## Content/Concept Map: **Respiratory Syncytial Virus (RSV)**

### I. Content

<table>
<thead>
<tr>
<th>Anatomy/Physiology</th>
<th>RSV bronchiolitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacology:</td>
<td><strong>Home Meds:</strong></td>
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<td></td>
<td><strong>Medical Management:</strong></td>
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<tr>
<td>Diagnostic/Labs:</td>
<td>AP/Lateral Chest x-ray RSV Antigen test Complete blood cell count (CBC)</td>
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<tr>
<td>Priority Lab Emphasis: (Lab Planning)</td>
<td>RSV antigen</td>
</tr>
<tr>
<td>Dosage Calculation:</td>
<td>Albuterol nebulizer 8.2 kg/0.1 mg/kg</td>
</tr>
<tr>
<td>Nursing Priorities:</td>
<td><em>Impaired gas exchange resulting in moderate respiratory distress</em> <em>Ineffective airway clearance as a result of increased nasal secretions</em></td>
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<tr>
<td>Medical Management Priorities:</td>
<td>AP/Lat Chest xray RSV Antigen test Albuterol updraft now Feverall suppository now CBC</td>
</tr>
<tr>
<td>Priority Setting: Which orders do you implement first and why?</td>
<td>AP/Lat Chest xray RSV Antigen test Albuterol updraft now Feverall suppository now CBC</td>
</tr>
<tr>
<td>Patient Education &amp; Discharge Planning:</td>
<td><em>Need for mother to avoid exposing children to second hand smoke</em> <em>Reinforce nasal suctioning technique</em></td>
</tr>
</tbody>
</table>

### II. Concepts (in order of emphasis)

- I. Gas Exchange
- II. Infection
- III. Thermoregulation
- IV. Stress
- V. Clinical Judgment
- VI. Patient Education
- VII. Communication
- VIII. Collaboration

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III. **NCLEX Client Need Categories**

I. Safe and Effective Care Environment
   a. 20%–Management of Care
      i. Providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others, and healthcare personnel
         1. Establish priorities
         2. Collaboration w/treatment team
         3. Advocacy

II. Health Promotion & Maintenance:
   i. 9%–The nurse provides and directs nursing care of the client and family/significant others that incorporates knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.
      1. Disease prevention
      2. Physical assessment
      3. Client education

III. Psychosocial Integrity:
   i. 9%–Nurse provides care that promotes and supports the emotional, mental, and social well-being of the patient and family who are experiencing stressful events.
      1. Coping mechanisms
      2. Therapeutic communication
      3. End of life care

IV. Physiologic Integrity
   a. 15%–Pharmacological & Parenteral Therapies:
      i. Providing care related to the administration of medications and parenteral therapies
         1. Expected actions, adverse/side effects
         2. Medication administration
         3. IV therapies
         4. Dosage calculation
   b. 12%–Reduction of Risk Potential:
      i. Reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures
         1. Changes in VS
         2. Diagnostic tests
         3. Lab values
         4. System specific assessments
         5. Potential for alterations in body systems
   c. 13%–Physiological Adaptation:
      i. Managing and providing care for clients with acute, chronic, or life threatening health conditions.
1. Pathophysiology
2. F&E imbalances
3. Medical emergencies

IV. QSEN Skills
   I. Patient-centered Care
      a. Implementation of care plan and evaluation of care
      b. Provide patient-centered care with sensitivity and respect for the diversity of human experience
      c. Assess presence and extent of pain and suffering. Assess levels of physical and emotional comfort
      d. Elicit expectations of patient & family for relief of pain, discomfort, or suffering
      e. Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs

II. Evidence-based Practice
    a. Base individualized care plan on patient values, clinical expertise and evidence

III. Teamwork and Collaboration
    a. Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care (SBAR). Assert own position/perspective in discussions about patient care