

ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
 - a. **Craig, RN**
 - b. **Debbie, RN**
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
 - a. **Reconciling Mrs. Jordan's medications.**
 - b. **Inspecting skin for breakdown.**
 - c. **Educating Mrs. Jordan on why the hip surgery could not happen and explaining buck's traction better.**
- 3) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?
 - a. If **yes**, describe: **I feel like the medical team utilized therapeutic communication techniques because they were very clear in their reactions, they introduced themselves and explained what was happening. They never tried to tell the patient or other team members what they should be feeling but asked how they are feeling and said to express their concerns so they can help.**
 - b. If **no**, describe: **N/A**

Reflection

- 1) Go back to your Preconference Template:
 - a. Indicate (circle, star, highlight, etc.) the components of your preconference template that you saw applied to the care of this patient.
- 2) Review your Nursing Process Form: Did you select a correct priority nursing problem?
 - a. If **yes**, write it here: **NO**
 - b. If **no**, write what you now understand the priority nursing problem to be: **Decreased Cardiac Output due to suspected distributive shock which means not enough blood to your heart, brain, and kidneys.**
- 3) Review your Patient Problem Form: Did you see many of your anticipated nursing assessments and interventions used? **YES (check VS, assess pain level, provide periods of rest)**
 - a. Were there interventions you included that *were not* used in the scenario that could help this patient?
 - i. If **yes**, describe: **To avoid the fall assess morse fall, maintain bed alarm, show how to use call bell, and educate of assistance when out of bed.**
 - ii. If **no**, describe: **N/A**
- 4) After completing the scenario, what is your patient at risk for developing?
 - a. **Distributive shock, sepsis**
 - b. **Why? Due to her having HF, not taking her medications, and having fluid overload her heart is not able to pump blood effectively. Leading to blood not being delivered to vital organs, in response the body started to use protective measures such as increasing the HR and BP to try and shunt blood to vital organs. But it inevitable doesn't work. Water builds up in the body not being able to be excreted by the body due to the UTI and ineffective circulation. This leads to the vessels leaking out water causing edema and fluid in the lungs. The vessels begin to widen, everything drops, but an increase in**

HR and a fever occur. But this all goes back to the heart being ineffective, causing distributive shock, which can lead to sepsis.

- 5) What was your biggest “take-away” from participating in the care of this patient? How did this impact your nursing practice?

My biggest take-away from participating in the care of this patient is that things can go from bad to worse quickly. You have to keep good assessments to catch the little things that can turn into big things. Mrs. Jordan came in for a UTI, but due to not taking her meds and receiving so much fluid on intake it caused more issues, possible leading to shock and sepsis. This impacted my nursing care because it showed me how important my assessments of my patients are. Assessments are vital to care.

SOAP Note Based on Priority Problems

Priority Patient Problem #1: Decreased Cardiac Output

<p><u>Subjective:</u></p> <p><i>This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.</i></p>	<p>History Present Illness (HPI): UTI arrived at 0500 with cloudy, yellow urine, minimal output, and was agitated. Was started on IV fluids and Levofloxacin.</p> <p>PMH: HF, Diabetes.</p> <p>Allergies: NONE</p> <p>Current Medications: Digoxin, Furosemide, Potassium chloride, Isosorbide.</p>
<p><u>Objective:</u></p> <p><i>This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.</i></p>	<p>Vital Signs: HR, BP, RR</p> <p>Labs: BNP, CBC, Troponin, WBC count, Kidney function test, Liver function test, ABGS</p> <p>Diagnostics: Echocardiogram, EKG, EF, urinary output</p>
<p><u>Assessment:</u></p> <p><i>Focused assessments on your priority problem.</i></p>	<ul style="list-style-type: none">-Auscultate lungs-Assess for edema-Assess urinary output-Assess BP, HR, RR-Assess respiratory rate and pattern-Assess restlessness, confusion, chest pain, headaches
<p><u>Plan</u></p> <p>*Based on priority problem only</p> <p><i>Include what your plan is for the client. What treatments or medications are needed? You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?</i></p>	<p>Plan:</p> <ul style="list-style-type: none">-Furosemide and increase sodium intake to relieve edema-Abx to treat infection-Packed red blood cell transfusion-Bring in cardiologist to advise how to treat shock on a HF pt (Vasopressors vs ACE inhibitors)-Bring in sepsis/shock team-Limit fluids to combat fluid overload-Get CBC, KFT, LFT, Echo, EF-Raise the head of the bed-Decrease anxiety (lorazepam) <p>Teaching & Resources: Teach to always take HF medications, provide a home health assistant to ensure treatment plan is being fulfilled.</p>