Each arm represents 9% of the client's TBSA and each leg represents 18% of the client's TBSA totalling 54%.

5. A nurse is caring for a client who has full-thickness burns all over 75% of his body. Which of the following methods is appropriate to accurately monitor the cardiovascular system?

A. Auscultate cuff blood pressure.

Rationale: Clients who have a large percentage of burned body surface area often do not have an area for the nurse to safely apply the cuff. Additionally, cuff blood pressures are affected by peripheral vascular changes.

B. Palpate pulse pressure.

Rationale: Clients who have a large percentage of burned body surface area require critical care and accurate monitoring. Palpation of pulse pressure does not provide data to detect subtle changes in the cardiovascular system.

C. Obtain a central venous pressure.

Rationale: Clients who have a large percentage of burned body surface area require critical care and accurate monitoring. The central venous pressure provides important data but does not accurately detect changes in left heart pressure.

D. Monitor the pulmonary artery pressure.

Rationale: Clients who have a large percentage of burned body surface area require critical care and accurate monitoring. The pulmonary artery pressure provides an accurate assessment of the cardiovascular system by detecting changes in left heart pressure which can detect possible development of pulmonary edema.

6. A nurse is developing a plan of care for a client who is rehabilitating from major burns. Which of the following should the nurse include to provide emotional support?

A. Assign assistive personnel to keep his room neat and clean.

Rationale: This intervention is important for infection control but does not address the client's need for emotional support.

B. Rotate nursing staff so he can have varied interactions.

Rationale: This intervention inhibits the development of a trusting, nurse-client relationship which is an important component of providing emotional support.

C. Talk with him during wound care.

Rationale: Talking with the client while providing care assists in the development of the nurse–client relationship and demonstrates caring.

D. Keep family members aware of his condition.

Rationale:

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Christian G. Meyer

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