

## **Patient Problems (Nursing Diagnoses)**

List two potential patient problems you will be addressing as part of your nurse's notes, along with clinical reasoning, goals/expected outcomes, assessments, and priority nursing interventions. The patient problems must be in priority order. Six nursing interventions for each priority problem must be completed.

### Problem # 1 Acute Pain

Clinical Reasoning: Pain and discomfort due to infection, inflammation, and irritation of the urinary tract.

Goal/EO: Patient will report a 3 out of 10 on the pain scale during my time of care

Ongoing Assessments: Subjective data regarding patient's pain scale based on what they tell me, monitoring for grimacing/wincing, vitals (BP, HR, RR)

- NI:
1. Apply a heating pad to the suprapubic area or lower back every other hour and PRN
  2. Instruct the patient the use of a sitz bath when available
  3. Administer analgesics for pain PRN
  4. Encourage and provide non pharmacological pain treatment modalities such as guided imagery, meditation, or massage q 4 hours
  5. Encourage diversional activities such as watching TV, reading a book at beginning of shift and PRN
  6. Teach the patient to avoid bladder irritants such as caffeine, carbonated drinks, and acidic foods at the beginning of care and PRN.
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### Problem # 2 Deficient Knowledge

Clinical Reasoning: Patient is unaware of how they developed the UTI, how to prevent them, and how to treat it.

Goal/EO: Patient will verbalize understanding of how to prevent future UTIs.

Ongoing Assessments: Ask the patient what they already know about UTIs, follow up upon discharge about prevention

- NI:
1. Teach the patient the importance of drink 1-3 L of water a day in the morning/at the beginning of the shift

2. Teach the patient to finish the full course of antibiotics when prescribed and PRN
3. Teach the patient the importance of wearing clean, well ventilated clothing PRN
4. Teach the patient the importance of good perineal hygiene, such as wiping/cleaning from front to back PRN
5. Teach the patient the importance of voiding at urge to avoid urine stasis at start of shift and PRN
6. Teach the patient hygienic measures such as opting for a shower instead of a bath PRN

### ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
  - a.   Nurse
  - b.   Pharmacist
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
  - a.   Medication reconciliation
  - b.   Performing frequent assessments on coccyx
  - c.   Applying oxygen
- 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:   Yes, the team asked the patient "tell me more," when she was experiencing distress. The team also always explained the care they were doing (applying oxygen, bucks traction, etc) and also asked about providing a bed bath. The team also effectively communicated with each other and made sure care was provided seamlessly, for example, the charge nurse asked the night shift nurse how she felt about caring for a patient with bucks traction, making sure she knew what to do. Additionally, they would politely ask one another for assistance when appropriate.    
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  - b. If **no**, describe:  
\_\_\_\_\_  
\_\_\_\_\_

### 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: \_\_\_\_\_

b. If **no**, write what you now understand the priority nursing problem to be: **Ineffective breathing pattern (due to heart failure) is the priority** \_\_\_\_\_

3) Review your Patient Problem Form: Did you see many of your anticipated nursing assessments and interventions used?

a. Were there interventions you included that *were not* used in the scenario that could help this patient?

i. If **yes**, describe: Neither of my priority problems were relevant in the simulation, I said acute pain (but due to UTI, though the patient did experience pain from a hip fracture) and deficient knowledge. Some of the pain interventions could have been used though such as diversional activities and guided imagery/relaxation techniques. \_\_\_\_\_

ii. If **no**, describe:

\_\_\_\_\_  
\_\_\_\_\_

4) After completing the scenario, what is your patient at risk for developing?

a. Pressure Injury \_\_\_\_\_

b. Why? Due to impaired mobility after a hip fracture as well as decreased activity due to heart failure.

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

That priority problems are not always what they seem simply based on the medical diagnosis. Pre-existing conditions play a massive role in a patient’s acute diagnosis. This is why comprehensive and thorough assessments as well as asking questions during SBAR is so important.

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**SOAP Note Based on Priority Problems**

**Priority Patient Problem #1: Ineffective Breathing Pattern**

<p><b><u>Subjective:</u></b></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><b>History Present Illness (HPI): 78 year old female, admitted from home to ED at 0500, urosepsis diagnosis,</b></p> <p><b>PMH: Diabetes, CHF</b></p> <p><b>Allergies: NKA</b></p> <p><b>Current Medications: Levaquin, Furosemide 28 mg/40mg, Potassium chloride 20 mEq/40 mEq, Digoxin 0.125 mg, Atenolol 25 mg, Isosorbide 10 mg.</b></p>
<p><b><u>Objective:</u></b></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><b>Vital Signs: SpO2 88%, T 100.6, BP 130/94, HR 90, RR 40,</b></p> <p><b>Labs: ABGs, blood cultures, urinalysis, CBC. pH 7.28, PaCO2 35, HCO3 20</b></p> <p><b>Diagnostics: chest xray</b></p>
<p><b><u>Assessment:</u></b></p> <p><i>Focused assessments on your priority problem.</i></p>	<p><b>Cloudy urine, minimal output, dyspnea, fever with chills, productive cough, stage 2 bed sore on coccyx, restless,</b></p>

**Plan**

**\*Based on priority problem only**

*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?*

**Plan:**

**Will discharge to home, take glyburide, administer/maintain oxygen via nasal cannula 2-6L for dyspnea, IV to stay open, 0.25 mg Digoxin PO STAT and 1x a day, IV push 20 mg Furosemide stat and if no 500 ml urine in next 6 hours repeat dose. Albuterol by nebulizer every six hours. Bucks traction for hip fracture, will reevaluate condition in a few days. Assess ulcer every 2 hours due to traction. 0.9 % sodium chloride solution 150 mL/hr.**

**Teaching & Resources: Pharmacy as a resource**