

Student Name: _____

Medical Diagnosis/Disease: _____

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

Pathophysiology of Disease

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics
Labs

Additional Diagnostics

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

Signs and Symptoms

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures
Non-surgical

Surgical

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

NCLEX IV (6): Pharmacological and Parenteral Therapies

Anticipated Medication Management

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

NCLEX III (4): Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

Client/Family Education

List 3 potential teaching topics/areas

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-
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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)

Potential Patient Problems (Nursing Diagnoses)

List two potential patient problems you will be addressing along with clinical reasoning, goals/expected outcomes, assessments, and priority nursing interventions. The patient problems must be in priority order.

Problem # 1:

Clinical Reasoning:

Goal/EO:

Ongoing Assessments:

NI: 1.

2.

3.

4.

5.

6.

Problem # 2

Clinical Reasoning:

Goal/EO:

Ongoing Assessments:

NI: 1.

2.

3.

4.

5.

6.

ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
 - a. Esther
 - b. Dr. March
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
 - a. **When Esther double checked the blood and realized that it is incorrect to admin.**
 - b. **Checking name and date of birth and blood band before administering blood.**
 - c. **Having another RN verify correct blood bag for patient.**
- 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: Dr. March described to the pt. about an endoscopy, keeping her updated on her health. Educated pt. about the use of NSAID's with GI bleeds. The medical team kept each other updated on the following procedures and what is currently happening with the pt. So they can continue w/ the most effective strategies for care.
 - 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: **Acute Pain (top of stomach) due to headache, fever, restlessness.**
- 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:

 - ii. If **no**, describe: Education on stress reduction strategies, providing open conversation to discuss thoughts and concerns, Educate about a high protein diet. Educate on avoiding

SOAP Note Based on Priority Problems

Priority Patient Problem #1: Acute Pain: (top of stomach)

<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): 36 year old female. Admitted with a GI bleed. Felt weak and dizzy. Traces of serosanguineous effluent present in ostomy bag. Came alone to the ER, has a sister that will be staying w/ her at the hospital. Abdominal pain, states "it's very sore and crampy" and 6/10 on numeric pain scale. Pain began in the AM, located at the top of stomach. States "stress makes it worse". Feels like "I'm going to faint and throw up". Skin color is pale. On 2L nasal cannula. "Body ache and chills all over". She is experiencing a transfusion reaction. After endoscopy, found active bleeding. States "feeling awful, and having cramps in the stomach, pain is an 8/10". Administered Morphine IV bolus 1mg/min and states "I feel so much better now, pain is 3/10".</p> <p>PMH: Crohn's disease with intermittent gastritis. Surgery: ileostomy (6 months ago). Endoscopy.</p> <p>Allergies: Sulfa</p> <p>Current Medications: infliximab IV, IV 0.9% sodium chloride (infusing 150mL/hr, 1000mL. Has 700 mL remaining in bag), Morphine (4mg) IV bolus q 2hr PRN, Acetaminophen 650mg PO, q4hr PRN,</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: T: 101.8, pulse:110, RR:26, BP 94/56, Spo2: 94%.</p> <p>Labs: Hgb: 7, Hct: 21%, Pro time:12.2, PTT: 21, INR: 0.7, RBC: 2.7</p> <p>Diagnostics: CBC, endoscopy.</p>
<p><u>Assessment:</u></p> <p><i>Focused assessments on your priority problem.</i></p>	<p>Assess skin turgor, dry skin, color, and temp during my care.</p> <p>Assess PQRST of pain during my care time.</p> <p>Assess VS (Spo2, RR, BP, Temp, HR) during my care time.</p> <p>Assess for signs of bleeding throughout my care.</p> <p>Assess for fevers, chills, cramping, abdominal pain during my care.</p>
<p><u>Plan</u></p> <p>*Based on priority problem only</p> <p><i>Include what your plan is for the client.</i></p>	<p>Plan:</p> <p>Analgesics for pain. Antibiotics for infections.</p> <p>Administer fluids (water and salt drinks) throughout my care.</p> <p>Monitor CBC, PT, BUN, Creatinine, stool tests, ALT, AST, platelet count during my care.</p>

What treatments or medications are needed? You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?

Administer acetaminophen during my care time.
Administer morphine during my care.
Provide high protein/calorie diet throughout my care.
Eat small meals throughout the day.
Provide comfort (limit NSAIDS, deep breathing exercises, distractions like reading, imagery, tv show/movies)

Teaching & Resources: Educate on proper nutrition, high protein diet during my care. Avoid caffeine, alcohol, and spicy foods. Walk 30mins min. daily. Drink plenty of fluids.
Meals on wheels, PT, Home Health.