Clients have the right to make decisions about their care based on complete information about the procedure, which includes the benefits and risks. Therefore, it is important for the nurse to make sure the consent form is signed by the client prior to initiating the blood administration. The client is alert and oriented. Therefore, her sister does not have the legal authority to sign the consent form for her.

#### INCORRECT

#### Scenario

Nurse Eather is ready to administer the first unit of packed RBCs.

#### Question

Identify the correct sequence of actions for blood administration after Nurse Esther performs hand hygiene and applies gloves. (Reorder the steps by dragging them into the desired sequence.)

#### Selected Option

1.Spike and prime the Y-set tubing with the 0.9% sodium chloride solution. 2.Attach the tubing to the IV catheter and begin to infuse the 0.9% sodium chloride solution. 3.Gently retate the bag of packed RBCs. 4.Turn off the 0.9% sodium chloride solution. 5.Attach the packed RBCs bag to the Y-set tubing. 6.Begin to infuse the packed RBCs.

#### Rationale

The first action the nurse should do is insert one of the spikes of the Y-set into the 0.9% sodium chloride solution bag, prime the tubing with the 0.9% sodium chloride solution, and start slowly infusing the solution into the client's IV. Next, the nurse should gently rotate the bag to mix the blood cells with the plasma. Then, the nurse should spike the blood bag with the remaining spike on the Y-set tubing and turn off the 0.9% sodium chloride solution by closing the clamp. Lastly, the nurse needs to open the clamp to allow the blood to infuse.

#### BEST ANSWERBest Decision

#### Scenario.

Ms. Lieberman is restless, her face is flushed, and she reports having a headache.

#### Question.

Nurse Esther notes Ms. Lieberman is restless, her face is flushed, and she reports having a headache. Her vital signs include: temperature 38.8° C (101.8° F), pulse 96/min, respirations 22/min, and BP 103/60 mm Hg. Which of the following is an appropriate action for Nurse Esther to take?

#### Selected Option

Stop the blood transfusion.

#### Rationale.

In the presence of a febrile reaction, the client's blood is sensitive to some component of the donor's blood. To prevent further exposure to the sensitizing component, the transfusion should be stopped immediately.

#### Essay Response

#### Scenario

Using an SBAR format, write the information Nurse Esther should give to Ms. Lieberman's provider when calling about her response to the blood. Refer to the EMR documents for needed information.

#### Owners things

Using an SBAR format, write the information Nurse Esther should give to Ms. Lieberman's provider when calling about her response to the blood. Refer to the EMR documents for needed information. (Enter your response, then click on the submit button at the bottom of the screen. Compare your response to the one provided.)

#### Selected Option

#### Sbar

#### Rationale

The following information should be shared with Ms. Lieberman's provider when calling about her response to the blood. Situation: Dr. McGuire, this is Esther - RN. I am taking care of Ms. Lieberman in room 5206. She is a 36-year-old client admitted from the ED today for a Gl bleed. She's had one unit of packed RBCs and part of the second unit of blood. I stopped the second unit because I believe she is having a transfusion reaction. Her baseline temperature was 98.6 and is now 101.8. Ms. Lieberman reports having a headache, chills, and is restless. She does not have any evidence of a rash at this time. Background: Ms. Lieberman has a history of Crohn's disease and intermittent gastritis. Six months ago she had an ileostomy and started on infliximals IV every 8 weeks. Her last infusion was 7 weeks ago. Assessment: Her hemoglobin was 7 g/dL and her hematocrit was 21% in the ED. When she arrived to the medical surgical unit, her BP was 94/56 and her pulse 110, but now her BP is 110/70 and her pulse is 110. At

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#### Table of Contents Ati Real Life Gi Bleed

- 1. Understanding the eBook Ati Real Life Gi Bleed
  - The Rise of Digital Reading Ati Real Life Gi Bleed
  - Advantages of eBooks Over Traditional Books
- 2. Identifying Ati Real Life Gi Bleed
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Ati Real Life Gi Bleed
  - User-Friendly Interface
- 4. Exploring eBook Recommendations from Ati Real Life Gi Bleed
  - Personalized Recommendations
  - Ati Real Life Gi Bleed User Reviews and Ratings
  - Ati Real Life Gi Bleed and Bestseller Lists
- 5. Accessing Ati Real Life Gi Bleed Free and Paid eBooks
  - Ati Real Life Gi Bleed Public Domain eBooks
  - Ati Real Life Gi Bleed eBook Subscription Services
  - Ati Real Life Gi Bleed Budget-Friendly Options

- 6. Navigating Ati Real Life Gi Bleed eBook Formats
  - o ePub, PDF, MOBI, and More
  - Ati Real Life Gi Bleed Compatibility with Devices
  - Ati Real Life Gi Bleed Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Ati Real Life Gi Bleed
  - Highlighting and Note-Taking Ati Real Life Gi Bleed
  - Interactive Elements Ati Real Life Gi Bleed
- 8. Staying Engaged with Ati Real Life Gi Bleed
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - o Following Authors and Publishers Ati Real Life Gi Bleed
- 9. Balancing eBooks and Physical Books Ati Real Life Gi Bleed
  - Benefits of a Digital Library
  - o Creating a Diverse Reading Collection Ati Real Life Gi Bleed
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine Ati Real Life Gi Bleed
  - Setting Reading Goals Ati Real Life Gi Bleed
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Ati Real Life Gi Bleed
  - Fact-Checking eBook Content of Ati Real Life Gi Bleed
  - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
- 14. Embracing eBook Trends
  - Integration of Multimedia Elements

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