Download Free Acute Care Documentation

When people should go to the book stores, search start by shop, shelf by shelf, it is essentially problematic. This is why we provide the book compilations in this website. It will definitely ease you to see guide **Acute Care Documentation** as you such as.

By searching the title, publisher, or authors of guide you in point of fact want, you can discover them rapidly. In the house, workplace, or perhaps in your method can be every best place within net connections. If you direct to download and install the Acute Care Documentation, it is very easy then, before currently we extend the connect to buy and make bargains to download and install Acute Care Documentation fittingly simple!

F3A - DILLON LILLY

Risk management for health care institutions involves the protection of the assets of the organizations, agencies, and individual providers from liability. A strategic approach can result in significant cost savings. Risk Management in Health Care Institutions: A Strategic Approach offers governing boards, chief executive officers, administrators, and health profession students the opportunity to organize and devise a successful risk management program. Experts in risk management have contributed comprehensive, up-to-date syntheses of relevant topics to assist with practical risk management strategies.

Designed for rapid on-the-job reference, Documentation in Action offers comprehensive, authoritative, practice-oriented, up--to-the-minute guidelines for documenting every situation in every nursing practice setting and important nursing specialties. Need-to-know information is presented in bulleted lists, charts, flow sheets, sidebars, and boxes, with icons and illustrative filled-in samples. Coverage includes documentation for care of patients with various diseases, complications, emergencies, complex procedures, and difficulties involving patients, families, and other health care professionals. Suggestions are given for avoiding legal pitfalls involving telephone orders, medication reactions, patients who refuse care, and much more. A section addresses computerized documentation, HIPAA confidentiality rules, use of PDAs, nursing informatics, and electronic innovations that will soon be universal.

Fourth Edition, is the only text to integrate coverage of the legal responsibilities of rehabilitation professionals with basic, essential advice on how to effectively document patient care activities from intake through discharge. This resource thoroughly covers the basics of documentation and includes many exemplars, cases, and forms, as well as a sample abbreviations used in rehabilitation settings. This book covers all the bases from ethics, to practical aspects of patient care documentation, to relevant and salient legal implications and illustrative case examples that will help students excel in practice.

Provides information on documentation issues, including electronic medical records, legal and ethical implications, and documentation in acute cases, along with a variety of charting examples.

This is an exceptionally well-organized, complete classroom textbook on non-acute care documentation requirements for students taking undergraduate courses in health information management (HIM) and health information technology (HIT) programs. The only text on documentation requirements for non-acute care facilities, the book contains chapters on ambulatory care, including hospital-based ambulatory care and physician offices, as well as ambulatory care in homes, hospices and correctional facilities. It covers documentation requirements for post acute (subacute) care, long-term care and behavioral health care. The text contains two chapters on documentation requirements for rehabilitation services: physical rehabilitation and chemical dependency rehabilitation. Author Barbara J. Manger, assistant professor in the Health Information Management Program at Kean University, also provides samples of forms used at different sites, information about applicable accreditation standards and their implications, references to official documents and accreditation manuals, a list of abbreviations, and an index.

This key textbook equips all nurses with the knowledge and skills required to care for the deteriorating patient in the clinical environment. The book emphasises the importance of systematic assessment, interpretation of clinical signs of deterioration, and the need to escalate the patient in a timely manner. Using a unique system-based approach, each chapter contains structured learning outcomes and concludes with a competence-based skills assessment to perfect the reader's practice skills. These skills are recommended as essential for every nurse in an acute area and key to successful practice. Restructured for ease of use, this new edition has been fully updated to match current guidelines, with new chapters on pain management and the ethics and ceilings of treatment. Written by senior nurses, this key textbook uses real life case studies to link knowledge to practice and is essential reading for all nurses working in acute care settings and undertaking study in the field.

With a new focus on evidence-based practice, the 3rd edition of this authoritative reference covers every aspect of infusion therapy and can be applied to any clinical setting. Completely updated content brings you the latest advances in equipment, technology, best practices, guidelines, and patient safety. Other key topics include quality management, ethical and legal issues, patient education, and financial considerations. Ideal as a practical clinical reference, this essential guide is also a perfect review tool for the CRNI examination. Authored by the Infusion Nurses Society, this highly respected reference sets the standard for infusion nursing practice. Coverage of all 9 core areas of INS certification makes this a valuable review resource for the examination. Material progresses from basic to advanced to help new practitioners build a solid foundation of knowledge before moving on to more advanced topics. Each chapter focuses on a single topic and can serve as a standalone reference for busy nursing professionals. Expanded coverage of infusion therapy equipment, product selection, and evaluation help you provide safe, effective

care. A separate chapter on infusion therapy across the continuum offers valuable guidance for treating patients with infusion therapy needs in outpatient, long-term, and home-care, as well as hospice and ambulatory care centers. Extensive information on specialties addresses key areas such as oncology, pain management, blood components, and parenteral nutrition. An evidence-based approach and new Focus on Evidence boxes throughout the book emphasize the importance of research in achieving the best possible patient outcomes. The user-friendly design highlights essential information in handy boxes, tables, and lists for quick access. Completely updated coverage ensures you are using the most current infusion therapy guidelines available.

Ebersole & Hess' Gerontological Nursing and Healthy Aging is the only gerontological nursing text that follows a wellness-based, holistic approach to older adult care. Designed to facilitate healthy aging regardless of the situation or disease process, this text goes beyond simply tracking recommended treatments to address complications, alleviate discomfort, and help older adults lead healthy lives. Featuring evidence-based practice boxes, safety alerts, expanded tables, and careful attention to age, gender, and cultural differences, Ebersole & Hess' Gerontological Nursing and Healthy Aging is the most complete text on the market. Focus on health and wellness helps you gain an understanding of the patient's experience. AACN and the Hartford Institute for Geriatric Nursing core competencies integrated throughout. Consistent chapter organization and pedagogy, including Learning Objectives, Glossary, and Research and Study Questions/Activities. Evidence-Based Practice boxes summarize research findings that confirm effective practices or identify practices with unknown, ineffective, or harmful effects. Careful attention to age, cultural, and gender differences helps you understand these important considerations in caring for older adults Expanded tables, boxes, and forms, including the latest scales and guidelines for proper health assessment make information easy to find and use. Activities and discussion questions at the end of every chapter equip you with the information you need to assess the patient. UPDATED! Healthy People 2020 boxes integrate information about healthy aging. NEW! Safety Alerts highlight safe practices and quality of care QSEN competencies. NEW! Chapter on Neurologic Compromise expands content on stroke and Parkinson's disease.

Feeling unsure about documenting patient care? Learn to document with skill and ease, with the freshly updated Document Smart, 4th Edition. This unique, easy--to-use resource is a must-have for every student and new nurse, offering more than 300 alpha-organized topics that demonstrate the latest nursing, medical and government best practices for documenting a wide variety of patient conditions and scenarios. Whether you are assessing data, creating effective patient goals, choosing optimal interventions or evaluating treatment, this is your road map to documentation confidence and clarity.

The Handbook for Home Health Therapy Documentation Cindy Krafft, PT, MS Therapy utilization is under scrutiny by the federal government, making defensive and accurate therapy documentation crucial to home health agencies. In fact, high therapy utilization is one of six target areas for the Program for Evaluating Payment Pat-

terns Electronic Report. The Handbook to Home Health Therapy Documentation, sold in convenient packs of 10, is your tool for frontline therapist education. Through clear and practical scenarios, and the know-how of expert author Cindy Krafft, PT, MS, therapists will be able to integrate complete documentation to avoid claim denial, fraud, or compliance issues. This handbook will teach you how to: Understand the theory and purpose of documentation to avoid incidents of claim denial, fraud, or noncompliance Coordinate documentation between therapists and other members of the clinical team to improve patient care Develop measurable and meaningful goals Conduct and document assessments that show medical necessity Set appropriate visit frequencies and durations Document OASIS correctly Table of Contents: The World of Home Health Documentation: The "D" Word Medical Necessity OASIS Assessments Goals Planning Care Routine Visits Reassessments

Written in a casual, narrative style, this edition has been updated with five new chapters, new case studies, new clinical stories, and discussion questions focusing on ethical, legal, and interpersonal issues. The text introduces students to the field of occupational therapy and to career opportunities in the field. Using clinical examples and case studies, this edition provides a realistic look at the complementary roles of the registered occupational therapist (OTR) and the certified occupational therapy assistant (COTA). Occupational Therapy: Principles and Practice illustrates the OT process within various practice settings, including the acute care hospital, public school, and home health practice. Other topics include current and prospective issues in the field, the U.S. health care system, influences/implications of managed care on the profession, and the international OT market. All charts/tables reflect current statistics.This edition differs significantly from the earlier edition by the addition of a second author, Professor Suzanne Peloquin, PhD, a recognized authority in her field. Dr. Peloquin recounts stories from occupational therapy history and offers unique insights into current practice.

Gain the nursing skills you need to provide wellness-based care for older adults! Ebersole and Hess' Gerontological Nursing & Healthy Aging, 6th Edition uses a holistic approach to describe compassionate care along a continuum of wellness. Designed to promote healthy aging regardless of the patient’s situation or disorder, this text provides best-practice guidelines in covering physical, psychosocial, spiritual, and cognitive health. New to this edition are Next Generation NCLEX®-style case studies, updates on measuring clinical judgment, expanded coverage of core competencies, and more. Written by gerontological nursing experts Theris Touhy and Kathleen Jett, this concise text provides a solid foundation in every aspect of healthy aging. Focus on health and wellness provides the evidence-based information and strategies needed to promote healthy aging. Key concepts, learning activities, and discussion questions in every chapter emphasize the information needed to enhance care. Recommended competencies from the AACN and the Hartford Institute for Geriatric Nursing are integrated throughout. Discussion of disease processes is placed in the context of healthy adaptation, nursing support, and responsibilities. Easy-to-use information on nursing techniques and communication appears with the associated disorders, symptoms, and situations. Tips for

Best Practice and Resources for Best Practice boxes provide insight into proven methods of nursing care. Discussions of nursing and interprofessional actions help students learn to enhance wellness, maintain optimal function, and prevent unnecessary disability. Coverage of age, cultural, racial, and gender differences highlights these important considerations in caring for older adults. NEW! Updates reflect the NCSBN Clinical Judgment Model. NEW! Next Generation NCLEX® (NGN)-style case studies provide optimal preparation for the Next Generation NCLEX Examination. NEW! Specialized information addresses the unique needs of older adults such as atypical disease presentation, geriatric syndromes, neurocognitive disorders, quality of life with chronic illness, legal and ethical issues, and mental health challenges such as depression and substance abuse. NEW! Coverage of competencies of expanding nursing roles in the care of older adults addresses the continuum of care. NEW! Gerontological expertise is incorporated into nursing actions and complements other nursing texts (including med-surg, community health, mental health, and assessment books) used in programs without a freestanding gerontological nursing course. NEW! Expanded content includes information on COPD guidelines, medication use and misuse, Alzheimer's Disease, wound care guidelines, diagnosis and treatment of sleep-disordered breathing, joint replacement, caregiver strain, hospice and transitional care, and more.

This comprehensive documentation reference is the most up-to-date book of its kind written for nurses. Complete Guide to Documentation is organized into four sections. Section 1 presents an overview of documentation basics, including the medical record, elements of good documentation, policies affecting documentation, legal and ethical considerations, quality management and reimbursement, documentation systems, and computerized documentation. Section 2 discusses documentation for acute care, outpatient or ambulatory care, home care, and long-term, extended care, and rehabilitation. Section 3 provides sample documentation for several clinical situations. Section 4 discusses how to document care given in selected clinical specialties and current documentation trends. Special features of the guide include filled-in documentation forms and samples, regulatory guidelines relating to documentation, and a glossary. Appendices cover approved nursing abbreviations, standards of nursing practice, and guidelines for documenting common nursing diagnoses. Graphic icons are used throughout the book to draw attention to tips on smarter charting, technology's use in documentation, checklists, court cases, legal information, and sample documentation forms.

"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/

Ensure confident clinical decisions and maximum reimbursement in a variety of practice settings such as acute care, outpatient, home care, and nursing homes with the only systematic approach to documentation for rehabilitation professionals! Revised and expanded, this hands-on textbook/workbook provides a unique framework for maintaining evidence of treatment progress and patient outcomes with a clear, logical progression. Extensive examples and exercises in each chapter reinforce concepts and encourage you to apply what you've learned to realistic practice scenarios. UNIQUE! Combination textbook/-workbook format reinforces your understanding and tests your ability to apply concepts through practice exercises. UNIQUE! Systematic approach to documenting functional outcomes provides a practical framework for success in numerous practice settings. Case studies show you how to format goals through realistic client examples. Practice exercises provide valuable experience applying concepts to common clinical problems. Four NEW chapters address additional aspects of documentation that rehabilitation professionals will encounter in practice: Legal aspects of documentation Documentation in pediatrics Payment policy and coding Computerized documentation

Documentation is simplified and clearly explained in this reference and review book, which is ideal for nurses and student nurses in clinical settings. An entire chapter is devoted to charting in contemporary health care: acute care settings, home health care, and long-term and rehabilitation.

Part of the Springhouse Incredibly Easy! Series(TM), this Second Edition provides current information about charting in a comprehensible, clear, fun and concise manner. Three sections cover Charting Basics, Charting in Contemporary Health Care, and Special Topics. New features include expanded coverage of computerized documentation and charting specific patient care procedures, plus current JCAHO standards both in the text and appendix, chapter summaries, and a new section with case study questions and answers. Amusing graphics and cartoon characters call special attention to important information. Entertaining logos throughout the text alert the reader to critical information, Thought Pillows identify key features of documentation forms, and the glossary defines difficult or often-misunderstood terms.

This full-color handbook is a quick-reference guide to all aspects of documentation for every nursing care situation. It covers current documentation systems and formats, including computerized documentation, and features scores of sample filled-in forms and in-text narrative notes illustrating everything from everyday occurrences to emergency situations. Coverage includes timesaving strategies for admission-to-discharge documentation in acute, outpatient, rehabilitation, long-term, and home care environments and special documentation practices for selected clinical specialties: critical care, emergency, perioperative, maternal-neonatal, and psychiatric. The book includes advice on legal safeguards, dangerous abbreviations, and compliance with HIPAA guidelines and JCAHO requirements.

Gain the knowledge and skills you need to care for older adults in Canada! Ebersole and Hess' Gerontological Nursing & Healthy Aging in Canada, 3rd Edition uses a wellness-based, holistic approach to old-

er adult care from a distinctly Canadian perspective. Designed to promote healthy aging regardless of the patient's situation or disorder, this book provides best-practice guidelines to help you identify potential problems, address complications, and alleviate discomfort. An Evolve website includes new Next Generation NCLEX®-style case studies and PN competencies case studies to enhance your skills in clinical judgement. Written by a team of gerontological nursing experts led by Veronique Boscart, this concise guide covers health care in the context of the cultural and socio-economic issues unique to Canada. Core competencies identified by the CGNA are integrated throughout the book, reinforcing the standards of the Canadian Gerontological Nursing Association. Assessment guidelines and tools are featured in tables, boxes, and forms, including the latest scales and guidelines for proper health assessment. Focus on health and wellness highlights all aspects of the aging process. Attention to age, cultural, and gender differences helps you care for different population groups. Evidence-informed Practice boxes summarize research findings and identify those practices with unknown, ineffective, or harmful effects, and examine topics such as culturally safe health initiatives for Indigenous Peoples, lifelong learning and its effects on the wellbeing of older adults, challenges in home care and long-term care homes, and improving outcomes and improving outcomes for seniors living with a stroke or dementia. Activities and discussion questions at the end of every chapter help you understand the material and apply concepts in clinical situations.

Better patient management starts with better documentation! Documentation for Rehabilitation: A Guide to Clinical Decision Making in Physical Therapy, 3rd Edition shows how to accurately document treatment progress and patient outcomes. Designed for use by rehabilitation professionals, documentation guidelines are easily adaptable to different practice settings and patient populations. Realistic examples and practice exercises reinforce concepts and encourage you to apply what you've learned. Written by expert physical therapy educators Lori Quinn and James Gordon, this book will improve your skills in both documentation and clinical reasoning. A practical framework shows how to organize and structure PT records, making it easier to document functional outcomes in many practice settings, and is based on the International Classification for Functioning, Disability, and Health (ICF) model - the one adopted by the APTA. Coverage of practice settings includes documentation examples in acute care, rehabilitation, outpatient, home care, and nursing homes, as well as a separate chapter on documentation in pediatric settings. Guidelines to systematic documentation describe how to identify, record, measure, and evaluate treatment and therapies - especially important when insurance companies require evidence of functional progress in order to provide reimbursement. Workbook/textbook format uses examples and exercises in each chapter to reinforce your understanding of concepts. NEW Standardized Outcome Measures chapter leads to better care and patient management by helping you select the right outcome measures for use in evaluations, re-evaluations, and discharge summaries. UPDATED content is based on data from current research, federal policies and APTA guidelines, including incorporation of new terminology from the Guide to Physical Therapist 3.0 and

ICD-10 coding. EXPANDED number of case examples covers an even broader range of clinical practice areas.

The Medical-Legal Aspects of Acute Care Medicine: A Resource for Clinicians, Administrators, and Risk Managers is a comprehensive resource intended to provide a state-of-the-art overview of complex ethical, regulatory, and legal issues of importance to clinical healthcare professionals in the area of acute care medicine; including, for example, physicians, advanced practice providers, nurses, pharmacists, social workers, and care managers. In addition, this book also covers key legal and regulatory issues relevant to non-clinicians, such as hospital and practice administrators; department heads, educators, and risk managers. This text reviews traditional and emerging areas of ethical and legal controversies in healthcare such as resuscitation; mass-casualty event response and triage; patient autonomy and shared decision-making; medical research and teaching; ethical and legal issues in the care of the mental health patient; and, medical record documentation and confidentiality. Furthermore, this volume includes chapters dedicated to critically important topics, such as team leadership, the team model of clinical care, drug and device regulation, professional negligence, clinical education, the law of corporations, tele-medicine and e-health, medical errors and the culture of safety, regulatory compliance, the regulation of clinical laboratories, the law of insurance, and a practical overview of claims management and billing. Authored by experts in the field, The Medical-Legal Aspects of Acute Care Medicine: A Resource for Clinicians, Administrators, and Risk Managers is a valuable resource for all clinical and non-clinical healthcare professionals.

This book will be helpful for professionals in the behavioral health care setting (as well as acute care settings) in addressing the realities of documentation and its positive/negative consequences.

Acute Care for Elders (ACE) is a model of care designed to improve functional outcomes and to improve the processes for the care of older patients. This model includes: an environment of care designed to promote improved function for older patients; an interdisciplinary team that works together to identify/address the vulnerabilities of the older patients; nursing care plans for prevention of disability; early planning to help prepare the patient to return home and a review of medical care to prevent iatrogenic illness. Acute Care for Elders: A Model for Interdisciplinary Care is an essential new resource aimed at assisting providers in developing and sustaining an ACE program. The interdisciplinary approach provides an introduction to the key vulnerabilities of older adults and defines the lessons learned from the Acute Care for Elders model. Expertly written chapters describe critical aspects of ACE: the interdisciplinary approach and the focus on function. The fundamental principles of ACE described in this book will further assist hospital leaders to develop, implement, sustain and disseminate the Acute Care for Elders model of care. Acute Care for Elders: A Model for Interdisciplinary Care is of great value to geriatricians, hospitalists, advance practice nurses, social workers and all others who provide high quality care to older patients.

This portable reference is a timesaving guide on how to enhance charting skills, avoid legal pitfalls, and ensure that a complete and accurate record is created every

time. Reviews fundamental aspects of charting, nursing process, legal and professional requirements, guidelines for developing a solid plan of care, and the variety of charting forms currently in use, including computerized charting. Completed forms show exactly how to document assessment, intervention, and evaluation. Also addresses the specific requirements for charting in acute care, home care, and long-term care and rehabilitation. Appendices include NANDA Taxonomy II, as well as common abbreviations and symbols.

Cases in Pediatric Acute Care presents over 100 real-world pediatric acute care cases, each including a brief patient history, a detailed history of present illness, presenting signs and symptoms, vital signs, and physical examination findings. Ideal for developing a systematic approach to diagnosis, evaluation, and treatment, this resource provides students and advanced practitioners with the tools required to deliver comprehensive care to acute, chronic and critically ill children. The cases encompass a wide range of body systems, medical scenarios, professional issues and general pediatric concerns, and feature laboratory data, radiographic images and information on case study progression and resolution. Develops the essential skills necessary to provide the best possible pediatric acute care Discusses the most appropriate differential diagnoses, diagnostic evaluation, and management plans for each case Presents cases related to pulmonary, cardiac, neurologic, endocrine, metabolic, musculoskeletal, and other body systems Highlights key points in each case to quickly identify critical information Cases in Pediatric Acute Care is an excellent resource for advanced practice provider students and pediatric healthcare providers managing acutely ill children.

Complete & accurate documentation is one of the essential skills for a physical therapist. This book covers all the fundamentals & includes practice exercises & case studies throughout.

This book covers documentation procedures in acute care settings specific topics include health record law and Hippa regulations, nursing documentation, and documentation for specialty care. This book replaces Ahima's documentation requirements for the acute care patient record.

Aimed at all nurses, this key textbook equips them with the knowledge and skills required to care for the deteriorating patient in the clinical environment. The assessment, recognition and rapid escalation of the deteriorating patient is emphasized throughout the book. Using a unique system-based approach, each chapter contains structured learning outcomes and concludes with a competence-based skills assessment, which can be used to assess practice skills. These skills are recommended as essential for every nurse in an acute area and key to successful practice. Using real life case studies to link knowledge to actual practice and written by senior nurses for nurses, this book is an essential purchase for all nurses who work in acute care settings.

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.

This is a comprehensive reference focusing on ethically and efficientl y employing the principles of complete documentation to obtain benefit s and financial reimbursement. This book offers hundreds of specific t ips and techniques essential to producing complete documentation and a ccurate billing. Explanation of key terms and examples are included.

Data science, informatics and technology have inspired health professionals and informaticians to improve healthcare for the benefit of all patients, and the field of biomedical and health informatics is one which has become increasingly important in recent years. This volume presents the papers delivered at ICIMTH 2022, the 20th International Conference on Informatics, Management, and Technology in Healthcare, held in Athens, Greece, from 1-3 July 2022. The ICIMTH Conference is an annual scientific event attended by scientists from around the world working in the field of biomedical and health informatics. This year, thanks to the improvement in the situation as regards the COVID-19 pandemic and the consequent lifting of restrictions, the conference was once again a live event, but virtual sessions by means of teleconferencing were also enabled for those unable to travel due to local restrictions. The field of biomedical and health informatics was examined from a very broad perspective, with participants presenting the research and application outcomes of informatics from cell to populations, including several technologies such as imaging, sensors, biomedical equipment, and management and organizational aspects, including legal and social issues. More than 230 submissions were received, with a total of 130 accepted as full papers and 19 as short communication and poster papers after review. As expected, a significant number of papers were related to the COVID-19 pandemic. Providing a state-of-the-art overview of biomedical and health informatics, the book will be of interest to all those working in the field of healthcare, researchers and practitioners alike

This innovative text uses a simulation approach to give readers interested in healthcare documentation and medical transcription careers a working knowledge of medical reports common in both acute and chronic care settings. Readers have access to transcription of 107 patient medical reports, including 56 new reports exclusive to the Eighth Edition. This edition also features 20 new speech recognition technology/medical editing (SRT) reports, as well as information on electronic health records (EHRs), quality assurance (QA), and scribes to keep readers up-to-date on the latest advances in the field. Organized by body system, the text includes full-color anatomy and physiology illustrations to make medical terminology easier to master. In addition, the authors have included a review of proper formatting, grammar, and style in accordance with the AHDI's BOOK OF STYLE, and a master glossary list compiles key terms in one section for convenient study and quick reference. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

An all-inclusive guide to fundamentals and medical-surgical nursing for the LPN/LVN, Foundations and Adult Health Nursing, 7th Edition covers the skills you need for clinical practice, from anatomy and physiology to nursing interventions and maternity, neonatal, pediatric, geriatric, mental health, and community health care. Guidelines for patient care are presented within the framework of the five-step nursing process; Nursing Care Plans are described within a case-study format to help you develop skills in clinical decision-making. Written by Kim Cooper and Kelly Gosnell, this text includes all of the content from their Foundations of Nursing and Adult Health Nursing books, including review questions to help you prepare for the NCLEX-PN® examination! Full-color, step-by-step instructions for over 100 skills show nursing techniques and procedures along with rationales for each. The 5-step Nursing Process connects specific disorders to patient care — with a summary at the end of each chapter. Nursing Care Plans emphasize patient goals and outcomes within a case-study format, and promotes clinical decision-making with critical thinking questions at the end of each care plan. Clear coverage of essential A&P is provided by an Introduction to Anatomy and Physiology chapter along with an overview of A&P in all body systems chapters. Student-friendly features enhance the learning of nursing skills with summary boxes for Patient Teaching, Health Promotion Considerations, Complementary and Alternative Therapy, Cultural Considerations, Older Adult Considerations, Home Care Considerations, Safety Alert, and Prioritization, Assignment, and Supervision. UNIQUE! Mathematics review in Dosage Calculation and Medication Administration chapter covers basic arithmetic skills prior to the discussion of medication administration. A focus on preparing for the NCLEX examination includes review questions and Get Ready for the NCLEX Examination! sections with key points organized by NCLEX Client Needs Categories. Evidence-Based Practice boxes provide synopses of nursing research articles and other scientific articles applicable to nursing, along with nursing implications for the LPN/LVN. Nursing Diagnosis boxes summarize nursing diagnoses for specific disorders along with the appropriate nursing interventions. UNIQUE! Delegation Considerations boxes provide parameters for delegation to nurse assistants, patient care technicians, and unlicensed assistive personnel. Medication Therapy tables provide quick access to actions, dosages, precautions, and nursing considerations for commonly used drugs. NEW! Reorganized chapters make it easier to follow and understand the material. NEW! Icons in page margins indicate videos, audios, and animations on the Evolve companion website that may be accessed for enhanced learning. UDATED illustrations include photographs of common nursing skills.

Ideal for classroom use, individual study, or professional training, QUALITY MEDICAL EDITING FOR THE HEALTHCARE DOCUMENTATION SPECIALIST, First Edition, is a timely, unique text designed to teach and reinforce essential skills for medical editors. Comprehensive in scope, this practical guide explains the differences between medical editing and traditional transcription; how to use technology, word expander programs, and computer accessories effectively; and ways to improve accuracy--including developing excellent listening skills and the ability to correctly decipher accents, identify medications, and

distinguish soundalikes. The authors have also provided a variety of sample reports--including more than 200 medical reports and their corresponding dictation audio files. Reports span numerous specialties and document types, creating extensive opportunities to learn the medical editing process, practice formatting and editing, and become familiar with common errors produced by speech recognition. The text also features extensive information on professional development, continuing education, and earning credentials, as well as useful tips on gaining experience, finding employment, and advancing one's career. Abundant teaching and learning features---such as material on grammar and punctuation, review activities, critical-thinking exercises, and several appendices with key references and resources--make this text even more valuable for current and aspiring medical editors seeking career success. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Take a fresh, new approach to nursing fundamentals that teaches students how to think, learn, and do while they make the 'connections' each step of the way.

Publisher's Note: Products purchased from 3rd Party sellers are not guaranteed by the Publisher for quality, authenticity, or access to any online entitlements included with the product. Feeling unsure about the ins and outs of charting? Grasp the essential basics, with the irreplaceable Nursing Documentation Made Incredibly Easy!®, 5th Edition. Packed with colorful images and clear-as-day guidance, this friendly reference guides you through meeting documentation requirements, working with electronic medical records systems, complying with legal requirements, following care planning guidelines, and more. Whether you are a nursing student or a new or experienced nurse, this on-the-spot study and clinical guide is your ticket to ensuring your charting is timely, accurate, and watertight. Let the experts walk you through up-to-date best practices for nursing documentation, with: NEW and updated, fully illustrated content in quick-read, bulleted format NEWdiscussion of the necessary documentation process outside of charting—informed consent, advanced directives, medication reconciliation Easy-to-retain guidance on using the electronic medical records / electronic health records (EMR/EHR) documentation systems, and required charting and documentation practices Easy-to-read, easy-to-remember content that provides helpful charting examples demonstrating what to document in different patient situations, while addressing the different styles of charting Outlines the Do's and Don'ts of charting – a common sense approach that addresses a wide range of topics, including: Documentation and the nursing process—assessment, nursing diagnosis, planning care/outcomes, implementation, evaluation Documenting the patient's health history and physical examination The Joint Commission standards for assessment Patient rights and safety Care plan guidelines Enhancing documentation Avoiding legal problems Documenting procedures Documentation practices in a variety of settings—acute care, home healthcare, and long-term care Documenting special situations—release of patient information after death, nonreleasable information, searching for contraband, documenting inappropriate behavior Special features include: Just the facts – a quick summary of each chapter's content Advice from the experts

– seasoned input on vital charting skills, such as interviewing the patient, writing outcome standards, creating top-notch care plans “Nurse Joy” and “Jake” – expert insights on the nursing process and problem-solving That’s a wrap! – a review of the topics covered in that chapter About the Clinical Editor Kate Stout, RN, MSN, is a Post Anesthesia Care Staff Nurse at Dosher Memorial Hospital in Southport, North Carolina.

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.

Develop the skills you need to effectively and efficiently document patient care for children and adults in clinical and hospital settings. This handy guide uses sample notes, writing exercises, and EMR activities to make each concept crystal clear, including how to document history and physical exams and write SOAP notes and prescriptions.