

DOWNLOAD PDF PART I : NURSING RESPONSIBILITIES IN LABORATORY TESTS AND DIAGNOSTIC PROCEDURES.

Chapter 1 : Laboratory Tests and Diagnostic Procedures with Nursing Diagnoses, 8th Edition

Saunders Nursing Guide to Laboratory and Diagnostic Tests, 2nd Edition is the perfect guide to laboratory testing for both students and practicing nurses alike. Featuring the latest testing information organized alphabetically for quick reference, this resource offers test formats that emphasize the nurse's specific role in all aspects of the.

The client needs to follow the prescribed regimen to resolve the imbalance. A nursing plan of care is developed to meet these needs. Teaching the Client and Family. Teach the client and family about fluid and electrolyte problems, especially if the person will be cared for in the home. Include the client and family as much as possible in planning the diet, monitoring dietary restrictions, and following the schedule and amounts of food and fluids to be consumed. If the client understands the rationale for special diets or limitations, he or she is more likely to comply. This understanding is also important for the individuals who will do the shopping and food preparation in the home. Handle edematous areas carefully. Edematous skin is friable and susceptible to skin breakdown, sloughing, and ulceration. Monitoring Daily Fluid Balance. Check the urine specific gravity. Check the extremities or any dependent areas for edema. To detect a serious complication of pulmonary edema, auscultate anterior and posterior lung fields for crackles or rhonchi. Document and report abnormal lung sounds. Monitor IV fluid administration to prevent circulatory overload. Closely watch and document any drainage. Note any watery stools and significant diaphoresis sweating. Weigh the client daily to detect rapid, unexplained weight loss or gain. Other testing sites include the skin over the sternum and over the forehead. With normal skin turgor; when the skin is released, the skin will return to its normal position immediately. If turgor is diminished, the pinched skin will remain in position briefly. Tenting is the term used to describe a finding of poor skin turgor. Administer medications as ordered; observe their results and side effects. Correcting an acid-base imbalance may be necessary to correct a fluid-electrolyte imbalance. Give diuretic drugs, to increase urinary output, and electrolytes, as ordered. Monitor for signs of potassium deficit, dehydration, or acid-base imbalance that may occur with the extended use of diuretics. Assisting With Mouth and Skin Care. The skin and mucous membranes of the client with a fluid imbalance are susceptible to breakdown, cracking, and infections. Give the client good mouth and skin care. Perform these actions at least every 2 hours. Have short-term goals been met? Are long-term goals still realistic? Fluid is constantly moving among compartments. For example, blood contains plasma fluids, which circulate to all body areas. Tissue fluids and lymph fluids also travel from one fluid compartment to another. Intracellular fluids ICF are relatively stable. However, if disturbances occur in the ICF balance, the client is critically compromised. If the balance among compartments is upset, several problems can occur, including fluid volume excess and fluid volume deficit. Overhydration refers specifically to excess water in the extracellular spaces. The following are possible causes of FVE: Administration and observation of the effects of diuretics may be indicated. Often a sodium-restricted diet is ordered. Edema The excessive accumulation of interstitial fluid is known as edema. Edema can be a local or generalized clinical manifestation of many disorders involving FVE, such as: In an ambulatory person or one who remains in a sitting position, dependent edema is common in the feet and ankles. Sacral edema, as the name implies, is dependent edema in the sacral area. Typically, sacral edema is noted in the client who remains in bed, and no limb edema is noted. Pitting edema is the descriptive term used to describe serious observable edema that dents under slight finger pressure. The healthcare provider can indicate the extent of pitting edema by using a finger to press against the area of swelling. For example, the nurse presses against the lower extremity and a slight dent remains after the finger is removed. The dent remains for only a second or so. Nonpitting edema, which can also be severe, refers to swelling that does not indent when slight pressure is applied. Also include the location, and be sure to notify the primary healthcare provider. Pulmonary edema is an accumulation of interstitial fluid in the lungs. It is a symptom of various heart and blood vessel disorders, nephrosis, cirrhosis of the liver, and IV therapy that is administered too fast.

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Chapter 2 : Digestive Diagnostic Procedures | Johns Hopkins Medicine Health Library

Laboratory Tests and Diagnostic Procedures, 6th Edition covers more tests than any other reference of its kind, with over lab tests and diagnostic procedures in all. In Part I, you'll find an alphabetical list of hundreds of diseases, conditions, and symptoms, including the tests and procedures most commonly used to confirm or rule out a.

In order to reach a diagnosis for digestive disorders, a thorough and accurate medical history will be taken by your healthcare provider, noting the symptoms you have experienced and any other pertinent information. A physical exam is also done to help assess the problem more completely. Some patients need to undergo a more extensive diagnostic evaluation. These tests may include any, or a combination of, the following:

Lab tests

Fecal occult blood test. A fecal occult blood test checks for hidden occult blood in the stool. It involves placing a very small amount of stool on a special card.

Stool culture checks for the presence of abnormal bacteria in the digestive tract that may cause diarrhea and other problems. In 2 or 3 days, the test will show whether abnormal bacteria are present.

Imaging tests

Barium beefsteak meal. During this test, the patient eats a meal containing barium a metallic, chalky liquid used to coat the inside of organs so that they will show up on an X-ray. This allows the radiologist to watch the stomach as it digests the meal. The amount of time it takes for the barium meal to be digested and leave the stomach gives the healthcare provider an idea of how well the stomach is working and helps to find emptying problems that may not show up on the liquid barium X-ray. This test shows how well food moves through the colon. The patient swallows capsules containing small markers which are visible on X-ray. The patient follows a high-fiber diet during the course of the test. The movement of the markers through the colon is monitored with abdominal X-rays taken several times 3 to 7 days after the capsule is swallowed. This is an imaging test that uses X-rays and a computer to make detailed images of the body.

CT scan shows details of the bones, muscles, fat, and organs. CT scans are more detailed than general X-rays.

Defecography is an X-ray of the anorectal area that evaluates completeness of stool elimination, identifies anorectal abnormalities, and evaluates rectal muscle contractions and relaxation. The patient then sits on a toilet positioned inside an X-ray machine, and squeezes and relaxes the anus to expel the solution. The radiologist studies the X-rays to determine if anorectal problems happened while the patient was emptying the paste from the rectum.

Lower GI gastrointestinal series also called barium enema. A lower GI series is a test that examines the rectum, the large intestine, and the lower part of the small intestine. Barium is given into the rectum as an enema. An X-ray of the abdomen shows strictures narrowed areas , obstructions blockages , and other problems.

Magnetic resonance imaging MRI. MRI is a diagnostic test that uses a combination of large magnets, radiofrequencies, and a computer to produce detailed images of organs and structures within the body. The patient lies on a bed that moves into the cylindrical MRI machine. The machine takes a series of pictures of the inside of the body using a magnetic field and radio waves. The computer enhances the pictures produced. The test is painless, and does not involve exposure to radiation. Because the MRI machine is like a tunnel, some people are claustrophobic or unable to hold still during the test. They may be given a sedative to help them relax. Metal objects cannot be present in the MRI room, so people with pacemakers or metal clips or rods inside the body cannot have this test done. All jewelry must be removed before the test.

Magnetic resonance cholangiopancreatography MRCP. This test uses magnetic resonance imaging MRI to view the bile ducts. The machine uses radio waves and magnets to scan internal tissues and organs.

Oropharyngeal motility swallowing study. A series of X-rays is taken to evaluate what happens as the liquid is swallowed. During this test, the patient eats food containing a radioisotope, which is a slightly radioactive substance that will show up on a scan. The dosage of radiation from the radioisotope is very small and not harmful, but allows the radiologist to see the food in the stomach and how quickly it leaves the stomach, while the patient lies under a machine.

Ultrasounds are used to view internal organs as they function, and to assess blood flow through various vessels. Gel is applied to the area of the body being studied, such as the abdomen, and a wand called a transducer is placed on the skin. The transducer sends sound waves

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into the body that bounce off organs and return to the ultrasound machine, producing an image on the monitor. A picture or videotape of the test is also made so it can be reviewed in the future. Upper GI gastrointestinal series also called barium swallow. Upper GI series is a diagnostic test that examines the organs of the upper part of the digestive system: Barium is swallowed and X-rays are then taken to evaluate the digestive organs. Colonoscopy is a procedure that allows the healthcare provider to view the entire length of the large intestine colon. It can often help identify abnormal growths, inflamed tissue, ulcers, and bleeding. It involves inserting a colonoscope, a long, flexible, lighted tube, in through the rectum up into the colon. The colonoscope allows the healthcare provider to see the lining of the colon, remove tissue for further exam, and possibly treat some problems that are discovered. Endoscopic retrograde cholangiopancreatography ERCP. ERCP is a procedure that allows the healthcare provider to diagnose and treat problems in the liver, gallbladder, bile ducts, and pancreas. The procedure combines X-ray and the use of an endoscope. This is a long, flexible, lighted tube. The healthcare provider can examine the inside of these organs and detect any abnormalities. Esophagogastroduodenoscopy also called EGD or upper endoscopy. An EGD upper endoscopy is a procedure that allows the healthcare provider to examine the inside of the esophagus, stomach, and duodenum with an endoscope. This is guided into the mouth and throat, then into the esophagus, stomach, and duodenum. A sigmoidoscopy is a diagnostic procedure that allows the healthcare provider to examine the inside of a portion of the large intestine, and is helpful in identifying the causes of diarrhea, abdominal pain, constipation, abnormal growths, and bleeding. A short, flexible, lighted tube, called a sigmoidoscope, is inserted into the intestine through the rectum. The scope blows air into the intestine to inflate it and make viewing the inside easier. Other procedures Anorectal manometry. This test helps determine the strength of the muscles in the rectum and anus. These muscles normally tighten to hold in a bowel movement and relax when a bowel movement is passed. Anorectal manometry is helpful in evaluating anorectal malformations and Hirschsprung disease, among other problems. A small tube is placed into the rectum to measure the pressures exerted by the sphincter muscles that ring the canal. This test helps determine the strength of the muscles in the esophagus. It is useful in evaluating gastroesophageal reflux and swallowing abnormalities. A small tube is guided into the nostril, then passed into the throat, and finally into the esophagus. The pressure the esophageal muscles produce at rest is then measured. An esophageal pH monitor measures the acidity inside of the esophagus. It is helpful in evaluating gastroesophageal reflux disease GERD. A thin, plastic tube is placed into a nostril, guided down the throat, and then into the esophagus. The tube stops just above the lower esophageal sphincter. This is at the connection between the esophagus and the stomach. At the end of the tube inside the esophagus is a sensor that measures pH, or acidity. The other end of the tube outside the body is connected to a monitor that records the pH levels for a to hour period. Normal activity is encouraged during the study, and a diary is kept of symptoms experienced, or activity that might be suspicious for reflux, such as gagging or coughing, and any food intake by the patient. It is also recommended to keep a record of the time, type, and amount of food eaten. A capsule endoscopy helps healthcare providers examine the small intestine, because traditional procedures, such as an upper endoscopy or colonoscopy, cannot reach this part of the bowel. This procedure is helpful in identifying causes of bleeding, detecting polyps, inflammatory bowel disease, ulcers, and tumors of the small intestine. The PillCam passes naturally through the digestive tract while transmitting video images to a data recorder. Images of the small bowel are downloaded onto a computer from the data recorder. The images are reviewed by a healthcare provider on a computer screen. Normally, the PillCam passes through the colon and is eliminated in the stool within 24 hours. This test measures electrical and muscular activity in the stomach. This tube contains a wire that takes measurements of the electrical and muscular activity of the stomach as it digests foods and liquids. This helps show how the stomach is working, and if there is any delay in digestion. This test uses magnetic resonance imaging MRI to obtain pictures of the bile ducts. The machine uses radio waves and magnets to scan internal organs and tissues.

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Chapter 3 : Diagnostic Tests for Neurological Disorders | Johns Hopkins Medicine Health Library

Nurses educate clients about the purposes, required preparation, procedures, results and the implications of abnormal and normal diagnostic tests including the results of all laboratory tests and testing.

For best results, obtain the sample first thing in the morning. Before you begin, describe the procedure to him. Ten to 15 ml of sputum is typically needed for laboratory analysis. A specimen will be rejected by the laboratory if it contains excessive numbers of epithelial cells from the mouth or throat or if it fails to show adequate numbers of neutrophils on gram staining. If the patient cannot cough up a specimen, the respiratory therapist can use sputum induction techniques such as heated aerosol nebulization, followed in some instances by postural drainage and percussion. Procedure Observe proper hand hygiene and gather equipment. Provide privacy for the patient and explain the entire procedure. Position your patient in a chair or on the side of bed. Remove dentures, if he has them. Place the tissues nearby and have the patient rinse his mouth with clean water to remove any food particles. Doing so could kill bacteria in the sputum, rendering it useless. Don gloves and goggles. To prevent contamination by particles in the air, keep the container closed until the patient is ready to spit into it. If the patient has trouble bringing up secretions, however, have him breathe into the nebulizer and try again. Remove and discard your gloves and wash your hands thoroughly. Allow the patient to rinse out his mouth and provide a tissue. Record the amount, consistency, and color of the sputum collected, as well as the time and date in the nursing notes. Send the sample to the lab immediately, without refrigeration.

Stool Specimen and Culture A stool culture is the process of growing or culturing organisms existing in feces to see if any of them cause disease. The most common is the ova and parasites test, a microscopic examination of feces for detecting parasites such as amoebas or worms. Stools specimen are often tested for blood. Guaiac or HemOccult test may be done in the laboratory but are sometimes done at the nursing station to test a stool for occult blood. Purpose Stool cultures play an important role in understanding and treating intestinal illness. It can confirm the presence of harmful bacteria. It may also show what treatments may work to kill an invasive organism. If no dangerous bacteria are present in the stool culture but symptoms still exist, other explanations like irritable bowel syndrome, a parasitic infection, or other diagnosis can be explored. Supplies and Equipment Supplies and equipment required to collect a stool specimen are: Ask him to tell you when he feels the urge to have a bowel movement. Wear gloves when handling any bodily discharge. Bedpan should be provided when the patient is ready. If the patient wants to urinate first, provide the urinal for a male patient or provide the extra bedpan for a female patient. Avoid mixing urine or regular toilet paper into the sample. With the use of a tongue blade, transfer a portion of the feces to the specimen container. It is not necessary to keep the specimen sterile because the gastrointestinal tract is not sterile. Fill out the appropriate laboratory request form completely, noting any special examination ordered. Take the specimen to the lab immediately; examination for parasites, ova, and organisms must be made while the stool is warm. With regard to an infant patient, place the diaper in a leakproof bag, label it, and take the diaper and request form to the lab as soon as possible. However, it can be difficult to keep urine away from the stool sample. It is the most common form of fecal occult blood test FOBT in use today. Purpose This test uses guaiac as reagent to detect the presence of occult blood blood that appears from a nonspecific source, with obscure signs and symptoms, which is not visible. Supplies and Equipment Test kit with detailed instructions Test cards Gloves Preparation Do not allow the patient to eat red meat, any blood-containing food, cantaloupe, uncooked broccoli, turnip, radish, or horseradish for 3 days prior to the test. The patient may need to stop taking medicines that can interfere with the test. These include vitamin C and nonsteroidal anti-inflammatory medicines such as ibuprofen and aspirin. However, never let the patient stop such medication without consulting the physician. There is no discomfort when the test is done since it only involves normal bowel function. Tell the patient that he needs to collect a sample from his bowel by placing a sheet of plastic wrap or paper loosely across the toilet bowl to catch the stool or he can use a dry container to collect the stool. Tell

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him to flush the remaining stool down the toilet. Remind the patient not to take samples from the toilet bowl water. Allow the patient to use the wooden applicator or a brush to smear a thin film of the stool sample onto one of the slots in the test card or slide. Next, the patient needs to collect a specimen from a different area of the same stool and smear a thin film of the sample onto the other slot in the test card or slide. Close the slots and put the name of the patient and the date on the test kit. Instruct the patient to repeat the test on his next two bowel movements to improve the accuracy of the test. Remove gloves and wash hands thoroughly. Send the specimen to the laboratory. Inform the patient that he may resume his usual diet and medications as ordered. It involves a number of tests to detect and measure various compounds that pass through the urine. It has been a useful tool of diagnosis since the earliest days of medicine. The color, density, and odor of urine can reveal much about the state of health of an individual. Urine is assessed first for its physical appearance: Color Normal urine color ranges from pale yellow to deep amber in color, depending on the concentration of the urine. The amount and kinds of waste in the urine make it lighter or darker. Pigments and other compounds in certain foods and medications may change the color of urine. Blood in the urine colors it; if the amount of blood in the urine is great, the urine will be red. During a flare-up of chronic nephritis, the small number of red blood cells present in the urine give it a smoky appearance. When urine stands, decomposition from bacterial activity gives it an ammonia-like odor. Consumption of certain foods, such as beets or asparagus can impart a characteristic odor to urine. UTI may also take on a foul-smelling odor. Refrigerate the urine sample if it is not to be examined at once. Random Urine Sample A sample of urine collected at any time of the day. This type of specimen is most convenient to obtain. Purpose This type of sample may be used to detect the presence of various substances in the urine at one particular point in the day. Often, no special handling is required with these samples. Supplies and Equipment Clean, dry container with lid Cotton ball or towelette Laboratory request form Procedure Instruct the patient to use the cotton ball or towelette to clean urethral area thoroughly to prevent external bacteria from entering the specimen. Let the patient void into the container. Label the specimen container with patient identifying information, and send to the lab immediately. A delay in examining the specimen may cause a false result when bacterial determinations are to be made. Wash your hands and instruct the patient to do it as well. Note that the sample was collected. This method allows a specimen, which is not contaminated from external sources to be obtained without catheterization. Purpose The clean-catch urine method is used to prevent germs from the penis or vagina from getting into a urine sample. It is a method of collecting a urine sample for various tests, including urinalysis, cytology, and urine culture. Supplies and Equipment Zephiran, a soap solution, or three antiseptic towelettes Three cotton balls to use with zephiran or soap solution Laboratory request form Preparation Explain to the patient that this kind of urine collection involves first voiding approximately one half of the urine into the toilet, urinal, or bedpan, then collecting a portion of midstream urine in a sterile container, and allowing the rest to be pass into the toilet. Discuss that this is done to detect the presence or absence of infecting organisms and, therefore, must be free from contaminating matter that may be present on the external genital areas. Procedure Wash hands with soap and water. Instruct the patient to clean perineal area with towelettes or cotton balls. Tell the patient to separate folds of urinary opening with thumb and forefinger and clean inside with towelettes or cotton balls, using downward strokes only; keep labia separated during urination. Instruct the patient to void a small amount of urine into the toilet to rinse out the urethra , void the midstream urine into the specimen cup, and the last of the stream into the toilet. The midstream urine is considered to be bladder and kidney washings; the portion that the physician wants tested. Wash hands with soap and water. Instruct the patient to completely retract foreskin and cleanse penis with towelettes or cotton balls. Instruct the patient to void a small amount of urine into the toilet to rinse out the urethra, void the midstream urine into the specimen cup, and the last of the stream into the toilet.

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Chapter 4 : ISO/TC - Clinical laboratory testing and in vitro diagnostic test systems

Know all the information nurses need to understand about different diagnostic tests and laboratory procedures. Know the nursing responsibilities and nursing considerations during each diagnostic procedure, indications, how to prepare your patient, your roles as a nurse, the nursing interventions and implications for each procedure, and know how to interpret the results.

In this section of the NCLEX-RN examination, you will be expected to demonstrate your knowledge and skills of diagnostic tests in order to: Apply knowledge of related nursing procedures and psychomotor skills when caring for clients undergoing diagnostic testing Compare client diagnostic findings with pre-test results Perform diagnostic testing e. Registered nurses perform some aspects of both noninvasive and invasive diagnostic tests such as an ECG and a blood sample for blood glucose testing, for example. Regardless of the nature of the diagnostic test, some of the general rule and procedures relating to all client diagnostic tests include: The procedure for performing a 12 lead electrocardiogram is: The limb leads are placed as shown below: Fecal Occult Blood Fecal occult blood testing, also referred to as guaiac screening, is a screening tool for colon cancer and it is also used as part of the diagnostic tests used to determine the source of anemia that can be related to a gastrointestinal bleed. A drop of reagent liquid is then placed on the slide. The test is positive for occult hidden blood when the slide turns blue within 60 seconds. Verify and confirm that the code strip corresponds to the meter code. Prick the side of the finger using the lancet. Turn the finger down so the blood will drop with gravity. Wipe off the first drop of blood using sterile gauze. Collect the next drop on the test strip. Routine Stool Specimens The procedure for collecting routine stool specimens is as follows. Get the proper container for the stool specimen. Ask the patient to void before the stool specimen is collected so that the stool is not mixed with any urine. Ask the patient to eliminate their stool in a clean bedpan, bedside commode, or in the toilet using a high hat. Tighten the lid on stool specimen container. Transport the specimen to the laboratory as quickly as possible. Routine Urine Specimens The procedure for collecting a routine urine specimen is to: Get the proper container for the urine specimen. Ask the patient to void into a clean bedpan, a bedside commode, or on the toilet using a high hat. Tighten the lid on the receptacle after the specimen is obtained. Obtaining a Clean Catch or Midstream Urine Specimen Collecting a clean catch or midstream urine specimen varies among the genders. Males should cleanse the penis from the urinary meatus to the peripheral area using a circular pattern and using only one disposable antiseptic wipe for each swipe. Females should use one antiseptic wipe for each swipe from the front to the back and from the inner labia to the outer labia. Then, Ask the patient to void a small amount of urine into the toilet without collecting it. Then ask the patient to void into the laboratory collection bottle. Tighten the lid on the receptacle and use a disinfectant to clean the outside of container. For example, urine is collected for a full day when a twenty 24 hour urine specimen is ordered. Nurses will then collect all urine passed during this period of time or they will ask the patient to collect all voided urine so that the nurse can place it into the correct urine collection container. When the duration of collection has been reached, all the collected urine is then labeled and delivered to the diagnostic laboratory for testing. Obtaining a Sputum Specimen Sputum specimens are collected by providing the patient with a specimen collection container and asking the client to deep breath, cough and expel sputum into the container. They should also be instructed to not allow saliva into the container. Once the specimen is collected, it is then labeled and delivered to the diagnostic laboratory for testing. Collecting a Throat Culture Instruct the client to open mouth widely and then stick their tongue out. Insert the sterile swab into the back and wipe across tonsil area, pharynx, or any other region that is red, swollen, or contains exudate. Place the swab into the specimen container, tighten the lid and send it to the laboratory. Nurses educate clients about the purposes, required preparation, procedures, results and the implications of abnormal and normal diagnostic tests including the results of all laboratory tests and testing. Monitoring the Results of Maternal and Fetal Diagnostic Tests The results of maternal and fetal diagnostic

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tests such as a non-stress test, amniocentesis and ultrasound was fully discussed previously under " Providing Prenatal Care and Education ". Monitoring the Results of Diagnostic Testing and Intervening as Needed Throughout the course of care, nurses monitor the results of diagnostic tests and modify the plan of care, as indicated.

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Chapter 5 : NURSING CARE OF PATIENTS UNDERGOING DIAGNOSTIC PROCEDURES

Preparing patients. Preparing a patient for diagnostic testing is a nurse's responsibility. Drawing blood or administering medication prior to testing is one way nurses help prepare patients.

Evaluating and diagnosing damage to the nervous system is complicated and complex. In addition to a complete medical history and physical exam, diagnostic procedures for nervous system disorders may include the following: A CT scan shows detailed images of any part of the body, including the bones, muscles, fat, and organs. CT scans are more detailed than general X-rays. Magnetic resonance imaging MRI. A diagnostic procedure that uses a combination of large magnets, radiofrequencies, and a computer to produce detailed images of organs and structures within the body. Studies that evaluate and diagnose disorders of the muscles and motor neurons. Electrodes are inserted into the muscle, or placed on the skin overlying a muscle or muscle group, and electrical activity and muscle response are recorded. Positron emission tomography PET. In nuclear medicine, a procedure that measures the metabolic activity of cells. Arteriogram also called an angiogram. An X-ray of the arteries and veins to detect blockage or narrowing of the vessels. Spinal tap also called a lumbar puncture. A special needle is placed into the lower back, into the spinal canal. This is the area around the spinal cord. The pressure in the spinal canal and brain can then be measured. A small amount of cerebral spinal fluid CSF can be removed and sent for testing to determine if there is an infection or other problems. CSF is the fluid that bathes the brain and spinal cord. A procedure that uses dye injected into the spinal canal to make the structure clearly visible on X-rays. Ultrasound also called sonography. Ultrasounds are used to view internal organs as they function, and to assess blood flow through various vessels.

Chapter 6 : Taking responsibility for test results - Best Tests August

LABORATORY TESTS AND DIAGNOSTIC PROCEDURES WITH NURSING DIAGNOSES, 8/e is the complete nurse's guide to using data from today's laboratory tests and diagnostic procedures to formulate, organize, and plan high-quality nursing care.

Chapter 7 : Nursing Responsibilities for Diagnostic Testing | Career Trend

Nursing Care for Patients Undergoing Diagnostic Procedures Blood Extraction 2. Diagnostic Examination It may be performed by a physician at the patient's bedside or in a specially equipped room for therapeutic or diagnostic purposes.

Chapter 8 : Specimen Collection & Procedures: A Nurse's Guide

In Part I, you'll find an alphabetical list of hundreds of diseases, conditions, and symptoms, including the tests and procedures most commonly used to confirm or rule out a suspected diagnosis. In Part II, you'll find descriptions of virtually every laboratory and diagnostic test available.

Chapter 9 : Nursing responsibilities for patient before and after Complete blood count

Surgery may be indicated for recurrent UTI if diagnostic testing indicates calculi, structural anomalies, or strictures that contribute to the risk of infection.