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# **NCLEX RN**

# **COMPREHENSIVE STUDY**

# **GUIDE**

# **2022**

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# FUNDAMENTALS OF NURSING

## BASIC CARE AND COMFORT

### DYSPHAGIA DIET

- Clients with **dysphagia** are at **risk for aspiration** and aspiration pneumonia. Dietary modifications and swallowing rehabilitation measures can reduce the risk of aspiration in clients who can tolerate oral feedings. Specific techniques include the following:
  - Modification of food **consistency** (pureed, mechanically altered, soft)
  - **Thickened** liquids
  - Having the client **sit upright** at a 90-degree angle
  - Placing food on the **stronger side** of the mouth to aid in bolus formation
  - **Tilting the neck** slightly to assist with laryngeal elevation and closure of the epiglottis
- Some clients who have suffered a cerebrovascular accident (CVA) are also left with **visual impairment** such as hemianopsia; in this condition, a person sees only a portion of the visual field from each eye. A client with a right-sided CVA may have left-sided hemianopsia. Having the client **turn the head** during a meal will help the client see everything on the plate
- Adding milk to mashed potatoes will alter the consistency; if the consistency is too thin, the client will be at increased risk of aspiration.
- Using a straw for drinking liquids might cause increased swallowing difficulty and choking. Controlling liquid intake through a straw is more difficult than drinking straight from a cup or glass.

### BREAST PROSTHESIS

- A breast prosthesis is an artificial appliance that is fitted to the external chest wall or inserted into a female client's undergarments to simulate previous symmetry after a mastectomy or breast trauma.

- This is an option for clients who are not interested in, or are not candidates for, breast reconstruction surgery. This appliance assists in the promotion of well-being, body image, and sexuality.
- When evaluating the use of a breast prosthesis, nurses should assess the client for body image disturbance using open-ended questions and therapeutic communication

### **NON-THERAPEUTIC COMMUNICATION TECHNIQUES**

Nontherapeutic communication techniques		
Technique	Definition	Example
Asking personal questions	Attempting to gather client information for personal curiosity	"Why don't you & your spouse have children yet?"
Giving personal opinions	Stating a personal judgment or choice that takes away client decision-making	"If I were you, I would stop taking my child there."
Changing the subject	Attempting to focus on a different topic, which shows lack of empathy & stalls communication	"Let's talk about what you want for lunch instead."
Automatic responses	Making generalized, stereotyped statements or clichés that lack empathy	"You can't win them all."
False reassurance	Offering hope when the outcome is unsure	"Everything is going to be all right."
Asking for explanations	Attempting to gather information inappropriately, causing the client to feel tested or accused	"Why" questions
Approval or disapproval	Imposing one's values or beliefs on the client's statements	"You shouldn't consider plastic surgery; it's wrong."
Defensive responses	Avoiding or challenging criticism, which implies that the client doesn't have a right to the stated opinion	"I know what I am doing. I wouldn't intentionally hurt you."
Arguing	Challenging or disagreeing, which implies that the client's thoughts are not real or valid	"You can't be tired; you slept all night."

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## **THERAPEUTIC COMMUNICATION**

Therapeutic communication techniques		
Technique	Definition	Example
Listening	An active, nonverbal process that involves receiving & interpreting	Lean forward, maintain eye contact, nod appropriately
Restating	Repeating the major theme	"You say that your coworkers never invite you to lunch."
Broad opening	A general statement that allows the client to choose the topic of discussion	"What are you contemplating now?"
Clarification	Asking the client for further explanation of a vague or confusing comment	"I'm not sure I understand. Could you repeat that?"
Reflection	Repeating back the feeling, idea, or message conveyed	"You're feeling anxious because of your job?"
Sharing perceptions	Stating an observation or summation that the client can validate or reject	"You say that you don't care, but I sense that you are upset."
Suggesting	Offering alternate options	"Have you considered using sleep hygiene techniques?"
Focusing	Using statements to encourage exploration of a particular topic	"I think we should talk more about the pain you have."
Theme identification	Exploring overarching or repeated topics	"I've noticed that you fear areas with crowds."

## **INTERPRETER**

- Clients from many cultures will be more responsive if the interpreter is the same gender, especially when the condition is highly personal or sensitive
- The nurse should maintain good eye contact when communicating with the client. The interpreter should translate the client's words literally.
- Communication is with the client, not the interpreter. The nurse should use basic English rather than medical terms, speak slowly, and pause after 1-2 sentences to allow for translation
- Providing simple instructions about upcoming actions in the order they will occur will be easier for the client to understand. For example, the nurse can indicate that there will be surgery and then a follow-up visit as opposed to, "You'll follow up with the health care provider after your procedure"

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- The nurse should obtain feedback to be certain that the client understands. This feedback should extend beyond nodding as some people nod to indicate that they are listening or nod in agreement to "save face" even though they do not understand. It is better to use a tactic such as having the client repeat back information (which is then translated into English).
  - Using a fee-based agency or language line is preferred if an appropriate bilingual employee is not available. The client may not want the friend/relative to know about this personal situation, or the person may not be able to adequately translate medical concepts and/or understand client rights.

### **BENEFICENCE**

- Beneficence is the ethical principle of doing good. It involves helping to meet the client's (including the family) emotional needs through understanding. This can involve withholding information at times.
- Stating that the client is critically ill and is being cared for meets the ethical principle of veracity (telling the truth) but also avoids overwhelming the family before they travel to the hospital. The nurse does not want the family to be too distressed to process the situation and arrive safely.

### **PRINCIPLES OF CULTURALLY COMPETENT CARE**

- All clients have cultural influences that can affect their beliefs and concerns about causes of medical conditions and expectations for treatment.
- The nurse should have clients express what caused their medical illnesses or problems to gain knowledge of their **beliefs and understandings** about the conditions; this is fundamental to developing a culturally sensitive and appropriate teaching and care plan.
- Culturally competent care requires the nurse to recognize that the **client's interpretation of an illness is more significant** than the nurse's knowledge of the illness.
- Clients' beliefs about health and disease may be complex and tightly rooted in centuries-old traditions.
- Some clients welcome scientific explanations about their conditions, whereas others ignore a nurse's teaching that does not align with their personal perspectives.
- The nurse must never assume that a client knows (or does not know) about a subject; accurate assessment about knowledge and beliefs is necessary.
- Culturally competent nursing care involves recognizing certain cultural and religious beliefs.