



SAMPLE

**BSN CAPSTONE
PROJECT**

Good preparation before intervention is a prerequisite for its successful and unhindered performance. Preparation for performing a medical, technical intervention (under the Health Care Process) includes: Taking of nursing orders and getting acquainted with the individual plan of the patient; Possessing knowledge and skills to perform a certain intervention; Introducing the patient, informing him, and preparing for the intervention; Provision of optimal working conditions, provision of personal protection for nurses and provision of patient safety.

1. Taking sister orders and getting to know the individual plan of the patient is the first step. A sister, before the start of work, should receive an order (written or oral) to understand and understand the patient's plan, if necessary, prioritize or adjust the plan according to changes in the condition of the patient or their needs.
2. Possessing knowledge and skills to perform a certain intervention – the sister, before the start of the action, must know how the intervention is performed, what is the purpose of the intervention, what is expected of the intervention, possible complications, and any unwanted effects. The sister must be aware and self-critical about the possession of knowledge and skills, as well as the current psychophysical readiness to perform the intervention. If it is for a reason not to be able to carry out a particular intervention adequately and safely for any reason, it is obliged to inform the responsible/principal sister or a more experienced colleague and ask for help.
3. Getting acquainted with the patient, informing him, and preparing for the intervention – begins with the personal presentation of the nurse to the patient or greetings (when that is not the first contact of that day) and informing the patient that she will perform a particular intervention. The nurse adequately informs the patient about the procedure itself, which is its purpose, duration, manner of delivery, how the patient should help and cooperate with the interventions, which reactions/discomforts may occur. Some interventions also require special pre-treatment for the illnesses (related to taking or not taking food or water, emptying the beak or colon, taking a position, or the other).
4. Providing optimal working conditions, providing protection and safety – is also seen from the aspect of the nurse and the aspect of the patient. It implies providing adequate staff (skilled and qualified), necessary equipment and materials, and the provision of necessary spatial conditions. All of these factors influence the quality and efficiency of nursing intervention after thoroughly preparing the sister's approach to the realization of the intervention itself. When performing the intervention, the sister must demonstrate skillfulness, skill, and safety, having a

professional relationship, and observing the ethical principles in work. Every time he has to maintain communication with the patient, to include it as much as possible in the realization and win for co-operation. At all times of the procedure, it must be aware of the patient's fears, concerns, feelings of shame, and so on and that his actions do not at one time undermine the patient's dignity and privacy. All duration of the intervention takes care of the patient's safety, observes the condition of the patient and his reaction to the procedure being performed. Of course, he takes all necessary measures for personal protection and his own safety. Upon completing the intervention, the nurse must take care of the patient – help him dress up, sit comfortably in the bed, save him vital functions, need information, and the like. Then he distributes the material and equipment he uses, sends the material to the laboratory and the other. The documentation records the time of the intervention and is signed. If necessary, in the NOTES column, enter the required information. Patient (and accompanying) addresses with anticipation, kindness, and professionalism. Addressing should start with the question: "How can we help you?" And then need to provide the necessary help/service or provide accurate information on how to solve your problem because of which it comes in the fastest and most efficient way. Communication must be such that the patient is already in the first contact to gain confidence in the professionalism and staffing skills as well as their readiness to do whatever is needed in order to address the problem he is addressing.

In communication with the patient (and accompanying staff), the staff must demonstrate understanding of the problems and needs of the patient without showing nervousness, rush, impatience, wonder, etc. The relationship of the staff must be the same for every patient irrespective of age, gender, nationality, material, and social status. If they cannot meet the patient's demands, they have to be kindly informed and motivated. Any non-respect of a patient's personality, refusal to give him assistance, neglecting punishment, and any other aspect of unprofessional relationship and behavior distorts the reputation of a health institution, profession, and health system as a whole and is subject to sanction. During treatment, all necessary treatment procedures will be undertaken, and all available human and technical resources will be engaged. The scheduled deadlines will be respected as well as informing the patients in case of cancellation/remission. Patients will be kept on treatment only as much as is necessary. The patient needs to be informed about their first and who should be

addressed if they are dissatisfied with the treatment of the relationship of the staff. Inform the patient about the nature of the disease and the institution's ability to conduct adequate treatment. Inform the patient about the length of treatment, procedures, and therapy that are planned. Asepsis is a set of all measures to maintain sterile working conditions. The aseptic foundation is sterilization. Antisepsis is a set of all the methods that cause the reduction of the number of pathogenic agents and a-pathogenic saprophytes on instruments, bandaging material, skin mucous membranes, and other objects. Antiseptic agents are used for the treatment of skin or mucous membranes, while disinfectant solutions are used for the treatment of instruments, equipment of non-living matter. Antisepsis measures include cleansing, disinfection, and sterilization. Cleansing is a method of physically removing visible blood, body fluids, tissues, some foreign matter – dust, skin, and mucous tissues from the patient or with non – living objects (instruments, equipment, premises). Disinfection is a process that destroys infectious bacteria, viruses, fungi, and parasites from non-living objects. Sterilization is a process of complete destruction of all pathogenic microorganisms, including spores. AIM: Reduce the risk of infection in daily work. PRECAUTIONARY MEASURES: Observe the rules on maintaining the hygiene of patient rooms and workrooms; Regular washing of hands; Adequate protective clothing: pure uniform, short or worn hair, no jewelry, suitable footwear; Keep the workplace neat and clean; Proper handling of instruments and equipment (disinfection, sterilization). The hands are washed with water and ordinary or antimicrobial soap when they are visually contaminated or contaminated. If the hands are not visibly soiled, the use of alcohol-based agents is recommended. If these resources are not available, as an alternative, the use of soap and water remains. Hygiene hand exercises: Before and after direct contact with the patient; After removing the glove; Before performing invasive procedures (placement of needles, CVK, urinary catheter) regardless of whether or not gloves are used; After contact with body fluids, excretions, irritated skin, after wound treatment; When moving from dirty to clean place in one patient; The contact between the subject and the area close to the patient. Wash your hands with ordinary or antimicrobial soap and water or do hand hygiene on an alcohol-based basis before handling medicines and preparing and distributing food. If an alcohol-based drug is already used, do not use antimicrobial soap at the same time. Use of gloves is recommended: a) to prevent the transmission of microorganisms from medical staff to patients; b) reduce the risk of transmitting infection from the patient to

healthcare workers. Gloves do not provide absolute protection against contamination. They do not provide complete protection against infections with hepatitis B virus and herpes simplex virus. After removing the hand gloves, wash them with water and soap or do hand hygiene on an alcohol-based basis. Gloves should be replaced after each patient or when changing the location of the same patient if the dirt is transferred to a clean place.

a) Non-sterile gloves – Used in direct contact with blood, body fluctuations of the patient, secretion, infectious wounds, or equipment and instruments that were in contact with the mentioned. b) Sterile gloves – Wash your hands and wipe them well; Avoid touching the glove from the outside; Work with the constant removal of sterile and what is not; discard everything that is touched by hands that are not sterile or something else, it is also not sterile. Gloves Handling Procedure: Open the sterile gloves packing, but the fingers are further away from the cloth; Take one glove from the inside; Put your thumb and thumb in so that they enter the holes provided for them; When your fingers are all at your place, pull the glove upwards so that it remains bent at the top; Take another glove out, for the upper ends, put your fingers inside, and pull the glove too; Avoid touching the skin; Rest your gloves. c) Face mask Serves to protect the patient (with the impaired immune system) and is obliged to provide staff with respiratory infections. For staff: when handling some medicines and disinfectants that have an irritant effect, at risk of transmission of infections, when handling sterile instruments and equipment. d) Protective mantel – Protects your everyday workwear/uniform. e) Capsules are applied in case of specific infection, need for isolation during surgical interventions. f) Visors/visors – are applied in cases of the danger of dispersing biological material, disinfectants, and some medications.

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