Student Name Lillian Lima
ATI Real Life Scenario MI

*Complete and submit to the corresponding dropbox by 1600 on the assigned clinical day.

To Be Completed Before the Simulation

** Blue boxes should be completed using textbook information. What do you expect to find? This information should be collected before you start the ATI simulation.

Medical Diagnosis/ Disease: Myocardial Infarction

NCLEX IV *(8)*: **Physiological Integrity/Physiological Adaptation**

Anatomy and Physiology
Normal Structures

* see next page

Pathophysiology of Disease

* see next page

NCLEX IV *(7)*: **Reduction of Risk**

Anticipated Diagnostics
Labs

- Troponin levels - increase 4-6hr, peak 10-24hr
  - <6 = Low risk
  - >19 or ↑ by 20% and draw = Consult cardiologist
- CK-MB - inc. 6hr Post MI

ACS tx

Additional Diagnostics

- EKG - ST elevation = injury
  - T wave inversion = ischemia
  - Q wave necrosis

Anterior V_1-V_4, LAD
inferior II, III, aVF
Lateral V_5-V_6, I, aVL

NCLEX II *(3)*: **Health Promotion and Maintenance**

Contributing Risk Factors

- Coronary Artery Disease
- Plaque rupture
- New coronary artery thrombosis
- Coronary artery spasm
- Smoking
- Obesity
- Family hx
- HTN
- Age
- Diabetes

Signs and Symptoms

- Pain - crushing, heaviness may radiate to neck, jaw, arms
  Duration 20 min or longer
  Elderly → Δ in LOC
- Hypoxia
- Clammy skin
- ↑HR and ↑BP then ↓BP
- Crackles
- JVD
- Murmur
- Fever

NCLEX IV *(7)*: **Reduction of Risk**

Possible Therapeutic Procedures

Non-surgical

- Relieve pain
- Oxygen

Surgical

Cardiac cath STEMI: within 90 min to completely open occluded artery

PCI - balloon angio, or stent

Atherectomy

Prevention of Complications
(What are some potential complications associated with this disease process)

- Dysrhythmias - Vtach, VFib, Sinus tach, A. fib
  ↳ need O2!
- HF - impaired ♡ function
  ↳ ensure lifestyle and diet changes
- ADHF
- cardiac Cath dx and evaluate extent
- ♡ shock
- PE
- Thromboembolis
- Pericarditis
- Dressler
- Ventricular septal rupture

NCLEX IV *(6)*: **Pharmacological and Parenteral Therapies**

Anticipated Medication Management

Thrombolytic Therapy: Heparin, ASA
D/C STAT if LOC Δ's
Nitro: vasodilator SE: Hypo, HA
Morphine
Antiplatelets
Anticoags
Glycoprotein inhibitors
BB
ACE Inhibitors
Antidysrhythmic

NCLEX IV *(5)*: **Basic Care and Comfort**

Non-Pharmacologic Care Measures

- Cope effectively w/ anxiety
- Dietary restrictions ♡, low salt, low liq.
- Ensure family knows CPR
- Lifestyle changes → exercise

NCLEX III *(4)*: **Psychosocial/Holistic Care Needs**

What stressors might a patient with this diagnosis be experiencing?

- Anxiety
- Low-self esteem due to ♡ changes
- Financial stressors
- Decreased Activity Tolerance causing anxiety

Client/Family Education

List 3 potential teaching topics/areas

- Medications
- Lifestyle and Dietary Changes
- S/Sx of complications of MI

NCLEX I *(1)*: **Safe and Effective Care Environment**

Multidisciplinary Team Involvement
(Which other disciplines do you expect to share in the care of this patient)

- Cath lab
- Cardiologist
- PT/OT
- Virtual nurse
- PCP
- ENIT

Anatomy + Physiology

- Heart has 4 chambers - LA, LV, RA, RV
- Composed of 3 layers - epicardium (outside), myocardium (inner muscle), endocardium (inside layer)
- Pericardium is the sack that surrounds the ♡

Blood flow through the heart:

- Deoxygenated blood comes in from the superior vena cava and inferior vena cava to the right atrium, through the Tricuspid valve to the Right ventricle to the pulmonic valve to pulmonary artery to the lungs to become oxygenated.
- Oxygenated blood returns through the pulmonary vein to left atrium through the mitral valve to left ventricle to aortic valve to systemic circulation to oxygenate the body

Coronary Circulation: way for the heart itself to get oxygenated

- Two major coronary arteries: left coronary artery branches and right coronary artery branches
  Left coronary artery branches: left anterior descending and left circumflex, supplies blood to LA, LV, interventricular septum and part of RV — LAD feeding anterior portion
  Right coronary artery branches: supplies blood to RA, RV, part of posterior LV, supplies AV. RCA supplying inferior.

Conduction system: specialized tissue creates and transports electrical impulse → depolarization → heart muscle contraction
SA node to interatrial pathways to atrial contraction to AV node to intermodal pathways to bundle of His to L and R bundle branches to Purkinje fibers → ventricular contraction

Cardiomyocytes: cell responsible for contraction of ♡

Mechanical System: Stroke volume is the amount of blood ejected w/each heartbeat
CO: Amount of blood pumped by each ventricle in one minute — CO = SV x HR — normal is 4-8 L/min
HR: controlled by ANS, sustained tachycardia affects CO
Factors that affect SV: Preload, contractility, Afterload
Preload - volume of blood stretching the ventricles at the end of diastole
Afterload - peripheral resistance against which left ventricle must pump

- Collateral circulation are blood vessels in your body that can take over when another artery is blocked.

Regulation of CV system: ANS, baroreceptors, Chemoreceptors
ANS: SNS increases, PNS slows, sympathetic stimulation of blood vessels causes vasoconstriction

Pathophysiology of MI:

- Spectrum includes unstable angina, NSTEMI, and STEMI
- caused by decline of atherosclerotic plaque that leads to thrombus
- If partial occlusion → unstable angina, NSTEMI — If total occlusion MI (STEMI)

Myocardial Infarction is the abrupt stoppage of blood flow through a coronary artery that causes irreversible cell death. Ischemia starts in subendocardium (NSTEMI) vs transmural (STEMI). Necrosis of entire thickness of myocardium takes 4-6hrs.

STEMI: caused by an occlusive thrombus results in ST elevation in the ECG leads facing the area of infarction
NSTEMI: nonocclusive thrombus, no ST elevation

LAD is the most common site of MI → Anterior MI
RCA blockage causes inferior MI

In a healthy coronary artery, there is adequate blood flow and oxygenation. LDL sticks to the artery wall if it has risk factors. This leads to a buildup of plaque until the point it ruptures and defensive mechanisms are activated. Platelets aggregate to attempt fixing artery wall and occludes the artery impairing blood flow and oxygenation to heart muscle causing cell death. This is irreversible after 30 minutes. Hypoxia in 10 seconds to ♡ muscle. After minutes, anaerobic metabolism produces lactic acid and stimulates nerves to send pain messages through thoracic. The degree of collateral circulation influences severity of MI.

Student Name Lillian Lima
ATI Real Life Scenario MI

Anticipated Patient Problems, Goals, & Interventions Based on Medical Diagnosis

** This worksheet should be completed before you begin the ATI simulation.

Problem #1: Acute Pain - Chest related to MI

Patient Goals:

1. Will report a 0/10 pain of chest following administration of NTG, morphine or PCI during my care.
2. Will maintain baseline VS and normal sinus rhythm throughout care.

Assessments:

? Assess PQRST prn. Assess pain using pain scale prn. Assess ECG continuously. Monitor VS q4hr or prn.

Interventions (In priority order):

1. Administer Oxygen as needed throughout care.
2. Administer ASA as prescribed throughout care.
3. Administer NTG tablets q5min x3 as needed throughout care.
4. Administer Morphine as prescribed throughout care.
5. Prepare for cath lab within 60 minutes of arrival for STEMI MI.
6. Instruct to report s/sx of pain immediately prn throughout care.

Problem #2: Decreased Cardiac Output - MI

Patient Goals:

1. Will maintain hemodynamic stability as evidenced by BP within normal range, and HR within 60-100 bpm throughout my shift.
2. Will have a urinary output of > 30 mL/hr, will have an absence of dysrhythmias and decreased episodes of dyspnea throughout my care.

Assessments:

? Orthostatic BP, HR, SpO2, RR q4hr or prn, quality of pulses, heart sounds, breath sounds q4hr or prn. UO q hr, monitor ECG prn, monitor electrolytes and lab values prn.

Interventions (In priority order):

1. Administer O2 as needed throughout care.
2. Administer inotropic medications as ordered throughout care.
3. Maintain optimal fluid balance by administering fluids when indicated throughout shift.
4. Administer diuretics as prescribed during care.
5. Administer vasodilator as prescribed during shift.
6. Provide small and easily digested meals and limit caffeine intake q during meal times throughout care.
7. Maintain physical and emotional rest by restricting activity, providing a quiet environment as needed throughout care.
8. Restrict fluids and sodium at every meal throughout shift.

Student Name Lillian Ling
ATI Real Life Scenario MI

At this time, complete assigned ATI Real Life Simulation

Actual Patient Problems & Goals

** The following should be completed after the ATI simulation.

Problem #1: Impaired Gas Exchange secondary to allergic rxn

Patient Goals:

1. Will maintain an SpO2 of > 96% throughout my care. Met ✓ Unmet
2. Will resume to a RR of 12-20, no wheezing or stridor upon auscultation and no itching complaints following allergic rxn treatment during care. Met Unmet

Problem #2: Acute Chest Pain secondary to MI

Patient Goals:

1. Will report a 0 out of 10 chest pain following PCI. Met ✓ Unmet
2. Will maintain baseline VS and normal sinus rhythm on telemetry throughout my time of care. Met ✓ Unmet

Student Name Lillian Lima
ATI Real Life Scenario MI

SOAP Notes Based on Priority Problems

Priority Patient Problem #1: Impaired Gas Exchange secondary to allergic rxn

Subjective: *This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.*	**Chief Complaint:** C/O itching, SOB, cough and nasal congestion following stent placement. **PMH:** CAD w/angina, HTN, Asthma, quit smoking 1 mo ago **Allergies:** penicillin, peanuts, sulfa, shellfish **Current Medications:** NTG 0.4 mg q5min x3, ASA 325mg PO
Objective: *This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs:** HR 116, RR 32, O_2 87% nonrebreather 15L, Arterial BP 155/98 : @ 2125 HR 88, RR 14, BP 108/74, SpO_2 100% nonrebr. @ 2200 **Labs:** PaO_2 88 mmHg @ 1745 normal **Diagnostics:** ECG: Tachycardia with PVCs @ 2125 ECG: RSR w/ PVC's @ 2200
Assessment: *Focused assessment on your priority problem.*	· Wheezing upon auscultation, dyspnea, C/O itching following cardiac cath, no signs of rashes, intermittent stridor noted, SpO_2 87% on 15L nonrebreather, ashen skin, dusky nail beds, difficulty swallowing and presents distressed. Stated allergy to shellfish.
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:** Notify provider, replaced NC w/nonrebreather 15L/min 100% O_2, administer diphenhydramine 25mg IV bolus PRN q4hr for itching, titrate O_2 as needed, administer epinephrine 0.3mg IM PRN q10-15min monitor for s/sx of allergic rxn, and rapid intervention. **Teaching/Resources:** Rapid response team, to notify of any shellfish or iodine allergies, s/sx of an allergic reaction, tx of allergic reaction

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ATI Real Life Scenario MI

Priority Patient Problem #2: Acute Pain secondary to STEMI MI

Subjective: *This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.*	**Chief Complaint:** Wife stated gave pt NTG for c/o CP after shoveling snow. CP did not resolve after 5 minutes, so called 911. CP began at 16:55.
Objective: *This section is your clinical observations. Include vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs:** Admission → HR 104, RR 26, BP 96/56, O2 94% 4L NC, After cath lab: HR 96, RR 14, BP 112/66, 98% 2L NC, pain 0 Pain scale 8 **Labs:** Troponin T: 0.2 ng/mL, Troponin I: 0.06 ng/mL, Lactic Acid: 0.6 mmol/L, CK 0 mEq/L, Cholesterol: 324 mg/dL Troponin T @ 2145 0.4 ng/mL Troponin I @ 2145 0.07 ng/mL **Diagnostics:** 12-lead ECG → Prolonged P wave, PVC, ST elevation CXR → r/o dissecting aorta Cardiac cath → PCI
Assessment: *Focused assessment on your priority problem.*	• Pain of 8/10, facial grimacing, c/o unrelieved CP following activity, c/o tightness and heaviness of chest, SOB and dizziness unrelieved by NG tablets and ASA. → ER nurse • Pain of 0/10 following cath lab, RSR w/ PVC's on tele → ICU nurse
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:** Prepare for cath lab, PCI within 60 min. and stent placement, administer morphine 2 mg IVP prn q4hr for moderate pain, titrate O2 delivery to maintain O2 at >96% on NC, continuous ECG monitoring, monitor serial cardiac biomarkers prn, monitor VS continuously, administer NTG and ASA as ordered. **Teaching/Resources:** MI pathophysiology and cause, pain medication and when to call 911, reporting CP, dietary changes, lifestyle changes, cardiologist, reducing obesity.

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ATI Real Life Scenario MI

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 virtual patient.

2. 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 this simulation was understanding how to care and rapidly intervene for a pt experiencing an MI. I understood the priority tx when a pt presents to the ER with complaints of chest pain. Also, I was able to understand possible complications following a PCI intervention and how to treat it immediately. This impacted my nursing practice because a myocardial infarction is a life threatening and emergent situation. As a nurse, I need to understand how to rapidly intervene to prevent death. This simulation reinforced treatment measures and allowed me to understand the reason for tx.

Module Report

Tutorial: **Real Life RN Medical Surgical 4.0**

Module: **Myocardial Infarction Complications**

Individual Name: **Lillian Lima**

Institution: **Margaret H Rollins SON at Beebe Medical Center**

Program Type: **Diploma**

Standard Use Time and Score

	Date/Time	Time Use	Score
Myocardial Infarction Complications	3/9/2023 3:27:12 PM	1 hr 19 min	Strong

Reasoning Scenario Details
Myocardial Infarction Complications - Use on 3/9/2023 2:08:45 PM

Reasoning Scenario Performance Related to Outcomes:

*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cardiac Output and Tissue Perfusion	100%		
Cognition and Sensation	100%		
Integument	100%		
Oxygenation	100%		
Regulation and Metabolism	100%		

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care	100%		
RN Pharmacological and Parenteral Therapies	100%		
RN Reduction of Risk Potential	100%		
RN Physiological Adaptation	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	100%		
Patient-Centered Care	100%		
Evidence Based Practice	100%		

Decision Log:

Optimal Decision	
Scenario	Mr. Davis has taken an initial dose of nitroglycerin.
Question	Mr. Davis has taken the first dose of nitroglycerin. Which of the following actions should be taken next?
Selected Option	Mrs. Davis should call 911 if her husband's chest pain is not relieved within 5 minutes.
Rationale	Unresolved chest pain with the administration of nitroglycerin can indicate the client is having a myocardial infarction, so Mrs. Davis should call 911 if the pain continues. Mr. Davis should also take another dose of nitroglycerin. For unresolved chest pain, a total of three doses of nitroglycerin should be administered 5 minutes apart. Mr. Davis should also take a 325 mg dose of aspirin to inhibit platelet aggregation, which can reduce cardiac damage from the formation of a thrombus.

Optimal Decision	
Scenario	Nurse Christine reviews Mr. Davis's a 12-lead ECG.
Question	Nurse Christine is reviewing Mr. Davis' ECG strip, which was completed at 1725. Which pattern on the ECG strip is the priority finding? (You will find hot spots to select in the artwork below. Select only the hot spot that corresponds to your answer.)
Selected Option	137,36,147,36,137,49,147,48
Rationale	The priority finding is the ST-segment elevation possibly indicating an acute coronary event, which is the greatest risk to Mr. Davis.

Optimal Decision	
Scenario	Nurse Christine prepares to initiate prescriptions.
Question	Nurse Christine is preparing to initiate the prescriptions for Mr. Davis. Which of the following prescriptions should she expect to initiate? (Select all that apply.)
Selected Ordering	Chest x-rayTroponin levelMorphinePotassium and creatinine levels

Rationale	Nurse Christine should expect to initiate a bedside chest x-ray to rule out chest pain resulting from a dissecting aorta. A CAT-scan is ordered if the chest x-ray indicates the client has a dissecting aorta. Troponin is a cardiac enzyme, and when elevated, is an early indicator of myocardial cell damage. Morphine is administered to relieve pain, reduce myocardial oxygen consumption, and facilitate vasodilation. Potassium and creatinine are drawn for a baseline prior to the cardiac catheterization. A client having an ST-segment elevation myocardial infarction (STEMI) will not have an MRI before having a heart catheterization because this would delay the initiation of the cardiac catheterization and thus prohibit the provider meeting the 60-minute time-frame from the arrival to the facility to intervention.

Scenario	Nurse Carl is determining the priority action to take when Mr. Davis is itching.
Question	Mr. Davis is reporting itching over his arms and chest. What is the most appropriate action Nurse Carl should take? (Type your response in the field below and click “Submit” to compare your answer to the expert response.)
Selected Option	Nurse Carl needs to notify the provider immediately for a possible allergic reaction, reports of itching following catheter lab, and notify of the allergy to shellfish or iodine. Nurse Carl should further assess the pt for other sx and anticipate treatment for possible allergic rxn.
Rationale	The priority action nurse Carl should take is to check Mr. Davis’s medical record for a shell fish allergy. Nurse Carl should recognize the possibility of an allergic reaction related to a shellfish allergy. Record the allergy to shellfish in the medical record and notify the provider of the allergy and Mr. Davis’s report of itching. The provider can determine if Mr. Davis is having a delayed allergic reaction to the contrast dye used during cardiac catheterization. Nurse Carl should check the client’s skin for a rash and request a prescription for diphenhydramine IV to decrease the itching.

Optimal Decision	
Scenario	Mr. Davis is having difficulty breathing, and Nurse Carl is assessing breath sounds.
Question	Nurse Carl is assessing Mr. Davis’s breath sounds and suspects Mr. Davis is starting to experience a moderate systemic reaction to the contrast dye used for the heart catheterization. Which of the following breath sounds should the nurse expect to hear during auscultation?
Selected Option	Wheezing
Rationale	Nurse Carl should recognize that high-pitched wheezing following a heart catheterization using contrast dye indicates a moderate allergic reaction that can progress into anaphylactic shock. Anaphylactic reaction to the contrast dye requires immediate intervention. Wheezing is a continuous squeaky breath sound that arises from the small airways and is associated with inflammation and edema.

Optimal Decision	
Scenario	Nurse Carl is choosing the correct medication to administer for Mr. Davis’s dyspnea and wheezing.

Question	Nurse Carl has listened to Mr. Davis's breath sounds and recognizes the manifestations of Mr. Davis's condition. Nurse Carl should expect a prescription for which of the following medications?
Selected Option	Epinephrine IM
Rationale	Nurse Carl should administer epinephrine IM to promote bronchodilation, vasoconstriction, and maintenance of the blood pressure and heart rate. Anaphylaxis is a life-threatening event and requires rapid intervention to prevent a potential critical outcome.

Optimal Decision	
Scenario	Nurse Carl is checking Mr. Davis's puncture site during the post-heart catheterization assessment.
Question	Nurse Carl is completing a post-heart catheterization assessment of Mr. Davis. Which of the following observations should Carl address first?
Selected Option	A developing hematoma at the puncture site
Rationale	The greatest risk to the client is the formation of a hematoma at the puncture site. A hematoma is an indication the client is having active bleeding into the groin tissue and requires immediate action. In addition, nurse Carl should know a hematoma can occur without observable bleeding at the puncture site. Therefore, this is the priority finding.

Optimal Decision	
Scenario	Nurse Carl finds bleeding at the puncture site.
Question	Mr. Davis's puncture site is covered with gauze and a transparent bandage. Nurse Carl is assessing Mr. Davis' puncture site for bleeding. There is a 7.62-cm (3-in) groin hematoma. The gauze is saturated with bright red blood. Which of the following actions should Nurse Carl take?
Selected Option	Apply pressure to the right groin site.
Rationale	Nurse Carl should assess the puncture site and apply pressure to the area for at least 10 minutes in the presence of active bleeding or a hematoma. Pressure is applied to create hemostasis.

Optimal Decision	
Scenario	Nurse Carl is reviewing Mr. Davis's laboratory values.
Question	Nurse Carl is reviewing Mr. Davis's laboratory results in the electronic medical records (EMRs). Which of the laboratory results should nurse Carl report immediately to the provider?
Selected Option	Potassium
Rationale	The potassium is 3.2 mEq/L, which is below the expected reference range of 3.5 to 5 mEq/L. Nurse Carl should report this value immediately to the provider.

Optimal Decision	
Scenario	Nurse Carl is planning to teach Mr. Davis about modifiable risk factors.

Question	Nurse Carl has information to provide to Mr. Davis about modifiable risk factors for coronary artery disease. Which of the following risk factors should he include in the teaching?
Selected Option	Obesity
Rationale	Nurse Carl should include in the teaching that modifiable risk factors include obesity, cigarette smoking, hypertension, diabetes, and sedentary lifestyle. Clients can alter modifiable or controllable risk factors by making choices to change aspects of personal lifestyle.

Optimal Decision	
Scenario	Nurse Carl suspects manifestations of cardiogenic shock.
Question	Nurse Carl is assessing Mr. Davis with the charge nurse and suspects manifestations of cardiogenic shock. Which of the following findings should Carl identify as manifestations of cardiogenic shock? (Select all that apply.)
Selected Ordering	Mean arterial pressure of 54 mm HgAgitation and restlessnessArterial blood pressure of 88/54 mm Hg
Rationale	A client who is manifesting cardiogenic shock can have hemodynamic instability. These can be observed by decreased blood pressure, tachycardia, reduced mean arterial pressure (MAP), agitation, and restlessness.

Optimal Decision	
Scenario	Nurse Carl is calculating of the initial rate of the dobutamine drip.
Question	Nurse Carl is preparing to administer dobutamine 2.5 mcg/kg/min by continuous IV infusion to Mr. Davis who weighs 110 kg (242 lb). Available is dobutamine 250 mg in 250 mL of dextrose 5% in water. Carl should set the IV pump to deliver how many mL/hr? (Round the answer to the nearest tenth. Use a leading zero if it applies. Do not use a trailing zero.)
Selected Option	16.5
Rationale	**Follow these steps for the Ratio and Proportion method of calculation:** Step 1: What is the unit of measurement the nurse should calculate? mL/hr Step 2: What is the dose the nurse should administer? Dose to administer = Desired 2.5 mcg/kg/min *X = Dose per kg/min × Client's weight in kg* *X* mcg/min = 2.5 mcg/~~kg~~/min × 110 ~~kg~~ *X* mcg/min = 275 mcg/min Step 3: What is the dose available? Dose available = Have 250 mg Step 4: Should the nurse convert the units of measurement? Yes (mcg does not equal mg) 1,000 mcg275 mcg/min = 1 mg*X* mg/min *X* mg/min = 0.275 mg/min Yes (min does not equal hr) 60 ~~min~~*X* mg/hr = 1 hr0.275 mg/~~min~~ *X* mg/hr = 16.5 mg/hr Step 5: What is the quantity of the dose available? 250 mL Step 6: Set up an equation and solve for X. *HaveDesired = QuantityX250 mg16.5 mg/hr = &#160250 mLX mL/hr* *X mL/hr = 16.5 mL/hr* *Step 7: Round if necessary.*

	Step 8: Determine whether the amount to administer makes sense. If there are 250 mg/250 mL and the prescription reads 2.5 mcg/kg/min, it makes sense to administer 16.5 mL/hr. The nurse should set the IV pump to deliver dobutamine at 16.5 mL/hr. ***Follow these steps for the Desired Over Have method of calculation:*** *Step 1: What is the unit of measurement the nurse should calculate? mL/hr* *Step 2: What is the dose the nurse should administer? Dose to administer = Desired 2.5 mcg/kg/min* *X = Dose per kg/min × Client's weight in kg* *X mcg/min = 2.5 mcg/~~kg~~/min × 110 ~~kg~~* *X mcg/min = 275 mcg/min* *Step 3: What is the dose available? Dose available = Have 250 mg* *Step 4: Should the nurse convert the units of measurement?* *Yes (mcg does not equal mg)* *275 ~~mcg~~ × 1 mgX mg = 1,000 ~~mcg~~* *X mg/min = 0.275 mg/min* *Yes (min does not equal hr)* *0.275 mg × 60 ~~min~~X mg = 1 ~~min~~* *X mg/hr = 16.5 mg/hr* *Step 5: What is the quantity of the dose available? 250 mL* *Step 6: Set up an equation and solve for X.* *Desired × QuantityX = Have16.5 ~~mg~~ × 250 mLX mL/hr = &#160250 ~~mg~~* *X mL/hr = 16.5 mL/hr* *Step 7: Round if necessary.* *Step 8: Determine whether the amount to administer makes sense. If there are 250 mg/250 mL and the prescription reads 2.5 mcg/kg/min, it makes sense to administer 16.5 mL/hr. The nurse should set the IV pump to deliver dobutamine at 16.5 mL/hr.* ***Follow these steps for the Dimensional Analysis method of calculation:*** *Step 1: What is the unit of measurement the nurse should calculate? (Place the unit of measure being calculated on the left side of the equation.)* *X mL/hr =* *Step 2: Determine the ratio that contains the same unit as the unit being calculated. (Place the ratio on the right side of the equation, ensuring that the unit in the numerator matches the unit being calculated.)* *250 mLX mL/hr = &#160250 mg* *Step 3: Place any remaining ratios that are relevant to the item on the right side of the equation, along with any needed conversion factors, to cancel out unwanted units of measurement.* *250 mL1 ~~mg~~2.5 ~~mcg~~110 ~~kg~~60 ~~min~~X mL/hr = × × × × &#160250 ~~mg~~1,000 ~~mcg~~1 ~~kg~~1 ~~min~~1 hr* *Step 4: Solve for X.* *X mL/hr = 16.5 mL/hr* *Step 5: Round if necessary.* *Step 6: Determine whether the amount to administer makes sense. If there are 250 mg/250 mL and the prescription reads 2.5 mcg/kg/min, it makes sense to administer 16.5 mL/hr. The nurse should set the IV pump to deliver dobutamine at 16.5 mL/hr.*

Optimal Decision	
Scenario	Nurse Carl is anticipating a medication prescription for Mr. Davis.

Question	Nurse Carl continues to monitor Mr. Davis, who remains unstable with a systolic blood pressure less than 90 mm Hg even with a dobutamine drip infusing. Which of the following medications should nurse Carl plan to administer?
Selected Option	Norepinephrine IV drip
Rationale	Norepinephrine is a vasopressor that produces vasoconstriction resulting in increased blood pressure and increased cardiac output. Norepinephrine should be administered, along with fluid volume replacement therapy, but not with a rapid infusion. Nurse Carl should monitor Mr. Davis for arrhythmias, chest pain, and hypertension.

Optimal Decision	
Scenario	Nurse Carl is preparing to administer norepinephrine.
Question	Nurse Carl is preparing to administer norepinephrine to Mr. Davis. Which of the following actions should nurse Carl plan to take?
Selected Option	Administer the medication through a central venous catheter.
Rationale	A norepinephrine drip should be infused using a large vein or central venous catheter to prevent localized vasoconstriction, which can result in extravasation and tissue necrosis.

Optimal Decision	
Scenario	Nurse Carl is monitoring for adverse effects of norepinephrine.
Question	Nurse Carl is reviewing a medication reference for adverse effects of norepinephrine. For which of the following findings should Carl monitor as an adverse effect of the medication?
Selected Option	Decreased urine output
Rationale	Mr. Davis might experience the adverse effect of decreased urine output due to vasoconstrictive effects on the renal arteries and hypoperfusion of the kidneys.

Optimal Decision	
Scenario	Lifestyle changes to reduce the risk of further coronary events.
Question	Nurse Carl is listening to Mr. Davis who is sharing about his plans for lifestyle changes. Which of the following statements indicates that Mr. Davis is planning to make appropriate lifestyle changes?
Selected Option	"I will reduce my sodium intake to 1,500 milligrams a day."
Rationale	Mr. Davis, who is African American, over the age of 50, and has a history of hypertension, should decrease sodium intake to 1,500 mg/day.

Optimal Decision	
Scenario	Nurse Carl is reviewing food choices with Mr. and Mrs. Davis.
Question	Nurse Carl has asked Mr. Davis to select foods from the hospital breakfast menu. Nurse Carl should determine that which of the following foods selected by Mr. Davis is the best choice for adhering to a 1,500 mg low-sodium diet?
Selected Option	3/4 cup shredded wheat cereal

Rationale	Nurse Carl should recognize that shredded wheat cereal is the best food choice for Mr. Davis because 1 cup contains just 1 mg of sodium.

Optimal Decision	
Scenario	Nurse Carl is teaching Mr. Davis about lisinopril.
Question	Nurse Carl is teaching Mr. Davis about taking lisinopril for hypertension. Which of the following information should Carl include in the teaching?
Selected Option	"Report a persistent dry cough."
Rationale	Nurse Carl should include that a persistent dry cough is an adverse effect of lisinopril and may persist until the medication is discontinued. Mr. Davis should notify the provider if he experiences this adverse effect, so the medication can be changed.

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

Strong	Exhibits optimal reasoning that results in positive outcomes in the care of clients and resolution of problems.
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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.

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Score Explanation and Interpretation
Individual Performance Profile

QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN)

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BODY FUNCTION

Cardiac Output and Tissue Perfusion	The anatomical structures (heart, blood vessels, and blood) and body functions that support adequate cardiac output and perfusion of body tissues.
Cognition and Sensation	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.
Excretion	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.
Immunity	The anatomic structures (spleen, thymus, bone marrow, and lymphatic system) and body functions related to inflammation, immunity, and cell growth.
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Integument	The anatomical structures (skin, hair, and nails) and body functions related to protecting the inner organs from the external environment and injury.
Mobility	The anatomical structures (bones, joints, and muscles) and body functions that support the body and provide its movement.
Oxygenation	The anatomical structures (nose, pharynx, larynx, trachea, and lungs) and body functions that support adequate oxygenation of tissues and removal of carbon dioxide.
Regulation and Metabolism	The anatomical structures (pituitary, thyroid, parathyroid, pancreas, and adrenal glands) and body functions that regulate the body's internal environment.
Reproduction	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.

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Module Report

Tutorial: **Real Life RN Medical Surgical 4.0**

Module: **Myocardial Infarction Complications**

Individual Name: **Lillian Lima**

Institution: **Margaret H Rollins SON at Beebe Medical Center**

Program Type: **Diploma**

Standard Use Time and Score

	Date/Time	Time Use	Score
Myocardial Infarction Complications	3/4/2023 5:08:19 AM	58 min	Satisfactory

Reasoning Scenario Details
Myocardial Infarction Complications - Use on 3/4/2023 4:41:50 AM

Reasoning Scenario Performance Related to Outcomes:

*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cardiac Output and Tissue Perfusion	75%	8.3%	16.7%
Cognition and Sensation	100%		
Integument	100%		
Oxygenation	100%		
Regulation and Metabolism	100%		

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care	50%	50%	
RN Pharmacological and Parenteral Therapies	66.7%		33.3%
RN Reduction of Risk Potential	100%		
RN Physiological Adaptation	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	71.4%		28.6%
Patient-Centered Care	80%	20%	
Evidence Based Practice	100%		

Decision Log:

Optimal Decision	
Scenario	Mr. Davis has taken an initial dose of nitroglycerin.
Question	Mr. Davis has taken the first dose of nitroglycerin. Which of the following actions should be taken next?
Selected Option	Mrs. Davis should call 911 if her husband's chest pain is not relieved within 5 minutes.
Rationale	Unresolved chest pain with the administration of nitroglycerin can indicate the client is having a myocardial infarction, so Mrs. Davis should call 911 if the pain continues. Mr. Davis should also take another dose of nitroglycerin. For unresolved chest pain, a total of three doses of nitroglycerin should be administered 5 minutes apart. Mr. Davis should also take a 325 mg dose of aspirin to inhibit platelet aggregation, which can reduce cardiac damage from the formation of a thrombus.

Optimal Decision	
Scenario	Nurse Christine reviews Mr. Davis's a 12-lead ECG.
Question	Nurse Christine is reviewing Mr. Davis' ECG strip, which was completed at 1725. Which pattern on the ECG strip is the priority finding? (You will find hot spots to select in the artwork below. Select only the hot spot that corresponds to your answer.)
Selected Option	137,36,147,36,137,49,147,48
Rationale	The priority finding is the ST-segment elevation possibly indicating an acute coronary event, which is the greatest risk to Mr. Davis.

Optimal Decision	
Scenario	Nurse Christine prepares to initiate prescriptions.
Question	Nurse Christine is preparing to initiate the prescriptions for Mr. Davis. Which of the following prescriptions should she expect to initiate? (Select all that apply.)
Selected Ordering	Chest x-rayTroponin levelMorphinePotassium and creatinine levels

Rationale	Nurse Christine should expect to initiate a bedside chest x-ray to rule out chest pain resulting from a dissecting aorta. A CAT-scan is ordered if the chest x-ray indicates the client has a dissecting aorta. Troponin is a cardiac enzyme, and when elevated, is an early indicator of myocardial cell damage. Morphine is administered to relieve pain, reduce myocardial oxygen consumption, and facilitate vasodilation. Potassium and creatinine are drawn for a baseline prior to the cardiac catheterization. A client having an ST-segment elevation myocardial infarction (STEMI) will not have an MRI before having a heart catheterization because this would delay the initiation of the cardiac catheterization and thus prohibit the provider meeting the 60-minute time-frame from the arrival to the facility to intervention.

Scenario	Nurse Carl is determining the priority action to take when Mr. Davis is itching.
Question	Mr. Davis is reporting itching over his arms and chest. What is the most appropriate action Nurse Carl should take? (Type your response in the field below and click “Submit” to compare your answer to the expert response.)
Selected Option	Nurse Carl should record the allergy in the MAR and notify the provider due to possibility of having an allergic reaction to contrast dye. Nurse Carl should assess his symptoms and give diphenhydramine.
Rationale	The priority action nurse Carl should take is to check Mr. Davis’s medical record for a shell fish allergy. Nurse Carl should recognize the possibility of an allergic reaction related to a shellfish allergy. Record the allergy to shellfish in the medical record and notify the provider of the allergy and Mr. Davis’s report of itching. The provider can determine if Mr. Davis is having a delayed allergic reaction to the contrast dye used during cardiac catheterization. Nurse Carl should check the client’s skin for a rash and request a prescription for diphenhydramine IV to decrease the itching.

Optimal Decision	
Scenario	Mr. Davis is having difficulty breathing, and Nurse Carl is assessing breath sounds.
Question	Nurse Carl is assessing Mr. Davis’s breath sounds and suspects Mr. Davis is starting to experience a moderate systemic reaction to the contrast dye used for the heart catheterization. Which of the following breath sounds should the nurse expect to hear during auscultation?
Selected Option	Wheezing
Rationale	Nurse Carl should recognize that high-pitched wheezing following a heart catheterization using contrast dye indicates a moderate allergic reaction that can progress into anaphylactic shock. Anaphylactic reaction to the contrast dye requires immediate intervention. Wheezing is a continuous squeaky breath sound that arises from the small airways and is associated with inflammation and edema.

Optimal Decision	
Scenario	Nurse Carl is choosing the correct medication to administer for Mr. Davis’s dyspnea and wheezing.

Question	Nurse Carl has listened to Mr. Davis's breath sounds and recognizes the manifestations of Mr. Davis's condition. Nurse Carl should expect a prescription for which of the following medications?
Selected Option	Epinephrine IM
Rationale	Nurse Carl should administer epinephrine IM to promote bronchodilation, vasoconstriction, and maintenance of the blood pressure and heart rate. Anaphylaxis is a life-threatening event and requires rapid intervention to prevent a potential critical outcome.

Optimal Decision	
Scenario	Nurse Carl is checking Mr. Davis's puncture site during the post-heart catheterization assessment.
Question	Nurse Carl is completing a post-heart catheterization assessment of Mr. Davis. Which of the following observations should Carl address first?
Selected Option	A developing hematoma at the puncture site
Rationale	The greatest risk to the client is the formation of a hematoma at the puncture site. A hematoma is an indication the client is having active bleeding into the groin tissue and requires immediate action. In addition, nurse Carl should know a hematoma can occur without observable bleeding at the puncture site. Therefore, this is the priority finding.

Optimal Decision	
Scenario	Nurse Carl finds bleeding at the puncture site.
Question	Mr. Davis's puncture site is covered with gauze and a transparent bandage. Nurse Carl is assessing Mr. Davis' puncture site for bleeding. There is a 7.62-cm (3-in) groin hematoma. The gauze is saturated with bright red blood. Which of the following actions should Nurse Carl take?
Selected Option	Apply pressure to the right groin site.
Rationale	Nurse Carl should assess the puncture site and apply pressure to the area for at least 10 minutes in the presence of active bleeding or a hematoma. Pressure is applied to create hemostasis.

Optimal Decision	
Scenario	Nurse Carl is reviewing Mr. Davis's laboratory values.
Question	Nurse Carl is reviewing Mr. Davis's laboratory results in the electronic medical records (EMRs). Which of the laboratory results should nurse Carl report immediately to the provider?
Selected Option	Potassium
Rationale	The potassium is 3.2 mEq/L, which is below the expected reference range of 3.5 to 5 mEq/L. Nurse Carl should report this value immediately to the provider.

Optimal Decision	
Scenario	Nurse Carl is planning to teach Mr. Davis about modifiable risk factors.

Question	Nurse Carl has information to provide to Mr. Davis about modifiable risk factors for coronary artery disease. Which of the following risk factors should he include in the teaching?
Selected Option	Obesity
Rationale	Nurse Carl should include in the teaching that modifiable risk factors include obesity, cigarette smoking, hypertension, diabetes, and sedentary lifestyle. Clients can alter modifiable or controllable risk factors by making choices to change aspects of personal lifestyle.

Optimal Decision	
Scenario	Nurse Carl suspects manifestations of cardiogenic shock.
Question	Nurse Carl is assessing Mr. Davis with the charge nurse and suspects manifestations of cardiogenic shock. Which of the following findings should Carl identify as manifestations of cardiogenic shock? (Select all that apply.)
Selected Ordering	Mean arterial pressure of 54 mm HgAgitation and restlessnessArterial blood pressure of 88/54 mm Hg
Rationale	A client who is manifesting cardiogenic shock can have hemodynamic instability. These can be observed by decreased blood pressure, tachycardia, reduced mean arterial pressure (MAP), agitation, and restlessness.

Scenario	Nurse Carl is calculating of the initial rate of the dobutamine drip.
Question	Nurse Carl is preparing to administer dobutamine 2.5 mcg/kg/min by continuous IV infusion to Mr. Davis who weighs 110 kg (242 lb). Available is dobutamine 250 mg in 250 mL of dextrose 5% in water. Carl should set the IV pump to deliver how many mL/hr? (Round the answer to the nearest tenth. Use a leading zero if it applies. Do not use a trailing zero.)
Selected Option	17
Rationale	**Follow these steps for the Ratio and Proportion method of calculation:** Step 1: What is the unit of measurement the nurse should calculate? mL/hr Step 2: What is the dose the nurse should administer? Dose to administer = Desired 2.5 mcg/kg/min *X = Dose per kg/min × Client's weight in kg* *X* mcg/min = 2.5 mcg/~~kg~~/min × 110 ~~kg~~ *X* mcg/min = 275 mcg/min Step 3: What is the dose available? Dose available = Have 250 mg Step 4: Should the nurse convert the units of measurement? Yes (mcg does not equal mg) 1,000 mcg275 mcg/min = 1 mg*X* mg/min *X* mg/min = 0.275 mg/min Yes (min does not equal hr) 60 ~~min~~*X* mg/hr = 1 hr0.275 mg/~~min~~ *X* mg/hr = 16.5 mg/hr Step 5: What is the quantity of the dose available? 250 mL Step 6: Set up an equation and solve for X. *HaveDesired = QuantityX250 mg16.5 mg/hr = &#160250 mLX mL/hr* *X mL/hr = 16.5 mL/hr* *Step 7: Round if necessary.* *Step 8: Determine whether the amount to administer makes sense. If there are*

	250 mg/250 mL and the prescription reads 2.5 mcg/kg/min, it makes sense to administer 16.5 mL/hr. The nurse should set the IV pump to deliver dobutamine at 16.5 mL/hr. ***Follow these steps for the Desired Over Have method of calculation:*** *Step 1: What is the unit of measurement the nurse should calculate? mL/hr* *Step 2: What is the dose the nurse should administer? Dose to administer = Desired 2.5 mcg/kg/min* *X = Dose per kg/min × Client's weight in kg* *X mcg/min = 2.5 mcg/~~kg~~/min × 110 ~~kg~~* *X mcg/min = 275 mcg/min* *Step 3: What is the dose available? Dose available = Have 250 mg* *Step 4: Should the nurse convert the units of measurement?* *Yes (mcg does not equal mg)* *275 ~~mcg~~ × 1 mgX mg = 1,000 ~~mcg~~* *X mg/min = 0.275 mg/min* *Yes (min does not equal hr)* *0.275 mg × 60 ~~min~~X mg = 1 ~~min~~* *X mg/hr = 16.5 mg/hr* *Step 5: What is the quantity of the dose available? 250 mL* *Step 6: Set up an equation and solve for X.* *Desired × QuantityX = Have16.5 ~~mg~~ × 250 mLX mL/hr = &#160250 ~~mg~~* *X mL/hr = 16.5 mL/hr* *Step 7: Round if necessary.* *Step 8: Determine whether the amount to administer makes sense. If there are 250 mg/250 mL and the prescription reads 2.5 mcg/kg/min, it makes sense to administer 16.5 mL/hr. The nurse should set the IV pump to deliver dobutamine at 16.5 mL/hr.* ***Follow these steps for the Dimensional Analysis method of calculation:*** *Step 1: What is the unit of measurement the nurse should calculate? (Place the unit of measure being calculated on the left side of the equation.)* *X mL/hr =* *Step 2: Determine the ratio that contains the same unit as the unit being calculated. (Place the ratio on the right side of the equation, ensuring that the unit in the numerator matches the unit being calculated.)* *250 mLX mL/hr = &#160250 mg* *Step 3: Place any remaining ratios that are relevant to the item on the right side of the equation, along with any needed conversion factors, to cancel out unwanted units of measurement.* *250 mL1 ~~mg~~2.5 ~~mcg~~110 ~~kg~~60 ~~min~~X mL/hr = × × × × &#160250 ~~mg~~1,000 ~~mcg~~1 ~~kg~~1 ~~min~~1 hr* *Step 4: Solve for X.* *X mL/hr = 16.5 mL/hr* *Step 5: Round if necessary.* *Step 6: Determine whether the amount to administer makes sense. If there are 250 mg/250 mL and the prescription reads 2.5 mcg/kg/min, it makes sense to administer 16.5 mL/hr. The nurse should set the IV pump to deliver dobutamine at 16.5 mL/hr.*

Scenario	Nurse Carl is anticipating a medication prescription for Mr. Davis.
Question	Nurse Carl continues to monitor Mr. Davis, who remains unstable with a systolic blood pressure less than 90 mm Hg even with a dobutamine drip infusing. Which of the following medications should nurse Carl plan to administer?

Selected Option	0.9% sodium chloride 1,000 mL bolus over 1 hr
Rationale	Administering a bolus of 0.9% sodium chloride 1,000 mL over an hour can result in fluid volume overload. Mr. Davis has experienced myocardial damage involving the left ventricle, which results in decreased pump action and can cause fluid volume overload.

Scenario	Nurse Carl responds to Mr. Davis's shortness of breath.
Question	Nurse Carl has assessed Mr. Davis. Which of the following actions should Nurse Carl plan to take?
Selected Option	Obtain a prescription to decrease the IV fluid rate.
Rationale	Nurse Carl should obtain a prescription to decrease the IV fluid rate because pulmonary crackles that do not clear with coughing are an indication of fluid volume overload.

Optimal Decision	
Scenario	Nurse Carl is preparing to administer norepinephrine.
Question	Nurse Carl is preparing to administer norepinephrine to Mr. Davis. Which of the following actions should nurse Carl plan to take?
Selected Option	Administer the medication through a central venous catheter.
Rationale	A norepinephrine drip should be infused using a large vein or central venous catheter to prevent localized vasoconstriction, which can result in extravasation and tissue necrosis.

Optimal Decision	
Scenario	Nurse Carl is monitoring for adverse effects of norepinephrine.
Question	Nurse Carl is reviewing a medication reference for adverse effects of norepinephrine. For which of the following findings should Carl monitor as an adverse effect of the medication?
Selected Option	Decreased urine output
Rationale	Mr. Davis might experience the adverse effect of decreased urine output due to vasoconstrictive effects on the renal arteries and hypoperfusion of the kidneys.

Optimal Decision	
Scenario	Lifestyle changes to reduce the risk of further coronary events.
Question	Nurse Carl is listening to Mr. Davis who is sharing about his plans for lifestyle changes. Which of the following statements indicates that Mr. Davis is planning to make appropriate lifestyle changes?
Selected Option	"I will reduce my sodium intake to 1,500 milligrams a day."
Rationale	Mr. Davis, who is African American, over the age of 50, and has a history of hypertension, should decrease sodium intake to 1,500 mg/day.

Optimal Decision

Scenario	Nurse Carl is reviewing food choices with Mr. and Mrs. Davis.
Question	Nurse Carl has asked Mr. Davis to select foods from the hospital breakfast menu. Nurse Carl should determine that which of the following foods selected by Mr. Davis is the best choice for adhering to a 1,500 mg low-sodium diet?
Selected Option	3/4 cup shredded wheat cereal
Rationale	Nurse Carl should recognize that shredded wheat cereal is the best food choice for Mr. Davis because 1 cup contains just 1 mg of sodium.

Optimal Decision	
Scenario	Nurse Carl is teaching Mr. Davis about lisinopril.
Question	Nurse Carl is teaching Mr. Davis about taking lisinopril for hypertension. Which of the following information should Carl include in the teaching?
Selected Option	"Report a persistent dry cough."
Rationale	Nurse Carl should include that a persistent dry cough is an adverse effect of lisinopril and may persist until the medication is discontinued. Mr. Davis should notify the provider if he experiences this adverse effect, so the medication can be changed.

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.

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