Make room for success in your plan of care

By Jane Zema, BS, RN

WORKING AS A direct care nurse for more than 20 years, I’ve come to realize that the most useful way to start my workday is to assess my patient, then assess my patient’s room and make it work for me. This article will help you make sure you have the tools you need at your fingertips, so you can work efficiently to meet the patient’s goals and ensure patient safety.

After receiving handoff communication and completing a medical record review, head to your patient’s room. Perform hand hygiene, touch the patient’s forarm or hold his or her hand, and introduce yourself as the nurse for the day. This lets you do several things at one time: When you touch the patient, you’re establishing a rapport and making him or her feel safe. You can also note whether the patient’s skin is warm and dry.

At the same time, do the first of many checks of the patient’s ID band to see if it’s correct. Then perform the second ID check, asking the patient to state his or her name and date of birth while looking at the ID band. When performing this check, you can make sure the patient is alert and oriented and isn’t dyspneic. You can also palpate the radial pulse while checking the ID band, and assess the patient’s quality of speech, noting the presence or absence of facial droop or cognitive impairment.

Next, ask the patient about allergies and check for the correct allergy band. Then check for any special alerts, such as high fall risk or do-not-resuscitate order. Con- special alerts, such as high fall risk or do-not-resuscitate order. After assessing the patient and checking the equipment, perform a room assessment. This takes only 5 minutes, and it’s time well spent.

Start by making sure the bed is in a low position, that the patient call bell is within easy reach, and that the patient’s over-bed table, with water and tissues, is within easy reach. Also, make sure side rails are positioned as indicated, floors aren’t wet, and no obstacles are present that would prevent the patient from moving freely and safely.

Always determine where a crash cart would go and whether responders could readily access what they need. Also check the sharps container: Does it need to be replaced?

If the patient is going to be out of bed, move a comfortable chair to the side of the room closest to the oxygen, even if this is the side opposite the monitor or I.V. poles. This way, the patient will be close to the oxygen source in case of an emergency. If one of the patient’s nursing diagnoses is impaired airway clearance, make sure the incentive spirometer is within the patient’s reach.

Finally, remember to assess safety at regular intervals when you return to your patient’s room.

The benefits of making the patient’s room work for you will far outweigh the time you put into it at the beginning of your shift. A sense of direction will come over the plan of care and you too will make room for success—and safety. ■

REFERENCES

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