

# Nursing evidence based practice paper research paper

[Health & Medicine](#), [Disease](#)



**ASSIGN  
BUSTER**

## **Nurse Responsibilities**

A nurse is a medical professional who focuses on taking care of sick individuals so that they can return to or improve their optimal health status (Philip, 2003). Unlike other medical professionals, a nurse has a lot of responsibilities. Some of a nurse's main responsibilities include promotion of health, reducing the risks of a disease or treatment, and control of the spread of a disease. Sure there are a lot more responsibilities that a nurse has to fulfill (it may even vary from country to country) but this paper will only focus on these three.

## **Health Promotion**

Nurses are considered members of the primary healthcare team. Primary healthcare refers to the type of healthcare that focuses more on the prevention of a disease. Therefore, it is one of their responsibilities to provide health-related educational activities and other type of activities that aim to promote the health of an individual or a whole community (Whitehead, 2000). Most of the time, such activities are done for a community—this is the reason why there are community-based nurses. A Community-based nurse is a nurse that monitors and handles the health of the whole community.

## **Risk Reduction**

Indeed, risk reduction is a part of a nurse's major responsibilities. In this process, the nurse applies his skills in patient examination. He examines the patient's lifestyle, behavior, current health status, nutrition, levels of physical

activity and other variables that may affect a patient's susceptibility to a disease. Most of the time, the nurse only employs basic or superficial principles in examining the patient because some of the job aspects described above could be more effectively done by other medical professionals such as a psychiatrist or a physical therapist (Peniman, 2005).

## **Disease Management**

Aside from doctors, nurses are considered as the first line of defense whenever there are disease outbreaks. They take care of the patients, they attend to their medical and healthcare needs and most importantly, they prevent the spread of disease, especially if it is proven to be contagious.

## **The Use of Evidence Based Practice in Nursing Practice**

Evidence-based practice is the use of current and best evidences in practicing a profession, usually in medicine and health-related professions (Mercer, 2007). EBPT was originally used only in the field of medicine until other medical practitioners started using the best and current evidence in their respective fields. This is the reason why we have another branch of EBPT called Evidence-Based Nursing. In Evidence-Based Nursing, the nurse simply looks for the latest updates in nursing practice and decides whether he will apply it to his practice or not.

Some examples of the benefits of using EBPT in nursing include improved patient outcomes and an updated knowledge and skills set. In EBPT, the nurse is basically relying on proven and tested information about a particular case related to nursing. For example, if a nurse wants to know “ what's the

best patient transfer technique to use in an emergency room setting”, he could simply look for a study with an appropriate type of methodology that could prove the effectiveness of a certain patient transfer technique in an emergency room setting. Then the nurse could decide whether he will apply the evidences he got from his research to his practice or not.

Some nurses simply look for journals, periodicals, and published studies relating to a particular case that they want to know more about. Then they use such resources to gather evidences. That way, their knowledge and skills will be updated and error occurrences could be greatly minimized.

## **Cystic Fibrosis**

Cystic Fibrosis is a life-threatening disease. It usually targets the mucus-secreting organs of the body such as the lungs, stomach and the pancreas. The air canals and the digestive tract can also be affected. Cystic Fibrosis could be described as the abnormal accumulation of thick and usually viscous fluid in the lungs and other mucus-secreting organs in the body.

Cystic Fibrosis could be life-threatening because it can almost completely block the passage of air and food in the body, significantly decreasing the ventilation capacity of the lungs. The individual with CF could suffer from suffocation if subjected to such conditions. In rare cases, Cystic Fibrosis could also exist in the sweat glands and inside a man’s reproductive organs and ducts. The reason why there is an abnormal accumulation of thick and sticky mucus in a Cystic Fibrosis patient’s organs is a defective or a CF gene.

## **The Nursing Process for Patients with Cystic Fibrosis**

Patients with cystic fibrosis are often confined to hospitals and the first medical professionals that get a hands-on experience on these patients are nurses. It's part of a nurse's job to assess and diagnose the patient's current condition, program and implement a plan of care and lastly, evaluate the effects of such to the patient and to determine whether the efforts exerted and the resources expended were worth it or not.

A nurse usually assesses a cystic fibrosis patient by conducting simple physical examinations on different regions of the body (e. g. lungs, chest, heart, extremities, skin, etc.). In cystic fibrosis, the most commonly assessed part of the body is the skin. Next comes the diagnosis part. Nurses often use basic (mostly inspections through inspection and palpation) examination procedures in ruling out CF. It is classic for a patient with CF to have the “kiss of salt (a salty taste upon kissing a person's skin)” characteristic. The nurse may also check for the vital signs of the patient from time to time for baseline purposes.

Usually, a nurse's plan of care will be based on the diagnosis and prescription of the doctor. It's part of the nurse's responsibility to ensure that the physician's prescription will be carried out. The nurses may include proper draping, vital signs checking, bed positioning and bed transferring in his plan of care. The implementation part is simply the part where the nurse executes what he has decided to include in his plan of care. In this part, her usual tasks include administering drugs, injections, adjusting the patient's catheter, checking of vital signs and most importantly, preventing or treating

infections. These could all be included in a nurse's plan of care for patients with CF.

The last phase is the evaluation. In this part, the nurse simply evaluates whether the past treatments and procedures done to improve the condition of the patient were effective or not. The nurse often works with other medical professionals in evaluating a patient because some variables often lie outside the scope of his practice.

## **Cystic Fibrosis in Adults**

The pathophysiology and etiology of Cystic Fibrosis between children and adult patients is the same. CF patients are usually diagnosed by the age of 2 but patients can also be diagnosed with Cystic Fibrosis in their adolescent or even adult stages. Sweat Chloride Test is one of the most common CF tests. This test is done to check for the level of salt in an adult's sweat. If the results show high salt levels, then that patient could be positive to CF (Abbott & Gee, 2008).

Adults that have been diagnosed with Cystic Fibrosis generally will have to suffer from more severe effects of the disease, according to Towns and Bell's (2011). Although early diagnosis cannot guarantee a total relief, it will of course be easier for the medical team to treat an earlier-diagnosed patient with Cystic Fibrosis.

The researchers (Towns and Bell, 2011) were also able to document increased occurrences of complications among adults with Cystic Fibrosis of the lungs. Some complications they were able to note are prolonged shortness of breath and other CF treatment-related complications. The

researchers recommended the use of a categorized Cystic Fibrosis treatment approach between pediatric, adolescent and adult Cystic Fibrosis patients. However, there is an existing problem here. Since we only have pediatric and adult type of health care services, some are being confused as to how they will classify adolescents with CF. In the end, the researchers have concluded that adolescents with CF should be given the same health care services that adults receive due to developmental factors (Towns and Bell, 2011). Adult CF patients are often treated using conservative procedures. Patients are advised to maintain a balanced diet and promote excellent nutrition. Medication is also an important treatment procedure for adults to prevent infections.

### **Cystic Fibrosis among Kids**

The pathophysiology and etiology of the disease is similar with adults—that is, a pathologic deposition of thick and sticky mucus in a patient's organs, ducts or both. Kids who are more or less than 2 years old are the ones often diagnosed with CF. Some newborns may also be diagnosed through a standard newborn testing procedure called Immunoreactive Trypsinogen Test (IRT) (Cirdei, Diaconu, & Anton, 2011).

Immunization is a common line of defense for kids with CF. Respiratory therapy is also a proven treatment for CF. The effectiveness of this therapy was verified by Wong (2007). The primary objective of the therapy is to delay the deterioration of the kid's lungs and airways. Some types of medications usually used in the therapy include bronchodilators (enlarges the airways), DNase and Mucolytic (drugs used to thin the mucus).

## Conclusion

The etiology and symptoms-producing mechanisms of Cystic Fibrosis is almost identical between the adult and child population. However, the diagnostic procedures used to rule out CF in adults and kids are not all the same. Children are usually diagnosed with ITR while adults are usually diagnosed by testing the salt levels in their sweats. The treatment procedure being employed to these two age groups are also different. Older patients are often treated using drugs and proper nutrition while younger patients are often treated through respiratory therapy.

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