

nursing care plan for skin integrity

Nursing Care Plan for Skin Integrity

Maintaining skin integrity is a fundamental aspect of nursing care, vital for promoting overall health and preventing complications such as infections, pressure ulcers, and delayed wound healing. The skin, being the body's largest organ, acts as a protective barrier against environmental threats, pathogens, and physical injuries. When this barrier is compromised, patients become vulnerable to a range of health issues that can significantly impair their quality of life.

A well-structured nursing care plan for skin integrity is essential for assessing risks, implementing appropriate interventions, and monitoring outcomes. This comprehensive guide aims to provide healthcare professionals with an in-depth understanding of developing and executing effective skin integrity care plans to ensure optimal patient outcomes and enhance healing processes.

Understanding Skin Integrity in Nursing

Before diving into care planning, it is crucial to understand what skin integrity entails. It refers to the state of the skin being intact, healthy, and free from wounds, tears, or other damage. Several factors influence skin integrity, including:

- Age: Elderly patients are more prone to skin breakdown due to thinning skin and decreased elasticity.
- Nutrition: Adequate nutrition supports skin repair and regeneration.
- Mobility: Limited mobility can lead to pressure injuries.
- Hydration: Proper hydration maintains skin turgor and elasticity.
- Hygiene: Good hygiene prevents infections and skin irritation.
- Underlying health conditions: Conditions like diabetes and vascular diseases impair skin healing.

Recognizing these factors allows nurses to identify patients at risk and tailor interventions accordingly.

Assessment of Skin Integrity

The first step in developing a nursing care plan is thorough assessment. It involves:

1. Physical Examination

- Inspect the skin for signs of breakdown, redness, swelling, or lesions.
- Check for pressure points, bony prominences, and areas subjected to friction.
- Assess skin color, temperature, moisture, and texture.
- Look for signs of infection, such as pus, foul odor, or increased warmth.

2. Patient History

- Gather information on recent surgeries, wounds, or skin conditions.
- Document skin-related complaints or discomfort.
- Review nutritional status and hydration levels.
- Note mobility status and activity levels.

3. Risk Assessment Tools

Utilize validated tools such as:

- Braden Scale: To evaluate pressure ulcer risk.
- Norton Scale: For overall skin integrity risk.
- Waterlow Score: To assess risk factors contributing to skin breakdown.

This comprehensive assessment helps identify high-risk patients who require preventive measures.

Goals and Expected Outcomes

Establishing clear, measurable goals is vital for effective skin care management:

- Maintain or restore skin integrity.
- Prevent new skin breakdown or pressure ulcers.
- Promote wound healing if present.
- Improve patient's knowledge and practices regarding skin care.
- Achieve optimal hydration and nutrition status.

Expected outcomes should be specific, such as:

- No new skin lesions within a specified period.
- Complete healing of existing wounds.
- Patient demonstrates proper skin hygiene techniques.
- Skin remains free from redness, swelling, or other signs of trauma.

Implementation of Nursing Interventions

Based on assessment and goals, nurses implement tailored interventions to promote skin integrity.

1. Pressure Relief and Repositioning

- Turn and reposition at least every 2 hours for immobile patients.
- Use positioning devices like pillows or mattresses designed to reduce pressure.
- Encourage mobility as tolerated to promote circulation.

2. Skin Hygiene and Moisture Management

- Keep skin clean and dry; use gentle cleansers.
- Pat skin dry; avoid vigorous rubbing.
- Use moisture barriers or protective creams for incontinence-related moisture.
- Manage perspiration and wound exudate effectively.

3. Nutritional Support

- Ensure adequate protein intake to support tissue repair.
- Include vitamins A, C, and zinc, which are essential for wound healing.
- Collaborate with dietitians for personalized nutritional plans.

4. Hydration Promotion

- Encourage sufficient fluid intake.
- Monitor for signs of dehydration.
- Adjust fluid intake based on patient condition.

5. Wound Care Management

- Follow aseptic techniques during dressing changes.
- Use appropriate dressings based on wound type and exudate.
- Debride necrotic tissue if necessary.
- Monitor for signs of infection.

6. Patient Education

- Teach patients and caregivers proper skin hygiene.
- Instruct on repositioning techniques.
- Educate about nutrition and hydration importance.
- Advise on recognizing early signs of skin breakdown.

Monitoring and Evaluation

Regular evaluation ensures the effectiveness of the care plan:

- Document skin condition during each shift.

- Observe for improvements or deterioration.
- Adjust interventions based on patient response.
- Reassess risk levels periodically.
- Communicate findings with the multidisciplinary team.

Common Challenges and Solutions in Skin Integrity Care

Maintaining skin integrity can be challenging due to various factors:

- Limited Mobility: Use of assistive devices and scheduled repositioning.
- Incontinence: Implement skin barriers and frequent hygiene.
- Malnutrition: Coordinate with dietetics for nutritional support.
- Infection: Strict adherence to infection control practices.
- Patient Non-compliance: Provide education and involve family members.

Addressing these challenges requires a proactive, patient-centered approach.

Conclusion

A comprehensive nursing care plan for skin integrity is essential for preventing skin breakdown, promoting wound healing, and enhancing overall patient health. It involves meticulous assessment, setting realistic goals, implementing targeted interventions, and continuous evaluation. By prioritizing skin health, nurses can significantly reduce the risk of complications, improve patient comfort, and foster better health outcomes.

Incorporating evidence-based practices, patient education, and multidisciplinary collaboration ensures a holistic approach to skin care, ultimately safeguarding this vital barrier and supporting patient recovery and well-being.

Frequently Asked Questions

What are the key components of a nursing care plan for skin integrity?

The key components include assessment of skin condition, identification of risk factors, setting goals for skin health, implementing interventions such as repositioning and skin care, and evaluating the effectiveness of the interventions.

How do nurses assess a patient's risk for impaired skin

integrity?

Nurses assess risk by examining factors like immobility, nutritional status, moisture exposure, incontinence, skin moisture levels, and existing skin conditions, often using standardized tools like the Braden Scale.

What are common interventions included in a skin integrity nursing care plan?

Interventions typically include regular repositioning, maintaining skin hygiene, using barrier creams, ensuring adequate nutrition and hydration, managing moisture, and applying appropriate dressings for wounds.

How can nursing interventions promote skin healing in patients with pressure ulcers?

Interventions such as relieving pressure, optimizing nutrition, maintaining moisture balance, using pressure-relieving devices, and providing appropriate wound care can promote healing and prevent further tissue damage.

What role does patient education play in maintaining skin integrity?

Patient education empowers individuals to perform proper skin care, recognize early signs of skin problems, avoid prolonged pressure, and adhere to treatment plans, thereby reducing the risk of skin breakdown.

How often should skin assessments be performed for high-risk patients?

Skin assessments should be performed at least every 24 hours for high-risk patients, with more frequent checks if necessary, to promptly identify any early signs of skin breakdown or pressure injuries.

What are the best practices for documentation in a skin integrity nursing care plan?

Documentation should include detailed assessment findings, identified risks, implemented interventions, patient responses, and progress toward goals, ensuring clear communication among healthcare team members.

Additional Resources

Nursing Care Plan for Skin Integrity: Ensuring Optimal Skin Health and Prevention of Complications

Maintaining skin integrity is a fundamental aspect of nursing care, essential for overall patient health and well-being. The skin serves as the body's primary barrier against external threats such as pathogens, chemicals, and physical injuries. It also plays a critical role in temperature regulation, sensation, and metabolic functions. When skin integrity is compromised—due to pressure, trauma, moisture, or underlying health conditions—patients are at increased risk for infections, delayed wound healing, pain, and further complications. A comprehensive nursing care plan aimed at preserving and restoring skin integrity is, therefore, vital in both preventive and therapeutic contexts.

Understanding the Importance of Skin Integrity in Nursing Practice

Skin integrity refers to the state of the skin being intact, healthy, and functioning properly. Maintaining this integrity involves preventing injury, promoting healing when injuries occur, and managing underlying conditions that may impair skin health.

Why is skin integrity a core nursing concern?

- Prevention of Pressure Ulcers: Especially in immobile or critically ill patients, pressure ulcers can develop rapidly if skin integrity is compromised.
- Infection Control: Broken skin acts as an entry point for bacteria, increasing the risk of cellulitis, abscesses, or systemic infections.
- Pain Management: Skin breakdown often results in discomfort or pain, affecting patient quality of life.
- Enhancement of Patient Mobility and Independence: Healthy skin supports mobility, which is crucial for overall health.

Assessing Skin Integrity: Initial and Ongoing Evaluations

A thorough assessment forms the backbone of an effective nursing care plan.

Initial Skin Assessment

- History Taking: Document patient's medical history, including comorbidities (e.g., diabetes, vascular diseases), nutritional status, and previous skin issues.
- Visual Inspection: Examine the entire skin surface, focusing on bony prominences, pressure points, surgical sites, and areas of moisture.
- Palpation: Assess skin temperature, moisture, texture, and turgor.

- Identify Risk Factors: Recognize factors such as poor nutrition, incontinence, decreased mobility, or sensory deficits.

Ongoing Monitoring

- Regularly reassess skin condition, especially in high-risk patients.
- Use standardized tools like the Braden Scale to evaluate pressure sore risk.
- Document changes meticulously to monitor progression or improvement.

Key Components of a Nursing Care Plan for Skin Integrity

A comprehensive care plan encompasses prevention, intervention, and education strategies tailored to individual patient needs.

1. Risk Identification and Prevention Strategies

For High-Risk Patients, Implement the Following:

- Pressure Redistribution: Use specialized mattresses, cushions, or overlays.
- Positioning Protocols: Reposition patients at least every 2 hours to relieve pressure points.
- Skin Hygiene: Maintain dry, clean skin; gently cleanse with pH-balanced products.
- Moisture Management: Use incontinence pads, barrier creams, and moisture-wicking linens.
- Nutrition and Hydration: Ensure adequate intake of calories, proteins, vitamins, and minerals to promote skin repair.
- Mobility Promotion: Encourage movement as tolerated; utilize physical therapy if necessary.
- Education: Inform patients and caregivers about skin care routines and risk factors.

2. Wound Care Management

When skin breakdown occurs, proper wound management is critical:

- Assessment of Wound Characteristics:
 - Size (length, width, depth)
 - Wound bed appearance (granulation tissue, slough, necrosis)
 - Exudate type and amount
 - Presence of infection or odor

- Periwound skin condition
- Cleaning and Debridement:
 - Use sterile or clean techniques.
 - Select appropriate wound cleansers.
 - Remove necrotic tissue via autolytic, enzymatic, or surgical methods as appropriate.
- Dressing Selection:
 - Choose dressings based on wound exudate, tissue type, and infection risk.
 - Options include hydrocolloids, foams, alginates, or antimicrobial dressings.
- Infection Control:
 - Monitor for signs of infection: increased redness, warmth, swelling, pus.
 - Use topical or systemic antibiotics as prescribed.
- Moisture Balance:
 - Maintain a moist wound environment to facilitate healing.
 - Prevent excessive moisture that can macerate surrounding skin.
- Pain Management:
 - Administer analgesics as needed.
 - Use non-pharmacologic approaches like positioning and relaxation techniques.

3. Education and Patient Involvement

- Patient Teaching:
 - Proper skin hygiene routines.
 - Importance of nutrition and hydration.
 - Techniques for repositioning and mobility.
 - Recognizing early signs of skin issues.
 - Use of support devices and assistive devices.
- Caregiver Support:
 - Training on wound care procedures.
 - Guidance on maintaining skin cleanliness and dryness.

Implementing Specific Interventions for Skin Integrity

Effective nursing interventions are tailored to individual patient needs, risk levels, and existing skin conditions.

Pressure Ulcer Prevention

- Repositioning: Every 2 hours for immobile patients.
- Support Surfaces: Use pressure-redistributing mattresses and cushions.
- Skin Inspection: Daily checks for early signs of breakdown.
- Mobility Assistance: Encourage or assist with movement to reduce pressure duration.
- Nutrition Optimization: Adequate protein and vitamin C intake to promote tissue repair.
- Moisture Control: Use barrier creams, incontinence management.

Wound Care and Management

- Follow sterile or aseptic techniques.
- Maintain a clean, moist environment conducive to healing.
- Use appropriate dressings based on wound assessment.
- Avoid dressing trauma during changes.
- Monitor for signs of infection or deterioration.

Addressing Underlying Conditions

- Manage chronic diseases such as diabetes or vascular disorders.
- Optimize blood glucose levels.
- Enhance circulation through pharmacologic or non-pharmacologic measures.
- Encourage smoking cessation if applicable.

Nutrition and Hydration

- Collaborate with dietitians to develop high-protein, vitamin-rich diets.
- Ensure adequate fluid intake to maintain skin turgor.
- Supplement as required based on nutritional assessments.

Documentation and Evaluation

Accurate documentation is essential for continuity of care and evaluating effectiveness.

- Record assessment findings, interventions, patient responses, and wound measurements.
- Use standardized tools for consistency.
- Regularly reassess and adjust the care plan based on wound progress or skin condition changes.
- Communicate with interdisciplinary teams to coordinate care.

Special Considerations in Nursing Care for Skin Integrity

- Geriatric Patients: Skin thinning, decreased elasticity, and fragile skin require gentle handling and specialized skin care.
 - Patients with Sensory Deficits: Increased risk for unnoticed injuries; proactive inspections are essential.
 - Patients with Incontinence: Increased moisture risk; barrier products and frequent skin checks are crucial.
 - Patients with Malnutrition: Poor healing; nutritional support is pivotal.
 - Psychosocial Factors: Body image concerns and emotional distress may affect engagement in skin care routines.
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Conclusion: A Holistic Approach to Skin Integrity

The nursing care plan for skin integrity is a dynamic, multifaceted process that demands thorough assessment, individualized interventions, patient education, and ongoing evaluation. Success hinges on proactive prevention, timely management of skin injuries, and addressing underlying health issues that compromise skin health. Nurses play a pivotal role in safeguarding skin integrity, thereby reducing complications, enhancing patient comfort, and promoting overall health outcomes.

By integrating evidence-based practices, fostering patient participation, and maintaining vigilant monitoring, nursing professionals can effectively preserve skin integrity and improve quality of life for their patients.

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nursing care plan for skin integrity: Nursing Care Plans & Documentation Lynda Juall Carpenito-Moyet, 2009 The Fifth Edition of Nursing Care Plans and Documentation provides nurses with a comprehensive guide to creating care plans and effectively documenting care. This user-friendly resource presents the most likely diagnoses and collaborative problems with step-by-step guidance on nursing action, and rationales for interventions. New chapters cover moral distress in nursing, improving hospitalized patient outcomes, and nursing diagnosis risk for compromised human dignity. The book includes over 70 care plans that translate theory into clinical practice. Online Tutoring powered by Smarthinking--Free online tutoring, powered by Smarthinking, gives students access to expert nursing and allied health science educators whose mission, like yours, is to achieve success. Students can access live tutoring support, critiques of written work, and other valuable tools.

nursing care plan for skin integrity: Nursing Care Plans and Documentation Lynda Juall Carpenito-Moyet, 2005-11-01 Enter the world of nursing care planning with confidence! This informative guide is the perfect way to build your care planning and documentation skills. Practical and easy-to-read material covers each phase of care plan development and record-keeping for both surgical and non-surgical interventions.

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COUNCIL. This book has been scientifically designed and meticulously written, keeping in view the recent and updated advancements in the care of women and neonate with maternal and neonatal conditions.

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Mariann M. Harding, Debra Hagler, 2024-09-17 Plan effective patient care using standardized interprofessional clinical problems and a concept-based approach! Conceptual Nursing Care Planning, 2nd Edition, shows you how to identify clinical problems, determine expected outcomes, and choose interventions — all grounded in a logical, concept-based framework. The focus on concepts gives you the big picture, helping you recognize similarities in nursing care based on physiologic concepts, as well as differences based on the needs of individuals. Written by noted nursing educators Mariann Harding and Debra Hagler, this unique book demonstrates how the use of a concept-based approach and standardized clinical problems language makes it easier to plan effective care and communicate with other members of the interprofessional team. - NEW! Graphic representation of key conceptual relationships in each chapter enhances your understanding of the relationships among patient care concepts. - NEW! Additional assessment and screening tools for key concepts such as mobility. - UPDATED! Content reflects current Giddens concepts, updated with the latest evidence to support high-quality care. - Prioritized care planning guidance organizes interventions in an assess-intervene-teach format to help identify the most important priority interventions for patients. - Conceptual nursing care plan format includes a definition of the conceptual clinical problem, associated clinical problems, common causes, manifestations, assessment, outcomes, interventions, referrals, patient and caregiver teaching, documentation, related concepts, and related clinical problems. - 69 conceptual nursing care plans are based on Giddens concepts. - Unique approach covers concepts not addressed in other books, such as health disparities, risk for perinatal problems, impaired immunity, substance use, sensory deficits, continuity of care, and the dying process. - Use of standardized nursing language throughout conveys concepts and clinical problems in easily understandable language that is commonly used in clinical settings. - Exemplars section in the back of the book lists conditions with clinical problems that might be applicable in a particular patient population (Medical-Surgical, Pediatric, Maternity, Psychiatric). - Introduction explains the components of a conceptual nursing care plan and how to use the book to create patient-centered nursing care plans. - Conceptual care map creator on the Evolve companion website helps document care planning projects and clinical assignments.

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Barbara Kuhn Timby, 2009 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.

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Marti A Burton, Linda J May Ludwig, 2014-10-10 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.

nursing care plan for skin integrity: Nursing Diagnosis

Lynda Juall Carpenito-Moyet, 2006 Revised to incorporate the latest NANDA-approved nursing diagnoses, the Eleventh Edition of this classic text offers definitive guidance on key elements of nursing diagnosis and its application to clinical practice. Section 1 thoroughly explains the role of nursing diagnosis in the nursing process and in care planning. Section 2 is a comprehensive A-to-Z guide to current nursing diagnoses. Section 3 focuses on collaborative problems. This edition lists associated NIC (Nursing Interventions Classifications) and NOC (Nursing Outcomes Classifications) for every NANDA diagnosis. New

diagnoses added and modified in accordance with the latest NANDA meeting are in an appendix for easy access.

nursing care plan for skin integrity: Care Planning in Children and Young People's Nursing Sonya Clarke, Doris Corkin, 2023-08-15 Care Planning in Children and Young People's Nursing Develop a care program to meet a child's individual needs with this essential guide Even seemingly minor decisions can have a significant impact on the early development of a child, so it is essential for children to receive a carefully tailored program designed to meet the needs and concerns of each individual child. The second edition of Care Planning in Children and Young People's Nursing adds significant scope and material to the already vital first edition. Taking a child, young person and family-centred approach, it offers a comprehensive and accessible discussion of care planning with continuous reference to core principles and nursing values. This new edition continues to be a fundamental resource for the planning and execution of high-quality nursing care for children and young people. Readers of the second edition will also find: Detailed case scenarios designed to cultivate discussion and produce greater competence Increased emphasis on the voices of children and young people In-depth discussion of care planning for specific conditions including new chapters on Sickle Cell Disease, Mental Health and Wellbeing of Children and Young People, Transition from Children's to Adults' Services, and more Care Planning in Children and Young People's Nursing is a must-have for children's nurses or for any nursing professionals involved in the care of children and young people.

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Expanded and more specific outcome statements for each nursing diagnosis help you develop measurable patient outcomes. New content on patient safety and preventable complications addresses national initiatives and discusses the nurse's responsibility in preventing complications such as falls, pressure ulcers, infections, etc. QSEN competencies are integrated throughout. 11 new disorder care plans include: Pulmonary Hypertension Cystic Fibrosis Carpal Tunnel Syndrome Peptic Ulcer Fibromyalgia Solid Organ Transplant Hemodialysis Breast Reduction Pelvic Relaxation Disorder Hyperthyroidism Psoriasis 6 new nursing diagnoses care plans include: Impaired Dentition Disturbed Energy Field Readiness for Enhanced Immunization Sedentary Lifestyle Post-Trauma Syndrome Relocation Stress Syndrome

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nursing care plan for skin integrity: Nursing Care Plans Lynda J. Carpenito, 2013-11-18 Designed to help students learn how to create nursing care plans and effectively document care, this practical book focuses on the nursing plans that are most important, ensuring that students learn what they need to know and that they can find the information they need easily without being distracted by irrelevant information. Packed with easy-to-understand information and focused on helping students develop critical reasoning skills, this respected text presents the most likely nursing diagnoses and collaborative problems with step-by-step guidance on nursing actions and rationales for interventions. More than 85 nursing care plans translate theory into clinical practice. This exciting revision includes special risk consideration icons called "Clinical Alert" (derived from the most recent IOM report) that integrate patient-specific considerations into each care plan. Other enhancements include a streamlined format for easier use; new care plans for maternity, pediatric, and mental health nursing.

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Boards of Nursing (NCSBN) Clinical Judgment Measurement Model (CJMM) to help students identify, develop, and implement the clinical judgment skills needed for success on the Next-Generation NCLEX® Exam (NGN) and in clinical practice. - NEW! Additional care plans on Infection, Delirium, and Breastfeeding. - UPDATED! Content throughout reflects the latest evidence-based treatment guidelines and national and international treatment protocols.

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Talk Like a Nurse: Communication Skills Workbook is a hands-on workbook designed to help you develop effective English language communication skills for the real-world work environment. Strengthen your language skills for the specific job needs of nursing with over 100 interactive exercises focusing on: medical/nursing terminology, abbreviations, change-of-shift and telephone reports, documentation skills, nursing care plans, therapeutic communication skills, interviewing skills, assertiveness skills, and more! Contextualized through clinically and culturally diverse patient scenarios, Talk Like a Nurse is ideal for ESL students in nursing and pre-nursing programs, as well as native English speakers eager to sharpen their nursing communications. Features: Integrated nursing content and language practice; Patient scenarios, nursing diagnoses, and nurse-patient dialogues in every chapter; Samples and practice writing nursing reports, using medical terminology, recognizing cultural perspectives, and more; 100+ interactive exercises.

nursing care plan for skin integrity: *Maternity and Women's Health Care - E-Book* Kathryn Rhodes Alden, Deitra Leonard Lowdermilk, Mary Catherine Cashion, Shannon E. Perry, 2013-12-27
With comprehensive coverage of maternal, newborn, and women's health nursing, *Maternity & Women's Health Care*, 10th Edition provides evidence-based coverage of everything you need to know about caring for women of childbearing age. It's the #1 maternity book in the market -- and now respected authors Dr. Deitra Leonard Lowdermilk, Dr. Shannon E. Perry, Kitty Cashion, and Kathryn R. Alden have improved readability and provided a more focused approach! Not only does this text emphasize childbearing issues and concerns, including care of the newborn, it addresses wellness promotion and management of common women's health problems. In describing the continuum of care, it integrates the importance of understanding family, culture, and community-based care. New to this edition is the most current information on care of the late preterm infant and the 2008 updated fetal monitoring standards from the National Institute of Child Health and Human Development. A logical organization builds understanding by presenting wellness content first, then complications. Critical Reasoning exercises offer real-life situations in which you can develop analytical skills and apply their knowledge. Teaching for Self-Management boxes offer a guide to communicating follow-up care to patients and their families. Signs of Potential Complications boxes help you recognize the signs and symptoms of complications and provide immediate interventions. Procedure boxes offer easy-to-use, step-by-step instructions for maternity skills and procedures. Emergency boxes may be used for quick reference in critical situations. Medication Guide boxes provide an important reference for common drugs and their interactions. Cultural Considerations boxes stress the importance of considering the beliefs and health practices of patients from various cultures when providing care. Family content emphasizes the importance of including family in the continuum of care. Nursing Care Plans include specific guidelines and rationales for interventions for delivering effective nursing care. Community Activity exercises introduce activities and nursing care in a variety of local settings. Student resources on the companion Evolve website include assessment and childbirth videos, animations, case studies, critical thinking exercises with answers, nursing skills, anatomy reviews, a care plan constructor, review questions, an audio glossary, and more.

nursing care plan for skin integrity: Medical-Surgical Nursing - E-Book Sharon L. Lewis, Linda Bucher, Margaret M. Heitkemper, Shannon Ruff Dirksen, 2014-03-14
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