

The
INSIDER'S GUIDE
to
Your First Year
in Nursing



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Introduction

Nursing is a cornerstone career in the health care field--evidenced by the 2.6 million nurses in the United States--making up the largest occupational field in the health care industry. According to the Bureau of Labor Statistics, seven of the twenty fastest growing careers are in health care. With a projected 22 percent job growth predicted between 2006 and 2016, nursing is a career field that commands interest.

Now that you've completed your rigorous education at nursing school, it's time to take your place in this exciting, yet challenging field. However, this step may not be without difficulties--after all, the real world moves much more quickly than nursing school.

You may be looking for ways to survive your first year of nursing. That's where the *Insider's Guide to Your First Year in Nursing* comes into play. It is your guide, your reference, to dealing with the pressures of the first year of your nursing career. This guide can help you gain a better perspective on the challenges of first year nurses, from dealing with nursing orientation to coping with the loss of a patient.

The Insider's Guide to Your First Year in Nursing provides an in-depth look at nursing and the responsibilities that may come your way during your first year. It provides you with useful information in the following areas:

- An introduction to your first year of nursing
- An overview of nursing orientation
- Tips for working with doctors
- An insider's look at doing rounds
- A discussion of day shift versus night shift
- Ways to understand your patient
- Tools to communicate effectively with patients, their families, and their loved ones
- Caring for terminally ill patients
- Methods for dealing with the loss of a patient

Coupled with expert articles about nursing, this guide offers a series of Frequently Asked Questions about nursing, as well as a handy glossary related to nursing.

From understanding the basics of your first year of nursing to dealing with the emotional stresses of the job, this reference has the insight, advice, and answers you need to make your first year of nursing a success. The decision to become a nurse was a great one and you are well on your way to making a difference in the lives of others.

The Insider's Guide to Your First Year in Nursing is your companion on that terrific journey.



Nursing: An In-Demand Profession

Introduction to Nursing

You've gone through nursing school and earned your nursing degree. Now what? Your journey as a first-year nurse should challenge you, fulfill you, and ultimately remind you of why you opted for such a dynamic profession!

You have chosen one of the most in-demand professions available today, and that means job security, flexible schedules, and financial stability--and it also means a vast emotional reward.

What more could you ask for?

Nursing: You've Chosen an In-Demand Profession

By earning your nursing degree, you have joined an elite group of over 2.5 million nurses who have found rewarding, exciting jobs in hospitals, private practice, home care, and the like. As advances in medicine lead to better treatment and a longer life expectancy for the population, nurses should be at the forefront of providing care and support. According to the Bureau of Labor Statistics, opportunities for registered nurses are expected to jump by 23 percent between 2006 and 2016, while licensed practical nurses should see job growth of over 14 percent.

The current nursing shortage, brought on by a lack of experienced faculty at nursing schools and the retirement of older nurses, means your career options in the nursing field are wide open. The question is not where you can find a job--the question is--which job do you prefer?

But it gets better. Nursing is considered one of the few recession-proof occupations, and there are several reasons why. Nursing cannot be outsourced--the work has to be done right there, with the patient, so the health care industry is a very secure place to work. New technology is booming, and more nurses will be required to keep up with the advances.

But the most important point is also the most simple:

"People are always going to be sick, and the nurses are the front line in hospitals," nursing student Heidi Sadowsky pointed out in a recent article on CNN.

Emotional Rewards of Nursing

Nurses report to work not knowing what might be in store. It could be a day of emotional upheavals if they lose a patient. Then again, it could be a day of tremendous victories and joy.

Regardless, one thing is certain: nurses have the opportunity, every single day, to change the lives of the patients they encounter.

But as seasoned nurses know, it's not just about the patient--it's about the families as well. By providing emotional support to the patient's loved ones while giving excellent medical support to the patient, nurses make a very difficult situation a bit easier for everyone.

That can be a very rewarding thing, but it can also have tough moments.

"Perhaps no job has so many highs and lows," says Roberto Parra, a registered nurse at University Medical Center of El Paso.

"On a good day, no job is more uplifting."

Nursing Offers Job Security, Financial Stability, and Flexibility

As a first-year nurse, you can breathe easy knowing that a long, stable career is ensured. In fact, there is no better time to enter the health care field. According to the Bureau of Labor Statistics, registered nurses are expected to have the fastest-growing job prospects of any other occupation, with over half a million new jobs becoming available between 2006 and 2016.



The income is enticing, too.

- The median annual salary for a Licensed Practical Nurse was \$39,063 in 2008
- The median annual salary of all registered nurses in 2008 was \$62,450
- Nurses who specialize, such as surgical nurses or clinical specialists, can expect to make even more

Making good money as a nurse doesn't mean you have to sacrifice other parts of your life.

Flexible schedules are a hallmark of the nursing profession. Health care never takes a break--it is available twenty-four hours a day, seven days a week. Nurses are required for every shift.

Working during the day leaves your nights free, and choosing to work nights allows you the luxury of free time during the day. Even swing shifts can be an excellent fit for the busy nurse with family obligations. The longer you work as a nurse, the choosier you can be about carving out time for your other interests.

Now is a Great Time to Be a Nurse

You rose to the challenge of earning your nursing degree. Now it is time to reap the rewards!

This guide will help you along the path of a first-year nurse. We hope it will be a useful tool for your journey into this admirable and in-demand profession.

Getting Started as a Nurse

What to Expect During Nursing Orientation

One of the most important parts of your new nursing job is the nursing orientation. This is your opportunity to become familiar with the facility and procedures, to brush up on the skills you learned in nursing school, and to get comfortable with your colleagues.

Nursing Orientation: A Basic Overview

Orientation for nurses is your welcome to the world of nursing. Here, you can learn the procedures and policies of the facility while reviewing basic nursing skills. You may meet with administrators, doctors, and other nurses who may work with you on a regular basis. Nursing orientation may also include refreshers on infection control, safety, equipment, procedures, charting, computer software, and other required knowledge.

Some nursing orientation courses take a week, while others require more than that. Your orientation moves at a steady clip, and traditionally covers everything you need to know to launch your new nursing job.

Tips to Guide You through the Orientation

Nursing orientation doesn't have to be a nerve-wracking experience. There are numerous resources to help you prepare for those first few weeks. The better prepared you are, the more successful you should be.

- **Study the basics.** Review what you learned in nursing school. The more knowledgeable you are, the smoother your orientation should go.
- **Do your research.** Reading this guide is a very good start. There are also several books on the market that offer insight into all aspects of nursing, including nursing orientation.
- **Socialize.** Talk with fellow nurses who attend the orientation with you. When you break for lunch, invite someone to dine with you. You can compare notes.
- **Get the facts.** Each nursing orientation is different. If you can obtain an outline of what the orientation will entail, you are one step ahead of the game. If not, our guide about what to expect day-to-day can help ease your mind.



Nursing Orientation: What to Expect Day-by-Day

Though each orientation program is a bit different in terms of scheduling, they are in the same in their expectations of you. Here is a basic breakdown of what you might expect on a day-to-day basis.

- **Day One.** This day often covers the most basic things you need to know, such as security procedures, employment and benefits overview, and the initial "getting to know you" tour of the facilities.
- **Day Two.** Now it's time to learn more about the in-depth workings of the facility and what may be expected of you in the coming years. You might deal with basic required knowledge such as CPR, pressure ulcers, risk management, and be expected to show your proficiency in each.
- **Day Three.** On the third day, you may be introduced to laboratory services, the pharmacy, and other in-house resources. You might brush up on how to assess patients, how to catch the signs of serious illness such as a stroke or heart attack, and also show off your knowledge of infection control and procedures.
- **Day Four.** The fourth day of nursing orientation could delve into required skill sets, such as wound care, tube feedings, catheterizing, handling blood products, restraint systems, and more. This is when the first-year nurse has a chance to put those nursing school lessons into practice.
- **Day Five.** Expect more skill testing on the fifth day of your nursing orientation. You might deal with IV systems, pumps, injections, infusions, peer-to-peer reviews, and charting of what you've done.
- **Day Six.** By now you are moving into more serious procedures, such as insertion of a central line, PICC line, porta-caths, and other direct vein systems. You may review the care for each type, and learn how to chart it accurately. The review by day six may be intense, careful, and a good preparation for working on the floor.
- **Day Seven.** Many nursing orientation programs may have a day of refreshers on emergency procedures, such as inserting a chest tube, patient rescue, defibrillator use, and airway skills. You again chart what you do, which is good practice for what you do during the rest of your nursing career--charting everything!

A Final Word

During your nursing orientation, carry a pencil or pen and notebook with you. Take careful notes, and don't hesitate to speak up about any questions you might have. Nursing orientation is about getting the facts and easing into your new nursing job.

Finally, when you get nervous, remember this: If you made it through nursing school, you can definitely make it through nursing orientation.

10 Handy Tips for Your First Week of Nursing

When nursing orientation is over, you're on your own--but don't let that scare you! Soon you should be an experienced, seasoned nurse. In the meantime, let the nursing tips from the pros make your life easier.

When you were searching for nursing jobs, you projected a confident air--but now that you have the job, the nervousness might be setting in. Remember, every seasoned nurse was once a first-time nurse who felt unsure of everything. Everyone has to start somewhere!

Get a jump-start on your first week with these handy nursing tips.

1. **Get to work 30 minutes early.** By getting on the floor early, you can have plenty of time to prepare for your shift. The nurse you are switching shifts with should appreciate the chance to clock out right on time, and neither of you will feel rushed as you go over charts and discuss patients.
2. **Need help? Ask!** No question is too dumb to ask. Never hesitate to make certain you've got it right. After all, you have a responsibility to your patients to make sure your job is done correctly.
3. **Listen carefully.** Sometimes physicians can give orders so quickly and it could be hard to keep up. If you don't understand, make them slow down and go over it, but don't second-guess the doctors. Part of your nursing job involves carrying out the orders of the physician, even if you feel another course of action might be best.
4. **Write it down.** Nurses are always busy. By the time you sit down to chart, you might have forgotten when you gave a certain medication, or what a patient's vitals were an hour ago. Keep a notepad and pen with you and write down everything as you do it. Don't take the chance of forgetting!
5. **Move quietly.** Talk in low tones, keep a calm demeanor, and don't move too quickly around patients. Staying slow and methodical is the way to ensure you do everything correctly. Speaking with a friendly and soft voice is a courtesy for your sick and healing patients, and they should be grateful for it.
6. **Be yourself--and be confident!** You've gone through nursing school and you've earned the title of Nurse. Be confident in your abilities, and recognize that what you don't know, you will quickly figure out. Don't put up a front! Let your genuine personality shine through. Your patients and colleagues will respond well to it.



7. **Step up to the plate.** Is there a job that needs to be done? Don't wait until someone delegates it to you. Volunteer to do it, and then jump right on it! Your fellow nurses should appreciate your helpfulness.
8. **Learn names.** Everyone likes to feel appreciated. You can endear yourself to your new colleagues by learning their names. It might seem like a small thing, but it shows you do care. And don't forget to smile as you ask about their day!
9. **Don't complain.** Are you feeling overwhelmed? Don't complain--instead, find a way to solve the problem. Ask "Is there another way of doing this?" or "Is there something I'm missing?" If you approach the problem with a calm and patient attitude, your fellow nurses are likely to do anything they can to help you out!
10. **Be part of the team.** Offer to help when someone needs a hand, and don't hesitate to ask for advice. Pay attention to the dynamics of the team, always do a thorough job, and make good nursing your goal. Soon you should be a valued member of the team, and your first-week nervousness will be long-gone.

The Most Important Nursing Tip

There is one more tip to remember. It might be the simplest, but it is also one of the toughest to take to heart: Be patient with yourself!

Don't feel like you're quite up to speed? That's because you're probably not--yet. So relax! You are working with nurses who have been around for years, and they already know the ropes. They won't expect you to figure it out during the first week, or even the first month. Remember that they have been there, and they understand.

So give yourself a break, keep your eyes and ears open, and soak up all the knowledge you can. Before you know it, *you* will be one of those experienced nurses showing the first-year nurses the ropes.



Nursing Tips for Working with Doctors

Many decades ago, the relationship between a doctor and a nurse was very simple: the doctor gave the orders, and the nurse followed them. Since then, nursing has evolved and the nurse-physician relationship has become more of a partnership, driven by careful communication and assessment of the patients under their care.

The Nurse-Physician Relationship: What it Means for Patients

The nurse-physician relationship is important to workplace satisfaction. Studies have shown that the happier nurses are in their jobs, the more the patients benefit. A respectful, nurturing relationship between nurses and doctors can make all the difference in effective patient care.

According to Suzanne Gordon, author of *Nursing Against the Odds*, 75 to 80 percent of medical mistakes are caused by human error, and much of that comes from miscommunication. Fostering a positive atmosphere of open communication between doctors and physicians can ensure your patients get better as fast as possible.

Working with Doctors: What to Expect

When you're a first-year nurse, you aren't expected to know everything within the first week, or even the first month. Take advantage of it! When the doctor talks, you should make a point of listening to every word. Write down what is discussed, and ask questions about anything that you don't understand.



You may have to earn the trust of the physicians you work with. Doing this means being honest about what you know and what you don't, showing an active interest in patient treatment, and paying attention to the orders given.

For the first several weeks, you may be paired with a mentor nurse, one who serves as the middleman between you and the doctor. Eventually you should be on your own. By that point, you should know quite a bit about dealing with doctors, but you might still run into a few bumps on the road.

How to Handle the "Snappy" Doctor

Nurses do take orders from doctors, but that does not mean you should be a pushover! If a physician is short-tempered or snappy with you, don't snap back. Recognize that they are stressed out, and stay calm, even if you are chomping at the bit to respond in kind.

At the end of the shift, approach them privately and ask if there is a problem. Your directness should score major respect, and make the doctor think twice before snapping at you in the future.

Nursing Tips for a Smooth Transition

Sometimes doctors and nurses don't see eye-to-eye. Try to find a common ground and understand the doctor's position, but also remember that you are your patient's advocate.

Effective and complete patient care is the ultimate goal for everyone.

If you find yourself at odds with a physician over a patient's care, remember the following points:

- **If something doesn't feel or look right, speak up.** Many medical mistakes made by doctors, such as errors in writing prescriptions, are caught by nurses.
- **Stick to the facts.** Don't attack a doctor for making a call you think is wrong. Instead, stick to what you know is true: "The patient's blood pressure is not looking good" might be a fact, and is a much better opener than "Shouldn't you give them more medication?"
- **Keep disagreements private.** If you don't agree with a call the doctor has made, ask for a briefing with the physician in private. Never say anything that could undermine the patient's confidence in their doctor!
- **Share information.** The world of medicine moves fast, and keeping up with all the advances and recommendations can be tough. Share information as you learn it, so you and the physicians are on the same page with regard to drug interactions, new techniques, and up-to-date recommendations on patient care.
- **Focus on being a team.** Communicate with respect and work together to find a solution that is in the patient's best interest. Offer solutions, not complaints.
- **Be willing to make noise.** If a physician blows off your concerns or seems too busy to deal with it, approach the nurse manager or someone else who might be able to serve as a middleman. Explain your concerns clearly, stick to the facts, and ask for help.



When you are discussing a patient's care and feel strongly on a certain point, be ready to explain yourself. The physician may often take the time to listen and consider your rationale before making a final decision.

As your patient's advocate, you are in the perfect position to foster compromise and keep peace on the floor, so use that power wisely!

Day-to-Day Life of the Nurse

An Insider's Look at Rounding

You learned about hospital rounds in nursing school, and you probably observed rounds during your period of nursing orientation. But now that you're on your own, rounds might make you nervous. Did you remember to get all the vitals? Did you write down all the correct information?

What happens if you wind up in a situation that you don't know how to handle?



All of these questions are frightening to a first-year nurse. But with time and patience, you can hone your nursing rounds to perfection and not wonder if you're doing them the right way!

What to Expect from Nursing Rounds

There are two types of rounds you typically undertake. One is the nursing rounds, during which you check on your patients on a regular schedule. The other is multidisciplinary rounds, which often take place in the morning hours, and include physicians, therapists, and others that are involved in the care of patients on your floor.

During the rounds with doctors, let the physician take the lead. The most important thing you can do during the multidisciplinary rounds is to listen carefully to any changes the doctor might make in treatment. This is when you and the physician can put your heads together and figure out what the next course of action should be.

Nursing Tips for Doing Hospital Rounds

The more you know about doing rounds, the better prepared you will be to cover all the bases. This nursing rounding cheat sheet can help ease the mind of a first-year nurse:

- **Do rounds frequently.** Doctors might make rounds only once or twice a day, but you may make them once an hour. Ask seasoned nurses how often rounds are made, but recognize that some patients need more attention than others, so how often you make rounds might be modified from day to day.

- **Write it down.** Always carry paper and pen with you when you do your rounds. Be prepared to write down anything of importance in the patient's chart.
- **Use the pain scale.** Pain control is a very important part of nursing. Always gauge your patient's pain level by looking for physical clues, as well as asking them to rate their pain on a scale. If your patient's pain level has increased dramatically since the last time you came into the room but the pain medication was delivered right on schedule, their condition might be getting worse.
- **Check the meds.** Is your patient due for medication? Scan the charts before your rounds and make note of what each patient needs. Always wake a sleeping patient if they are due for medications. If they ask for pain medication before it's due, make note of it--their pain management plan might need to be changed.
- **Check the bedside tables.** Is the call button within reach? Is the telephone nearby? Does the patient have a pitcher of water and a glass of ice? Is there anything else they might want but can't reach, such as that magazine on the chair?
- **Make your patient comfortable.** Fluff pillows, offer an extra blanket, and ask them what they need. Even the smallest comfort can feel luxurious when you're sick. For example, oxygen can lead to dry lips--do they need lip balm? Muscle aches can result from lying in bed too long--do they need a pillow to press between their knees or hold against their chest to make them more comfortable?
- **Tell them when you will return.** Tell the patient when you will be around to check on them again. This reassures the patient and might cut down on the use of the call button, freeing up more time for you and the other nurses to handle charting duties and the like.
- **Talk.** Asking about a patient's family or telling them about something you read in the newspaper can make the process of taking their vitals fly by for both of you. Your friendly smile and compassionate demeanor will go a long way toward making your patient feel comfortable.

Nursing rounds help give you a complete picture of a patient's progress, but regular rounds provide more than that--they also make the patient feel secure. Checking in with a patient during your rounds has a physical, mental, and emotional impact. In short, they feel better--and isn't that what nursing is all about?

An Insider's Look at Night Shift vs. Day Shift

The world of medicine is always moving, and nursing never sleeps. As a first-year nurse, you might not be able to choose whether you work day shift or night shift, but you can find plenty of ways to cope with whatever shift you are given.

Shifts and the First-Year Nurse: What to Expect

When you were fresh out of nursing school and searching for nursing jobs, you probably found that many facilities required first-year nurses to start out on a particular shift. Most shifts are from 8 hours to 12 hours, but some nurses can split shifts with others, and work only 4 hours or 6 hours at a time.

Which shift you pull depends a great deal on where you are in the country and what your facility needs. However, if there is a very pressing reason why you need one shift over another, you might be able to get it. Or you might be able to switch up shifts with other nurses, and work a combination of nights and days.

It never hurts to try.

Nursing: A Typical Day Shift

During a typical day shift, you arrive at the floor about thirty minutes ahead of schedule. You meet with the outgoing nurse and go over patient charts. What happened during the night, and what should be done to continue care today?

Soon after you arrive, you complete nursing rounds, and possibly hospital rounds with the physicians as well. Throughout the day there are orders for treatment and procedures that have to be performed. You consult with doctors on a regular basis, and handle paperwork for patients being admitted, as well as those being discharged.

Day shift is much busier than night shift, and not only because the hospital is working with a larger staff. Food service traditionally makes the rounds three times daily, and in most areas of the facility, visiting hours are in effect.

Nursing: A Typical Night Shift

When working the night shift, you should arrive early to check in with the day shift nurse. Make certain you understand any changes in the treatment orders that were made by the doctor, and then do your first nursing rounds.

Those who work the night shift might have a



much quieter time than those who worked during the day. Many patients will be sound asleep. Visiting hours are typically over. There are usually no food deliveries in the middle of the night. Often the quiet time you have is filled with paperwork, preparations for morning duties, and wrapping up anything that the day shift didn't have the time to finish.

Though you usually have more time to take small breaks, the night shift may not always be peaceful. You still have patients that need to be admitted through the emergency room, patients who take a turn for the worse and other surprises that can turn a routine shift into an adventure.

Nursing Tips: How to Handle Any Shift

Whether you are on night shift or day shift, there are a few rules that apply and can make your shifts much easier:

- **Don't gossip.** Sometimes there may be a bit of competition among the shifts in the hospital. Usually this is a good-natured competition between day shift and night shift, but sometimes jealousy and negative gossip can get into the mix. Rise above the fray and resolve to ignore any gossip you might hear.
- **Get enough sleep.** Working long shifts can wreck havoc on your natural body rhythms. Take a one-hour nap before you begin your night shift, and go to sleep when you get home from work. If you are working the day shift, make sure you get plenty of sleep during the night before. A well-rested nurse is a much more effective nurse.



- **Get it done.** Finish as much work as you can during your shift, and avoid leaving more work for those nurses who come to the floor after you. They may appreciate the courtesy and probably return the favor.

Your body should learn to adjust to whatever shift you are working, and soon the long hours should feel like second nature. It might be rough for the first few weeks, but if you can tough it out, you will soon be going with the flow, just like the most experienced nurses on the floor.

An Insider's Look at Dealing with Patients

Inside the Mind of a Patient

As a nurse, your job involves taking care of your patient's needs. Those you care for are usually very sick, hurting, and probably frightened. Your attention to their physical needs is just the beginning--patients often look to their nurses for mental and emotional needs as well.

The best way to help your patient through a difficult time is to put yourself in their shoes as best you can. But how do you do that? How can you relate to someone with cancer if you have never experienced it yourself? How can you understand what a terminal illness is like if you have never had to face that diagnosis?

Nursing and Empathy

Having empathy means being able to identify with a person's feelings or situation. It also means understanding why a person feels a certain way. You might have learned quite a bit about empathy while in nursing school, but now that you are dealing with patients on a day-to-day basis, you need to find a healthy balance between empathy and practical nursing care.

Communication opens the door to empathy. By simply listening to your patient, you can learn a great deal about what it is like to be in their situation. Always keep an open mind as you listen, and remember that as your patient talks, they are teaching you something you didn't have a chance to learn in nursing school.

Though you might not completely understand what they are going through, you can try to put yourself in their shoes by imagining what it might be like. For example, you've probably had the flu at some point in your life--so you can probably imagine that having pneumonia feels much worse.

Simply understanding that can make you a better nurse.



Psychology of Nursing: How to Show Empathy

Let's be honest: we may say things that come out the wrong way, and we long to take the words back. This can be especially true when dealing with a patient. But take heart. With time, you can learn how to convey empathy without stumbling over your words.

Here are a few very good places to start:

- **Listen.** Sometimes simply knowing you are there to listen can make a patient feel better. You don't have to have all the answers, and you don't have to relate a similar experience. You just need to pay attention. Don't interrupt, and give your patient the time to speak his/her mind.
- **Repeat what they say.** If your patient tells you their stomach hurts, repeat the phrase back to them. "Your stomach hurts?" Then get more specific, and ask them to point to where. By repeating what they say, you make it clear that you were listening, and that you are looking for more information to get to the bottom of exactly what hurts, and what you can do about it.
- **Look them in the eye.** Making eye contact immediately establishes a connection. It shows your patient that you care about what they are saying, and proves that they have your full attention.
- **Educate them--and yourself.** Patients are often frightened and looking for as much information about their illness as they can get. The more knowledge you have, the more they will look to you for help. Make sure you have your facts straight, do further research if necessary, and try to give them the answers they need.
- **Never presume.** Don't say things like "I know how you feel" or "I'm sure you would feel better if you did this." Presuming you know how someone feels is a sure way to close the door on further communication. But it's always okay to say "Help me understand" or "What can I do to help you?"
- **Be understanding, yet firm.** If your surgical patient doesn't want to get up and walk around as per doctor's orders, be encouraging and compassionate--but also make it clear that they have to do this in order to get better. Humor often works well to cajole patients into doing what they should. "Hey, the sooner you are better, the sooner I quit bugging you!" can bring a smile and change in attitude.

Show empathy for your patient by acknowledging the way they feel, asking questions about what you can do to help, and listening carefully to what they have to say. Sometimes, simply knowing you care can put your patient on the fast track to healing.

Communicating with Patients' Families and Loved Ones

Learning to properly communicate with a patient's family members and friends is a very important part of nursing, but finding that fine balance between empathy and legal constraints can be tough. Here are a few ways to approach the more prominent issues.

What Nurses Must Know About Legal Considerations

While you were in nursing school, learning about HIPAA was a priority. The Health Insurance Portability and Accountability Act of 1996 holds privacy as paramount, and places strict guidelines on what can be shared about a patient's medical health.



This can get tricky for the nurse dealing with a patient's loved ones. If the patient has not authorized a release of information, doctors and nurses can provide only the most basic explanations to family members, and *only* if it is deemed in the best interest of the patient.

If you are being pressured by family members for information you can't legally give, ask them to write their questions down, and then speak to the doctor about the issue. The physician might be able to find a middle ground that will make everyone happy.

A Lesson in Empathy: Delivering Bad News

The physician is usually the one who delivers information about a patient's condition, whether it is good or bad. The nurse is the one who deals with the fallout long after the doctor has moved on to another patient. Be ready to elaborate on the diagnosis, assuming the doctor approves.

Sometimes family members may ask a doctor not to disclose the full extent of the medical situation to the patient. Since each case is unique, meeting with the doctor before the bad news is given is a crucial step that can ensure everyone is on the same page. In a case like this, you should always follow the doctor's lead.

Loved Ones and Hospital Visiting Hours

Hospital visiting hours are there for a reason. They provide quiet time for patients to sleep, an opportunity for nurses to catch up on work, and serve as a layer of hospital security.

But when a patient is diagnosed with an acute disease, it is often okay to bend the rules. For instance, if a terminally-ill patient wants to have their spouse in their room at night, most

hospitals won't say a word. Having the entire extended family in the room, however, might not be a good idea.

Bending the rules about hospital visiting hours is a judgment call that should be made on a case-by-case basis. This is an important time to follow your instincts and do what you think is right, within reason.

The Psychology of Nursing: Keeping the Peace

Friends and family members can become angry, agitated, or even combative when their loved one is handed bad news. A few simple words can often diffuse a situation and restore the peace:

- **"You have every right to feel this way."** What they are going through is tough. Acknowledge that fact, and encourage them to talk through their feelings in a positive, constructive way.
- **"Let's work together for a solution."** This opens the door to further communication and allows friends or family members to voice concerns about their loved one's care. Listen to their concerns and their reasons, and then talk about what the options might be.
- **"I would be angry, too."** Saying this to an irate family member validates their emotions and says you understand. If they see you as an ally, their anger might dissipate.
- **"Let me try to explain this."** Throw out the medical jargon. Explain procedures, side-effects, and other issues in layman's terms, and answer questions in a way that can help the family understand.
- **"Let's go somewhere quiet."** If the loved ones become very emotional, take them to a private place. Sit with them, hold their hand, and let your compassion guide you.

When a patient takes a turn for the worse, emotions often run high--and as their nurse, you may be in the center of the situation. Remember that sometimes people say things in the heat of emotion that they would never say at any other time, so don't take any of it personally.

Always be supportive and caring of family members, but keep the patient your top priority. In the end, no matter the outcome, your compassion and empathy should be appreciated.

Caring for Terminally Ill Patients

There are few things in life more unique than the experience of dying. Everyone has a different experience during their last days, and everyone around them has a different way of reacting to the loss. You may deal with many terminally-ill patients throughout your nursing career, and the care you provide can make an enormous difference.

Nursing Patients with Terminal Diseases

You went to nursing school to learn how to care for and heal people, so it can sometimes be tough to take the palliative approach. When you are treating patients with acute diseases, their comfort is of the utmost importance. Here are a few tips to help you keep your terminally-ill patient comfortable:



- **Communicate.** Studies have shown that terminally-ill patients who have good communication with their nurses are more likely to be accepting of death, feel less stress, and be better able to connect with their family and friends. Simply talking to your patient can make all the difference.
- **Touch them.** A simple touch can offer healing power on many levels. It is a form of reassurance, a reminder that they are not alone, and a way to offer strength when theirs might be waning. A gentle squeeze of the hand or a comforting touch on the shoulder can make your patient much happier.
- **Make their bed comfortable.** As your patient weakens, they might not be able to move as easily in bed. The adjustable hospital bed goes a long way toward alleviating positional discomfort. Always ask if the bed needs to be moved, and experiment to find the most comfortable angle.
- **Monitor their pain level.** Terminally-ill patients are often concerned about the level of pain they may experience in their final days. By staying on top of any pain they might have and working closely with their doctor to ensure proper medication, you can alleviate that very significant fear.
- **Offer small comforts.** Sometimes the smallest things matter most. A touch of lip balm for chapped skin, an extra pillow for comfort, or the sound of a kind voice can make those final days easier.

When Hospital Visiting Hours Don't Apply

In the film *Good Will Hunting*, Robin Williams delivers a powerful line that most nurses can relate to: "The doctors could see in your eyes that the terms visiting hours don't apply to you."

There are times when it's absolutely okay to bend the rules. The moment of death comes when it comes, and that is not always at a convenient hour. During those last days and hours of a patient's life, your primary responsibility is to ensure adequate pain control.

If emotional pain is eased by the presence of loved ones, remember that sometimes, hospital visiting hours really don't apply.

Nursing Tips: What to Say and How to Say It

You probably learned about the psychology of nursing while you were in nursing school, but when you are faced with your first terminally-ill patient, it can be hard to know what to say. Here are a few tips that can help you through a few difficult conversations:

- **Offer spiritual care.** Tell the patient about all the options available for spiritual counseling. If they have a certain pastor or priest they would like to see, get in contact with that person immediately. Feel free to listen to your patient when they talk about spiritual matters, but never impose your own beliefs on them.
- **Keep your conversation positive.** Talk about the family that has just visited, or discuss current events. Talk about hobbies, pets, and other little things that make them smile. If they ask about their condition, be honest and upbeat, but don't offer false hope.
- **Simply listen.** Sometimes you don't have to say a word. Show your empathy by listening to what they have to say. Don't offer advice, commentary, or judgment. Simply be there, and keep your ears open.

Respect Your Patient's Wishes

Most importantly, respect what your patient wants at the end of their life. If there are certain people they don't want you to call when the end is near, respect that choice. If they choose not to eat or decide to forgo any treatment that might prolong their life, remember that it is their very personal decision. Your acceptance of their wishes can help your terminally-ill patient die in peace.

The Emotional Side of Nursing

Dealing with Loss

You stand by the bed as your patient slips away. You try to comfort grief-stricken relatives and friends. You sit down to fill out the necessary paperwork, but your eyes keep filling with tears.

Or perhaps you come in for your regular shift and are met with the somber news that one of your patients took an unexpected turn for the worse and has passed away.

As the grief begins to sink in, you realize that no matter how thorough nursing school was, nothing could have prepared you for this moment.

Nursing and Grief: Dealing with the Loss of a Patient

Empathy is a powerful tool for a nurse. But that same empathy can allow you to become heavily invested in your patients, and when one of them dies, the loss can be very difficult to handle. Putting on a stoic front might be necessary to help the grieving family members in the immediate aftermath of a death. Take a deep breath and set aside your grief long enough to attend to what needs to be done. Keep yourself busy with paperwork, final arrangements, and comforting the grieving family.

But once you are in private, take the time to grieve. Many a nurse has worked to the end of a shift and not shed a tear, only to fall apart and sob when they got home. Mourning is a powerful way to recognize the loss, and those shed tears will help you move forward and provide better care to other patients.



When you face death and dying so often, how do you keep your work life from eating away at your personal life? Where do you draw the line between the two? The answer to that question is unique to each nurse, but maintaining a good balance between your work and the rest of your life can help you keep the loss in perspective.

Finding that Work-Life Balance

Your good emotional health is crucial to being a great nurse. Take steps to find support long before you start to feel burned out. Here are a few good ways to begin:

- **Find a good support system.** Talk to your fellow nurses about how you are feeling. Sometimes the loss can hit hard, and it helps to discuss it with someone who has been through the same experience. Keep in mind that though many seasoned nurses might seem unaffected, beneath the surface they are grieving, too. They just have different ways of coping with it.
- **Talk to a counselor.** Meeting with a staff counselor or opting for private counseling can help you through a particularly difficult period.
- **Take a class in coping.** Many hospice organizations offer regular classes in coping with loss. Some offer classes geared toward nurses and caregivers. The class can offer insight into the process of death and give you coping tools to deal with the aftermath.
- **Focus on good things.** Keep that work-life balance strong by immersing yourself in the things that make you smile. Relaxing hobbies, time with friends, and breaks for travel are all good ways to take a breather from nursing and can offer a wider perspective.
- **Eat healthy foods and exercise regularly.** Maintaining a good diet and exercising regularly might seem routine, but they are often the first things to slide when you are emotionally drained. You have to take care of yourself before you can effectively take care of others, so don't let the comforts of a regular routine slip away from you.

What You Can Learn from Terminally-Ill Patients

When you lose a patient, finding the silver lining can help you handle the grief. Kathy Egan, a certified hospice and palliative nurse, believes something can be learned through every loss.

"In order to care for people, you have to experience the loss yourself, create and maintain your own balance, finding meaning and purpose in all experiences, even loss," she points out.

Frame your loss in meaningful terms, and ask yourself positive questions. What did you learn about how to handle grieving family members? What did the patient want most during their final hours? What little tricks did you learn for keeping them comfortable?

Honor your patient by seeing the loss as a learning experience, and you can become a better nurse in the process.

Meet the RN



A Conversation with RN Catherine Brignoni

Find out how life looks for one cancer nurse at the end of her shift at an outpatient cancer unit. She is a registered nurse at an outpatient cancer clinic in California and took the time to talk to us about the benefits of specializing in cancer treatment, how she feels after an average day, and what goes through her mind on a day-to-day basis at work.

Think back to one specific day you'd call average. What did you do, how were you feeling, and what did you enjoy and/or not enjoy about that day?

An average day occurs when everything flows smoothly. On an average day, patients at the clinic come and go with no extra needs. I get off work on time and I'm able to catch up on paperwork before my shift ends. While it's nice, sometimes those days can seem slow.

- **Fact:** Nurses that specialize in caring for cancer patients are known as *oncology nurses*.

Talk about two types of experiences you have as a nurse: first, a stressful day on the job, then a rewarding one.

When I think of a stressful day on the job, I think about my experiences working out east in New Jersey. On any given day, I could be given a day assignment of seven to ten patients at once, because New Jersey did not have a nurse-patient ratio at the time.

That heavy patient load mixed with a lack of ancillary staff made my day a nightmare. I felt like a watchman. I would constantly do rounds on my patients and would often skimp on lunch. I could write a novel about this stressful experience. It's just one reason why I now work in California.

A rewarding day happens when my nurse-patient ratio is correct and I have enough time to educate patients about their care plan, answer all their questions, and research answers for them. That kind of day is a completely different sort of nursing than just getting the job done.

- **Fact:** Over 2.5 million nurses were employed in the U.S. alone in 2008, making nursing the largest health care occupation in the country.

What goes through your mind on the trip home when you come off a shift?

I often just try to decompress from the day. Occasionally I will do a checklist in my mind, making sure I completed everything I was supposed to. But more often than not, I leave work behind me.

- **Fact:** California was the highest-paying state for registered nurses in 2008, with nurses earning \$83,040 in mean annual wages.

What are the overall benefits and rewards of your job as a nurse in an outpatient cancer unit?

Obviously, helping people is great. Nursing is an enriching experience. I also feel intellectually challenged, because I'm working at a teaching hospital. Because I specialize in cancer care, I always see new therapies and drugs coming out.

In addition to the intellectual challenge, I've found that watching patients be cured from cancer and go on to lead normal lives again is a true reward. I have been able to make friendships with patients over years of their treatment courses. Many still come back yearly to say hello and let me know that things are good, that they've started a family or moved on in other ways.

In terms of the job itself, I love working three days a week! There's lots of vacation. You may need to work holidays, but it's a pretty sweet deal overall. It can be very flexible. Travel nursing is great too.

- **Fact:** Travel nurses make their career out of commuting or relocating to short-term or temporary nursing positions.

In general, how do you feel about your career in nursing?

I feel rather content as a registered nurse. I feel that my job requires continuous education and offers daily challenges. I see myself doing this for quite a while.

- **Fact:** The Bureau of Labor Statistics that about 587,000 new careers for nurses should enter the field between 2006 and 2016.

Frequently Asked Questions



Q: What are the physical risks of a nursing job?

A: Nurses face both physical and medical risks, although proper training and safety guidelines can minimize those risks. Many nurses spend a lot of time walking and standing. And nurses can get hurt while helping to move patients. Nurses also need to guard against infectious diseases, radiation from x-rays, and chemicals in medicine.

Q: I've heard that you can earn a nursing degree for free as long as you agree to work in a particular place for two years after graduating. Is this true?

A: The Nurse Education Loan Repayment Program provides loan repayments totaling as much as 85 percent of the debt load of nursing students who agree to work for two or three years in a facility deemed to have a critical shortage of nurses. This was expanded under the Nurse Reinvestment Act, signed into law on August 1, 2002, which adds a scholarship component for students already accepted into a nursing school and who commit to working for at least two years in a health care facility deemed to have a critical shortage of nurses.

Q: How do nurses deal with grief when a patient dies?

A: There is an expectation that nurses are good at caring for relatives on the death of a patient. While nurses never get used to losing patients, they can learn to accept that death is part of the job. Yet every nurse can benefit from training about how to deal with their own grief, as well as that of the family, upon the death of a patient.

Q: What are some of the emotional requirements of a good nurse?

A: A good nurse should have emotional stability. Nursing can be a very stressful job. Any day you may witness severe traumatic situations, surgeries, and deaths. Nurses should be calm and empathetic to patients, even if they are aggressive or rude.

Q: I just started nursing school and I'm eager to start seeing real patients. Where will I get this experience?

A: All nursing education programs, whether online or on campus, include hands-on instruction, which is referred to as clinical time. Supervised clinical experience is provided in hospital departments such as pediatrics, psychiatry, maternity, and surgery. A growing number of programs include clinical experience in nursing care facilities, public health departments, home health agencies, and ambulatory clinics.

Q: I can't believe the amount of reading required in my first year of nursing school. Is this normal?

A: Nursing school is a time-consuming commitment. Classes and clinical responsibilities can add up to more than 40 hours weekly, not to mention the time spent studying outside of class. First-year students spend a great deal of time reading and reviewing for difficult classes such as organic chemistry. In addition to classes you may find that you face hours of additional homework each night.

Q: What are job prospects like for nurses?

A: Really good! Employment of registered nurses is expected to grow 23 percent from 2006 to 2016, much faster than the average for all occupations. Growth should be driven by technological advances in patient care, and by an increasing emphasis on preventive care.

In addition, the number of older people in the U.S. population, who are much more likely than younger people to need nursing care, is projected to grow rapidly. According to the Bureau of Labor Statistics, rapid growth is expected in hospital outpatient facilities, such as those providing same-day surgery, rehabilitation, and chemotherapy.



Q: What is an APRN?

A: Advanced Practice Registered Nurses (APRNs) now number over 200,000 in the United States and are perhaps the most visible examples of nursing autonomy. Most APRNs are nurses with master's degrees or doctorates in nursing who perform tasks that have traditionally been associated with physicians.

APRNs include nurse practitioners, certified registered nurse midwives, certified registered nurse anesthetists, nurse psychotherapists, and clinical nurse specialists, who work in a variety of fields including emergency care.

Q: What degree do I need to become a nurse?

A: You can become a registered nurse (RN) with a bachelor's degree, associate's degree, or nursing diploma program (nursing school). More opportunities are available to nurses with bachelor's degree and nurses who want to specialize in particular areas or have opportunities for advancement may want to get a master's degree as well.

Q: What do nurses earn?

A: Although wages vary for nurses depending on their specialty, experience, and workplace, according to the Bureau of Labor Statistics, the median annual salary for nurses in 2008 was \$62,450. The lowest earners made around \$40,000, and at the high end, some nurses can earn over \$90,000.

Q: Can nurses get their degrees through online training programs?

A: Online nursing degree programs are available at a variety of online and campus-based schools and universities. Whether you choose to pursue an online nursing degree or a more traditional campus-based program it is important that your training program includes supervised hands-on training working with patients. Whether you arrange to do this training on-campus or at a local healthcare facility, this aspect should be an integral part of the program you pick.

Q: How many hours a week do nurses work?

A: Job opportunities for nurses include a variety of schedules. Nurses in doctor's offices may work full- or part-time primarily during office hours, while those in hospitals or nursing care facilities might work nights, weekends, and holidays. According to the Bureau of Labor Statistics, 21 percent of RNs worked part time in 2006, while 7 percent had more than one job. Overtime and on-call shifts may also occur depending on where you work.



Q: What jobs are there in nursing that allow me to work daytime hours?

A: Many nursing jobs require you to work second and third shifts and on the weekends. Nurses who work in surgery generally have day shift hours unless the surgeons are on call. Nurses in doctor's offices usually work Monday through Friday office hours with holidays off.

Q: I hate blood. Can I still be a nurse?

A: While nursing offers a variety of career paths, most nurses should be comfortable with blood and needles, if only to get through nursing school. Once you graduate, you can find work in a setting that might involve less blood, such as a health education office or some doctor's offices.

Q: How can I continue my education now that I'm working full-time as a nurse?

A: An advanced online nursing degree program can allow you to study at your convenience and proceed at your own pace. A distance education program has tremendous advantages that include flexibility, lower costs, and the ease of earning a degree right from your kitchen table.

Q: How might my being a nurse affect my own desire to start a family?

A: It depends on you. Talk with your spouse about your schedules and the logistics of being parents. Nursing is one of the few careers in which you can go part-time and then re-enter the work force on a full-time basis later on. Many employers are more than willing to help by adjusting your shift and the number of hours you work.

Q: Am I required to continue taking classes and in-service training during my first year of nursing?

A: Most states require varying levels of continuing education credits to maintain your nursing certification. Local training, online college classes, and conferences may all qualify toward this requirement. Ongoing education keeps you up-to-date on new techniques. Medicine changes on an ongoing basis and continuing education credits are designed to ensure your professional development.

Q: Is it acceptable for me to want to change jobs during my first year or should I wait?

A: Employers generally expect you to spend at least one year in the same job. You're in the position of learning and improving your professional skills. Leaving after less than one year can make you look unreliable to future employers.

Adjusting to any new job can be challenging, but sticking it out can help you really evaluate whether it's a good fit for you or not. Employers also know that you're ambitious and want to move into higher paying and more specialized positions as time goes on.

Q: What can I do to make sure that the health care professionals I'm working with respect me?

A: Respect in the field of nursing is earned. Your professional attitude, knowledge, compassion, and expertise are the characteristics your peers and supervisors judge you by. Nursing involves a lot of teamwork, so becoming a valuable team player is also key.



Q: How can I increase my chances of getting into nursing school?

A: Despite the current nursing shortage, nursing schools don't have enough resources to accept all applicants. While nursing school admission can be competitive, students with a strong academic record--especially in science classes--should face the best odds.

You can always retake basic science courses or other prerequisites online to improve your grades before applying. Applying to more than one program also increases your odds.

Q: Most nurses begin their careers on undesirable shifts. How long does it take before I can choose better hours?

A: Seniority can be hard to gain in certain nursing professions. Most nurses are still at the bottom of the seniority list at the end of their first year of employment. Because health care is a round-the-clock profession, even more senior nurses may have to work some nights or weekends.

Q: What happens if I make a mistake in a patient's care during my first year of nursing?



A: While the consequences of mistakes in healthcare can be significant, often they are not. First-year nurses should take advantage of more experienced doctors and nurses around them. Don't be afraid to ask for help if you need it.

Your employer should carry insurance that would protect you from a lawsuit. Serious mistakes may be investigated by your employer or nursing board to determine if it was avoidable.

Q: Will my training prepare me for handling terminal illnesses, grief, and mourning?

A: Nurses tend to be sensitive and empathetic to human suffering. The psychology of nursing in both online and traditional nursing degree programs helps you to prepare for this but not insulate you entirely. Talk to more experienced nurses about their coping strategies, and form a supportive network with other nurses.

Q: How do nurses' health benefits compare with the benefits of others who are not in the medical field?

A: First year nurses can expect excellent health benefits. Employers in the health care field understand the importance of medical, dental, and prescription insurance and generally provide good coverage. Additionally, nurses are surrounded by health experts who can help them make smart decisions about managing healthcare.

If employers are undergoing financial hardship the benefits may decrease so that employers can maintain their current staffing levels and avoid layoffs.

Q: What are the challenges I might face as a first-year nurse?

A: While you are on the front line getting the satisfaction of helping others, nurses do need to learn to take care of themselves as well. Some nurses work long shifts, unusual hours or have on-call responsibilities.

In addition there can be emotional strain. For instance, nurses who work with terminally ill patients and terminal diseases, dealing with the grief and mourning that surrounds such cases can take a toll. In order to prevent burn-out, it is important you pay attention to your own health even as you care for others.

Q: Where do nurses work?

A: Nurses work almost anywhere that health is an issue, with every population, and in almost every specialty. They can be located in hospitals, schools, outpatient clinics, doctors' offices, ambulatory care, and some nurses visit patients' homes.



Q: What kinds of jobs can nurses get?

A: Most nurses generally become specialized either through training or experience with a particular medical setting or patient population. Nurses work with patients from the tiniest newborn infants to the elderly. While some nurses focus on direct patient care, others may be involved in health education or developing health treatment plans. Some nurses find work teaching other nurses, and nurses with experience or advanced training might work in management.

Q: What are the job prospects for nurses in the future?

A: Although the need for nurses in hospitals is not growing rapidly (due to shorter patient stays), almost every other area of nursing is expected to have great need in the future. According to the Bureau of Labor and Statistics, there should be great growth in the nursing areas of elder care, home health care, rehabilitative care, and outpatient care. Overall, employment is expected to grow by 23 percent in coming years.

Glossary

A

Abrasion: the removal of one or more upper levels of skin due to being scraped or by the application of friction to the skin. The resulting wound can be painful since it exposes underlying tissue and nerves to air and foreign substances.

Abscess: an accumulation of pus within the tissues of the body as a result of the body's defensive resistance against an infection. White blood cells surround the infection and create the accumulation of pus. Deep infections in the body can cause serious injury to internal organs and tissues.

Acidosis: a condition in which the PH of the blood is low and there is excess acid in the body due to the depletion of alkaline or an abnormal increase in the level of acid. This is often associated with kidney and lung diseases and diabetic ketoacidosis.

Acute: sudden and relatively severe onset of a disease or disease symptoms that then subside within a short period of time. This sudden onset of symptoms can be indicative of numerous conditions and illnesses.

Adenitis: the inflammation of the lymph node or a gland. The inflammation can be indicative of several conditions including head lice, insect bites, a sore throat, an infection, and scarlet fever. The pain can be acute or low level.

Adenoids: glands commonly associated with the tonsils. The term refers to the lymphoid tissue forming the pharyngeal tonsils on the posterior wall of the nasopharynx.

Adrenal glands: located above both kidneys and consisting of the medulla and cortex sections. These endocrine glands produce hormones that include adrenaline, epinephrine, aldosterone, and cortisone. These hormones control electrolyte and fluid levels in the body and contribute to the proper levels of sex hormones.

Amblyopia: refers to reduced vision in an eye with no known or pathologic cause. The vision may be significantly worse than in the other eye and is not easily correctable.

Ambulatory: involves a person's ability to move from one place to another by walking. The term generally applies to those capable of moving themselves without significant mechanical assistance and who are not bedridden.

Anesthesia: a group of drugs known by the function of causing unconsciousness or localized numbness during medical procedures and surgery. A local or regional application causes a part of the body to be numb, usually for the purpose of minor surgery.

Aneurysm: the dilation of a vein or artery associated with the heart. The expansion or widening causes weakness in the wall of the vein or artery and an enlargement is subject to rupture.

Angioma: usually a harmless tumor that forms on the skin or in the upper skin tissues at random locations on the body. Treatment is generally for cosmetic reasons and accomplished by outpatient surgery. The cause and preventative measures are not known.

Anosmia: a condition that affects the ability to smell on either a temporary or a permanent basis. This condition may affect one or more odors or may include the entire spectrum of odors. The result is the additional loss of the ability to taste food which normally depends on the successful functioning of the olfactory receptor neurons.

Antidote: includes treatments, medicines, and other remedies that combat illness, infection, poisoning, and other adverse influences on the body. Antidotes are generally responsive to the symptoms with the goal of restoring the body to health.

Aorta: the artery that originates from the left ventricle of the heart and extends through the chest and abdomen. At this point the artery divides into the two iliac arteries that descend into the legs. This is the largest artery in the body and carries a substantial amount of oxygenated blood to the upper body organs, arms, neck, and head.



Apnea: a common sleep disturbance with serious symptoms that can be life-threatening such as extreme daytime fatigue. The two major types are obstructive and central apnea. Obstructive apnea results from relaxing muscles in the throat and central apnea is caused by the brain failing to signal appropriate muscles to breathe. Snoring is a common symptom.

Arthralgia: is a condition involving possible severe pain along a single or a group of nerves in a joint. The causes are varied and include multiple medical problems such as joint injuries, bursitis, infections, and osteoarthritis. Ross River Virus and Chronic Fatigue Syndrome are commonly associated with this condition.

Associate's Degree in Nursing (ASN): typically a two-year college degree with the goal of teaching and training nurses. Many nursing colleges require additional training that supplements the written coursework such as on-site hospital instruction and internship.

Atrophy: the process of the body's self-absorption of tissues. This condition encompasses the partial or complete withering of body parts due to malnourishment, disease, poor blood circulation, or nonuse.

Auto-transfusion: the reusing of blood from a clean site or wound that has been lost during an operation or post-operatively. It involves the collection, anticoagulation, filtration, and reusing of the same blood.

B

Bachelor's of Science in Nursing (BSN): an academic degree earned usually in four to five years that both prepares graduates to take the NCLEX, the examination required for licensure as a Registered Nurse, and to participate in a broad range of nursing roles, functions and environments.

Bile: a bitter, yellowish-green fluid produced by the liver, stored in the gall bladder, and secreted into the small intestine where it aids digestion, especially of fats.

Blood poisoning: a layperson's term for the medical condition bacteremia, the potentially life-threatening presence of bacteria in the blood. Observable symptoms include fever, chills, rapid breathing, and mental confusion. Patients deteriorate quickly and require immediate medical attention.

Bone marrow: the soft, fatty tissue that fills the inside of most bones and is responsible for producing red and white blood cells.

Botulism: a disease caused by bacteria that attacks the nervous system and which can be fatal if left untreated. The bacteria are often introduced into the human organism by improperly prepared food, but the bacteria can also be air-borne or introduced through a wound.

Bradycardia: a heart beat rate of less than 60 beats per minute in a resting adult. Symptoms include fainting, dizziness, tiring easily especially during physical activity, shortness of breath, disturbed sleep, mental confusion, and fatigue. Young adults and conditioned athletes may have heart rates of 60 beats or less per minute and not suffer from bradycardia.

Bruxism: commonly called teeth clenching or teeth grinding. Many people who suffer from bruxism do so after falling asleep. Mouth guards or splints are often prescribed to prevent damage to the teeth, jaw pain, and ear aches, and to reduce or eliminate secondary suffering from lack of sleep.

C

Cardiac: of or relating to the heart. For example, *tachycardia* is a too-fast heart rate, while *bradycardia* is a too-slow heart rate. *Myocardial* infarction is commonly known as a heart attack. *Cardiac* tamponade occurs when the membrane that surrounds the heart fills with fluid. And an *electrocardiogram* is a graph of electric conductivity across the heart muscle used to see tissue damage.

Catalepsy: a condition characterized by a lack of response of muscles to stimuli giving the appearance of muscles being "stuck." Catalepsy may be physiologically triggered, for example with Parkinson disease or as the result of ingestion or withdrawal from some medications or it may be a psychological defense response to shock. It can, in some cases, be induced through hypnosis.

Catheter: a flexible or rigid tube that is used to channel fluid into or out of an organ or vein. For example, a Foley catheter is used to drain the bladder, while a venous catheter is used to administer drugs, chemotherapy, and hydration, and for transfusions.

Certified Nursing Assistant (CNA): a designation for people who have passed the nationally recognized Nurse Assistant Competency Exam. They work under the supervision of RNs or LVNs to provide basic bedside care.

Colic: a prolonged period of crying that infants three weeks to three months old are likely to exhibit, usually at a certain time each day, and often in the evening, that is not caused by hunger or a need for diaper change. Colic is not a disease, but if it is accompanied by fever, diarrhea, vomiting, rash or other physical traits, infants should be examined by their pediatricians; for sudden onset of severe or multiple symptoms.

Colitis: an inflammation of the colon (the last section of the large intestine leading to the rectum). There are different types of this condition, some only identifiable through laboratory tests. Although the cause is still uncertain, symptoms include abdominal pain, diarrhea, constipation, and rectal bleeding.

Cyanosis: a blue coloring of the skin, lips, and fingernails due to lack of oxygen in the blood. Infants and children who exhibit this bluish color may have congenital heart defects and must be evaluated by their pediatrician. In adults, the bluish color may indicate lack of oxygen in the blood or poor circulation due to other health or lifestyle issues.

D

Desensitization: a type of treatment used to help people overcome anxiety, compulsions, and other physiological and psychological disorders by exposing them in a safe environment to face their fears or to practice new behaviors in place of their fear responses.

Devascularization: the interruption of the blood supply to a part of the body by blocking or removing blood vessels.

Dysphagia: difficulty swallowing which may be accompanied by pain in the esophagus or chest. Although anyone can suffer from this condition it is more prevalent in the elderly. Root causes may be gastro esophageal reflux disease (GERD), Parkinson's disease, stroke, trauma to the head or spinal cord, and some forms of cancer.

E

Embolism: the blockage of a vein or artery by an air bubble, blood clot or other foreign body. The result is that cells on the other side of the blockage cannot get oxygen and nutrients, and cannot have their waste removed, leading to the death of those cells, and which may ultimately lead to the death of the organism.

Enteritis: inflammation of the small intestines, usually caused by food or drink that is contaminated with bacteria or virus, although it can also be caused by Crohn's disease and certain drugs including cocaine and radiation treatments. Symptoms occur hours to days after exposure and may include abdominal pain, diarrhea, fever, dehydration, loss of appetite, and (rarely) vomiting.

Exanthem: a wide spread rash which is usually caused by a virus, but may be caused by bacteria, exposure to an irritant, or be the result of an autoimmune reaction. The rash may cover any part of the body and may be itchy or blister. Examples of these types of rashes are measles and poison ivy.

F

Fibrillation: irregular twitching of the heart, or other muscle. Atrial fibrillation occurs in the two upper chambers of the heart, while ventricular fibrillation occurs in the two lower chambers of the heart. Ventricular fibrillation can lead to sudden cardiac death, while atrial fibrillation is most often not life threatening.

G

Gastritis: the inflammation of the stomach's lining, which can cause stomach pains, indigestion, abdominal bloating, nausea, and vomiting. It can be caused by many things, including the excessive use of alcohol or non-steroidal anti-inflammatory drugs.

Gastrointestinal: the digestive system, which, in humans, is formed into a long passage that runs from the mouth to the anus. It is in this passage that food passes to be digested and absorbed, and where wastes are excreted.



H

Heart failure: the inability of the heart to pump enough blood into the body, which can cause shortness of breath, coughing, and swollen ankles. This is different than cardiac arrest, which means blood is not being pumped into the body at all, and is more likely to cause sudden death.

Hemangioma: a common, non-cancerous, tumor (or growth) on the skin that is filled with small blood vessels. They are raised and often purplish or reddish in color. Mostly, they appear at birth or shortly after birth and disappear around the age of ten.

Hematology: the branch of medicine that is concerned with blood. Hematologists work in internal medicine, physiology, pathology, clinical laboratory work, and pediatrics, and study blood, blood-forming organs, and blood diseases.

Hypertension: the common medical condition of chronic (persistent, long-lasting) high blood pressure, also known as HT. It is linked to strokes, heart attacks, heart failure, and chronic kidney disease. Even moderate HT shortens life expectancy.

Hypoxia: when the body tissues are not receiving enough oxygen. When tissue hypoxia occurs, a specific region of the body is not getting enough oxygen. With generalized hypoxia, the entire body is suffering from inadequate oxygen. Common in individuals climbing to high altitudes or participating in deep water dives.

I

Idiopathic: when a disease or condition, such as epilepsy, occurs suddenly and from an unidentifiable cause. Some medical professionals see these conditions as occurring randomly and for no bigger reason--others view them as unidentifiable because no one yet has discovered their causes.

Incontinence: the inability to control one's urine excretion or bowel movements. Sometimes the condition is chronic (persistent and long-lasting), while other times it is the result of another factor and will clear. For instance, transient (temporary) incontinence can occur when a person is suffering a urinary tract infection.

Incubate: to keep eggs, organisms, or living tissue at ideal environmental conditions (such as the ideal heat level) for growth and development to occur. In birds, it involves sitting on eggs. For humans, medical technology has expanded to include things like stem cells.



Intravenous: simply put, it means "within a vein." It is most known for Intravenous (IV) therapy, in which medicine, food, or liquids are kept in a bag and sent through a tube and a hollow needle to enter into a human vein to treat people.

Ischemia: a decrease in blood flow to an organ, tissue, or body part, caused by a blockage in blood vessels. Without adequate blood flow, the body part suffers a shortage of oxygen, glucose, and other nutrients found in blood. This leads to tissue damage.

J

Jaundice: causes yellowing in the skin and in the whites of the eyes. It occurs when bilirubin levels are high in the body. Bilirubin is the predominant orange pigment of bile, the fluid excreted by the liver.

L

Laceration: a type of wound to the body. Specifically, it is the tearing of the skin and subcutaneous (under the skin) tissues as a result of blunt impacts, such as being punched or banging the head onto another object.

Lacrimation: simply, the shedding of tears, or crying. It can be caused by emotions, extreme pain, allergies, chemical irritants, and certain diseases or disorders.

Lateral: an anatomical term that means on or towards the side of the body or a part of the body. For instance, the arms are lateral parts of the body, the ears are lateral parts of the head, and the inferior nasal conchae project from the lateral wall of the nasal cavity.

Licensed Practical Nurse (LPN): nurses who have been licensed to provide basic health care services to the sick and injured, under the supervision of a Registered Nurse (RN). To become an LPN, one needs to complete an LPN training program, which usually lasts for one year. In some states, LPNs are referred to as LVNs.

Licensed Vocational Nurse (LVN): another word for a Licensed Practical Nurse (LPN). They care for the sick and injured and are under the supervision of a Registered Nurse (RN). LVN/LPN training programs generally last for one year. Texas and California refer to these nurses as LVNs while the other states use the term LPN.

Lichen: any of several skin diseases that cause the skin to develop into hard thick lesions. Lichen skin diseases are named after lichens found on tree trunks, rocks, and bare ground, which cause crusty patches or bushy growths to appear on these surfaces.

Lingua: simply, a tongue. Specifically, a movable mass of muscular tissue located in the oral cavity (mouth) and covered with mucous membrane (a membrane that secretes mucus, a thick fluid that acts as a protective barrier and lubricant).

Lobectomy: the surgical removal of a lobe from any organ of the body, including the brain, lung, and thyroid. Lobes are the roundish, projected parts of an organ. But they also are used as ways to divide different functions of organs, such as frontal lobes and parietal lobes of the brain. Lymphatic system: a network of conduits (structures such as pipes, channels, or passages that carry fluid) that carry lymph. Lymph is the fluid found between cells of the human body that bathes and surrounds the cells.

Lymphedema: the swelling of tissue (usually in the legs) caused by retention of fluid in the lymph vessels. Lymph vessels make up a network of thin tubes that carry lymph (a clear watery fluid that bathes and surrounds the cells) into tissues all over the body.

M

Master's of Science in Nursing (MSN): an advanced degree program of study for nursing available to those who have completed their bachelor's degrees in nursing. MSN programs usually take two years to complete, and can lead to careers in advanced nursing: clinical nurse specialists, nurse anesthetists, nurse-midwives, and nurse practitioners.

MRI: Magnetic Resonance Imaging, a non-invasive medical imaging technique. It uses magnetic forces (not radiation) to capture detailed images of the body.

Myocarditis: the inflammation of the muscular tissue of the heart called myocardium (plural myocardia). Myocardia surround and power the heart.

N

Neoplasm: simply, a tumor. Specifically, it is a new growth of tissue on or in the body that serves no physiological function. These may be benign (non-cancerous) or malignant (cancerous). Malignant neoplasm must be removed, while benign neoplasm is watched and sometimes removed.

O



Obstetrics: the study of medicine concerning the care of women during and after pregnancy, and care of their unborn children.

Occiput: the anatomical term for the back (posterior) part of the head. Trauma to this part of the head can lead to a rare but serious head injury called basilar skull fracture, or the fracture of the base of the skull, which can lead to meningitis (the inflammation of brain membranes and spinal cord).

Ostomy: a surgical opening in the skin to allow for the drainage of urine, the elimination of waste (such as from the intestines), or for the passage of air. For this, a catheter is used. A catheter is a hollow flexible tube inserted through the opening of the skin to a body cavity, duct, or vessel.

P

Paracentesis: a medical procedure in which a needle is inserted into a body cavity, most often the peritoneal cavity in the abdomen, in order to drain fluid from the cavity. It is used for many reasons, including to relieve abdominal pressure from ascites (an accumulation of abdominal fluid) and to diagnose metastatic cancer (the spread of cancer from one organ to another).

Paroxysm: a violent attack: either a rapid onset or a recurrence of symptoms, or the increased intensity of symptoms, of a disease. For instance, the onset of fever, chills, and sweats in a person suffering malaria.

Perforation: an abnormal hole in a hollow organ, such as the bowel (intestine), caused by rupture or injury. A perforated bowel causes the waste of the bowels to spill into the otherwise sterile abdominal cavity. Most of the time this spillage requires surgery to wash out the abdomen.

Q

Quadriplegia: the partial or total loss of the use of all a person's limbs (legs and arms), resulting from an injury that damages the brain or spinal cord. Most of the time, quadriplegics lose both sensation and bodily control (such as of bowel movements). Quadriplegia is otherwise known as tetraplegia.

Quarantine: isolation of a patient carrying a dangerous contagious disease. While in definition quarantine can be voluntary or not, the term is most often associated with enforced isolation. The practice began in the 14th century to protect coastal cities from plague epidemics. Today a list of quarantineable diseases is enforced by Executive Order, and includes cholera, smallpox, and SARS.

Quickening: when a pregnant woman first feels the movement of her fetus, usually between sixteen and twenty weeks of pregnancy. It is often described as feeling like the fluttering of a butterfly.

R

Radiology: the use of imaging technology to diagnose or treat disease. Imaging technology--including radiation, ultrasound, X-rays, computerized tomography (CT), and magnetic resonance imaging (MRI)--captures images of the internal body.

Registered Nurse (RN): health care providers who treat patients, educate the public about health, and offer advice to patients' family members. Many RNs have their bachelor's degrees, and most (60 percent) work in hospitals. RNs also oversee Licensed Practical Nurses (LPNs), who provide more basic medical care to patients.

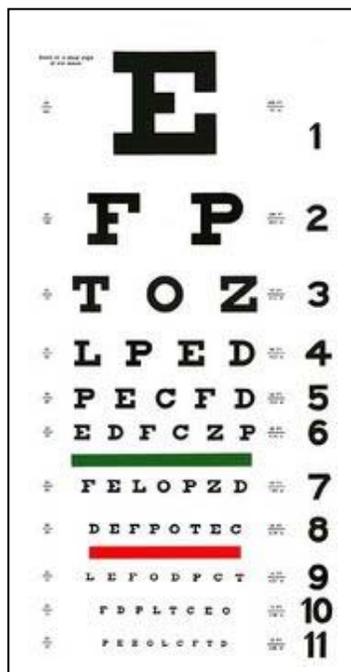
Regurgitation: the backward flow of a fluid, especially refers to liquid or food flowing back up into the mouth, or to blood flowing backward through a damaged heart valve.

S

Sclerosis: hardening or stiffening of tissues, due to growth of fibrous tissue or an increase in interstitial tissue (as in multiple sclerosis); a disease characterized by sclerosis. The term is used in compound names of various specific conditions.

Scotoma: specific vision impairment, a blind or impaired spot in an otherwise relatively normal visual field.

Sensorium: the part of the brain concerned with sensory reception, processing, and interpretation. Sensorium enables the brain to perceive sensation; a state of sensory consciousness--collective cognitive and intellectual functions.



Sepsis: a response to infection, particularly caused by bacterial infection, characterized by fever and other symptoms including elevated white blood cell count; the infected condition itself, systemic inflammatory response syndrome.

Snellen's Chart or snellen chart: the familiar vision test of black letters in various sizes, on a white background, measuring vision at various distances, developed by Hermann Snellen, a Dutch ophthalmologist.

Speculum: an instrument inserted into a body passage to hold open that passage for purpose of examination, medication, or removal of a sample from the passage.

Stenosis: a stricture, an abnormal constriction or narrowing of the diameter of a bodily orifice or passageway, often a blood vessel.

Stridor: an abnormal and harsh sound heard during respiration, usually inspiration, in cases of obstruction of an upper air passage such as the throat or voice box, often indicative of a medical emergency.

Superinfection: a secondary infection caused by an agent that is immune to the antibiotics used to treat for the initial infection, occurring during the course of the initial infection.

T

Tendinitis: inflammation of a tendon (the tissue which attaches muscle to bone), characterized by tenderness, pain and limitation of movement.

Tetany: a condition associated with calcium imbalance, including spasms of the muscles and the larynx, cramps, and abnormal sensations.

Toxemia: the presence of toxic substances in the blood due to absorption of toxins from infection, or the dissemination of other toxic substances such as by-products of protein metabolism.

Transfusion: the transference of blood or a blood component to an artery or vein to someone who has lost blood, such as from surgery or accident.

Tussis: a cough, a violent expulsion of air, a defense reflex, typically to clear the lung airways of mucus, fluid, or other substance.

U

Urogenital: the system having to do with the functions of excretion or reproduction, or with genitals, internal or external; the genitourinary system.

V

Vaccine: a preparation that includes an agent made from a living, weakened, or killed microorganism administered to produce resistance or to increase resistance to a particular disease--a biological preparation giving or increasing immunity to a specific disease.

Vasoconstriction: narrowing of the cavity of a blood vessel, the contracting of the muscular walls of those vessels, especially as a result of vasomotor disorder.

W

Withdrawal: the abrupt discontinuance of use of a medicinal or recreational drug; the symptoms associated with that discontinuance. Also can mean a retreat from reality, as in schizophrenia.

Y

Yellow fever: an acute viral infection characterized by fever, jaundice, headache, and vomiting, and transmitted by the bites of infected mosquitoes, occurring in South American and Africa.

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Appendix

[AdvanceWeb-Nursing](#), Empathy vs. Emotional Reasoning in Nursing by Michael C. LaFerney, PhD (Jul 08, 2009)

[All Nurses](#), Coping with Death / Dying

[All Nurses](#), Nurses Who Work the Day Shift

[All Nurses](#), Switching to Night Shift?

[All Nurses](#), Wake up...Are you in pain?

[American Medical Association](#), AMA Glossary of Medical Terms

[Bella Online](#), Night Shift Challenges by Julie Reeser, RN

[Bureau of Labor Statistics](#), Licensed Practical and Licensed Vocational Nurses, Occupational Wages

[Bureau of Labor Statistics](#), Licensed Practical and Licensed Vocational Nurses

[Bureau of Labor Statistics](#), Registered Nurses, Occupational Wages

[Bureau of Labor Statistics](#), Registered Nurses

[CNN](#), Nursing: the Recession-Proof Job Market by Aaron Smith (Mar 26, 2008)

[El Paso Times](#), Nurse at University Medical Center finds job uplifting (Nov 24, 2009)

[First Year Nurse: Wisdom, Warnings, and What I Wish I'd Known My First 100 Days on the Job](#) by Barbara Arnoldussen

[Hospice Patients](#), Hospice Patients Alliance: Tips on Bedside Care

[The Hospitalist](#), Round Up Staff for Better Rounds by Barbara Dillard (Sep 01, 2008)

[HHR Chair](#), Nurse-Physician Relationships: Solutions and Recommendations for Change

[Maxim Nurses](#), How Nurses Cope with Patient Mortality Program

[Mayo Clinic](#), Nursing Orientation

[Mayo Clinic](#), Terminal illness: Interacting with a terminally ill loved one by Mary E. Johnson (Apr 04, 2008)

[MedicineNet](#)

[Medline Plus](#), Medline Plus: Medical Dictionary

[Monster](#), Is Nursing Really Recession-Proof? by Georgia Price

[Monster](#), Tips for a Smooth Nursing Shift Change by Heather Stringer

[Mosby's Dictionary of Medicine](#), Nursing and Health Professions

[Motlow State Community College](#), What Nurses Need to Know About HIPAA by Marian Stewart

[New York Times](#), Doctors and Nurses, Still Learning by Theresa Brown, R.N. (Apr 29, 2009)

[Nurse Week](#), Eyes Wide Open by Ellen Carr, MSN, RN (May 14, 2001)

[Nurse Week](#), Lessons of Loss

[Nurse Together](#), New Job, Nurses? Tips for a Smooth Transition by Marijke Durning

[Nursing Times](#), Nurses spot doctors' prescribing mistakes to prevent lethal errors, says research

[Pain Relief Coach](#), Ten Ways to Show Empathy While Listening by Rebecca Rengo (Mar 25, 2008)

[Reality RN](#), Advice for New Nurse Surprises by Dr. Cece Gatson Grindel

[Reality RN](#), Caring for the Emotionally Needy Family by Kathy Quan, RN, BSN, PHN

[Reality RN](#), The Doctor-Nurse Drama

[Reuters](#), U.S. healthcare system pinched by nursing shortage by Will Dunham (Mar 08, 2009)

[Science Daily](#), Dying Patients Give Researchers New Insights On Care Of Terminally Ill

[Studer Group](#), Effects of Nursing Rounds on Patients' Call Light Use, Satisfaction, and Safety by Christine M. Mead, PhD; Amy L. Bursell, PhD; and Lyn Ketelsen, MBA, RN (Sep 01, 2006)

[University of California-Davis](#), Nursing Orientation

[University of Iowa](#), Staff Orientation

[U.S. Department of Health and Human Services](#), Nursing Education Loan Repayment

[World Health Organization](#), Care for the Dying Patient and the Family

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