Pearson’s Concepts Solution

*Nursing: A Concept-Based Approach to Learning* is the number one choice for schools of nursing that use a concept-based curriculum. It is the *only* true concept-based learning solution and the *only* concepts curriculum developed from the ground up as a cohesive, comprehensive learning system. The three-volume series, along with MyLab Nursing, provides everything you need to deliver an effective concept-based program that teaches students to think like a nurse and develops practice-ready nurses.

*Nursing: A Concept-Based Approach to Learning*, Third Edition, represents the cutting edge in nursing education. This uniquely integrated solution provides students with a consistent design of content and assessment that specifically supports a concept-based curriculum. Available as a fully integrated digital experience or in print format, this solution meets the needs of today’s nursing student.

Starting with the cover, our goal for the Third Edition is to help students learn the essential knowledge they will need for patient care. The cover, a Möbius strip, represents the relationships among the concepts and how they are all interconnected. By understanding important connections of concepts, students are able to relate topics to broader contexts.

What Makes Pearson’s Solution Different?

As demonstrated with the previous two editions of *Nursing: A Concept-Based Approach to Learning*, Pearson’s program has successfully met the needs of tens of thousands of students and instructors in concept-based education programs. The Third Edition builds on our commitment to excellence: Every page, every word, every feature has been examined—all to help enhance the learning and teaching process. The result is an integration of content and features that you, our customer, have asked for and that you will not find anywhere else.

Pearson’s program includes:

- Everything instructors and students need in one package: all concepts, all exemplars, all assessment tools.
- Content designed by instructional designers for conceptual learning that includes learning and enabling objectives for every main section and measurable outcomes for each.
- Content that covers the lifespan from pregnancy and birth, through childhood and adolescence, and into young adulthood and middle and old age.

Why Teach Concept-based Learning?

University and college nursing programs across the United States have begun evaluating how their programs can meet the needs of today’s nursing students. The vast array of new knowledge in the “information age” has left nursing students feeling overwhelmed by the quantity of knowledge and skills they must gain in order to become practicing nurses. In light of this, many programs are moving to the model of concept-based learning in an effort to meet the challenges facing nursing students and new nurses today.

Aside from creating a streamlined approach in response to content overload/saturation in nursing education, there are a multitude of reasons for nursing programs to consider a concept-based program.

This model provides the impetus for educators to transition away from traditional methods of faculty-centered teaching and passive learning toward active, focused, participative, and collaborative teaching and learning. Pearson’s *Nursing: A Concept-Based Approach to Learning*, Third Edition, is designed to assist nursing faculty in providing students with a broader perspective while promoting a deeper understanding of content across the lifespan in a focused, participative, and collaborative learning environment.

What are the benefits of conceptual learning? Some of the often-referenced benefits of conceptual learning in nursing programs are that it:

- Focuses on problems
- Fosters systematic observations
- Fosters understanding of relationships
- Focuses on nursing actions and interprofessional efforts
- Challenges students to be excellent learners.
Organization and Structure of the Third Edition

The basic structure of the Second Edition was retained for the Third Edition. There are:

- Five parts:
  - I: The Biophysical Modules (in the Individual Domain)
  - II: The Psychosocial Modules (in the Individual Domain)
  - III: Reproduction (in the Individual Domain)
  - IV: The Nursing Domain
  - V: The Healthcare Domain
- Fifty-one concepts
- One hundred fifty-eight exemplars

The Concepts were chosen after surveying numerous concept-based curricula and finding the common elements. Some Concepts were added or revised in response to requests by users. The result is a comprehensive set of Concepts that cover the essentials of nursing education.

The Exemplars were chosen based on selected national models and initiatives such as those of the Institute of Medicine, Healthy People 2020, The Centers for Disease Control and Prevention, The Joint Commission, the National Institutes of Health, the National Institute of Mental Health, the NCLEX Test Plan, The Centers for Medicare and Medicaid, the Occupational Safety and Health Administration, and Quality and Safety Education for Nurses, among others. Prevalence rates were considered for the biophysical and psychosocial exemplars, with more common disorders prioritized over less common ones. Certain Exemplars were chosen because they lend themselves to teaching across concepts or across the lifespan. In the Third Edition, some Exemplars that focused on a particular stage of the lifespan, such as Diabetes in Children, have been folded into the Lifespan Considerations of another exemplar. Now there are two separate Exemplars on diabetes: one focusing on type 1 diabetes mellitus and the other focusing on type 2 diabetes mellitus. In the Third Edition, nine new/expanded Exemplars have been added:

- Cystic Fibrosis
- Delirium
- Environmental Quality
- Nurse Safety
- Patient Safety
- Sexual Dysfunction
- Traumatic Brain Injury
- Type 1 Diabetes Mellitus
- Type 2 Diabetes Mellitus

For the Third Edition, as shown in the Module Outline and Learning Outcomes listed at the beginning of each module, each main section has a dedicated learning outcome. Our editorial and instructional design teams worked to create consistent, accurate, challenging, achievable, and measurable objective statements based on objective-driven design practices to better engage students, improve performance, increase student gains, and promote deep learning.
**Structure and Features of the Concepts**

The Concepts feature a consistent design throughout the program. This allows students to anticipate the learning they will experience. Special features, which students can use for learning and review, recur in each Concept. The basic structure of the Concepts is shown below with visuals and annotations describing the content. Note that each red heading has a corresponding learning outcome.

**Normal Presentation ...** Each Concept starts with a review of normal, healthy function, including subsections on Physiology Review and Genetic Considerations where appropriate.

**Physiology Review**

**Genetic Considerations**

**Alterations ...** The second section of each Concept focuses on alterations, including subheads on Alterations and Manifestations, Prevalence, and Genetic Considerations and Risk Factors. A standard feature in this section is the Alterations and Therapies table.

**Alterations and Manifestations**

**Prevalence**

**Genetic Considerations and Risk Factors**

**Case Studies**

Each Concept contains a three-part unfolding case study to help students apply what they are learning to a sample patient.

**Case Study Part 1**

Dennis Welborn is a 52-year-old man who visits his primary care physician with complaints of severe pain in his back and abdomen and painful urination with hematuria. As the nurse working at the clinic, you take Mr. Welborn's medical history and make a preliminary assessment. Mr. Welborn is 5’10” tall and weighs 265 pounds. His vital signs include temperature 102.8°F oral, pulse 95 bpm, respirations 22/min, and BP 140/92 mmHg. Mr. Welborn rates his abdominal pain level is a 7 when he is urinating. When asked about his diet, Mr. Welborn admits that as a widower, he often eats out and consumes a lot of fast food. He is not sure what medications he is on. He is not sure if he is allergic to any medications. He says he has not used any medications regularly since his wife passed away 2 years ago.

What is the priority nursing diagnosis for Mr. Welborn?

What patient teaching can you provide to help Mr. Welborn eliminate feces?

**Case Study Part 2**

Mr. Welborn is scheduled for a percutaneous nephrolithotomy. The urologist prescribes ibuprofen (Advil) for pain and schedules the surgery for 8:00 the next morning. The procedure is successful, without complications, and a urinary catheter and nephrostomy tube are put in place during surgery to drain urine. Postoperative pain is managed with IV morphine, and Mr. Welborn states that his pain is manageable. He is confined to bed until 1 day post-surgery. The day after surgery, Mr. Welborn reports that he did not have his normal morning bowel movement. When he sat on the toilet, he was unable to defecate, and he was afraid to push too hard because of his surgery. He was also unable to have a bowel movement the previous morning because of anxiety about the surgery, and his abdomen is feeling full. Abdominal assessment reveals diminished bowel sounds and dullness to percussion.

What effects might Mr. Welborn’s constipation have on his urinary problems?

**Case Study Part 3**

Mr. Welborn is discharged home from the hospital. His urinary catheter has been removed, and he states that he can urinate without pain. However, the nephrostomy tube remains in place. In addition, his IV morphine has been discontinued, and he now receives oxycodone (Persantine) (100 mg q6h). With consistent ambulation and discontinuation of morphine, Mr. Welborn had two bowel movements before discharge.

What medications might the healthcare provider prescribe for Mr. Welborn upon discharge?

What follow-up appointments should you schedule for Mr. Welborn?

How would you refer to a nutritional benefit Mr. Welborn?
Health Promotion ... New to the Third Edition is a focus on health promotion, one of the foundations of nursing. Many Health Promotion sections include a Patient Teaching feature. Examples of subsections include:

Modifiable Risk Factors
Care in the Community

### Concepts Related to Immunity

<table>
<thead>
<tr>
<th>CONCEPT</th>
<th>RELATIONSHIP TO IMMUNITY</th>
<th>NURSING IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort</td>
<td>Painful conditions, such as swelling and skin reactions, often occur during immune response.</td>
<td>• Assess related symptoms, such as edema, rash, malaise, loss of appetite, and trouble sleeping. • Be alert to typical and atypical allergies that could worsen symptoms. • Anticipate additional assessments, comfort measures.</td>
</tr>
<tr>
<td>Infection</td>
<td>Patients with alterations in immunity can experience acute or chronic infections.</td>
<td>• Assess area of suspected infection (see Infection Assessment section in the module on Infection). • Educate patients regarding the importance of immunizations and encourage their use. • Educate patients regarding the importance of avoiding situations that could increase exposure to infection. • Practice standard precautions, proper hand hygiene, and aseptic technique with all procedures. • Assess complete blood count (CBC) results; be alert for elevated WBC count.</td>
</tr>
<tr>
<td>Inflammation</td>
<td>Movement of fluid and cells to the site of injury or infection causes inflammation during an immune response.</td>
<td>• Assess for fever, skin warmth and redness, edema, and generalized pain. • Be alert for abscess formation, purulent exudate, and increased WBC count. • Anticipate Aspirin, antipyrin, cold packs.</td>
</tr>
<tr>
<td>Managing Care</td>
<td>Patients with alterations in their immune system can greatly benefit from participating in managed care and have more positive health outcomes.</td>
<td>• Assess the needs of patients to identify actual or potential problems related to care. • Advocate for patients in relation to their care needs.</td>
</tr>
</tbody>
</table>

### Concepts Related to ... Enhanced for the Third Edition, the Concepts Related to section and feature are designed to help students make linkages between and among different Concepts.

### Patient Teaching

Health Promotion for Cancer Prevention: Modifiable Risk Factors

- Encourage smoking or use of other tobacco products. Emphasize the importance of protecting children and teenagers from exposure to tobacco smoke. This is one of the most important health decisions an individual can make.
- Encourage patients, especially children, to consume a healthy diet. This should include a minimum of five servings of fruits and vegetables daily as well as whole grains, low-fat, low-sodium foods, and foods that are rich in vitamin D. Teach patients to limit their consumption of processed meats, drink alcohol in moderation, and choose fewer high-calorie foods.
- Explain the importance of maintaining a healthy weight and being physically active. Physical activity helps to control weight. Together, these factors may lower the risk for various types of cancer.
- Teach patients effective ways to protect themselves from ultraviolet radiation. Early excessive exposure to sun and one or two severe sunburns during childhood increases the chance of skin cancers developing in adulthood. Patients who work outdoors, athletes, coaches, and others who spend time outside regularly should use sunscreen daily (SPF 15 or greater), regardless of the climate in which they live. Emphasize the importance of avoiding midday sun, when the sun’s rays are strongest. Instruct patients to cover exposed skin and wear a hat with a wide brim. They should avoid tanning beds and sunlamps.
- Explain the importance of avoiding risky behaviors. Practicing risky behaviors such as needle sharing or unsafe sexual contact can increase the risk of developing certain cancers.
- Suggest that patients have their homes tested for radon and explore their exposure to harmful chemicals. Patients may be exposed to hazardous substances in the home or in the workplace.
- Stress the importance of getting immunizations, receiving regular medical care, and doing self-examinations. By protecting against certain viral infections, vaccinations can decrease the risk of some cancers. Regular screenings and self-examinations increase the chance of early detection of cancer, allowing for a better chance of successful treatment (Mayo Clinic, 2017a).

### Oxygenation Assessment

<table>
<thead>
<tr>
<th>ASSESSMENT/METHOD</th>
<th>NORMAL FINDINGS</th>
<th>ABNORMAL FINDINGS</th>
<th>LIFESPAN OR DEVELOPMENTAL CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal Assessment</td>
<td>The nose should be midline and symmetrical. Acuity indicates trauma or surgery.</td>
<td>Nasal flaring in the neonate may be indicative of respiratory compromise.</td>
<td>Nasal passages of neonates and small children are smaller than those of adults. Ensuring a clear nasal airway may decrease the risk of apnea or sudden death as neonates and infants are nasal breathers.</td>
</tr>
<tr>
<td>Respiratory Rate Assessment</td>
<td>Count respiratory rate for one full minute, counting one inspiration and one expiration as one breath. Normal respiratory rate is eight to 12 breaths per minute.</td>
<td>Blacking. Tachypnea. Apnea. Cheyne-Stokes respirations.</td>
<td>A child's respiratory rate is higher than that of an adult. Rely on both sight and touch to obtain an accurate respiratory rate. Infants are apneic breathers so short periods of apnea (less than 15 seconds) are expected.</td>
</tr>
<tr>
<td>Assess quality of breathing, determine regularity in timing. Assess depth of inspiration. Observe effort to breathe. The I:E ratio is normally 1:2. The cycle of inspiration and expiration should be followed by a testing period in which the scenarios of the respiratory system will initiate the next cycle. Normal breathing is referred to as eupnea.</td>
<td>Shortness of breath. Dyspnea. Orthopnea.</td>
<td>Infants and children have softer chest walls and depend more heavily on the diaphragm to breathe. Therefore, they exhibit what is known as “nasal” breathing, an indicator of severe distress. In older adults, the choice such as snoring can affect the quality of breathing, as can the development of respiratory diseases.</td>
<td></td>
</tr>
<tr>
<td>Inspection of Thoracic Cavity</td>
<td>Anteroposterior diameter is half the transverse diameter. Normal ratio is 1:2. (See Figures 15-5 and 15-6.)</td>
<td>Anteroposterior equals transverse thoracic diameter measurements, called a barrel chest. Rapid growth early in life, the plateau in young adulthood, and decline in later life can affect normal ratios.</td>
<td>Rapid growth early in life, the plateau in young adulthood, and decline in later life can affect normal ratios.</td>
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</tbody>
</table>

### Nursing Assessment ... Restructured for the Third Edition, this section covers everything the new nurse needs to know about assessing patients. It includes information on:

- Observation and Patient Interview
- Physical Examination
- Diagnostic Tests
Independent Interventions ... Emphasizes interventions that nurses can perform on their own, without an order from the healthcare provider. Examples of subsections include:

Prevent Infection
Promote Safety
Sleep Hygiene

Collaborative Therapies ... Each Concept includes an overview of relevant therapies that require collaboration with the interprofessional team. A Medications feature covers the most common drugs used to treat alterations. Examples of subsections include:

Surgery
Pharmacologic Therapy
Nonpharmacologic Therapy
Complementary Health Approaches

REVIEW The Concept of ... As in the Second Edition, each Concept ends with a review that includes linking questions, a list of relevant skills from Volume 3, and a short case study with questions so students can apply their knowledge.
Structure and Features of the Exemplars

The structure of the Exemplars is picked up from the Second Edition. Note that each Exemplar has one main learning outcome with multiple enabling objectives.

Overview ... Sets the stage for the Exemplar and often includes information on the prevalence of the disorder.

Pathophysiology and Etiology ... Describes not only the pathophysiology and etiology of the disorder, but also risk factors and prevention methods.

Pathophysiology

Etiology

Risk Factors

Prevention

Clinical Manifestations and Therapies
Chronic Obstructive Pulmonary Disease

<table>
<thead>
<tr>
<th>ETIOLOGY</th>
<th>CLINICAL MANIFESTATIONS</th>
<th>CLINICAL THERAPIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis</td>
<td>- Chronic cough with mucus production</td>
<td>- Smoking cessation</td>
</tr>
<tr>
<td></td>
<td>- Dyspnea</td>
<td>- Bronchodilators</td>
</tr>
<tr>
<td></td>
<td>- Tachycardia</td>
<td>- Corticosteroids</td>
</tr>
<tr>
<td></td>
<td>- Narrowed airway passages</td>
<td>- Fluids to thin secretions</td>
</tr>
<tr>
<td></td>
<td>- Wheezing</td>
<td>- Elevating the head of the bed</td>
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<tr>
<td></td>
<td>- Air trapping</td>
<td>- Low-flow oxygen</td>
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<tr>
<td></td>
<td></td>
<td>- Monitoring of ABGs and oxygen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mechanical ventilation if patient cannot meet oxygen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>demands</td>
</tr>
<tr>
<td>Emphysema</td>
<td>- Air trapping</td>
<td>- pursed-lip breathing technique</td>
</tr>
<tr>
<td></td>
<td>- Possible wheezing</td>
<td>- Patient education of posture changes to improve</td>
</tr>
<tr>
<td></td>
<td>- Dyspnea</td>
<td>ventilation</td>
</tr>
<tr>
<td></td>
<td>- Stand sheet</td>
<td>- Low-flow oxygen</td>
</tr>
<tr>
<td></td>
<td>- Purse-lip breathing</td>
<td>- Monitoring of ABGs and oxygen</td>
</tr>
<tr>
<td></td>
<td>- Posturing</td>
<td>- Mechanical ventilation if patient cannot meet oxygen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>demands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Nutritional assessment and increased calorie intake</td>
</tr>
<tr>
<td>Cardiac dysfunction</td>
<td>- Chest pain</td>
<td>- Oxygen administration as needed</td>
</tr>
<tr>
<td></td>
<td>- Poor perfusion</td>
<td>- Pursed-lip breathing technique</td>
</tr>
<tr>
<td></td>
<td>- Arrhythmias, particularly premature ventricular contractions</td>
<td>- Patient education of posture changes to improve</td>
</tr>
<tr>
<td></td>
<td>- Hypertension</td>
<td>ventilation</td>
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<tr>
<td></td>
<td>- Cardiac hypertrophy</td>
<td>- Low-flow oxygen</td>
</tr>
<tr>
<td></td>
<td>- Congestive heart failure</td>
<td>- Monitoring of ABGs and oxygen</td>
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<td>- Mechanical ventilation if patient cannot meet oxygen</td>
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</table>

Clinical Manifestations
... Includes information on clinical manifestations the nurse might see in a patient with the disorder. The Clinical Manifestations and Therapies feature is an excellent tool for review.

Collaboration ... Outlines interprofessional interventions and therapies appropriate for patients with the disorder.

Diagnostic Tests

Surgery

Pharmacologic Therapy

Nonpharmacologic Therapy

Complementary Health Approaches
Lifespan Considerations ... New to the Third Edition, all specifics relevant to the lifespan are gathered in one section. Lifespan Considerations are provided as appropriate for both Concepts and Exemplars. Examples of subsections include:

Considerations for Infants
Considerations for Children and Adolescents
Considerations for Pregnant Women
Considerations for Older Adults

Nursing Process ... A detailed look at the nursing process helps students put together all of the content in the exemplar and learn the essentials of providing care to patients with the disorder.

Assessment
Diagnosis
Planning
Implementation
Evaluation

REVIEW Exemplar ... As in the Second Edition, each exemplar ends with a Review that includes linking questions and a short case study with questions to help students apply their knowledge.
Additional Features

Additional features found throughout the program include numbered tables, figures, and boxes that contain content presented in visual formats, and the following highlighted features: Safety Alert, Stay Current, Evidence-Based Practice, Nursing Care Plan, Focus on Diversity and Culture, and Focus on Integrative Health.

Nursing Care Plan

A Patient with Asthma

Sarah Mitchell is a 35-year-old working mother with moderate persistent asthma. Her known triggers are dust mites, cockroach feces, grass and tree pollens, and some molds. She takes immunotherapy once a week and takes maintenance medications daily. She works as a full-time preschool teacher.

- Ms. Mitchell states her asthma is being well managed.
- Ms. Mitchell reports that she is not aware of any unusual allergy exposures but says that several of her students have a cold this week.
- Ms. Mitchell’s provider prescribes a higher-dose inhaled steroid to use every 10–15 minutes after she uses her LABA. The provider also gives Ms. Mitchell a short, tapered course of prednisone. Ms. O’Hara initiates the following implementations:
  - She teaches Ms. Mitchell how to properly self-administer medications and about possible side effects associated with steroid use, including those that should be reported immediately.
  - She explains the importance of taking the steroid as ordered and not stopping the medication suddenly.
  - She provides strategies for managing fatigue, including a handout with written instructions.

The Multisystem Effects features have been redesigned for the Third Edition. Each one highlights the effects that a disorder has on various systems of the body.
Focus on Diversity and Culture Assessing for Cyanosis

When assessing for cyanosis, normal assessment findings vary depending on the individual’s normal skin tones. For example, in a white or light-skinned individual, cyanosis due to hypoxemia most often manifests as a bluish discoloration of the lips, oral mucosa, and nail beds. Among dark-skinned individuals, cyanosis may be difficult to detect and may actually cause the skin to appear darker. Typical manifestations of cyanosis in dark-skinned individuals include pallor or an ash-gray discoloration of the skin surrounding the mouth. Conjunctivae appear gray or blue-tinted among dark-skinned individuals. Among patients whose normal skin tone is yellowish, cyanosis may manifest as a gray-green skin discoloration (Somers, 2011).

For the most part, care of patients from different cultures is covered in the basal text. Focus on Diversity and Culture features are used only for unique situations of which the nurse should be aware.

Focus on Integrative Health boxes use the list of complementary health approaches in addition to traditional nursing practice.

Safety Alert Chronic cough and sputum are not normal occurrences. An individual experiencing chronic cough and sputum beyond 3–4 days should consult with a healthcare professional. Individuals with a smoking history as well as chronic cough and sputum production should have PFTs to determine lung function.

Stay Current: Visit the Safe to Sleep Resource Center at https://www.nichd.nih.gov/sts/Pages/default.aspx to learn more about SIDS prevention.

Evidence-Based Practice

The goal of the Evidence-Based Practice features is to show students the necessity of evidence driving practice. Each starts with a problem, delves into the research, presents implications for the nurse, and ends with critical thinking questions for the student.

Focus on Integrative Health Chronic Obstructive Pulmonary Disease

Complementary health approaches may be useful to help manage symptoms of COPD. Dietary measures, such as minimizing intake of dairy products and salt, may help reduce mucus production and keep mucus more liquefied. Be sure to recommend measures to replace the protein and calcium in dairy products to help maintain nutritional balance. Hot herbal teas, in particular peppermint, may act as expectorants to help relieve congestion.

Patients may be interested in trying complementary health approaches to assist them in quitting smoking. While additional data are needed to evaluate the effectiveness of complementary health approaches for use in quitting smoking, current research suggests that acupuncture and hypnotherapy may be effective in promoting smoking cessation (Taheri et al., 2012). Also, Hasan et al. (2014) found that hypnotherapy may be more effective than NRT for promotion of smoking cessation.

Each Safety Alert provides critical information the nurse needs to know to keep patients and staff safe.

The Stay Current feature provides a weblink (which is a hot link in the eText) to a website that will keep students informed of the most recent updates.

Evidence-Based Practice: Compliance with Safe to Sleep Recommendations

Problem

Compared to previous recommendations for preventing SIDS, current recommendations are more complex. For example, the Safe to Sleep guidelines address not only infant positioning but also maintaining a safe sleep environment and avoiding co-sleeping (bed sharing). The increased complexity of the recommendations may lead to decreased parental compliance with current guidelines for the prevention of SIDS (Gozdziewski, Dale, & Kugler, 2015).

Evidence

The Safe to Sleep recommendations include supine positioning during sleep, using a firm sleep surface, breastfeeding, room sharing without co-sleeping, routine immunnizations, and the use of a pipeline of interventions that should precede soft bedding, toys, layered clothing, and crib bumper (AAP, 2015). Research suggests that parental adherence to current recommendations for the prevention of SIDS is significantly increased when nurses model the behaviors that are reflective of all current guidelines for preventing SIDS and obtain parental signatures on a document acknowledging receipt of education related to current guidelines (Gozdziewski et al., 2015).

Implications

Nurses should demonstrate endorsement of all current recommendations for reducing SIDS-related deaths, including modeling and implementing all recommendations as soon as the infant is clinically stable and up to discharge. Nurses working with parents of newborns must provide additional patient teaching and follow-up, as well as ensuring that parents understand the teaching. All parents should receive documented education on safe infant sleep practices, including voluntary acknowledgement forms indicating that education has been provided with regard to the specific current guidelines (Gozdziewski et al., 2015).

Critical Thinking Application

1. Identify barriers to educating parents and caregivers about current recommendations for preventing sleep-associated deaths.
2. Describe methods for evaluating parental understanding of the current guidelines for prevention of SIDS.
MyLab Nursing

MyLab Nursing is an online learning and practice environment that works with the text to help students master key concepts, prepare for the NCLEX-RN exam, and develop clinical reasoning skills. Through a new mobile experience, students can study *Nursing: A Concept-Based Approach to Learning* anytime, anywhere. New adaptive technology with remediation personalizes learning, moving students beyond memorization to true understanding and application of the content. MyLab Nursing contains the following features:

**Dynamic Study Modules** ... New adaptive learning modules with remediation that personalize the learning experience by allowing students to increase both their confidence and their performance while being assessed in real time.

**NCLEX-Style Questions** ... Practice tests with more than 3000 NCLEX-style questions of various types build student confidence and prepare them for success on the NCLEX-RN exam. Questions are organized by Concept and Exemplar.
**Decision Making Cases** … Clinical case studies that provide opportunities for students to practice analyzing information and making important decisions at key moments in patient care scenarios. These case studies are designed to help prepare students for clinical practice.

**Pearson eText** … Enhances student learning both in and outside the classroom. Students can take notes, highlight, and bookmark important content, or engage with interactive and rich media to achieve greater conceptual understanding of the Concepts and their Exemplars. Interactive features include audio clips, pop-up definitions, figures, questions and answers, the nursing process, hotspots, and video animations. Some examples of video animations include:

- **Fluid and Electrolyte Animations** provide students with the necessary information about the balance and imbalance of fluids and electrolytes to think, reason, and make clinical judgments.

- **Congenital Heart Defect Animations** illustrate the many congenital heart defects that may occur in newborns and provide students the opportunity to see, hear, and understand how congenital heart defects impair the correct functioning of the heart and how they may be corrected.
Resources

Instructor Resources

Instructor Resource Manual—with lecture outlines, large/small group, individual, and clinical activities
Classroom Response PowerPoints
Lecture Note PowerPoints
Image bank
Test bank

Student Resources

The following resources are available for course adoption or student purchase:

Concept Connections in Nursing app—available through the App store or Google Play
Comprehensive Review for NCLEX-RN app—9780134376325
RealEHRprep with iCare

Neighborhood 2.0
Acknowledgments

We would like to extend our heartfelt thanks to more than 80 instructors from schools of nursing across the country who have given their time generously during the past few years to help us create this concept-based learning package. The talented faculty on our Concepts Editorial Board and all of the Contributors and Reviewers helped us to develop this Third Edition through a variety of contributions and by answering myriad questions right up to the time of publication. *Nursing: A Concept-Based Approach to Learning*, Third Edition, has benefited immeasurably from their efforts, insights, suggestions, objections, encouragement, and inspiration, as well as from their vast experience as faculty and practicing nurses.

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Contents

Part II  Psychosocial Modules  1645

MODULE 22  Addiction  1647
The Concept of Addiction  1647
Exemplar 22.A  Alcohol Abuse  1668
Exemplar 22.B  Nicotine Use  1682
Exemplar 22.C  Substance Abuse  1688

MODULE 23  Cognition  1705
The Concept of Cognition  1705
Exemplar 23.A  Alzheimer Disease  1729
Exemplar 23.B  Delirium  1739
Exemplar 23.C  Schizophrenia  1745

MODULE 24  Culture and Diversity  1765
The Concept of Culture and Diversity  1765

MODULE 25  Development  1785
The Concept of Development  1785
Exemplar 25.A  Attention-Deficit/Hyperactivity Disorder  1817
Exemplar 25.B  Autism Spectrum Disorder  1827
Exemplar 25.C  Cerebral Palsy  1834
Exemplar 25.D  Failure to Thrive  1842

MODULE 26  Family  1851
The Concept of Family  1851
Exemplar 26.A  Family Response to Health Alterations  1873

MODULE 27  Grief and Loss  1883
The Concept of Grief and Loss  1883

MODULE 28  Mood and Affect  1909
The Concept of Mood and Affect  1909
Exemplar 28.A  Depression  1932
Exemplar 28.B  Bipolar Disorders  1942
Exemplar 28.C  Postpartum Depression  1950
Exemplar 28.D  Suicide  1958

MODULE 29  Self  1975
The Concept of Self  1975
Exemplar 29.A  Feeding and Eating Disorders  1990
Exemplar 29.B  Personality Disorders  2003

MODULE 30  Spirituality  2023
The Concept of Spirituality  2023
Exemplar 30.A  Spiritual Distress  2035
Exemplar 30.B  Religion  2038

MODULE 31  Stress and Coping  2047
The Concept of Stress and Coping  2047
Exemplar 31.A  Anxiety Disorders  2069
Exemplar 31.B  Crisis  2084
Exemplar 31.C  Obsessive-Compulsive Disorder  2095

MODULE 32  Trauma  2105
The Concept of Trauma  2105
Exemplar 32.A  Abuse  2123
Exemplar 32.B  Multisystem Trauma  2136
Exemplar 32.C  Posttraumatic Stress Disorder  2146
Exemplar 32.D  Rape and Rape-Trauma Syndrome  2154

Part III  Reproduction Module  2167

MODULE 33  Reproduction  2169
The Concept of Reproduction  2169
Exemplar 33.A  Antepartum Care  2226
Exemplar 33.B  Intrapartum Care  2269
Exemplar 33.C  Postpartum Care  2329
Exemplar 33.D  Newborn Care  2352
Exemplar 33.E  Prematurity  2408

Part IV  Nursing Domain  2427

MODULE 34  Assessment  2429
The Concept of Assessment  2429

MODULE 35  Caring Interventions  2461
The Concept of Caring Interventions  2461

MODULE 36  Clinical Decision Making  2479
The Concept of Clinical Decision Making  2479
Exemplar 36.A  The Nursing Process  2494
Exemplar 36.B  The Nursing Plan of Care  2522
Exemplar 36.C  Prioritizing Care  2531

MODULE 37  Collaboration  2543
The Concept of Collaboration  2543

MODULE 38  Communication  2557
The Concept of Communication  2557
Exemplar 38.A  Groups and Group Communication  2577
Exemplar 38.B  Therapeutic Communication  2583
Exemplar 38.C  Documentation  2598
Exemplar 38.D  Reporting  2610
MODULE 39 Managing Care 2615
The Concept of Managing Care 2615
Exemplar 39.A Case Management 2621
Exemplar 39.B Cost-Effective Care 2625
Exemplar 39.C Delegation 2630
Exemplar 39.D Leadership and Management 2638

MODULE 40 Professionalism 2645
The Concept of Professionalism 2645
Exemplar 40.A Commitment to Profession 2652
Exemplar 40.B Work Ethic 2655

MODULE 41 Teaching and Learning 2661
The Concept of Teaching and Learning 2661
Exemplar 41.A Patient/Consumer Education 2673

Part V Healthcare Domain 2693

MODULE 42 Accountability 2695
The Concept of Accountability 2695
Exemplar 42.A Competence 2704
Exemplar 42.B Professional Development 2706

MODULE 43 Advocacy 2715
The Concept of Advocacy 2715
Exemplar 43.A Environmental Quality 2724

MODULE 44 Ethics 2729
The Concept of Ethics 2729
Exemplar 44.A Morality 2739
Exemplar 44.B Ethical Dilemmas 2743
Exemplar 44.C Patient Rights 2755

MODULE 45 Evidence-Based Practice 2761
The Concept of Evidence-Based Practice 2761

MODULE 46 Healthcare Systems 2775
The Concept of Healthcare Systems 2775
Exemplar 46.A Emergency Preparedness 2785

MODULE 47 Health Policy 2797
The Concept of Health Policy 2797

MODULE 48 Informatics 2809
The Concept of Informatics 2809
Exemplar 48.B Individual Information at Point of Care 2822

MODULE 49 Legal Issues 2827
The Concept of Legal Issues 2827
Exemplar 49.A Nurse Practice Acts 2832
Exemplar 49.B Advance Directives 2842
Exemplar 49.C Health Insurance Portability and Accountability Act 2847
Exemplar 49.D Mandatory Reporting 2849
Exemplar 49.E Risk Management 2852

MODULE 50 Quality Improvement 2857
The Concept of Quality Improvement 2857

MODULE 51 Safety 2871
The Concept of Safety 2871
Exemplar 51.A Health Promotion and Injury Prevention Across the Lifespan 2881
Exemplar 51.B Patient Safety 2892
Exemplar 51.C Nurse Safety 2899

Appendix A: NANDA-Approved Nursing Diagnoses 2015–2017 A-1
Glossary G-1
Index I-1

Available in Pearson MyLab and eText:
Appendix B: Diagnostic Values and Laboratory Tests