Student Name: Sydney Auen
Medical Diagnosis/Disease: Crohn's Disease

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

NCLEX IV *(7)*: Reduction of Risk

Anatomy and Physiology

Normal Structures
-includes mouth, esophagus, stomach, small intestine, large intestine ,rectum, and anus (with liver, pancreas, gallbladder)
-food gets broken up by the mouth, travels though the esophagus to the stomach where food is mixed with enzymes and continue breaking down, then to the small intestine where food is broken down more by enzymes (pancreas) and bile (liver) and absorption of nutrients, then the large intestine where water is absorbed and pass through the rectum and eliminated through the anus.

Pathophysiology of Disease
-chronic inflammation of GI tract characterized by periods of remission and exacerbation
-anywhere in GI tract from mouth to anus
-most often involves distal ileum and proximal colon
-segments of normal bowel can occur between diseased portions
-involves all layers of bowel wall
-ulcerations are deep, longitudinal, penetrate between islands of inflamed edematous mucosa
-cobblestone appearance
-strictures
-may develop fistulas in an active flare

Anticipated Diagnostics
Labs
-CBC/chem
-stool sample (blood, pus, mucus, and organisms leading to infection

Additional Diagnostics
-determine UC vs. Crohn's
-double contrast barium swallow/enema
-CT/MRI
-colonoscopy or capsule endoscopy

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

NCLEX IV *(7)*: Reduction of Risk

Contributing Risk Factors
-diet
-smoking
-stress
-high intake of refined sugars, total fats, polyunsaturated fatty acid, omega 6 fatty acids
-NSAIDs
-antibiotics
-oral contraceptives
-raw fruits and vegetables

Signs and Symptoms
-diarrhea and cramping, abdominal pain are common
-if small intestine is involved: weight loss form malabsorption
-rectal bleeding sometimes occurs, but not very often
-patchy inflammation

Possible Therapeutic Procedures
Non-surgical
-drug therapy
-hospitalization for severe exacerbations
Surgical
-not curable, will recur in other spots of GI tract
-strictureplasty
-reanastamosis

Prevention of Complications
(What are some potential complications associated with this disease process)
-hemorrhage
-strictures
-perforation (possible peritonitis)
-abscess
-fistulas
-CDI

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

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

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

Anticipated Medication Management
-depends on location and severity
-step up vs. step down therapy
-5 aminosalicylates
-antimicrobials
-corticosteroid
-immunosuppressants
-biologic therapies

Non-Pharmacologic Care Measures
-bowel rest
-control inflammation
-combat infection
-correct malnutrition

What stressors might a patient with this diagnosis be experiencing?
-change in role in household
-pain
-hospital expenses
-new diagnosis

Client/Family Education

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

List 3 potential teaching topics/areas
- avoid alcohol, milk, and caffeine
- balanced healthy diet: enough calories, proteins, and nutrients
- keep a food diary

Multidisciplinary Team Involvement
(Which other disciplines do you expect to share in the care of this patient)
-gastroenterologist
-nutritionist
-dietician
-general surgery
-PCP

Sydney Auen

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: Deficient Fluid Volume

Clinical Reasoning: diarrhea, lack of appetite, malabsorption in intestines, GI inflammation-Crohn's disease, GI bleed

Goal/EO: ATI will have normal skin turgor and a HR between 60 to 100 bpm prior to discharge.

Ongoing Assessments: assess skin turgor q shift, assess blood pressure q4, assess bowel movement characteristics and frequency q shift, assess I and O q shift

NI:

1. Administer blood products as ordered
2. Evaluate favorite liquids on admission
3. Insert NG tube as ordered
4. Teach to avoid alcohol, milk, and caffeine q shift
5. Offer companionship during mealtimes
6. Encourage ambulation and toileting q1

Problem # 2: Ineffective Coping

Clinical Reasoning: new diagnosis of Crohn's, lack of acceptance of disease, lack of knowledge, a lot of new information

Goal/EO: ATI will verbalize two appropriate coping strategies and/or resources to prevent ineffective coping prior to discharge.

Ongoing Assessments: assess for stressor prn, assess current coping methods prn, assess support system on admission, assess resources available on admission

NI:

1. Explain procedures, diseases processes, and next steps prior to anything being done
2. Provide rest periods prn
3. Provide stress-relieving and relaxation techniques (coloring pages, tv show, bath) prn
4. Refer to counseling or support groups prior to discharge
5. Encourage participation with disease process prn
6. Provide chances to express concerns, fears, feelings, and expectations prn

Medication

STUDENT NAME: Sydney Auen
MEDICATION: infliximab (Remicade)
CATEGORY CLASS: tumor necrosis factor (TNF) blocking agent and monoclonal antibody/antirheumatic, disease-modifying, GI, immunosuppressant agent

Expected Pharmacological Action:
binds to tumor necrosis factor (TNF), inhibiting functional activity of TNF (induction of proinflammatory cytokines, enhances leukocytic migration, activation of neutrophils/eosinophils)

Therapeutic Use:
prevents disease and allows diseased joints to heal

Complications:
Frequent: HA, nausea, fatigue, fever
Occasional: fever/chills during infusion, pharyngitis, vomiting, pain, dizziness, bronchitis, rash, rhinitis, cough, pruritus, sinusitis, back pain
Rare: hypotension/hypertension, paresthesia, anxiety, depression, insomnia, diarrhea, UTI

Medication Administration:
IV
-see back of sheet

Contraindications/Precautions:
Contraindications: hypersensitivity to infliximab, moderate to severe HF, sensitivity to murine proteins, sepsis, serious active infections
Precautions: hematologic abnormalities, hx of COPD, preexisting/recent onset of CNS demyelinating disorders, seizures, mild HF, hx of infections, ect.

Nursing Interventions:
-nonitor UA, erythrocyte sedimentation rate, BP
-monitor for signs of infection
-monitor daily pattern of bowel activity, stool consistency

Interactions:
Drug: anakinra, anti-TNF agents, baricitinib, pimecrolimus, tacrolimus, tocilizumab may increase adverse effects. May decrease therapeutic effect of BCG, vaccines. May increase levels, adverse effects of belimumab, natalizumab, vaccines, vedolizumab
Herbal: Echinacea may decrease effects
Lab: may increase serum alkaline phosphatase, ALT, AST, bilirubin

Client Education:
-use of med: prevent disease and heal diseased joints
-seek medical help if allergic reaction occurs
-do not receive live vaccines
-report symptoms of infection

Evaluation of Medication Effectiveness:
check for disease and healing of infected joint

Medication

STUDENT NAME: Sydney Auen
MEDICATION: infliximab (Remicade)
CATEGORY CLASS: tumor necrosis factor (TNF) blocking agent and monoclonal antibody/antirheumatic, disease-modifying, GI, immunosuppressant agent

Compatibility:
-do not infuse in same IV line with other agents

Amount:
-5mg/kg followed by by additional doses at 2 and 6 weeks after first infusion, then q8 weeks after

Rate of Administration:
-administer IV infusion over at least 2 hours using a low protein-binding factor

Diluent:
-reconstitute each vile with 10 mL sterile water for injection using 21g or smaller
-direct stream of sterile water for injection to glass wall of vial
-swirl gently to dissolve contents (do not shake)
-allow solution to stand for 5 min and inject into 250,L bag NS, gently mix, concentration should be between 0.4 and 4 mg/mL
-begin infusion within 3 hr of reconstitution

Site, supplies, storage, stability:
-refrigerate vials
-solution should appear colorless to light yellow and opalescent
-do not use if discolored or it particles form

Medication

STUDENT NAME: Sydney Auen
MEDICATION: morphine (Kadian)
CATEGORY CLASS: opioid agonist-schedule II/opioid analgesic

Expected Pharmacological Action:
Binds with opioid receptors with CNS, inhibiting ascending pain pathways

Therapeutic Use:
Alters pain perception, emotional response to pain

Complications:
Frequent: sedation, decreased BP, diaphoresis, facial flushing, constipation, dizziness, drowsiness, n/v
Occasional: allergic reaction, dyspnea, confusion, palpitations, tremors, urinary retention, abdominal cramps vision changes, dry mouth, headache, decreased appetite, pain/burning at injection site

Medication Administration:
IV
-see back of sheet

Contraindications/Precautions:
Contraindications: hypersensitivity to morphine, acute severe asthma, GI obstruction, known or suspected paralytic ileus
Precautions: COPD, cor pulmonale, hypoxia, hypercapnia, pre existing respiratory depression, head injury, severe hypotension, pancreatitis, cardiovascular disease, ect.

Nursing Interventions:
-assess pain score
-assess vitals, if RR <12/min (<20/min for kids) hold med
-assess for potential of drug misuse or abuse

Interactions:
Drug: alcohol, other CNS depressants may increase CNS effects, respiratory depression, hypotension
Herbals: herbs with sedative properties may increase CNS depression
Lab: may increase serum amylase, lipase

Client Education:
-use of med: control pain
-contact medical professional if allergic reaction occurs
-avoid alcohol and CNS depressants
-avoid tasks that require alertness until drug reaction is known

Evaluation of Medication Effectiveness:
assess for pain

Medication

STUDENT NAME: Sydney Auen
MEDICATION: morphine (Kadian)
CATEGORY CLASS: opioid agonist-schedule II/opioid analgesic

Compatibility:
-compatible with amiodarone, atropine, bumetanide, bupivacaine, dexmedetomidine, diltiazem, ect.
-not compatible with amphotericin B complex, cefepime, doxorubicin, phenytoin

Amount:
-n/a

Rate of Administration:
-0.8m-10 mg/hr, range 20-50 mg.hr

Diluent:
-may give undiluted
-for continuous IV, dilute to concentration of 0.1-1 mg/mL in D5W and ive through controlled infusion device

Site, supplies, storage, stability:
-store at room temperature

Module Report

Tutorial: Real Life RN Medical Surgical 4.0

Module: GI Bleed

Individual Name: **Sydney Auen**

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

Program Type: **Diploma**

Standard Use Time and Score

	Date/Time	Time Use	Score
GI Bleed	2/28/2023 5:14:59 PM	1 hr	Satisfactory

Reasoning Scenario Details
GI Bleed - Use on 2/28/2023 4:14:53 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%		
Ingestion, Digestion, Absorption & Elimination	75%	25%	
Regulation and Metabolism	100%		

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care	100%		
RN Health Promotion and Maintenance	100%		
RN Psychosocial Integrity	100%		
RN Pharmacological and Parenteral Therapies	100%		
RN Reduction of Risk Potential	100%		
RN Physiological Adaptation	80%	20%	

QSEN	Strong	Satisfactory	Needs Improvement
Safety	100%		
Patient-Centered Care	83.3%	16.7%	
Evidence Based Practice	100%		

Decision Log:

Scenario	Nurse Esther listens to bowel sounds.
Question	Nurse Esther listens to Ms. Lieberman's abdomen in all four quadrants and determines Ms. Lieberman's bowel sounds are hyperactive. Listen to the four audio clips. Which of the following sounds is an expected finding for Ms. Lieberman?
Selected Option	Option A: Audio clip of bowel sounds heard four times in 1 min.
Rationale	Bowel sounds are clicks and gurgles heard in the abdomen. Bowel sounds within the expected reference range are irregular sounds that occur five to 35 times a minute. This finding indicates hypoactive bowel sounds. Therefore, this is not an expected finding for this client.

Optimal Decision	
Scenario	Ms. Lieberman reports she feels lightheaded and dizzy.
Question	Ms. Lieberman states she is feeling lightheaded and dizzy. Her skin color is pale. Which of the following should be Nurse Esther's priority action?
Selected Option	Measure Ms. Lieberman's vital signs.
Rationale	The client is at risk for hypovolemic shock due to the loss of extracellular fluid and blood. Clinical manifestations of hypovolemic shock include hypotension and tachycardia. Therefore, the nurse should assess the client's status by obtaining her vital signs.

Optimal Decision	
Scenario	Nurse Esther obtains Ms. Lieberman's vital signs after she reports feeling faint.
Question	Ms. Lieberman reports feeling worse and her vital signs are: BP 94/56 mm Hg, pulse 110/min, respirations 26/min, and SaO2 94%. Nurse Esther starts oxygen at 2 L/min. Which of the following should be Nurse Esther's priority action?
Selected Option	Lower the head of the bed.
Rationale	Using the ABC priority-setting framework, the priority response is to promote improved circulation by lowering the head of the bed and elevating the client's feet. This action can prevent hypovolemic shock until adequate blood volume is restored.

Optimal Decision	
Scenario	The unit of packed RBCs for Ms. Lieberman arrives on the unit.

Question	Nurse Esther is preparing to administer a unit of packed RBCs to Ms. Lieberman. Which of the following actions should Nurse Esther perform prior to administering the blood?
Selected Option	Ask Ms. Lieberman if she has experienced a reaction with any previous blood transfusions.
Rationale	A transfusion reaction can be caused by the development of antibodies to the donor leukocytes. This reaction is more likely to occur when a client has had blood transfusions before, as well as a history of prior blood transfusion reactions. Therefore, this is the appropriate action for the nurse to take.

Optimal Decision	
Scenario	Nurse Esther is ready to administer the first unit of packed RBCs.
Question	Identify the correct sequence of actions for blood administration after Nurse Esther performs hand hygiene and applies gloves. (Reorder the steps by dragging them into the desired sequence.)
Selected Ordering	Spike and prime the Y-set tubing with the 0.9% sodium chloride solution.Attach the tubing to the IV catheter and begin to infuse the 0.9% sodium chloride solution.Gently rotate the bag of packed RBCs.Attach the packed RBCs bag to the Y-set tubing.Turn off the 0.9% sodium chloride solution.Begin to infuse the packed RBCs.
Rationale	The first action the nurse should do is insert one of the spikes of the Y-set into the 0.9% sodium chloride solution bag, prime the tubing with the 0.9% sodium chloride solution, and start slowly infusing the solution into the client's IV. Next, the nurse should gently rotate the bag to mix the blood cells with the plasma. Then, the nurse should spike the blood bag with the remaining spike on the Y-set tubing and turn off the 0.9% sodium chloride solution by closing the clamp. Lastly, the nurse needs to open the clamp to allow the blood to infuse.

Optimal Decision	
Scenario	Ms. Lieberman is restless, her face is flushed, and she reports having a headache.
Question	Nurse Esther notes Ms. Lieberman is restless, her face is flushed, and she reports having a headache. Her vital signs include: temperature 38.8° C (101.8° F), pulse 96/min, respirations 22/min, and BP 103/60 mm Hg. Which of the following is an appropriate action for Nurse Esther to take?
Selected Option	Stop the blood transfusion.
Rationale	In the presence of a febrile reaction, the client's blood is sensitive to some component of the donor's blood. To prevent further exposure to the sensitizing component, the transfusion should be stopped immediately.

Scenario	Using an SBAR format, write the information Nurse Esther should give to Ms. Lieberman's provider when calling about her response to the blood. Refer to the EMR documents for needed information.

Question	Using an SBAR format, write the information Nurse Esther should give to Ms. Lieberman's provider when calling about her response to the blood. Refer to the EMR documents for needed information. (Enter your response, then click on the submit button at the bottom of the screen. Compare your response to the one provided.)
Selected Option	Hello, my name is Esther. I am Ms. Lieberman's nurse in room 000. She is a 36 year old female admitted on 01/18/XX for a GI bleed. She has a history of Crohn's disease and intermittent gastritis, and has an ileostomy placed. She has received 1 unit of RBC and she is not on her second unit. I have stopped the transfusion due to he reaction from the RBCs. She now has a temperature of 38.8 which has increased from her initial temperature of 37. Her other vitals are also trending down besides blood pressure, she has a BP of 103/60, pulse 96, RR 22, and 92% on 2L. She has reported chills and a headache and she is restless. I hung a new bag of normal saline. Ms. Lieberman is requesting ibuprofen for her headache which will also help with her reaction from the blood transfusion. Also, do you want me to continue with the normal saline?
Rationale	The following information should be shared with Ms. Lieberman's provider when calling about her response to the blood. Situation: Dr. McGuire, this is Esther - RN. I am taking care of Ms. Lieberman in room 5206. She is a 36-year-old client admitted from the ED today for a GI bleed. She's had one unit of packed RBCs and part of the second unit of blood. I stopped the second unit because I believe she is having a transfusion reaction. Her baseline temperature was 98.6 and is now 101.8. Ms. Lieberman reports having a headache, chills, and is restless. She does not have any evidence of a rash at this time.Background: Ms. Lieberman has a history of Crohn's disease and intermittent gastritis. Six months ago she had an ileostomy and started on infliximab IV every 8 weeks. Her last infusion was 7 weeks ago.Assessment: Her hemoglobin was 7 g/dL and her hematocrit was 21% in the ED. When she arrived to the medical surgical unit, her BP was 94/56 and her pulse 110, but now her BP is 110/70 and her pulse is 110. At this time, her respirations are 26, her SaO2 is 97%, and her temperature is 101.8. I have discontinued the second unit of blood and plan to send both the bags of blood to the lab per protocol. I hung a new bag of 0.9% sodium chloride to keep the line open.Recommendations: Ms. Lieberman is requesting ibuprofen for her headache, which would also bring her fever down. Could I have an prescription for an antipyretic, and do you want to continue the IV infusion of 0.9% sodium chloride at 150 mL/hr?

Optimal Decision	
Scenario	Dr. March tells Ms. Lieberman that he recommends an endoscopy. Ms. Lieberman is informed about the procedure. She agrees to the procedure and signs the consent form.
Question	Nurse Esther is reinforcing teaching with Ms. Lieberman, who is scheduled for an endoscopy in the morning. Which of the following should Nurse Esther include in the teaching?
Selected Option	"A medication to reduce oral secretions may be administered."
Rationale	The nurse could administer atropine (Sal-Tropine), a muscarinic antagonist, to inhibit salivary and bronchial secretions.

Optimal Decision

Scenario	Nurse Esther is calculating the number of milliliters of morphine sulfate to administer.
Question	Nurse Esther is preparing to administer morphine 4 mg IV. Available is morphine 8 mg/mL. How many mL should the nurse administer? (Round the answer to the nearest tenth.).
Selected Option	0.5
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 Step 2: What is the dose the nurse should administer? Dose to administer = Desired 4 mg Step 3: What is the dose available? Dose available = Have 8 mg Step 4: Should the nurse convert the units of measurement? No Step 5: What is the quantity of the dose available? 1 mL Step 6: Set up an equation and solve for X. *HaveDesired = QuantityX8 mg4 mg = &#1601 mLX mL* *X mL = 0.5 mL* *Step 7: Round if necessary.* *Step 8: Determine whether the amount to administer makes sense. If there are 8 mg/mL and the prescription reads 4 mg, it makes sense to administer 0.5 mL. The nurse should administer morphine 0.5 mL IV.* ***Follow these steps for the Desired Over Have method of calculation:*** *Step 1: What is the unit of measurement the nurse should calculate? mL* *Step 2: What is the dose the nurse should administer? Dose to administer = Desired 4 mg* *Step 3: What is the dose available? Dose available = Have 8 mg* *Step 4: Should the nurse convert the units of measurement? No* *Step 5: What is the quantity of the dose available? 1 mL* *Step 6: Set up an equation and solve for X.* *Desired × QuantityX = Have4 ~~mg~~ × 1 mLX mL = &#1608 ~~mg~~* *X mL = 0.5 mL* *Step 7: Round if necessary.* *Step 8: Determine whether the amount to administer makes sense. If there are 8 mg/mL and the prescription reads 4 mg, it makes sense to administer 0.5 mL. The nurse should administer morphine 0.5 mL IV.* ***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 =* *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.)* *1 mLX mL = &#1608 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.* *1 mL4 ~~mg~~X mL = × &#1608 ~~mg~~1* *Step 4: Solve for X.* *X mL = 0.5 mL* *Step 5: Round if necessary.* *Step 6: Determine whether the amount to administer makes sense. If there are 8 mg/mL and the prescription reads 4 mg, it makes sense to administer 0.5 mL. The nurse should administer morphine 0.5 mL IV.*

Optimal Decision	
Scenario	Nursing considerations Nurse Esther takes when administering morphine.
Question	Nurse Esther is preparing to administer 4 mg of morphine IV bolus to Ms. Lieberman. Which of the following actions should Nurse Esther take?
Selected Option	Infuse morphine at a rate of 1 mg/min.
Rationale	To prevent serious adverse reactions, such as respiratory arrest, the nurse should inject the medication at a rate of 1 mg/min.

Optimal Decision	
Scenario	Nurse Esther talks to Ms. Lieberman about needing several drinks after work to relax.
Question	Ms. Lieberman tells Nurse Esther she has a stressful job working in the city as a stockbroker, and that sometimes at night she has up to five drinks. Which of the following is an appropriate statement made by Nurse Esther?
Selected Option	"Tell me more about the stress you are feeling."
Rationale	Providing an open-ended statement, along with active listening, allows the client to express her thoughts and feelings. It also establishes trust.

Scenario	Identify five stress management strategies Nurse Esther should recommend to Ms. Lieberman to promote a healthier lifestyle.
Question	Identify five stress management strategies Nurse Esther should recommend to Ms. Lieberman to promote a healthier lifestyle. (Enter your response, then click on the submit button at the bottom of the screen. Compare your response to the one provided.)
Selected Option	Strass management strategies that Nurse Esther should recommend to Ms. Lieberman to promote a healthier lifestyle can include, 1) taking care of your body-self care (shower, sleeping, eating) 2) start to exercise when she get home 3)create a schedule (work, cook, exercise, shower, sleep) 4) journaling to relief emotions and stress and 5) painting or coloring to get the mind focused on something else.
Rationale	Identify five stress management strategies Nurse Esther should recommend to Ms. Lieberman to promote a healthier lifestyle.1. Perform light, regular exercise.2. Write in a journal.3. Listen to music.4. Consider a pet.5. Get adequate sleep.6. Promote relaxation through use of progressive muscle relaxation, guided imagery, massage therapy, humor, and/or yoga.7. Enhance her social support system, such as an ostomy support group, AA, and/or coping support group.8. Evaluate current job, lifestyle, and home location.

Optimal Decision	
Scenario	Nurse Esther discusses diet with Ms. Lieberman.
Question	Nurse Esther is reinforcing diet teaching with Ms. Lieberman. Which of the following dietary recommendations should she make?
Selected Option	Eat foods that are high protein.

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.
Satisfactory	Exhibits reasoning that results in mildly helpful or neutral outcomes in the care of clients and resolution of problems.
Needs Improvement	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

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

Rationale	Clients who have Crohn's disease are at risk for malnutrition because they may attempt to control symptoms by restricting their diet. Additionally, clients who have Crohn's disease are at risk for malabsorption of nutrients. The client should be instructed to maximize her nutrition by eating foods high in protein.

Optimal Decision	
Scenario	Nurse Esther provides Ms. Lieberman with educational material to take home.
Question	Nurse Esther provides Ms. Lieberman with information about health promotion. Which of the following should she include in the teaching?
Selected Option	Advise Ms. Lieberman to avoid the use of ibuprofen.
Rationale	Clients who have Crohn's disease should not take nonsteroidal anti-inflammatory drugs (NSAIDs) because they can cause gastrointestinal bleeding.

Score Explanation and Interpretation
Individual Performance Profile

QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN)

Safety	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.
Patient-Centered Care	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.
Evidence Based Practice	The use of current knowledge from research and other credible sources, upon which clinical judgment and client care are based.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.
Quality Improvement	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.
Teamwork and Collaboration	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

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.
Ingestion, Digestion, Absorption, and Elimination	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.
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.

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.

EX_RealLife_Ind

Sydney Auen

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
   a. Esther (RN)
   b. Kari (RN.ED)
2) What were some steps the nursing team demonstrated that promoted patient safety?
   a. Verifying name and date of birth before starting RBC transfusion
   b. Stopped transfusion immediately after reaction occurred
   c. Notified provider immediately about reaction and need for medication
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:
      Esther said "tell me more..." when asking Ms. Ueberman about her stress and coping.
   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 Coping: Alcoholism
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:
         more comanionship with patient to express concerns about getting healthy
      ii. If **no,** describe:
         _____
4) After completing the scenario, what is your patient at risk for developing?
   a. Alcoholism
   b. Why? ineffective coping, drinks every night due to stress of work and no one to talk to, lives alone

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 to talk to the patient about their social life because it can closely relate to their health. The patient had a stressful home life - stressful job, lives alone, no friends to talk to, and used alcohol as her way of coping by herself. This is important to know because helping the patient with this aspect of her life will be strongly reflected to her health.

SOAP Note Based on Priority Problems

Priority Patient Problem #1: Ineffective Coping: Alcoholism

Subjective: *This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.*	**History Present Illness (HPI):** GI Bleed - felt weak and dizzy - traces of serosanguinous effulent present in ostomy bag **PMH:** - Crohns disease - intermittent gastritis **Allergies:** - sulfa **Current Medications:** - infliximab IV - ibuprofen - morphine - acetaminophen
Objective: *This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.*	**Vital Signs:** 98.8°, P114, RR22, BP $\frac{100}{60}$, O_2 sat 95% RA **Labs:** Hgb: 7 Protime: 12.2 PT: 21sec Hct: 21% INR: 0.7 **Diagnostics:** - fecal occult blood: (+)
Assessment: on admission *Focused assessments on your priority problem.*	- "very sore and crampy" abdomen "6" out of 10 pain that began in AM, "top of stomach", worse with stress - stated "when stressed I dont eat healthy, then I get a HA and take ibuprofen" - traces of serosangineous fluid in ostomy bag - drinks in evening to be relaxed and fall asleep due to stressful job - stated "no support system"
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:** - packed RBC's to ↑ H+H - auscultate and palpate abd. - get CBC and fecal occult blood dx - morphine for pain - infliximab for inflammation - stop use of ibuprofen - watch for rxn with blood transfusion **Teaching & Resources:** - teach importance of limiting alcohol intake - teach different strategies for coping - may need therapist - may need dietician