interstitial space to vascular space (used for edema) or raise extremities. Protect bony prominences.

Physical Assessment:

- Inspect→auscultate→palpate→percuss
- *Vitals:* (TPRBOP=Temp, Pulse, Respirations, Blood pressure, O2 saturation, Pain): establish baseline to be able to assess treatment
 - Temp: neuro+cardio regulate body temp. Can be taken orally, rectally, axillary, temporal or tympanic. 36-38 deg C/96.8-100.4 deg F. (rectal=1 degree higher, tympanic and axillary = 1 degree lower)
 - o Pulse: regulated by autonomic (parasympathetic and sympathetic) nervous system,
 - \circ *Normal range* = 60-100bpm.
 - o **Slow** = bradycardia, fast = tachycardia. Dysrhythmia = irregular
 - o **Pulse deficit** = difference between apical and radial.
 - o *Rate the strength:* (amplitude) between 0 (absent), 1(diminished/weak), 2+ (brisk/expected), 3+ (increased/strong), 4+ (full volume/boundly).
 - o Can be measured / Pulse locations: radial, brancel, demoral, popliteal, dorsalis pedis, posterior tibial
 - Cardiac Output = 4-6 Liter / Hinute
 - Respirations: 12-21 treams per min

Nextlation: exchange 1622 and CO2 in lungs

- Diffusion: ex thange of O and CO2 between alveoli and RBCs
- o Perfusion: flow of blood to and from pulmonary capillaries

• Pulse Ox:

SaO2: 95-100%. Measure on fingertip (w/o nail polish, bridge of nose, or forehead or ear lobe

• Blood pressure:

• *Normal* = 120/80. Systolic is max pressure exerted on arteries and diastolic is minimum (when ventricles are relaxed). Increases with pain, anxiety, stress, meds, exercise.

Communication:

 Verbal, nonverbal, provides collaborative care, used on pts and families and coworkers, provides info

• Therapeutic communication:

- o Referent: incentive/motivation for communication to occur
- Use to elicit thoughts, obtain info, express empathy evaluate. Should be client centered and have purpose. Be honest, attentive (active listening), eye contact

(culturally sensitive), caring, establish trust, empathetic, nonjudgmental and use silence, open ended questions, clarifying techniques, offer leads, show acceptance, focusing, giving info, summarize, be realistic, offer self and use touch.

• Stress:

- Fight of Flight: arousal of sympathetic nervous system to prepare body for action (increased heart rate, increased blood to brain and muscles, increased respiratory rate, pupil dilation)
- o Negative feedback: regulated by medulla oblongata, reticular formation, and pituitary
- o General Adaptation Syndrome (GAS):
 - Alarm rising hormone levels = increased blood volume, blood glucose, epinephrine, norepinephrine, HR
 - Resistance: body functions stabilizes and responds in the manner opposite to the alarm stage
 - *Exhaustion*: body no longer able to resist the effects of the stresser and has depleted the energy necessary to maintain adaption

o Roles:

Role Conflict: person must assume opposing with incompatible expectations, sick role: how one should behave when sick.

Role Ambiguity unvertainty about what if expected when assuming role

Death/Dying

- $Gree_f$: denial \rightarrow anger \rightarrow bargaining \rightarrow depression \rightarrow acceptance
- Disenfranchised grief entails an experienced loss that cannot be publically shared or is not socially acceptable such as suicide SUICIDES ABORTION
- *Palliative care:* Prevention, relief, reduction, or soothing of symptoms, care of dying, achieves best possible quality of life
- *Hospice:* comprehensive care delivery system implemented when a client is not expected to live longer than 6 months. Further medical care towards a cure is stopped. Enhance quality of life and provide peace, support, dignity, and comfort.
- Loss can be: necessary, maturational, situational, actual, or perceived
- Grief can be normal, complicated (chronic, delayed, excessive, exaggerated), anticipatory, or disenfranchised
- Cultural sensitivity
- *Postmortem Care*: confirm tissue donation, collect specimens, speak to family about participation
- Provide care w/ respect & compassion while attending to desires of pt. and family.

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