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Introduction to Adult Health Nursing

Adult Health Nursing

Concept, definition, scope, principles and objectives of adult health nursing; role and responsibilities of medical-surgical nurses; nursing process and holistic patient care.

For educational purposes only.

CHAPTER 01 / ADULT HEALTH NURSING 01. Introduction to Adult Health Nursing

1. Concept and definition

Adult health nursing is the specialized nursing care of adults experiencing actual or potential medical and surgical health problems. It extends from prevention and early diagnosis to acute treatment, rehabilitation and end-of-life support. Medical-surgical nursing applies this knowledge in wards, clinics, operation theatres, critical care and community follow-up.

2. Scope and objectives

- Promote health, detect risk factors and prevent complications of illness or treatment.
- Restore physiological stability, relieve suffering and promote independence in activities of daily living (ADLs).
- Provide safe medication administration, perioperative preparation, wound care, monitoring and patient education.
- Coordinate care with physicians, pharmacists, dietitians, physiotherapists, social workers and families.

3. Principles of patient-centred care

Principle	Application in medical-surgical nursing
Dignity and autonomy	Explain options, obtain appropriate consent and respect informed preferences.
Individualization	Consider health history, cognition, culture, language, functional status and resources.
Safety	Identify patients with two identifiers, verify orders, use aseptic techniques and escalate deterioration.
Evidence-based practice	Combine research evidence, clinical expertise and patient preferences.
Continuity	Coordinate transfer, medication reconciliation and discharge follow-up.

4. Nursing process (ADPIE)

1. 1. Assessment: collect subjective symptoms, objective vital signs, physical findings, medicines, allergies and psychosocial history.
2. 2. Diagnosis: identify nursing responses to health conditions, such as acute pain or impaired gas exchange, rather than naming the disease as the nursing diagnosis.

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3. 3. Planning: prioritize life-threatening problems, then establish specific measurable patient-centred outcomes.

4. 4. Implementation: deliver authorized independent, prescribed and collaborative interventions; document actions.

5. 5. Evaluation: compare outcomes with the baseline and revise the plan.

5. Clinical reasoning and holistic care

Use ABCDE (airway, breathing, circulation, disability, exposure) for acute deterioration. Include sleep, nutrition, elimination, mobility, cognition, family support, spiritual needs and emotional distress in a comprehensive assessment. SBAR (situation, background, assessment, recommendation) structures escalation and handover. For a postoperative adult with increasing respiratory effort and confusion, first assess oxygenation and circulation, call for assistance, initiate indicated measures and reassess; routine paperwork can wait.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

6. Important Examination Questions

Long Answer Questions

1. 1. Explain the scope, principles and roles of an adult health nurse.

Short Answer Questions

1. 1. Describe ADPIE
2. 2. explain holistic care
3. 3. write a note on SBAR.

Very Short Answer Questions (with answers)

1. 1. What is ADPIE? - Assessment, diagnosis, planning, implementation, evaluation.
2. 2. What does ABCDE prioritize? - Immediate threats to life.

7. Quick Revision

- Adult health nursing spans the full continuum.
- Nursing diagnoses describe human responses.
- Reassessment and escalation are essential.

8. Conclusion

Adult health nursing spans the full continuum. Nursing diagnoses describe human responses. Reassessment and escalation are essential.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

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1. Which information belongs in the assessment stage of ADPIE?

A. Symptoms, vital signs, allergies and health history

B. Comparison of achieved outcomes with the baseline

C. Selection of measurable patient outcomes

D. Delivery of prescribed interventions

2. Which nursing diagnosis best describes a human response to illness?

A. Pneumonia

B. Impaired gas exchange

C. Myocardial infarction

D. Appendicitis

3. An adult becomes acutely confused with increasing respiratory effort. What should guide the initial assessment?

A. A detailed nutritional intake history

B. A complete skin-integrity survey

C. ABCDE assessment of immediate threats

D. A routine discharge mobility assessment

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Answer key and explanations

1. A - Symptoms, vital signs, allergies and health history

Assessment gathers subjective and objective information before planning care.

2. B - Impaired gas exchange

Nursing diagnoses identify patient responses such as impaired gas exchange rather than naming the disease.

3. C - ABCDE assessment of immediate threats

ABCDE prioritizes airway, breathing, circulation and other immediate threats during deterioration.

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