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## Nursing jobs where you work alone

You might think that a nurse shark would be one of the most useful creatures in the sea, rushing to help shark friends and care for the injured in the ocean. Or you have an idea that this shark has to take great care of its young people. But neither does the shark. In fact, it doesn't work very little at all. Sister shark is a soft and flash shark. You can go so far as to call it laziness, slacker. It can't even migrate to warmer waters when the temperature changes. Instead, the nurse deals with the cold by doing even less if something like this is possible [source: National Aquarium]. The shark picture gallery ad, how did this shark get its name? There are a few different theories. One such theories is that this shark makes a sucking sound when looking for prey, which has been compared to the sound the baby makes [source: National Geographic]. However, the most influential explanation is that the name represents the evolution of language over many centuries. Huss was originally given to cats, which is a sister's shark-like. In middle English, huss was muddy in nuss because it was an unspecified article before, and the 'n' article was often attached to the next word. The NUSS was used to describe sharks until 1440, and it seems that the nurse just came from there [source: Castro]. Formally, the scientific name of the Shark nurse is Ginglymostoma cirratum, and in translation from Greek and Latin the name means a twisted, inverted mouth that can describe the folded face that a shark nurse sometimes makes [source: National Geographic]. But why the printed face? After all, sister shark has a life of leisure, right? What's that put in that screwed-up mouth? Is there any danger of you eating a human? And how, in addition to the general puckered appearance, will I know if there is a nearby shark nurse? On the next page, we will take a closer look at the look of the nurse's shark. Skipping on content Become a licensed practical or registered nurse requires one to two years, or more, or rigorous studies, and you must pass a national licensing exam to enter the profession. However, once you have successfully met the education and testing requirements, you can find many full-time and full-time job opportunities, depending on your financial status, lifestyle and career goals. The Bureau of Labor Statistics reports that 20 per cent of nurses worked in 2012. If you are an LPN or RN, you can look for part-time employment with employers such as nursing homes, health agencies and hospitals; these are the types of institutions that regularly employ full-time and full-time care staff. Normally, the job market in your city or country will determine the number of available jobless jobs. Nurses full as many full-time employees in the -- earn benefits such as retirement, health insurance and holiday pay, for which you may not be of good quality if you work only as a nurse with working hours. If you need benefits, confirm with your prospective employer that it offers benefits to working-time nurses before accepting the position. You are also entitled to part-time nurse benefits if union membership is offered at your place of employment. Registered nurses earned a median annual salary of \$68,450 in 2016, according to the U.S. Bureau of Labor Statistics. At the low end, registered nurses earned a 25 percent salary of \$56,190, which means 75 percent earned more than that amount. The 75th percentile salary is \$83,770, which means 25 percent earn more. In 2016, there were 2,955,200 people employed as registered nurses in the United States. Just because the media reports a lack of nursing doesn't mean you'll be able to find your ideal position in the hospital line. An estimated one million nurses are estimated to be missing by 2020, according to Working Nurse, but the available jobs are not all in hospitals, nor are they necessarily the tasks they might want. Step back and approach the labour market with a plan to land a hospital position that you can appreciate and enjoy. It's much easier to get a daily schedule or shift in a new children's ward like this, if you're already a hospital employee. Stay flexible while you're in the hunt for work and apply for all the job openings at the hospital where you want to work. Take your shifts at the cemetery and be ready to do what's necessary. Work with a hospital branch in long-term care or help with a living facility. When the plum assignments open, management will be aware of your skills and work ethic. More and more, hospitals are looking for nurses with special certificates and training. Consider getting a four-year degree focusing on pediatric or maternity care if your interests lie there. The bachelorette party offers additional clinical experience that can also help you land in a hospital. Your additional training is more attractive for hiring hospital wards than a two-year bachelor's or certification program. You will also be able to support your application with your diploma and specialty with additional training in the fields of management, physical science and communication. Come and stay involved in professional organizations that can get you in touch by hiring managers and opening up at the hospital. You can join an association of American nurses, for example as a student, and stay active when you graduate. Throughout the group you will have the opportunity to meet mentors who know the hiring of managers in hospitals. Take advanced training courses that increase your CV. Many hospitals advertise for open positions through careers of professional organisations, where only members view openings. While you can to get a job immediately from school in an old house or in a doctor's office to pay your bills, look for opportunities for volunteers at the local hospital. You can meet doctors and the Human Resources Department while you volunteer to sit with a sick baby or take geriatric patients home from the hospital. In the emergency room, you can offer your nursing skills a few hours a week or serve as a welcome hand in the reception desk. Exposure will get you into bridging the hiring of volunteers. You will also be one of the first to hear about the openings when they appear and before the hospital hears them. Nurse assistants, also called assistant nurses, certified assistants in nursing or CNA, are medical professionals working under a registered nurse or licensed practical nurse. As unlicensed staff, nurse assistants help provide direct patient care but do not make independent decisions. In some cases, such as care homes, nurses also called NA could have more contact with individual patients than any other member of the health or medical staff. In 2012, the NAS earned an average annual salary of \$25,620, according to the U.S. Bureau of Labor Statistics. Member States usually educate their education in universities, universities or vocational colleges, although according to BLS, programmes may also be available from certain hospitals or nursing homes. Na usually spends about six to eight weeks at school and receives a certificate or award instead of a diploma or diploma. In some countries, competent authorities are required to pass an examination for competence, and some countries also require background checks. Most countries also require further education for CNA to maintain certified status. After completion of the examination, the NA's can be placed on the national register. In a few states, NAS can undergo additional training and pass a separate exam to become certified drug assistants, or cma, allowing them to give medication to patients. A lot of our work involves personal patient care. The NAS helps patients eat, bathe, dress, brush their teeth and brush their hair. If the patient is unable to perform these activities, it makes them for the patient. The NAS also helps patients walk or move from bed to a wheelchair or wheelchair and take them to other areas of the health care home or hospital. Other NA tasks include checking flashes, breathing, temperature and blood pressure or answering a patient's call of light. The TASK of na is very physical, and NAs consume most of their working hours walking or standing. They may need to help lift patients up, change bedding, wear necessities or move equipment. Most NA starts shift with medical report departing. The report may include information such as how much pain the patient has, whether she has eaten and drank fluids, and whether the doctor has left any special care or treatment orders. In some facilities, national authorities document key signs by writing in the chart; in other licensed nurse transcribes vital signs. Authorised drug assistants shall document the medicines they give. THE NAS also records information such as the amount the patient ate or drank, how much the patient urinated and whether the patient had bowel movement. If the patient is an incontinent, na is usually the person who cleans the patient and changes nappies, clothing or bedding. Although nas does not carry out patient assessments -- which is the responsibility of a licensed nurse, according to the SisterTogether website -- NA's spend a lot of time with patients, and their observations can be very important. Nas often takes care of the same patient for months or years, according to BLS, and can develop very close relationships with some patients. They can pick up subtle signs or changes in behavior just because she knows the patient so well, and she should immediately report these changes to the nurse in charge. Breastfeeding doesn't always occur naturally, but learning these smart strategies will make you feel like a pro. Every time I thought I was going to hang out with a nurse, my son Noah would throw me a bullet. We got over every obstacle, but there were quite a few problems that had to be solved. It turns out that many new moms initially have trouble breastfeeding -- or later face new challenges. To help you do this, we asked experts to eliminate frequent hiccups. This may indicate that your baby is not fit properly. Try to sit on a semi-lying bed or lengthwise on the sofa, with pillows that support your back. Then put your child's belly down on top of you -- gravity will help him attract deep, says international board certified breastfeeding consultant Nancy Mohrbacher, author of breastfeeding solutions: Quick tips on the most common health challenges. If you only have an upright chair, hold your bos forward and lean back. To help your child take your nipple farther back into your mouth, gently squeeze your breasts with your fingers and thumb parallel to your lips while it fits. If your child sputters at every feeding, your milk probably comes out very quickly -- also known as a quick milk ejection reflex, says Sara Chana, an international board of certified lactate consultant in Brooklyn, New York. To slow the flow of milk, apply anti-pressure pressure to the opposite breast: Place the open palm over the nipple and push towards the chest when counting to five. The key is to keep the milk before starting gushing, so use this technique at the beginning of each feeding, and repeat two to five times. It can also help breastfeed your baby on one side only with each feeding. If your baby starts napping as soon as you put it on your chest, your nipple may not be deep enough in its mouth to trigger active suction. It may be that your baby needs all the milk flow to be able to eat. To help her stay awake, do a breast compression when it is: hold your breasts behind where your baby is attached by hand in the form of C; then compress the breast for five counts and release for five counts. Your breasts and warts aren't the same, so it's common for a child to have an advantage on one side or the other, says Mohrbacher. One solution is to place your child behind the breasts that he likes and, keep your orientation on your body the same, push it to the other breast before closing it. If your baby is healthy but refuses to feed on one side, that's fine. My youngest would only breastfeed on one breast after she turned 6 months old, says Mohrbacher. You can pump extra milk or let this side dry out (although, in some women, this can cause one breast to be larger than the other until their baby stops breastfeeding). If your older child is properly fit, their teeth should not touch your nipple. If you manage to bite, try not to react loudly or suddenly - it can continue to bite to see what your reaction will be next time. Instead, Chana suggests she take her off her end of the chest, put her on the floor in a safe place and says, It hurts mommy, with a neutral face. Leave the room for a moment; Then come back, look her in the eye and say, You can't bite. Then let him crash again. If she's got teeth, give her something cool to chew before you start breastfeeding. Your baby may tighten when he starts to fall asleep at the end of her chest. As soon as you notice that its lids are starting to slide, insert your pinkie behind her mouth to break the seals and slide the nipples out. Originally published as The June 2013 issue of Parents magazine. All content on this website, including medical advice and any other health-related information, is for information purposes only and should not be considered a specific diagnosis or treatment plan for each individual situation. The use of this page and the information contained in this page do not create a doctor-patient relationship. Always seek direct advice from your doctor in relation to questions or questions you may have regarding your own health or those of others. © copyright . All rights reserved. Printed from this link is an external location that may or may not meet the Accessibility Guidelines. Guidelines.

