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Rehabilitation Nursing

Medical Surgical Nursing

Principles of rehabilitation, physical and psychological rehabilitation, activities of daily living, assistive devices, disability management and community reintegration.

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CHAPTER 24 / MEDICAL-SURGICAL NURSING 24. Rehabilitation Nursing

1. Rehabilitation concept

Rehabilitation optimizes functioning and participation in people with health conditions and disabilities. Assess impairments, activity limitations, participation, goals, environment and caregiver resources. ICF framework emphasizes interaction between health condition and contextual factors.

2. Rehabilitation process

1. 1. Establish baseline mobility, cognition, communication, self-care and pain.
2. 2. Set shared SMART goals (e.g., transfer safely with one-person assistance by discharge).
3. 3. Provide interdisciplinary therapy: physiotherapy, occupational therapy, speech/swallow care, nursing, psychology and social work.
4. 4. Prevent secondary complications, teach assistive devices and home modifications.
5. 5. Evaluate function, adjust and coordinate community reintegration.

3. Disability support

Use person-preferred language and accessible communication. Promote ADLs (feeding, bathing, dressing, toileting, transfers) and instrumental ADLs (shopping, medicines, finances). Avoid unnecessary dependence. Ensure pressure injury prevention, fall risk assessment, bowel/bladder plan, nutrition, sexuality and caregiver training. Use prostheses, orthoses, walkers and wheelchairs after assessment and fitting.

4. Palliative care

Palliative care improves quality of life for people with serious illness and families through relief of physical, psychological, social and spiritual suffering. It can begin at diagnosis and accompany disease treatment; hospice focuses on end-of-life support according to service eligibility.

Symptom	Nursing approach
Pain	Assess PQRST and function, administer prescribed multimodal analgesia, reassess and monitor toxicity.
Breathlessness	Position, airflow/fan when appropriate, calm communication, oxygen for indicated hypoxaemia and prescribed symptom therapy.
Nausea/constipation	Assess cause, provide prescribed antiemetic/bowel regimen, hydration and mouth care as appropriate.
Delirium/agitation	Assess reversible causes and goals, provide calm environment and authorized treatment.

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Fatigue/anorexia	Energy conservation, comfort-focused nutrition, avoid forcing food near dying.

5. End-of-life care

Clarify patient preferences and legally applicable decisions through the clinical team. Discuss expected changes (reduced intake, sleep, breathing pattern) sensitively, maintain mouth/skin care, privacy, comfort and family support. Do not equate withholding non-beneficial treatment with abandoning care. Document symptom interventions and decisions; provide bereavement support and culturally respectful after-death care per law/policy.

6. Important Examination Questions

Long Answer Questions

1. 1. Explain rehabilitation principles and palliative nursing management.

Short Answer Questions

1. 1. Differentiate ADL and IADL
2. 2. describe symptom control
3. 3. write a note on family support.

Very Short Answer Questions (with answers)

1. 1. Is palliative care only for the last days of life? - No.
2. 2. What is ICF? - International Classification of Functioning, Disability and Health.

7. Quick Revision

- Rehabilitation is goal-directed.
- Palliative care can accompany curative therapy.
- Respect autonomy and comfort.

8. Conclusion

Rehabilitation is goal-directed. Palliative care can accompany curative therapy. Respect autonomy and comfort.

Practice questions

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

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1. Which rehabilitation goal is specific, measurable and time-bound?

A. Transfer more independently when convenient

B. Improve self-care over time

C. Increase walking as much as possible

D. Transfer safely with one-person assistance by discharge

2. When should walkers, wheelchairs, orthoses or prostheses be used?

A. After assessment and fitting

B. Before any assessment of function

C. Only after every impairment has resolved

D. Without instruction if they are available

3. What interaction does the ICF framework emphasize?

A. Only the disease label and laboratory result

B. The health condition and contextual factors

C. Only muscle strength and bone density

D. Only hospital length of stay and cost

4. A patient recovering from stroke can complete part of dressing with supervision. Which plan best supports rehabilitation?

A. Perform every task without allowing participation

B. Withhold all assistance regardless of safety

C. Encourage safe participation with appropriate assistance and achievable goals

D. Set goals without considering the patient's priorities

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Answer key and explanations

1. D - Transfer safely with one-person assistance by discharge

A shared SMART goal names the task, assistance level and target time.

2. A - After assessment and fitting

Assistive devices should be selected and fitted after assessment.

3. B - The health condition and contextual factors

The ICF places functioning in the context of the person's health condition and surrounding factors.

4. C - Encourage safe participation with appropriate assistance and achievable goals

Rehabilitation promotes maximum safe independence. Graded participation, individual goals and appropriate support are more useful than either total substitution or unsafe withdrawal of assistance.

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