

# Module Report

Tutorial: Real Life RN Medical Surgical 4.0

Module: Urinary Tract Infection



Individual Name: Emily Rudis

Institution: Margaret H Rollins SON at Beebe Medical Center

Program Type: Diploma

## Standard Use Time and Score

	Date/Time	Time Use	Score
Urinary Tract Infection	2/14/2023 8:34:47 PM	17 min	Needs Improvement

This attempt ended prematurely due to a detrimental decision or a series of missteps.

## Reasoning Scenario Details

### Urinary Tract Infection - Use on 2/14/2023 8:17:32 PM

#### Reasoning Scenario Performance Related to Outcomes:

\*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cognition and Sensation		100%	
Oxygenation	66.7%		33.3%

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Physiological Adaptation	50%	25%	25%

QSEN	Strong	Satisfactory	Needs Improvement
Patient-Centered Care	50%	25%	25%

#### Decision Log:

Scenario
Question Fill In the Blank Essay (Not Scored)

<b>Question</b>	What additional information would assist Nurse Craig in preparing to care for Mrs. Jordan? List 5 additional pieces of information that should have been included in the report.
<b>Selected Option</b>	updated BP, time of levofloxacin admin, amount of fluid intake, is she AOx4?, is she in pain?
<b>Rationale</b>	1. Levofloxacin (Levaquin) – How much was given and when is the next dose? 2. Agitation – The client’s baseline level of orientation. Is this agitation new or getting worse? How do you know she is tired? Did she tell you that or is she sleeping on and off? 3. Probable discharge in next 24 hr – Is there a discharge order or plan? 4. Output – Amount, color and characteristic of urine. 5. IV – The type and amount of IV solution given since arrival in the emergency department. The type and rate of IV solution that is currently infusing. Location of IV site and size of catheter. 6. Vital signs – Range of vital signs, including O2 saturation. Current vital signs. 7. Blood glucose – Results of blood glucose and time obtained. 8. Social status – Any significant others that are with her. Individuals who should be contacted about hospitalization. 9. Medical history – Pre-existing conditions, allergies, and home medications and adherence. 10. Other – Normal level of activity, history of falls, and diet at home.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Craig just entered Mrs. Jordan’s room to do his assessment.
<b>Question</b>	Nurse Craig is assessing Mrs. Jordan. Which of the following actions should the nurse take next?
<b>Selected Option</b>	Apply oxygen per nasal cannula at 2 L/min.
<b>Rationale</b>	According to the airway, breathing, and circulation (ABC) priority-setting framework, this is the first intervention the nurse should take to address the client’s difficulty breathing.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Craig finds Mrs. Jordan restless and having increased difficulty breathing.
<b>Question</b>	Nurse Craig observes that Mrs. Jordan is restless and having increased difficulty breathing. Which of the following assessments is appropriate for Mrs. Jordan’s needs at this time?
<b>Selected Option</b>	Rapid focused assessment
<b>Rationale</b>	The client is experiencing an acute episode of dyspnea. A rapid focused assessment will allow the nurse to determine the underlying cause of the dyspnea and to intervene quickly. Therefore, this is the correct assessment at this time.

<b>Scenario</b>	Nurse Craig completes a rapid focused assessment.
<b>Question</b>	Based on the findings from the rapid focused assessment, which of the following actions should Nurse Craig perform first?
<b>Selected Option</b>	Administer lorazepam (Ativan) 2 mg PO.
<b>Rationale</b>	Lorazepam (Ativan) can slow the client's respirations and reduce her anxiety, but this is not the priority action.

<b>Scenario</b>	Nurse Craig enters the room to check on Mrs. Jordan following administering Ativan.
<b>Question</b>	Nurse Craig enters the client room and observes that Mrs. Jordan is sedated and drowsy. Which of the following interventions should Nurse Craig include in his assessment? (Select all that apply.)
<b>Selected Ordering</b>	Attempt to arouse Mrs. Jordan. Apply an oxygen saturation probe. Count Mrs. Jordan's respirations. Obtain Mrs. Jordan's blood pressure.
<b>Rationale</b>	Attempting to arouse the client is an appropriate intervention for the nurse to take because sedation and drowsiness are adverse effects of this medication. Applying an oxygen saturation probe is an appropriate intervention for the nurse to take due to the medication that was administered. A decrease in oxygen saturation can be an adverse effect of this medication. Inspecting the client's IV site at this time would not provide any evaluative information about Ativan. Counting the client's respirations is an appropriate intervention for the nurse to take due to the medication that was administered. Decrease in respirations can be an adverse effect of this medication. Obtaining the client's blood pressure is an appropriate intervention for the nurse to take due to the medication that was administered. Hypotension can be an adverse effect of this medication.

# Score Explanation and Interpretation

## Individual Performance Profile

### REASONING SCENARIO INFORMATION

Reasoning Scenario Information provides the date, time and amount of time use, along with the score earned for each attempt. The percentage of students earning a Scenario Performance of Strong, Satisfactory, or Needs Improvement is provided. In addition, the Scenario Performance for each student is provided, along with date, time, and time use for each attempt. This information is also provided for the Optimal Decision Mode if it has been enabled.

If a detrimental decision is made during a Real Life scenario, the scenario will diverge from the optimal path and potentially end prematurely, in which case an indicator will appear on the score report.

### REASONING SCENARIO PERFORMANCE SCORES

<b>Strong</b>	Exhibits optimal reasoning that results in positive outcomes in the care of clients and resolution of problems.
<b>Satisfactory</b>	Exhibits reasoning that results in mildly helpful or neutral outcomes in the care of clients and resolution of problems.
<b>Needs Improvement</b>	Exhibits reasoning that results in harmful or detrimental outcomes in the care of clients and resolution of problems.

### REASONING SCENARIO PERFORMANCE RELATED TO NURSING COMPETENCY OUTCOMES

A performance indicator is provided for each outcome listed within the nursing competency outcome categories. Percentages are based on the number of questions answered correctly out of the total number of questions that were assigned to the given outcome. Outcomes have varying numbers of questions assigned to them. Also, due to divergent paths within the branching simulation, the outcomes encountered and the number of questions for each outcome can vary. The above factors cause limitations related to comparing scores across students or groups of students.

### NCLEX® CLIENT NEED CATEGORIES

<b>Management of Care</b>	Providing integrated, cost-effective care to clients by coordinating, supervising, and/or collaborating with members of the multi-disciplinary health care team.
<b>Safety and Infection Control</b>	Incorporating preventative safety measures in the provision of client care that provides for the health and well-being of clients, significant others, and members of the health care team.
<b>Health Promotion and Maintenance</b>	Providing and directing nursing care that encourages prevention and early detection of illness, as well as the promotion of health.
<b>Psychosocial Integrity</b>	Promoting mental, emotional, and social well-being of clients and significant others through the provision of nursing care.
<b>Basic Care and Comfort</b>	Promoting comfort while helping clients perform activities of daily living.
<b>Pharmacological and Parenteral Therapies</b>	Providing and directing administration of medication, including parenteral therapy.
<b>Reduction of Risk Potential</b>	Providing nursing care that decreases the risk of clients developing health-related complications.
<b>Physiological Adaptation</b>	Providing and directing nursing care for clients experiencing physical illness.

# Score Explanation and Interpretation

## Individual Performance Profile

### QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN)

<b>Safety</b>	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.
<b>Patient-Centered Care</b>	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values.
<b>Evidence Based Practice</b>	The use of current knowledge from research and other credible sources, upon which clinical judgment and client care are based.
<b>Informatics</b>	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.
<b>Quality Improvement</b>	Care related and organizational processes that involve the development and implementation of a plan to improve health care services and better meet the needs of clients.
<b>Teamwork and Collaboration</b>	The delivery of client care in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.

### BODY FUNCTION

<b>Cardiac Output and Tissue Perfusion</b>	The anatomical structures (heart, blood vessels, and blood) and body functions that support adequate cardiac output and perfusion of body tissues.
<b>Cognition and Sensation</b>	The anatomical structures (brain, central and peripheral nervous systems, eyes and ears) and body functions that support perception, interpretation, and response to internal and external stimuli.
<b>Excretion</b>	The anatomical structures (kidney, ureters, and bladder) and body functions that support filtration and excretion of liquid wastes, regulate fluid and electrolyte and acid-base balance.
<b>Immunity</b>	The anatomic structures (spleen, thymus, bone marrow, and lymphatic system) and body functions related to inflammation, immunity, and cell growth.
<b>Ingestion, Digestion, Absorption, and Elimination</b>	The anatomical structures (mouth, esophagus, stomach, gall bladder, liver, small and large bowel, and rectum) and body functions that support ingestion, digestion, and absorption of food and elimination of solid wastes from the body.
<b>Integument</b>	The anatomical structures (skin, hair, and nails) and body functions related to protecting the inner organs from the external environment and injury.
<b>Mobility</b>	The anatomical structures (bones, joints, and muscles) and body functions that support the body and provide its movement.
<b>Oxygenation</b>	The anatomical structures (nose, pharynx, larynx, trachea, and lungs) and body functions that support adequate oxygenation of tissues and removal of carbon dioxide.
<b>Regulation and Metabolism</b>	The anatomical structures (pituitary, thyroid, parathyroid, pancreas, and adrenal glands) and body functions that regulate the body's internal environment.
<b>Reproduction</b>	The anatomical structures (breasts, ovaries, fallopian tubes, uterus, vagina, vulva, testicles, prostate, scrotum, and penis) and body functions that support reproductive functions.

### DECISION LOG

Information related to each question answered in a scenario attempt is listed in the report. A brief description of the scenario, question, selected option and rationale for that option are provided for each question answered. The words "Optimal Decision" appear next to the question when the most optimal option was selected.

The rationale for each selected option may be used to guide remediation. A variety of learning resources may be used in the review process, including related ATI Review Modules.

If a detrimental decision that could result in grave harm to the client is made during a Real Life scenario, the scenario ends immediately and an indicator that a detrimental decision has been made appears in the score report. A detrimental decision indicates the need to remediate the related topic area to prevent detrimental outcomes in the future.