

Appendix F: Client Assessment Techniques

The following two scenarios demonstrate the difference between ‘teach back/closing the loop’ assessment technique and ‘ask-tell-ask’ assessment technique:

Scenario 1: Teach back/Closing the loop

Nurse: Hi Mrs. S. I understand you had a PICC line put in before you left the hospital so that you can receive your antibiotics. There are a number of things that are important to know about when you have a PICC line: (1) how to keep it free from infection; (2) how to keep it running well so that you can receive your medication; and (3) how to give your medication. However, I thought we could start with your questions. Is that OK with you?

Mrs. S.: I did wonder about when I could take a bath?

Nurse: While the PICC is in place, you won’t be able to put your arm in water. You can take a bath as long as the dressing does not go under the water. I suggest you cover the dressing with plastic so that it is protected. Do you have some plastic wrap and tape that you could use to protect the dressing?

Mrs. S.: Yes, I have all that.

Nurse: What other questions or concerns do you have about your PICC line Mrs. S.?

Mrs. S.: None, not that I can think of.

Nurse: Good. Of the things I mentioned that are important to know about if you have a PICC line (keeping it free from infection, keeping it running well, giving the antibiotic) I thought today we could start with reviewing how you can tell if your PICC is infected and what you would do if you thought it was infected. The main reason we recommend to cover the dressing and not put your arm under water is so the line doesn’t become infected.

Mrs. S.: I can see why it’s important to know.

Nurse: And then before I leave, I will give you your medication and ‘flush’ the line which is what you do to keep it running. While I do it, I’ll talk aloud so that you can understand what I am doing. Does that sound OK?

Mrs. S.: Yes, that sounds like a good plan. A bit at a time.

Nurse: If your skin becomes red or hot, swollen or sore in the area where the PICC goes into the skin, this can be a sign of the PICC becoming infected. I’d like you to do two things: first, take your temperature; and second, if you have a temperature above 37 degrees Celsius, go to the clinic or to the emergency room. If you don’t have a temperature, call the clinic and describe what you see. Does that make sense? Have I been able to make it clear for you?

Mrs. S.: Yes

Nurse: So, just to make sure that I was clear in what I said, would you please tell me what you would see that tells you the PICC might be infected? There are four things to look for.

Mrs. S.: That it’s red, hot, sore and swollen and I might not feel well.

Nurse: That’s right – and what would you do?

Mrs. S.: I would take my temperature, if it’s more than 37 degrees Celsius, I would go to the emergency. If my temperature is not high, I would call the clinic. Did I get it all right?

Nurse: You remembered it all. To help you remember after I leave, I have a handout for you (note: if a handout is not available, have the client or the nurse write down the information). It's important to keep your PICC healthy. The other important thing is to make sure it doesn't get blocked. As I mentioned, today, I thought I'd do the "flushing" and talk out loud as I do it. Next week, we can talk about what steps you would be comfortable doing yourself. Is this plan OK with you?

Scenario 2: Ask-tell-ask

Ask:

Nurse: Hi Mrs. S. I understand you had a PICC line put in before you left the hospital so that you can receive your antibiotics. There are a number of things that are important to know about when you have a PICC line – how to keep it free from infection, how to keep it running well so that you can receive your medication, how to give your medication. However, I thought we could start with your questions. What you were told about your PICC when you were in hospital?

Tell:

Mrs. S.: I was told not to tug on it, to cover it when I shower or bathe and that you would come and take care of it so that it doesn't get blocked.

Ask:

Nurse: That's right. You don't want to move it by tugging, plus it's very important that it doesn't get blocked so that you can continue your treatments. Did they speak about what the PICC looks like if it becomes infected and what you should do?

Mrs. S.: They said something about it getting red and calling the hospital. I am not too clear on that.

Tell:

Nurse (Pointing to the insertion site): If your skin becomes red or hot, swollen or sore in the area where the PICC goes into the skin, it is possible the PICC might be infected. If that happens, I'd like you to do two things: first, take your temperature; and second, go to the clinic or to the emergency room if you have a temperature above 37 degrees Celsius. Even if you do not have a temperature, it's important to call the clinic and let them know what you see. Does that make sense? (Note: Reinforce the teaching with a handout, or having the client or nurse write the information down).

Mrs. S.: Yes, I'm sure I can do that.