Communications / SOAP / VS / orthostatic hypotension and pediatric BP / general survey (40)

<u>Interview Process and Health History</u>

- WHO definition of health: complete physical, mental, social wellbeing and not just absence of infirmity
- Holistic nursing: mind/emotions, spirit, body all within environment
- Communication Process
    - Complex, ongoing, interactive process wherein ability, culture and personal experience all influence interpretation and decoding of messages
    - Therapeutic communication
    - Caring and empathy
- Nonverbal communication skills
    - Physical appearance, eye contact
    - Touch is an essential and dominant component
- Verbal
    - Diction, enunciation, grammar, cultural slang
    - Having appropriate accommodations for pt w limited English (LEP) and/or hard of hearing
- Facilitation – encourage pt to continue story (similar to active listening), keeping pt on track to get the info you need or want
- Active listening – ability to focus on pt and their pov; talking about difficult feelings helps patients heal
    - To be understood, you must first understand aka empathy
- Nothing wrong with silence
    - Most common mistake is rambling, not pausing at all
    - Silence allows you to collect your thoughts, don't be afraid to have a 30 second pause
    - Aim for one second of silence before asking next question or responding
- Interview traps
    - False assurance, unwanted advice, authority, avoidance language, distancing, too much personal info, professional jargon, leading or biased questions, talking too much, interrupting, asking 'why'
        - If there's an issue, step back and see if you can rebuild
- Cross cultural communication – cultural povs, etiquette, personal space, gender + sexual orientation, communication barriers
    - Ex: pt comes in for women health exam but it's a trans woman that is not fully transitioned although records indicated they were female at birth
- Sum of Interview skills
    - Condense facts, present a survey of how you perceive the health problem CC, signals the termination of interview is imminent

<u>Health History</u>

- Purpose is to gather subjective data; may have to ask uncomfy questions, nurses use special techniques and communication skills
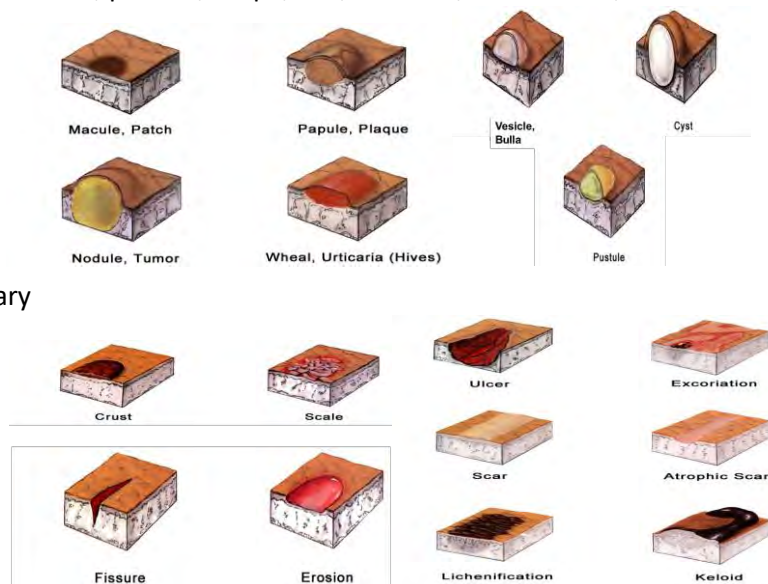- SOAP: subjective, objective, assessment, planning

How to for the Undergrad

- o nonpharmacologic measures
    - therapeutic lifestyle changes
    - Diet modification
    - physical activity
    - smoking cessation if applicable
    - alcohol and drug abuse if applicable

Integumentary (5)

Skin, Hair, Nails

- General survey: physical appearance, body structure, mobility, behavior
- Risk Assessment: Braden scale tells you risk of developing pressure ulcer
- Inspection
    - o Skin color-> normal for ethnicity, bruising, lesions
        - Jaundice
        - Erythema
        - Pallor
        - Cyanosis
    - o Lesions
        - Color, elevation, pattern, shape, size, location / distribution, exudate

Macule, Patch Papule, Plaque Vesicle, Bulla Cyst

Nodule, Tumor Wheal, Urticaria (Hives) Pustule

- Primary
- Secondary

Crust Scale Ulcer Excoriation

Scar Atrophic Scar

Fissure Erosion Lichenification Keloid

- •
- Vascular Lesions
    - Petechiae: tiny red spots, 1-3 mm, from increased pressure on capillaries
    - Purpura: more than 3 mm, tend to be redder than ecchymosis
    - Ecchymosis: bruising. Purple/Blue->green->yellow->brown
    - Port wine stain: birthmark
    - Spider angioma/ telangiectasia: red, spider veins

      ii. Check apex, base; carotid arteries should be synchronized w S1 (apex)

      iii. Check for thrills, lifts, displacement of impulse, S2

i. Auscultation

      i. 4 positions: sit up and lean forward slightly, supine, L and R lateral recumbent

      ii. Stethoscope - auscultate heart w bell and diaphragm

          1. Diaphragm for high pitched sounds -> murmurs while sitting, holding expiration

          2. Bell for low pitched sounds -> includes L lateral filling sounds

      iii. Locations

          1. Aortic valve - 2nd right ICS and R sternal border

          2. Pulmonic area - 2nd L ICS and L sternal border

          3. Erb's Point / 2nd pulmonic area - 3rd L ICS and L sternal border

          4. Tricuspid area, 4th L ICS along lower L sternal border

          5. Mitral / apical area, 5th ICS at midclavicular line

      iv. Check S1 to see if it coincides w carotid, noting rate and rhythm

      v. Identify S1 and S2 and listen to each separately

          1. *S1: loudest at apex, sound of AV valves closing (considered the 'pulse')*, no change w breathing. Split is normal but rare.

             a. Tricuspid, bicuspid valves shutting (AV valves)

             b. Best heard at apex, beginning systole

             c. Pressure builds in ventricles exceeding aortic pressure; AV valves pushed closed and semilunar valves open

          2. *S2: loudest at base, sound of semilunar valves closing*, splitting most likely at end of inspiration and head at pulmonic area 2nd L ICS

             a. Semilunar valves shutting, beginning of diastole

             b. Aortic, pulmonic and Erb's point areas

             c. Volume of blood in ventricles is diminished, ventricles relax, pressure drops, aortic pressure exceeds ventricular pressure, closes semilunar valves. Then atrial pressure exceeds ventricular pressure opening AV valves

          3. Listen for extra sounds and murmurs→ diaphragm, bell for all 5 areas

      vi. A -> right sternal border 2nd intercostal

      vii. P-> left sternal border 2nd intercostal

      a. Light - one hand
      b. Deep - two hands

11. Describe the concepts related to overweight, underweight, and changes across the lifespan
    a. Lifespan
      i. Infants and kids -> *liver is bigger at birth*, bladder is higher in abdomen, abdominal wall is less muscular so organs are easier to palpate
      ii. Pregnancy -> morning sickness, decreased GI motility (esophageal reflux, constipation), enlarging uterus displaces intestines so bowel sounds will be diminished
      iii. Older adults -> GI slower (motility, secretion + absorption, digestion decreased), food tolerance diminishes, liver unable to metabolize certain drugs, delayed gastric emptying, pain less severe and fever less pronounced
    b. Undernutrition
      i. Deficiency of energy or nutrients resulting in low body weight, loss of muscle mass, compromised immune function, electrolyte abnormalities
      ii. Sx deficiency of micronutrients:
        1. Skin rashes ie seborrheic dermatitis→ B6
        2. Depression → D
        3. Hair loss → A,C,D,E
        4. Bleeding gums → C
        5. Muscle spasms → B and minerals Ca^{2+}, Mg^{2+}, Na^+, Fe^+, K^+
        6. Night blindness → A
    c. BMI chart
      i. Underweight 17.7-18.4
      ii. Normal 18.5-24.9
      iii. Overweight 25-29.9
      iv. Obese >29.9 (30 or higher)

Musculoskeletal (10)
1. What are the risk factors, causes, and s/s of osteoporosis?
    a. Occurs in older adults
    b. Osteoporosis has no cure so prevention is imperative
      i. 1/2 women and 1/8 men >50y/o will have osteoporosis related fracture
      ii. 14 billion a yr spent nationally on osteoporosis and related fractures
2. What are the risk factors, causes, and s/s of fractures?

ii. Increased intimal thickening of vessels, increased fibrosis of media, loss of elasticity

iii. Sclerosis of heart valves

iv. Increased BP

v. Conduction disturbances

h. Renal: more abnormal glomeruli, interstitial fibrosis

i. Lung: less elastic, less cilia activity

    i. Lower tidal volume, higher residual volume

    ii. More vulnerable to respiratory infections

    iii. Untreated / undiagnosed asthma, now COPD risk

j. GI

    i. Less gastric juices HCl

    ii. Less taste buds

    iii. Less peristalsis

        1. Implications: medication absorption (first pass), may eat more salt or spice, constipation, less appetite

k. Skeleton: osteoarthritis, loss of bone structure

    i. Osteoporosis screening, esophageal and jaw assessments

l. Endocrine: watch for metabolic changes

    i. Thyroid disorders (hypo) → skin dry, cold intolerance, fatigue

    ii. Erectile dysfunction

    iii. Diabetes

m. Neuro

    i. May need more effort to learn new skills

    ii. Worse coordination d/t diminished sensation, slower motor responses causing postural instability

    iii. Depression - geratric depression scale

        1. 15 item gold standard

        2. 2-item: do you often feel downhearted and blue? Do you feel worthless?

        3. Implications: >70y/o males have highest rate of suicide in population, most visit hcp w/i a month

    iv. Substance abuse

        1. Alcoholism 10-15%

        2. Marijuana most commonly abused street drug

        3. Benzodiazepines / narcotics prescribed

        4. OTC sleeping aids

    v. High risk sexual behaviors

        1. HIV, STIs on the rise

        2. Infections, more fragile tissue