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Nurse's Clinical Pocket Guide Ballantine Books
The newly revised fifth edition of this popular reference is a start-to-finish guide for more than 400 basic to advanced nursing procedures. It provides step-by-step instructions for each procedure and explains how to use and troubleshoot equipment.

Code of Ethics for Nurses with Interpretive Statements Nursing Notes the Easy Way100+ Common Nursing Documentation and Communication TemplatesEver wonder what to put in a nursing note? This pocket sized guide provides you with over a hundred templates for written and verbal comminication in nursing to help you.Nursing Documentation Made Incredibly Easy Nursing Notes the Easy Way100+ Common Nursing Documentation and Communication Templates

Note Designer Lippincott Williams & Wilkins
This pocket-size guide saves nurses precious time while ensuring that a complete patient record is created and that legal, quality assurance, and reimbursement requirements are met. This handbook provides specific verbiage for charting patient progress, change or tasks accomplished for approximately 50 common problems. The new third edition has been completely updated to include Critical Assessment Findings, Subjective Findings for Documentation, Resources for Care and Practice, Legal Considerations, Time Saving Tips, and new Managed Care information. Plus, roughly 15 additional common problems and diagnoses have been added making this practical resource more valuable than ever. Diagnoses are in alphabetical order allowing for fast and easy access. Each patient problem or diagnosis found in this handbook includes specific documentation guidelines for the following aspects of nursing care: *Assessment of patient problem *Associated nursing diagnosis *Examples of objective findings for documentation *Examples of subjective findings for documentation *Examples of assessment of the data *Examples of potential medical problems for this patient *Examples of the documentation of potential nursing interventions/actions *Examples of the evaluations of the interventions/actions *Other services that may be indicated and their associated interventions and goals/outcomes *Nursing goals and outcomes *Potential discharge plans for this patient *Patient, family, caregiver educational needs *Resources for care and practice *Legal considerations for documentation, as appropriate Introductory chapters describe documentation, the medical record systems of nursing documentation, and current JCAHO and ANA standards related to documentation. Specialty sections provide important and specific guidelines for hospice care and maternal-child care. Appendices provide the latest NANDA-approved nursing diagnoses, descriptions of services provided by other disciplines, abbreviations, and a listing of resources (i.e., directory of resources, clinical newsletters and journals, Internet resources, further reading). Includes Time Saving Tips boxes to help minimize the time needed for documentation responsibilities. Each diagnosis includes a Critical Assessment Components/Findings section to help nurses with their critical decision making and determine whether an assessment finding indicates immediate attention or patient follow up. The Goals/Outcomes section of each diagnosis now appears at the beginning so that nurses know the intended goals and outcomes up front before beginning the assessment. All documentation guidelines now include sections on Examples of Subjective Findings for Documentation and Resources for Care and Practice. Includes Legal Considerations for Documentation as appropriate to highlight important legal issues. Part One has been updated to reflect the current managed care environment, including new information required by the National Community of Quality Assurance [NCQA], so that nurses can incorporate and focus on these changes as they document

Medical Records for Attorneys **John Wiley & Sons**
This seventh edition includes new chapters and maintains popular features from previous editions such as self awareness prompts while adding research boxes and student worksheets at the end of each chapter.

Nursing Wilfrid Laurier Univ. Press
Now in its Ninth Edition, this comprehensive all-in-one textbook covers the basic LPN/LVN curriculum and all content areas of the NCLEX-PN®. Coverage includes anatomy and physiology, nursing process, growth and development, nursing skills, and pharmacology, as well as medical-surgical, maternal-neonatal, pediatric, and psychiatric-mental health nursing. The book is written in a student-friendly style and has an attractive full-color design, with numerous illustrations, tables, and boxes. Bound-in multimedia CD-ROMs include audio pronunciations, clinical simulations, videos, animations, and a simulated NCLEX-PN® exam. This edition's comprehensive ancillary package includes curriculum materials, PowerPoint slides, lesson plans, and a test generator of NCLEX-PN®-style questions.

NP Notes Jones & Bartlett Learning
The 4th Edition of this popular, easy-to-use guide delivers the practical, clinically oriented content you need to deliver safe and effective health care in hospital and home settings. Thoroughly revised and updated, you'll have access to even more of the commonly-used by rarely memorized clinical information that nurses and students need.

A Simple Step-By-Step Guide to Writing Your Psychotherapy Progress Notes Lippincott Williams & Wilkins
Home Health Assessment Criteria: 75 Checklists for Skilled Nursing Documentation Barbara Acello, MS, RN and Lynn Riddle Brown, RN, BSN, CRNI, COS-C Initial assessments can be tricky--without proper documentation, home health providers could lose earned income or experience payment delays, and publicly reported quality outcomes affected by poor assessment documentation could negatively impact an agency's reputation. Ensure that no condition or symptom is overlooked and documentation is as accurate as possible with Home Health Assessment Criteria: 75 Checklists for Skilled Nursing Documentation. This indispensable resource provides the ultimate blueprint for accurately assessing patients' symptoms and conditions to ensure regulatory compliance and proper payment. It will help agencies deliver more accurate assessments and thorough documentation, create better care plans and improve patient outcomes, prepare for surveys, and ensure accurate OASIS reporting. All of the book's 75-plus checklists are also available electronically with purchase, facilitating agency-wide use and letting home health clinicians and field staff easily access content no matter where they are. This book will help homecare professionals: Easily refer to checklists, organized by condition, to properly assess a new patient Download and integrate checklists for use in any agency's system Obtain helpful guidance on assessment documentation as it relates to regulatory compliance Appropriately collect data for coding and establish assessment skill proficiency TABLE OF CONTENTS Section 1: Assessment Documentation Guidelines 1.1. Medicare Conditions of Participation 1.2. Determination of Coverage Guidelines 1.3. Summary of Assessment Documentation Requirements 1.4. Assessment Documentation for Admission to Agency 1.5. Case Management and Assessment Documentation 1.6. Assessment Documentation for Discharge Due to Safety or Noncompliance 1.7. 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Arthritis Assessment Documentation 9.3. Compartment Syndrome Assessment Documentation 9.4. Fall Assessment Documentation 9.5. Fracture Assessment Documentation Section 10: Endocrine Assessment Documentation 10.1. Endocrine Assessment Documentation 10.2. Diabetes Assessment Documentation Section 11: Eyes, Ears, Nose, Throat Assessment Documentation 11.1. Eyes, Ears, Nose, Throat Assessment Documentation 11.2. Dysphagia Assessment Documentation Section 12: Hematologic Assessment Documentation 12.1. Hematologic Assessment Documentation 12.2. Anticoagulant Drug Therapy Assessment Documentation 12.3. Deep Vein Thrombosis (DVT) Assessment Documentation 12.4. HIV Disease and AIDS Assessment Documentation Section 13: Nutritional Assessment Documentation 13.1. Nutritional Assessment Documentation 13.2. Dehydration Assessment Documentation 13.3. Electrolyte Imbalances Assessment Documentation 13.4. 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SOAP for Family Medicine HC Pro, Inc.
Pamphlet is a succinct statement of the ethical obligations and duties of individuals who enter the nursing profession, the profession's nonnegotiable ethical standard, and an expression of nursing's own understanding of its commitment to society. Provides a framework for nurses to use in ethical analysis and decision-making.

How to Navigate Clueless Colleagues, Lunch-Stealing Bosses, and the Rest of Your Life at Work Lippincott Williams & Wilkins
Ever wonder what to put in a nursing note? This pocket sized guide provides you with over a hundred templates for written and verbal comminication in nursing to help you.

Perioperative Patient Care Elsevier Health Sciences
Here's the essential clinical information you need to care for obstetric, gynecological, newborn, and pediatric patients in any setting. The 3rd Edition of this popular pocket guide has been thoroughly revised and updated to reflect nursing practice today.

Leading Change, Advancing Health Lippincott Williams & Wilkins
Your one-stop source for class, clinical, and practice. This pocket-sized, quick reference resource gives you easy access to the information you need to deliver safe and effective care, including screening and assessment tools, differential diagnosis charts, commonly ordered medications, billing and coding information and more. Now with information on Covid-19, the 4th Edition of this AJN Book of the Year Award Winner has been completely revised and updated to reflect the latest changes in the field.

Nursing Know-how Lippincott Williams & Wilkins
ìThis guide and resource will give you all the direction and resources you need to perform in the role of a medical-surgical clinical instructorÖInstructors will discover this book takes the work out of working in the clinical area.î This is the first comprehensive resource for clinical medical-surgical nursing instructors responsible for guiding students through their entire clinical rotation. Filling a huge gap in resources for instructors required to teach this course, it contains everything the new or adjunct instructor needs to teach expertly and confidently. The guide describes the role of medical-surgical instructor and provides an introduction to the clinical site. It features a week-by-week instructional plan for the clinical rotation and includes all materials necessary to effectively perform administrative leadership and supervision, assess studentsí knowledge and learning styles, maximize the learning process, simplify evaluation, and help ensure a smooth transition to clinical practice. Brimming with helpful information, the guide will be a welcome companion to both experienced and novice medical-nursing instructors with its organizational teaching templates, teaching and learning resources, and evaluation materials. These include a course syllabus, comprehensive skills checklist, medication guidelines, resources for patient teaching, pre-and post-conference expectations and activities; even make-up assignments for students who miss a clinical class. Clinical instruction materials such as PowerPoints and simulation scenarios,are provided. Additionally, the book contains quizzes with answers, discussion questions, critical thinking exercises, and interactive student activities. Key Features: Comprises the first complete resource for successfully guiding students through their clinical rotations from start to finish Helps to allay the ìfear factorî for new and adjunct clinical nursing instructors Provides a week-by-week instructional guide that includes organizational teaching templates, teaching and learning resources, and evaluation aids Includes numerous forms and templates to facilitate administrative responsibilities, student assessment, and student evaluation Organizes key clinical information by body system and includes multiple interactive teaching tools

OB/GYN Peds Notes ALI-ABA

This handbook succinctly describes over 500 common errors made by nurses and offers practical, easy-to-remember tips for avoiding these errors. Coverage includes the entire scope of nursing practice—administration, medications, process of care, behavioral and psychiatric, cardiology, critical care, endocrine, gastroenterology and nutrition, hematology-oncology, infectious diseases, nephrology, neurology, pulmonary, preoperative, operative, and postoperative care, emergency nursing, obstetrics and gynecology, and pediatric nursing. The book can easily be read immediately before the start of a rotation or used for quick reference. Each error is described in a quick-reading one-page entry that includes a brief clinical scenario and tips on how to avoid or resolve the problem. Illustrations are included where appropriate.

Charting patient care Lippincott Williams & Wilkins

Offering step-by-step guidance on how to properly document patient care, this updated Second Edition presents 90 of the most common clinical problems encountered on the wards and clinics in an easy-to-read, two-page layout using the familiar "SOAP" note format. Emphasizing the patient’s clinical problem, not the diagnosis, this pocket-sized quick reference teaches both clinical reasoning and documentation skills and is ideal for use by medical students, Pas, and NPs during the Family Medicine rotation.

100+ Common Nursing Documentation and Communication Templates National Academies Press

Chart Smart: the A-to-Z Guide to Better Nursing Documentation tells nurses exactly what to document in virtually every type of situation they may encounter on the job, no matter where they practice--hospital, medical office, outpatient, rehabilitation facility, long-term care facility, or home. This portable handbook has nearly 300 entries that cover documentation required for common diseases, major emergencies, complex procedures, and difficult situations involving patients, families, other health care team members, and supervisors. In addition to patient care, this book also covers documenta

Nursing Documentation Handbook Hcpro, a Division of Blr

Charting: An Incredibly Easy! Pocket Guide provides time-starved nurses with essential documentation guidelines in a streamlined, bulleted format, with illustrations, logos, and other Incredibly Easy! features. The book is conveniently pocket sized for quick reference anytime and anywhere. The first section reviews the basics of charting, including types of records, dos and dont's, and current HIPAA and JCAHO regulations. The second section, alphabetically organized, presents hundreds of examples and guidelines for accurately charting everyday occurrences. Logos include Help Desk best practices tips; Form Fitting completed forms that exemplify top-notch documentation; Making a Case documentation-related court cases; and Memory Jogger mnemonics.

A Guide for Nurse Managers Lippincott Williams & Wilkins

"Nurses play a vital role in improving the safety and quality of patient car -- not only in the hospital or ambulatory treatment facility, but also of community-based care and the care performed by family members. Nurses need know what proven techniques and interventions they can use to enhance patient outcomes. To address this need, the Agency for Healthcare Research and Quality (AHRQ), with additional funding from the Robert Wood Johnson Foundation, has prepared this comprehensive, 1,400-page, handbook for nurses on patient safety and quality -- Patient Safety and Quality: An Evidence-Based Handbook for Nurses. (AHRQ Publication No. 08-0043)."--Online AHRQ blurb, http://www.ahrq.gov/qual/nurseshdbk.

An Incredibly Easy Pocket Guide Springer Publishing Company

The Second Edition of Johnny Saldaña's international bestseller provides an in-depth guide to the multiple approaches available for coding qualitative data. Fully up to date, it includes new chapters, more coding techniques and an additional glossary. Clear, practical and authoritative, the book: -describes how coding initiates qualitative data analysis -demonstrates the writing of analytic memos -discusses available analytic software -suggests how best to use The Coding Manual for Qualitative Researchers for particular studies. In total, 32 coding methods are profiled that can be applied to a range of research genres from grounded theory to phenomenology to narrative inquiry. For each approach, Saldaña discusses the method's origins, a description of the method, practical applications, and a clearly illustrated example with analytic follow-up. A unique and invaluable reference for students, teachers, and practitioners of qualitative inquiry, this book is essential reading across the social sciences.

Nursing Notes the Easy Way F.A. Davis

Now in its Ninth Edition, this full-color text combines theoretical nursing concepts, step-by-step skills and procedures, and clinical applications to form the foundation of the LPN/LVN course of study. This edition features over 100 new photographs, exciting full-color ancillaries, end-of-unit exercises, and extensively updated chapters on nursing foundations, laws and ethics, recording and reporting, nutrition, fluid and chemical balance, safety, asepsis, infection control, and medication administration. Coverage includes new information on cost-related issues, emerging healthcare settings, concept mapping, malpractice, documentation and reporting, HIPAA, and more. All Gerontologic Considerations sections have been thoroughly updated by renowned experts.

Nursing Notes the Easy Way CRC Press

Thoroughly updated for its Second Edition, this comprehensive reference provides clear, practical guidelines on documenting patient care in all nursing practice settings, the leading clinical specialties, and current documentation systems. This edition features greatly expanded coverage of computerized charting and electronic medical records (EMRs), complete guidelines for documenting JCAHO safety goals, and new information on charting pain management. Hundreds of filled-in sample forms show specific content and wording. Icons highlight tips and timesavers, critical case law and legal safeguards, and advice for special situations. Appendices include NANDA taxonomy, JCAHO documentation standards, and documenting outcomes and interventions for key nursing diagnoses.