

NURSE INTERVENTIONS

PHASE OF NURSE INTERVENTION - Good preparation before intervention is a prerequisite for its successful and unhindered performance. Preparation for performing a medical technical intervention (under the Health Care Process) includes: - Overtaking of nurses' orders and getting acquainted with the individual plan of the patient. - Possessing knowledge and skills to carry out a certain intervention. - Introducing the patient, informing him, and preparing for the intervention. - Providing optimal working conditions, providing personal protection to the nurse and providing patient safety.

1. Taking the sister's orders and getting to know the individual plan of the patient is the first step. The sister before the start of the work should receive a written (or oral) order to understand and understand the patient's plan, if necessary set priorities or make corrections to the plan accordingly the condition of the patient or his needs.
2. Possessing knowledge and skills to perform a certain intervention - the sister before the start of the action must know how the intervention is performed, what is the purpose of the intervention, what is expected of the intervention, possible complications and any unwanted effects. The sister must be aware and self-critical about the possession of knowledge and skills, as well as the current psycho-physical readiness to perform the intervention. If it is for a reason not to be able to carry out a particular intervention adequately and safely for any reason, it is obliged to inform the responsible / principal sister or a more experienced colleague and ask for help.
3. Getting acquainted with the patient, informing him, and preparing for the intervention - begins with the personal presentation of the nurse to the patient or greetings (when that is not the first contact of that day) and informing the patient that she will perform a particular intervention.

The nurse adequately informs the patient about the procedure itself, which is its purpose, duration, mode of delivery, how the patient should help and cooperate during the intervention, which reactions / discomforts may occur. Some interventions also require special pre-treatment for the illnesses (related to taking or not taking food or water, emptying the beak or colon, taking a position or the other). 4. Providing optimal working conditions, providing protection and safety - is also seen from the aspect of the nurse and from the aspect of the patient. It implies the provision of adequate staff (skilled and qualified), necessary equipment and materials and provision of necessary spatial conditions. All of these factors influence the quality and efficiency of nursing intervention. After thoroughly preparing the sister's approach to the realization of the intervention itself. When performing the intervention, the sister must demonstrate skillfulness, skill and safety, having a professional relationship and observing the ethical principles in the work. Every time he has to maintain communication with the patient, to include it as much as possible in the realization and win for co-operation. At all times of the procedure, it must be aware of the patient's fears, concerns, feelings of shame, and so on and that his actions do not at one time undermine the patient's dignity and privacy. All duration of the intervention takes care of the patient's safety, observes the condition of the patient and his reaction to the procedure being performed. Of course, he takes all necessary measures for personal protection and his own safety. Upon completion of the intervention, the nurse must take care of the patient - help him to dress, sleep comfortably in the bed, and get through his vital functions, the necessary information, and so on. When he distributes the material and equipment used, he sends the material to the laboratory and the other. The documentation records the time of the intervention and is signed. If necessary in the NOTES column enter the required information. Of all the employees are expected to be a professional, human and transparent relationship with the patient-service user.

The patient occupies a central position and is subordinated to the exercise of his rights regulated by the law on health insurance and health care.

LOVERTY AND PROFESSIONALITY IN COMMUNICATIONS WITH PATIENT

- Patient (and accompanying) addresses with anticipation, kindness and professionalism. Addressing should start with the question: "How can we help you?" And then need to provide the necessary help / service or provide accurate information on how to solve your problem because of which it comes in the fastest and most efficient way.
- Communication must be such that the patient obtains, at first contact, trust in professionalism and staffing skills, as well as their readiness to do whatever is needed to address the problem he or she is addressing.
- In communicating with the patient (and accompanying staff), staff must demonstrate understanding of the problems and needs of the patient without showing nervousness, rush, impatience, wonder, etc.
- The relationship between the staff and the patient must be the same regardless of age, gender, nationality belonging and material and social status.
- If he or she cannot meet the patient's demands, he / she must be kindly informed and motivated.
- Any disrespect for a patient's personality, refusal to give him assistance, neglecting punishment, and any other aspect of unprofessional relationship and behavior distorts the reputation of a health institution, profession and health system as a whole and is subject to sanctions.

FRIENDLY, EFFICIENT AND QUALITY SERVICE

- During the treatment, all necessary treatment procedures will be undertaken and all available personnel and technical potentials will be engaged.
- The scheduled deadlines will be respected as well as informing the patients in case of cancellation / remission.
- Patients will be kept on treatment only as much as is necessary.
- The patient should be informed about his or her first and who should be treated in case he / she is dissatisfied with the treatment or the relationship of the staff.

REFERENCES

Fernandes, S. A., Bassani, L., Nunes, F. F., Aydos, M. E., Alves, A. V., & Marroni, C. A. (2012). Nutritional assessment in patients with cirrhosis. *Arq Gastroenterol.* 49 (1), 19-27.

Cavalcante, A. M., Brunori, E. H., Lopes, C. T., Silva, A. B., & Herdman, T. H. (2015). Nursing diagnoses and interventions for a child after cardiac surgery in an intensive care unit. *Rev Bras Enferm.* 68 (1), 155-60.

Castellan, C., Sluga, S., Spina, E., & Sanson, G. (2016). Nursing diagnoses, outcomes and interventions as measures of patient complexity and nursing care requirement in Intensive Care Unit. *J Adv Nurs.* 72(6), 1273-86.