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1. A guardian calls the clinic nurse after his child has developed symptoms of varicella and asks when his child will no longer be contagious. Which of the following responses should the nurse make? a. When your child no longer has a fever. b. Three days after the rash started. c. Six days after lesions appear if they are crusted. The nurse should inform the guardian that a ...

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This concise, user-friendly text/study guide/CD-ROM package is designed to present students with a streamlined view of contemporary nursing pharmacology. Ideal when used as a companion to a handbook of current drug information, the text reviews previously-learned knowledge of physiology and pathophysiology and integrates it with the fundamentals of pharmacology to help readers understand and retain need-to-know information about each group of drugs discussed. A combination of line art, graphics, and comparative tables makes complex concepts easy to visualize and understand. A Study Guide is included at the back of the text. The CD-ROM, containing more than 700 drug monographs, is a reliable source for specific drug detail, as well as hyperlinks to relevant websites.

Health care systems worldwide are faced with the challenge of improving the quality of care. Providing evidence from health research is necessary but not sufficient for the provision of optimal care and so knowledge translation (KT), the scientific study of methods for closing the knowledge-to-action gap and of the barriers and facilitators inherent in the

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process, is gaining significance. Knowledge Translation in Health Care explains how to use research findings to improve health care in real life, everyday situations. The authors define and describe knowledge translation, and outline strategies for successful knowledge translation in practice and policy making. The book is full of examples of how knowledge translation models work in closing the gap between evidence and action. Written by a team of authors closely involved in the development of knowledge translation this unique book aims to extend understanding and implementation worldwide. It is an introductory guide to an emerging hot topic in evidence-based care and essential for health policy makers, researchers, managers, clinicians and trainees.

Promotes verbal and written communication strategies that nurses can use to effectively meet the individualized needs of an increasingly diverse patient population in an effort to enhance patient-provider communication across the entire continuum of care.

Dietary reference values (DRVs) for energy are based on estimating the total energy expenditure (TEE) for groups of people. TEE provides a measure of the energy requirement at energy balance i.e. when energy intake matches energy expenditure. The methodology to measure TEE - the doubly labelled water (DLW) method - has advanced and as a result, the evidence base on TEE in a wide variety of population groups has expanded considerably. With the high levels of overweight and obesity currently seen in the UK and the wealth of new data now available, it was considered timely for the Scientific Advisory Committee on Nutrition (SACN) to review recommendations for the UK population. This report details the evidence and approaches SACN have considered

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in order to update the DRVs for energy. SACN chose a prescriptive approach to estimating energy reference values; suitable reference body weight ranges consistent with long-term good health were used to calculate energy reference values. Thus, basal metabolic rate (BMR) values were predicted using healthy reference body weights. Using this approach, if overweight groups consume the amount of energy recommended for healthy weight groups, they are likely to lose weight, whereas underweight sections of the population should gain weight towards the healthy body weight range. SACN has derived new energy reference values. For most population groups, except for infants and young children, the values have increased. DRVs should be used to assess the energy requirements for large groups of people and populations, but should not be applied to individuals due to the large variation in physical activity and energy expenditure observed between people.

Get a unique, conceptual approach to nursing care in this rapidly changing healthcare environment. Lewis' s Medical-Surgical Nursing, 11th Edition gives you a solid foundation in medical-surgical nursing. This thoroughly revised text includes a more conversational writing style, an increased focus on nursing concepts and clinical trends, strong evidence-based content, and an essential pathophysiology review. Content covers all aspects of nursing care including health promotion, acute intervention, and ambulatory care. Helpful boxes and tables make it easy for you to find essential information, and a building-block approach makes even the most complex concepts simple to grasp. Key topics such as interprofessional care, delegation, safety, and prioritization are integrated throughout. Additionally, extensive drug therapy information and diagnostic studies tables give you a full picture of care. Best of all — a complete

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collection of learning and study resources helps you learn more effectively and offers valuable, real-world preparation for clinical practice.

Ethical practice in engineering is critical for ensuring public trust in the field and in its practitioners, especially as engineers increasingly tackle international and socially complex problems that combine technical and ethical challenges. This report aims to raise awareness of the variety of exceptional programs and strategies for improving engineers' understanding of ethical and social issues and provides a resource for those who seek to improve ethical development of engineers at their own institutions. This publication presents 25 activities and programs that are exemplary in their approach to infusing ethics into the development of engineering students. It is intended to serve as a resource for institutions of higher education seeking to enhance their efforts in this area.

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