's support system?
- Is the client able to set up and dispense his own medication?
- Does the client have access to health care?

CLIENT EDUCATION

Home health nurses provide follow-up care after an acute hospital stay. They must educate the client and the family regarding complications or adverse reactions.

- These instructions can include when to contact the agency, emergency room, or provider.
- Information and resources for families and clients can provide support in dealing with illness.

Providing education encourages clients to be independent and involved in their own care. It also allows families to be involved in the care and decision-making regarding their family members.

HOSPICE

Hospice care focuses on enhancing the quality of life through the provision of palliative care, supporting the client and family through the dying process, and providing bereavement support to the family following the client's death.

- Clients can receive hospice care in a variety of settings, including the home, hospice centers, hospitals, and long-term care settings.
- Hospice care is a comprehensive care delivery system for clients who are terminally ill. Further medical care aimed toward a cure is stopped. The focus becomes relief of pain and suffering, as well as enhancing quality of life.
- The hospice nurse provides care for the client and the client's entire family. Hospice care includes skilled, direct services and indirect care coordination. **Q_{ecc}**
- Hospice care uses an interprofessional approach.
- Controlling manifestations of the medical problem and dying process is a priority.
- The provider directs hospice care services which are then managed by the nurse.
- Volunteers are used for nonmedical care.
- Postmortem bereavement services are offered for the family.
- Helping the family transition from an expectation of recovery to acceptance of death is an important aspect of providing hospice care. The hospice nurse can continue to work with the family for up to 1 year following the death of the client.

OCCUPATIONAL HEALTH

All work environments have associated risks. Health care in the workplace seeks to both promote health and prevent occupational illness and injury. Through improvement and maintenance of health, workplace expenditures are decreased by less sick time use, fewer workers' compensation claims, and decreased use of group health coverage.

- Nurses function in numerous roles within workplace settings and are challenged to provide cost-effective and high-quality care. In this effort it is essential for the occupational health nurse to develop partnerships with workplace administration, industrial hygienists, safety specialists, occupational medicine physicians, human resource departments, union representatives, and health insurance agencies. **Q_{rc}**
- The occupational health nurse works to promote a healthy work environment to foster the health and safety of workers **Q_s**
 - Assessing risks for work-related illness and injury
 - Planning and delivering health and safety services in the workplace
 - Collaborating with community health care providers
 - Facilitating health promotion activities that lead to a more productive workforce
- This autonomous specialty entails making independent nursing judgments when providing care to the workforce aggregate.

SUSCEPTIBILITY

In assessing risk for work-related illness and injury, the nurse should keep in mind the following factors affecting susceptibility to illness and injury.

HOST FACTORS: Worker characteristics, such as job inexperience, age, and pregnancy

AGENT FACTORS

- Biological agents: viruses, bacteria, fungi, blood-borne, airborne pathogens
- Chemical agents: asbestos, smoke
- Mechanical agents: musculoskeletal or other strains from repetitive motions, poor workstation-worker fit, lifting heavy loads
- Physical agents: temperature extremes, vibrations, noise, radiation, lighting
- Psychological agents: threats to psychological or social well-being resulting in work-related stress, burnout, violence

ENVIRONMENTAL FACTORS

- Physical factors: heat, odor, ventilation, pollution
- Social factors: sanitation, overcrowding
- Psychological factors: addictions, stress

RESPONSIBILITIES

Occupational health nurses' roles and responsibilities include the following.

Primary prevention: Teaching good nutrition and knowledge of health hazards, and providing information on immunizations, and use of protective equipment.

Secondary prevention: Identifying workplace hazards, early detection through health surveillance and screening, prompt treatment, counseling and referral, and prevention of further limitations.

Tertiary prevention: Restoration of health through rehabilitation strategies and limited-duty programs.

EXPOSURE TO HAZARDS

An occupational health history provides the framework for a nurse to begin to assess a worker for possible exposure to health hazards.

- The goal is to identify agents and host factors that place the worker at risk, identify ways to eliminate or minimize exposure, and prevent potential health problems.
- Information elicited should include the following.
 - Current and past jobs
 - Current and past exposure to specific agents and any relationship of current manifestations to work activities
 - Any precipitating factors, such as underlying illness, previous injuries, and healthy or unhealthy habits

SITE WALK-THROUGH

A work site walk-through or survey is also part of a workplace assessment. The occupational health nurse should focus on the following.

- Observation of work processes and materials
- Job requirements
- Actual and potential hazards
- Employee work practices: hygiene, waste disposal, housekeeping
- Incidence/prevalence of work-related illness/injuries
- Control strategies to eliminate exposures

CONTROL STRATEGIES

Control strategies are designed to reduce future exposures based upon results from investigations into work-related illness/injury. Control strategies often include the following.

- Engineering
- Altering work practices
- Providing personal protective equipment and education to prevent future injuries
- Workplace monitoring
- Health screening
- Employee-assistance programs
- Job-task analysis
- Design, risk management, and emergency preparedness

PROTECTION

From violence

- Work can be frustrating and contribute to stress, resulting in aggression and violence against others.
- Be aware of jobs that are repetitive, boring, or physically and psychologically draining can help to identify workers who might feel tired, angry, and generally inadequate.
- Nurses can refer such workers to employee-assistance programs that provide confidential counseling and referrals to other professional services if needed.

From work-related injuries

Related to falls, environmental hazards, and burns. Nurses can use research and trend analysis to improve working conditions by eliminating or minimizing hazards and potential problems. **QEBP**

ADDITIONAL STRATEGIES

- Provide safety and health education programs to workers.
- Develop health policy focused on ensuring effective employee health and safety.
- Design strategies to prevent work-related accidents/injuries.
- Keeping abreast of Occupational Health and Safety Administration (OSHA) standards and resource programs.
- Working to influence legislation aimed at workers/workplace health protection.

OCCUPATIONAL HEALTH AND LEGISLATION

Occupational Safety and Health Act of 1970

Occupational Health and Safety Administration (OSHA):

Develops and enforces workplace health regulations to protect the safety and health of workers. Provides education to employers about workplace health and safety.

National Institute for Occupational Safety and Health (NIOSH):

A part of the Centers for Disease Control and prevention, it focuses on identification of workplace hazards and research for prevention of work-related injury and illness. Provides education to safety and health professionals about workplace safety.

National Advisory Committee on Occupational Safety and Health (NACOSH):

The advisory committee is made up of 12 members representing labor, occupational health, and safety professions, and the general public. The committee's purpose is to advise the secretaries of labor and health and human services on policies and programs that affect occupational safety and health.

Workers' compensation acts

State-level legislation that regulates financial compensation to workers suffering from injuries or illness resulting from the workplace.

FAITH COMMUNITY

The faith community nurse works with individuals, families, and faith communities who share common faith traditions. Most religions have practices that are important to health and healing, and many follow specific practices when caring for an ill or dying member.

- Members of faith communities (congregants) represent the entire lifespan and all family types. This offers nurses the opportunity to work with a diverse population within the same setting.
- Faith community nurses provide interventions to individuals and groups in homes, congregational meeting places, acute or long-term care facilities or through schools.
- The practice of faith community nursing is governed by each state's nurse practice act and standards of practice.
- Nursing interventions are based on spiritual, physical, emotional, and social dimensions.
- Faith community nurses must be aware of faith and belief practices of the congregants served. Caring and spirituality are central among faith-based organizations.

CIRCLE MODEL OF SPIRITUAL CARE

- **C:** Caring
- **I:** Intuition
- **R:** Respect for religious beliefs and practices
- **C:** Caution
- **L:** Listening
- **E:** Emotional support

Missionary nurse

Missionary nursing seeks to promote health and prevent disease by meeting spiritual, physical, and emotional needs of people across the globe. These nurses can be career missionaries, or can serve as short-term, volunteer, or part-time missionaries.

Cultural and language barriers often affect the provision of care. Collaboration within the community is essential in meeting goals.

Parish nurse

Parish nurses promote the health and wellness of populations of faith communities. The population often includes church members and individuals and groups in the geographical community.

Parish nurses work closely with pastoral care staff, professional health care members, and lay volunteers to provide a holistic approach to healing (body, mind, and spirit). 

FUNCTIONS OF THE PARISH NURSE

- Personal health counseling (health-risk appraisals, spiritual assessments, support for numerous acute and chronic, actual and potential health problems)
- Health education (available resources, classes, individual and group teaching)
- Liaison between faith community and local resources
- Facilitating support groups
- Spiritual support (help identify spiritual strengths for coping)

SCHOOL

School nursing encompasses many roles.

Case manager: Coordinates comprehensive services for children who have complex health needs.

Community outreach: Strives to meet the needs of all school-age children by cooperative planning and collaboration between the educational system and other community agencies.

Consultant: Assists students, families, and personnel in information gathering and decision-making about a variety of health needs and resources.

Counselor: Supports students on a wide variety of health needs. Can provide grief counseling.

Direct caregiver: Provides nursing care to ill or injured children at school.

Health educator: Helps prepare children, families, school personnel, and the community to make well-informed health decisions.

Researcher: Contributes to the base of knowledge for school health and educational needs. 

LEVELS OF PREVENTION

Primary prevention

Assess the knowledge base regarding health issues.

Teach health promotion practices.

- Hand hygiene and tooth-brushing
- Healthy food choices
- Injury prevention, including seat belt use and bike, fire and water safety
- Substance use prevention
- Immunizations
- Disease prevention

Assess the immunization status of all children.

Maintain current records of required immunizations.

Secondary prevention

Assess children who become ill or injured at school.

Provide care to children who have the following.

- Headaches
- Stomach pain, diarrhea
- Anxiety over being separated from parents
- Minor injuries (cuts or bruises) that occur at school

Assess all children, faculty, and staff during emergencies.

- Provide emergency care such as first aid, early defibrillation with AED and CPR.
- Create emergency plans for children who have a potential for anaphylactic reactions or other health problems that could result in an emergency situation.
- Maintain inventory of emergency supply equipment and secure medications.

Perform screening for early detection of disease and initiate referrals as appropriate.

- Vision and hearing
- Height and weight
- Oral health
- Scoliosis
- Infestations (lice)
- General physical examinations

Assess children to detect child abuse or neglect.

The school nurse is required by state law to officially report all suspected cases of child abuse/neglect.

Assess children for evidence of mental illness, suicide, and violence.

Identify children at risk.

Respond to school crisis and disasters

- Develop a crisis plan.
- Act as a first responder or triage the injured.
- Participate in drills.
- Counsel and debrief.

Tertiary prevention

Assess children who have disabilities.

- Participate in developing the individual education plan (IEP) for children who have disabilities.
- Work with child/family to develop and achieve long-term outcomes.

Assess children who have long-term health needs at school.

Provide nursing care for children who have chronic disorders, including asthma, diabetes mellitus, and cystic fibrosis.

Administer medication per provider's prescription.

- The prescribed medication should be in the original bottle and stored in a secure place.
- Written consent by the parents for medication administration is required.
- Provide care to children who have specific health needs, including the following.
 - Urinary catheterizations
 - Dressing changes
 - IV line monitoring/medication administration
 - Tracheostomy suctioning
 - Tube feeding administration

Provide ongoing care for adolescent parents or adolescents who are pregnant.

- Assist in pregnancy identification
- Provide parenting education
- Educate adolescents on prevention of future pregnancies

COMPONENTS OF COORDINATED SCHOOL HEALTH PROGRAMS

Health education: Inclusion of health concepts in courses of study for children in pre-K through grade 12

Physical education: Promoting physical activity in school

Health services: Providing health services in school by qualified professionals (nurses, physicians, dentists, allied health professionals)

Nutrition services: Providing access to meals that accommodate the health and nutrition needs of all children

Counseling, psychological, and social services: Providing services that improve the mental, emotional, and social health of students, as well as the overall school

Promotion of a healthy and safe school environment: Reducing tobacco use and violence in schools

Health promotion for staff: Promoting activities that encourage health promotion and disease prevention behaviors among the school's faculty and staff

Facilitation of family/community involvement:

Promoting collaboration between the school, parents/caregivers, and community resources

FORENSICS

Injury is a common cause of altered health that is preventable. Reducing the incidence of injury and promoting recovery reduces the financial burden of the condition. **QS**

Forensic nurses care for perpetrators of injury as well as victims of sexual assault, substance use related injuries, human trafficking, physical abuse, gang violence, disaster, and accidental injuries.

- Forensic nursing combines nursing knowledge with knowledge of the criminal justice system, and epidemiological knowledge about findings of intentional injury.
- Forensic nurses work in a variety of settings, including clinics, emergency departments, law enforcement agencies, mental health facilities, and correctional facilities.
- Safety is the primary principle of forensic nursing care. Other key principles include respect, beneficence, nonmaleficence, caring, justice, truth, and the use of intuition.
- Many forensic nursing roles require advanced education and certification. Credentialing in forensic nursing is available for the sexual assault nurse examiner (SANE) and advanced practice forensic nurses.
- The SANE collects detailed medical, physical, and emotional data from clients following a sexual assault, manages samples, and provides support to clients. A SANE often testifies in legal proceedings related to findings of client assessment.

LEVELS OF PREVENTION

Primary prevention: Develop and implement injury prevention programs (sudden infant death syndrome [SIDS], sexual assault).

Secondary prevention

- Examine victims of crime for indicators of intentional injury.
- Provide direct care to both the client following a sexual assault and perpetrator
- Collect and preserve evidence from possible crimes, using written and picture documentation.

Tertiary prevention

- Provide treatment to incarcerated individuals.
- Liaison between clients following trauma, medical care facilities, and the legal community to minimize the burden of trauma on the client.
- Connect clients with community resources after injury (mental health counseling, physical rehabilitation).

Aggregates of the community

CHILDREN (BIRTH TO 12 YEARS) AND ADOLESCENTS

HEALTH CONCERNS/ LEADING CAUSES OF DEATH

CHILDREN

- Perinatal conditions/congenital anomalies
- SIDS
- Motor vehicle/other unintentional injuries

ADOLESCENTS

- Motor vehicle/other unintentional injuries
- Homicide
- Suicide

SCREENING/PREVENTIVE SERVICES

CHILDREN

- Height/weight
- Vision and hearing
- At birth: hemoglobinopathy, phenylalanine level, T4, and TSH
- Immunization status: check the Centers for Disease Control and Prevention (CDC), www.cdc.gov, for current administration schedules
- Lead exposure
- Cholesterol and triglyceride levels
- Dental health

ADOLESCENTS

- Height/weight
- Dental health
- Rubella serology/immunization history (females)
- Substance use disorders, including tobacco
- Immunization status (www.cdc.gov)
- Mental health screenings
- Cholesterol and triglyceride levels
- Vision and hearing

NATIONAL HEALTH GOALS

CHILDREN

- REDUCTIONS IN
 - Dental caries
 - Obesity
 - Exposure to secondhand smoke
- INCREASES IN
 - Newborn blood spot screenings and follow-up testing
 - Access to a medical home
 - Schools that require health education
 - Childhood immunizations
 - Use of child safety restraints
 - Physical activity

ADOLESCENTS

- REDUCTIONS IN
 - Violent crimes
 - Initiation of tobacco use
 - Obesity
 - Deaths related to motor vehicle crashes
- INCREASES IN
 - Schools with a breakfast program
 - Participation in extracurricular activities
 - Wellness checkups within prior 12 months
 - Physical activity

COMMUNITY EDUCATION

CHILDREN

- Anticipatory guidance
- Breastfeeding
- Sleeping positions
- Nutrition
- Physical activity
- Substance use disorders
- Dental hygiene/health
- Skin protection
- Injury prevention including car, fire, and water safety; helmet use; poison control; and CPR training

ADOLESCENTS

- Anticipatory guidance
- Substance use disorders
- Sexual behavior
- Nutrition, especially calcium intake for female clients
- Physical activity
- Skin protection
- Injury prevention including car, fire, and firearm safety

WOMEN

HEALTH CONCERNS/ LEADING CAUSES OF DEATH

- Reproductive health
 - Childbearing
 - Menopause
 - Osteoporosis
- Heart disease
- Diabetes mellitus
- Malignant neoplasm (breast, cervical, ovarian, colorectal)

SCREENING/PREVENTIVE SERVICES

- Height/weight
- Blood pressure
- Cholesterol (ages 45 to 65)
- Dental health
- Pap smear test
- Mammogram/clinical breast exam
- Fecal occult blood test/sigmoidoscopy (50 years and older)
- Rubella serology/vaccination history (childbearing years)
- Immunization status: check the CDC, www.cdc.gov, for current administration schedules
- Diabetes mellitus
- HIV
- Skin cancer

NATIONAL HEALTH GOALS

REDUCTIONS IN

- Diseases involving bone, such as osteoporosis
- Death from cancer such as breast, ovarian, and cervical
- Sexual violence

INCREASES IN

- Number of planned pregnancies versus unplanned
- Those who receive early and adequate prenatal care
- The number of mothers who breastfeed
- Ability to identify warning indicators of a heart attack and stroke
- Abstinence from alcohol, nicotine and other substances among pregnant women

COMMUNITY EDUCATION

- Nutrition
- STI prevention
- Substance use disorders
- Breast self-examination
- Skin protection
- HIV prevention
- Injury prevention including car, fire safety, and violence

MEN

HEALTH CONCERNS/ LEADING CAUSES OF DEATH

- Heart disease
- Malignant neoplasm (prostate, testicular, skin, colorectal)
- Unintentional injuries
- Lung disease
- Liver disease

SCREENING/PREVENTIVE SERVICES

- Height/weight
- Blood pressure
- Dental health
- Digital rectal exam
- Fecal occult blood test/sigmoidoscopy (50 years and older)
- Immunization status: check the CDC, www.cdc.gov, for current administration schedules
- Diabetes mellitus
- HIV
- Skin cancer
- Cholesterol (ages 45 to 65 years)

NATIONAL HEALTH GOALS

REDUCTIONS IN

- Death from cancer specific to men, such as prostate
- Incidence of HIV and AIDS
- Fatal and nonfatal injuries

INCREASES IN

- Participation in aerobic and muscle-strengthening activities
- Ability to identify warning indicators of a heart attack and stroke

COMMUNITY EDUCATION

- Nutrition
- Self-testicular exam
- Skin protection
- Substance use disorders
- HIV prevention
- Injury prevention including car, fire and firearm safety, and violence

HEALTH CONCERNS/ LEADING CAUSES OF DEATH

- Heart disease
- Malignant neoplasm
- Cerebrovascular disease
- Chronic obstructive pulmonary disease
- Pneumonia and influenza
- Substance use disorders

SCREENING/PREVENTIVE SERVICES

- Blood pressure
- Height/weight
- Dental health
- Fecal occult blood test/sigmoidoscopy
- Mammogram/clinical breast exam (women)
- Pap smear test (women)
- Vision
- Hearing
- Substance use
- Immunization status (pneumococcal, influenza): check the CDC, www.cdc.gov, for current administration schedules
- Functional assessment (self-care abilities)
- Medication history
- Osteoporosis
- Diabetes mellitus
- Skin cancer

NATIONAL HEALTH GOALS QEBP

REDUCTIONS IN

- Adults who have musculoskeletal concerns
- Older adults who have mental health concerns
- Hospitalizations due to heart failure
- Substance use in the older adult
- Sensory concerns such as hearing loss and cataracts
- Hip fractures among older adults
- Fall-related deaths

INCREASES IN

- Screenings for colorectal cancer
- Participation in organized health promotion activities
- Public reporting of elder abuse or neglect
- Older adults who maintain an active lifestyle
- Self-management of chronic health disorders

COMMUNITY EDUCATION

- Substance use disorders
- Nutrition
- Exercise
- Dental health
- Sexual behavior
- Injury prevention
 - Car and fire safety
 - Fall prevention
 - Violence

The family as client is basic to community-oriented nursing practice. Community health nurses have a significant role to play in promoting healthy families.

A family consists of individuals who identify themselves as family members and have an interdependent relationship that provides emotional, financial, and/or physical support. There are numerous structures and forms families can choose to take.

- Community health nurses must engage in community assessment, planning, development, and evaluation activities that are focused on family issues.
- Home visits provide community health nurses with the opportunity to observe the home environment and to identify barriers and supports to health-risk reduction. QPCC

APPROACHES

The nurse can take several different approaches to nursing care of a family.

Family as a component of society

- Monitors how families interact with other institutions in a community (schools, medical facilities, congregations)
- Used to study and implement population-focused interventions (e.g. immunization campaigns for a disadvantaged population)

Family as a system

- Studies how interactions among family members affect the whole family function
- Used to promote family health by directing interventions toward the way family members interact with each other

Family as client

- Examines the family unit functioning first, then individual needs next
- Used to see how the family health is impacted by each individual's reaction to a health event

Family as context

- Focuses on an individual first, and the family next
- Used to promote the health and recovery of an individual, using the family as a resource for service and support

CRISIS AND TRANSITIONS

Family crisis occurs when a family is not able to cope with an event. The family's resources are inadequate for the demands of the situation.

Transitions are times of risk for families.

- Transitions include birth or adoption of a child, death of a family member, child moving out of the home, marriage of a child, major illness, divorce, and loss of the main family income.
- These transitions require families to change behaviors, make new decisions, reallocate family roles, learn new skills, and learn to use new resources.

CHARACTERISTICS OF HEALTHY FAMILIES

- Members communicate well and listen to each other.
- There is affirmation and support for all members.
- Members teach respect for others.
- There is a sense of trust.
- Members play and share humor together.
- Members interact with one another.
- Members participate in leisure activities together.
- Members share a religious foundation.
- Privacy of individuals is respected.
- There is a shared sense of responsibility.
- There are traditions and rituals.
- Members seek help for their problems.

FAMILY HEALTH RISK APPRAISAL

BIOLOGICAL HEALTH RISK ASSESSMENT

- Genograms are used to gather basic information about the family, relationships within the family, and health and illness patterns. Genomics involves the study of genetic information and how it is influenced and expressed. Providers can use genomic information to identify specific individual risks and provide appropriate prevention.
- Repetitions of diseases with a genetic component (cancer, heart disease, diabetes mellitus) can be identified.

ENVIRONMENTAL RISK: Ecomaps are used to identify family interactions with other groups and organizations. Information about the family's support network and social risk is gathered.

BEHAVIORAL RISK: Information is gathered about the family's health behavior, including health values, health habits, and health risk perceptions.

NATIONAL HEALTH GOALS

REDUCTIONS IN

- Barriers to access
- Allergens within the home
- Families that are unable to have a child or maintain a pregnancy
- Passive smoke exposure
- Household hunger
- Intimate partner violence

INCREASES IN

- Positive parenting
- Health education provided by an agency (Head Start, school system, college, places of employment, health departments)
- Home testing for radon
- Health insurance coverage
- Individuals who have a usual primary care provider

Application Exercises

1. A nurse is talking to a client who asks for additional information about hospice. Which of the following statements should the nurse make?
 - A. "Clients who require skilled nursing care at home qualify for hospice care."
 - B. "One function of hospice is to provide teaching to clients about life-sustaining measures."
 - C. "Hospice assists clients to develop the skills needed to care for themselves independently."
 - D. "A component of hospice care is to control the client's manifestations."
2. A school nurse is scheduling visits with a physical therapist for a child who has cerebral palsy. In which of the following roles is the nurse functioning?
 - A. Direct caregiver
 - B. Consultant
 - C. Case manager
 - D. Counselor
3. An occupational health nurse is consulting with senior management of a local industrial facility. When discussing work-related illness and injury, the nurse should include which of the following factors as physical agents? (Select all that apply.)
 - A. Noise
 - B. Age
 - C. Lighting
 - D. Viruses
 - E. Stress
4. A newly hired occupational health nurse at an industrial facility is performing an initial workplace assessment. Which of the following information should the nurse determine when conducting a work site survey?
 - A. Work practices of employees
 - B. Past exposure to specific agents
 - C. Past jobs of individual employees
 - D. Length of time working in current role
5. A school nurse is planning health promotion and disease prevention activities for the upcoming school year. In which of the following situations is the nurse planning a secondary prevention strategy?
 - A. Placing posters with images of appropriate hand hygiene near restrooms
 - B. Routinely checking students for pediculosis throughout the school year
 - C. Implementing age-appropriate injury prevention programs for each grade level
 - D. Working with a dietitian to determine carbohydrate counts for students who have diabetes mellitus

PRACTICE Active Learning Scenario

A nurse is developing programs to promote the health of families in the local community. Use the ATI Active Learning Template: Basic Concept to complete this item.

RELATED CONTENT: Describe three characteristics of healthy families.

UNDERLYING PRINCIPLES

- Include two times families experience transition.
- Include two national health goals that apply to families.

NURSING INTERVENTIONS: Explain two strategies to improve the health of families.

Application Exercises Key

1. A. Clients who require skilled nursing care at home qualify for home health.
B. Home health can provide teaching to clients about life-sustaining measures. In hospice, medical care aimed toward a cure is stopped.
C. Home health assists clients to develop the skills needed to care for themselves independently.
D. **CORRECT:** Controlling the client's manifestations of medical problems or the dying process and improving quality of life are components of hospice care.
NCLEX® Connection: Basic Care and Comfort, Non-Pharmacological Comfort Interventions
2. A. In the role of direct caregiver, a school nurse provides illness and injury care to children at school.
B. In the role of consultant, a school nurse provides information to families, administrators, teachers, and parent-teacher groups to encourage decisions that promote the health of the students.
C. **CORRECT:** In the role of case manager, a school nurse coordinates comprehensive services for students who have complex health needs.
D. In the role of counselor, a school nurse develops a trusting relationship with students and provides support on issues affecting their lives.
NCLEX® Connection: Management of Care, Case Management
3. A. **CORRECT:** The nurse manager should include noise as a physical agent when discussing work-related illness and injury.
B. The nurse manager should include age as a host factor when discussing work-related illness and injury.
C. **CORRECT:** The nurse manager should include lighting as a physical agent when discussing work-related illness and injury.
D. The nurse manager should include viruses as a biological agent when discussing work-related illness and injury.
E. The nurse manager should include stress as an outcome of psychological agents when discussing work-related illness and injury.
NCLEX® Connection: Psychosocial Integrity, Stress Management
4. A. **CORRECT:** The nurse should determine the work practices of employees when conducting a work site survey.
B. The nurse should determine past exposure to specific agents when conducting an occupational health history on individual workers, not a work site survey.
C. The nurse should determine past jobs of individual employees when conducting an occupational health history on individual workers, not a work site survey.
D. The nurse should determine the length of time working in current role when conducting an occupational health history on individual workers, not a work site survey.
NCLEX® Connection: Health Promotion and Maintenance, Health Promotion/Disease Prevention
5. A. The nurse should place posters with images of appropriate hand hygiene near restrooms as a primary prevention strategy.
B. **CORRECT:** Routinely checking students for pediculosis throughout the school year is a secondary prevention strategy the nurse can take.
C. The nurse should implement age-appropriate injury-prevention programs for each grade level as a primary prevention activity.
D. The nurse should work with the dietitian to determine carbohydrate counts for students who have diabetes mellitus as a tertiary prevention activity.
NCLEX® Connection: Health Promotion and Maintenance, Health Screening

PRACTICE Answer

Using the ATI Active Learning Template: Basic Concept

RELATED CONTENT

- Members communicate well and listen to each other.
- There is affirmation and support for all members.
- Members teach respect for others.
- There is a sense of trust.
- Members play and share humor together.
- Members interact with one another.
- Members participate in leisure activities together.
- Members share a religious foundation.
- Privacy of individuals is respected.
- There is a shared sense of responsibility.
- There are traditions and rituals.
- Members seek help for their problems.

UNDERLYING PRINCIPLES

- Times of transition
- Birth of a child
 - Adoption of a child
 - Death of a family member
 - Child moving from the home
 - Child getting married
 - Major illness of a family member
 - Divorce of a family member
 - Loss of the main source of family income
- National health goals
- Reductions in
 - Barriers to access
 - Allergens within the home
 - Families that are unable to have a child or maintain a pregnancy
 - Passive smoke exposure
 - Household hunger
 - Intimate partner violence
 - Increases in
 - Positive parenting
 - Health education provided by an agency
 - Home testing for radon
 - Health insurance coverage
 - Individuals with a usual primary care provider

NURSING INTERVENTIONS

- Identify barriers and supports to health-risk reduction.
- Assess safety during home visits.
- Identify and coordinate needed community resource referrals.
- Perform biological health risk assessments.
- Assess for environmental and behavioral risks.

NCLEX® Connection: Psychosocial Integrity, Family Dynamics