Vicky Murat

*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: Chronic Kidney Disease (CKD)

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation
Reduction of Risk

NCLEX IV *(7)*:

Anatomy and Physiology Normal Structures	Pathophysiology of Disease	Anticipated Diagnostics Labs
• Pyramid • papilla • renal column • glomerulus • renal hilum • Bowman's capsule • nephron • proximal, distal convoluted tubule • loop of henle • collecting tube	Extensive kidney damage or estimated GFR <60mL/min/1.73m² for greater than 3 months Blood is not filtered and excess fluid and waste remains in the body. Gradual onset. Progressive and irreversible.	• dipstick • Urinealysis • bilirubin → WBC, RBC, casts, glucose • lipid profile • GFR • BUN • creatinine • albumin • H&H **Additional Diagnostics** • US • biopsy • CT scan • MRI

• Kidney
• capsule
• renal pelvis
• medulla
• cortex
• minor calyx
• major calyx

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

NCLEX IV *(7)*: Reduction of Risk

Contributing Risk Factors	Signs and Symptoms	Possible Therapeutic Procedures	Prevention of Complications (What are some potential complications associated with this disease process)
• >60 yo • cardiovascular disease • Diabetes • ethnic • exposure to nephrotoxic drugs • Family hx • HTN • obesity	• fatigue • HA • anorexia • vomiting • depression • pruritus • osteomalacia • pulmonary edema • proteinuria	**Non-surgical** • dialysis (RRT) **Surgical** • transplantation	• organ failure (rate of progression) • osteomalacia (Ca supplements) • fluid & electrolyte imbalance (teach repertoire S&S)

NCLEX IV *(6)*: Pharmacological and Psychosocial/Holistic Parenteral Therapies

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

NCLEX III *(4)*:

Care Needs

Anticipated Medication Management	Non-Pharmacologic Care Measures	What stressors might a patient with this diagnosis be experiencing?
• Ca supplements • phosphate binders • ACE inhibitors • ARBs • erythropoietin therapy • lipid lowering drugs	• nutrition therapy • correct fluid overload or deficit/fluid restriction • ↓ potassium • suck on ice cubes • daily wt	• withdrawal • anxiety • fear • powerlessness • depression • ineffective coping

Client/Family Education

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

Physiology cont. - functioning units called nephrons remove waste products and extra fluid from body. Each nephron is composed of a glomerulus and tubule. Urine produced from glomerular filtration, reabsorption, and secretion. Wastes include Na^+, K^+, Ca^{2+}, creatinine, urea, and NH_3.

→ filter blood

List 3 potential teaching topics/areas	Multidisciplinary Team Involvement (Which other disciplines do you expect to share in the care of this patient)
• Hard candy to reduce thirst. • Report weight gain >4. • Modify diet to decrease K+	• PCP • radiology • pharmacy • RN • nephrologist • case worker • lab • cardiologist • Nutrition / RD

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

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

Problem #1:

Excess Fluid Volume

Patient Goals:

1. Patient will maintain clear lung sounds in all 5 lobes and show no evidence of dyspnea or orthopnea during my care.
2. Patient will maintain normovolemic status with urine output ≥ 30mL/hr and greater than intake during my care.

Assessments:

- monitor wt daily. strict I&O q shift. Assess lung sounds q4h. labs (BUN, creatinine), GFR, electrolytes q shift or prn. Vitals q4h. Urine osmolality. Assess lung sounds, SOB, resp pattern q4h.

Interventions (In priority order):

- Institute and instruct regarding fluid restriction as appropriate during my care.
- Administer diuretics as prescribed during my care.
- Position HOB in a semi-fowler's or high-fowler's position when appropriate during my care (ie eating, resting, SOB).
- Elevate edematous extremities to promote venous return during my care.
- Instruct to avoid medications that cause fluid retention such as NSAIDs during my care.
- Educate S & Sx of fluid excess (ie. >4lbs wt gain in 1 day) to report during my care.

Problem #2:

Ineffective Coping (Stage V - CKD irreversible, progressive)

Patient Goals:

1. Patient will verbalize at least one effective coping strategy during my care.
2. Patient will verbalize at least one resource to prevent ineffective coping during my care.

Assessments:

- Evaluate stressors and coping mechanisms, complaints & concerns, sleep patterns, fatigue, lack of appetite, ADLs, mood, use of drugs or alcohol, ability to problem solve, defensive speech, manipulation, excuses, chronic illness during my care prn.

Interventions (In priority order):

- Utilize therapeutic communication to build rapport during my care.
- Educate on chronic kidney disease processes and establish goals with patient during my care.
- Educate/provide stress-relieving and relaxation techniques such as MBSR, during my care.
- Refer to counseling or support groups during my care. (CKD - irreversible, devastating disease)
- Offer treatment choices (ie time preference) and encourage participation during my care.
- Determine how patient successfully handled stressful hurdles in past and relate to current stressors during my care.

At this time, complete assigned ATI Real Life Simulation

Actual Patient Problems & Goals

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

Problem #1:

Excess Fluid Volume (Fluid overload r/t CKD)

Patient Goals:

1. Patient will maintain clear lung sounds in all 5 lobes during my care.
   - _ Met
   - Unmet ✓
2. Patient will achieve normovolemic status with urine output ≥ 30mL/hr and greater than intake during my care.
   - _ Met ✓
   - Unmet

Problem #2:

Decreased Cardiac Output (r/t hypertension)

Patient Goals:

1. Patient will maintain BP < 140/90 during my care.
   - _ Met
   - Unmet ✓
2. Patient will maintain HR WNL 60-100 bpm during my care.
   - _ Met
   - Unmet ✓

SOAP Notes Based on Priority Problems

Priority Patient Problem #1: Excess Fluid Volume

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:** SOB and Edema. 6.6lb wt gain over last 2 days. Decreased appetite. Dry non-productive cough. Scattered rhonchi, all fields bilat. Respirations tachypneic and labored with activity. **PMH:** CKD, DM II, HTN, uremic pruritis **Allergies:** No Known Allergies **Current Medications:** see attached
Objective: *This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs:** see attached **Labs:** See attached **Diagnostics:** CXR- bilat. pulmonary venous congestion w/ infiltrates EKG: Peaked T waves, Widened QRS tachycardia, Sinus HR 114/min
Assessment: *Focused assessment on your priority problem.*	- general fatigue and malaise - edema to lower extremities 2+, pitting - shortness of breath and nonproductive cough - decreased appetite - scattered rhonchi to all fields anterior bilat, regular, labored with activity - pedal pulse +3 bilat.
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:** - continue meds. furosemide, BP meds Losartan labetalol IV - monitor BP (hypervolemia) - diuresis with meds & hemodialysis - peritoneal dialysis then discontinue. Start hemodialysis. - fluid restrictions - monitor electrolytes - supplement O_2 - elevate HOB - Na+ restriction **Teaching/Resources:** Educated on process of hemodialysis Nutrition consult

Problem # 1

current medications

Glipizide XL 20mg PO daily
Aspirin 81mg PO daily
Losartan 50 mg PO daily
Furosemide 20 mg PO twice daily
Ferric citrate 1g PO three times daily with meals
Lingagliptin 5mg PO daily
Tramadol 50 mg PO every 6 hours PRN pain or discomfort
Sevelamer carbonate 800mg PO three times daily with meals
Docusate sodium 100mg PO twice daily
Tacrolimus 0.1% ointment apply topically to affected area twice daily
Gentamicin 0.1% ointment apply topically to peritoneal dialysis catheter site daily
Gabapentin 100 mg PO three times daily
Atorvastatin 20mg PO daily

Vitals - Day 1

1830	1845	1940	2040	2100	2125
Wt 72.1 kg	96% 2L NC	HR 116/min	HR 110/min	HR 114/min	HR 110/min
94% O_2 RA	BP 178/96	RR 22/min	RR 20/min	RR 18/min	RR 20/min
BP 174/94		96% O_2 2L NC	BP 170/84	BP 178/88	BP 178/86
RR 24/min	intake 122mL	BP 170/90	96% O_2 2L NC	96% O_2 2L NC	96% O_2 2L NC
HR 118/min	output 150mL urine	intake 12mL	intake 30mL	intake 40mL	intake 100mL
			output 100mL urine	output 60mL urine	

Vitals - Day 1 continued

2240
HR 112/min
BP 182/90

Vitals - Day 2

0000
HR 108/min
RR 20/min
BP 156/80
96% O_2 2LNC
Intake 62mL

0020
BP 152/80

0055
HR 96/min
RR 16/min
BP 154/80
97% 1.LNC

0400
HR 96/min
RR 16/min
BP 150/80
97% O_2 2LNC
Wt. 72.6 kg

0715
HR 94/min
RR 18/min
BP 154/84
96% 1L NC
Wt 71.5 kg
Intake 120mL
output 100mL urine

1210
HR 88/min
RR 18/min
BP 134/76
97% RA
Wt 71.5 kg
Intake 2mL
output 30mL urine
5mL emesis

1400
HR 80/min
RR 20/min
BP 140/80
96% O_2 RA
Intake 100mL
Output 60mL urine

Problem # 1 (diluted electrolytes & blood)

labs

Potassium 6.0 (WNL 3.5-5.0)
Sodium 132 mEq/L (WNL 135-145) Na/K+ pump
chloride 100 mEq/L (WNL 98-106)
BUN 42 mg/dL (WNL 10-20)
Creatinine 8.0 mg/dL (WNL 0.5-1.2 female > 61 yo)
Calcium 7.8 mg/dL (WNL 9-10.5)
CO_2 25 mEq/L (WNL 23-30 mEq/L)
eGFR 8 mL/min (WNL > 90 mL/min)
RBC 3.1 million/mm^3 (WNL 4.2-5.4 female)
Hgb 10.2 g/dL (WNL 12-16 female)
Hct 32% WNL 37%-47% female
Phosphorus 7.5 mg/dL (WNL 3-4.5)
Magnesium 2.0 mEq/L (WNL 1.3-2.1)
ALT 20 units/L (WNL 4-36)
AST 25 units/L (WNL 0-35)
Specific gravity - 0.998 (diluted)

Priority Patient Problem #2: Decreased Cardiac Output

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:** SOB and Edema. 6.6lbs weight gain over 2 days. SBP >140 → +2 pitting Lower extremities
Objective: *This section is your clinical observations. Include vital signs, pertinent labs and diagnostics related to priority problem.*	**Vital Signs:** see attach for problem 1 **Labs:** see attached for problem 1 **Diagnostics:** CXR - No cardiomegaly, bilat. pulmonary venous congestion with infiltrates tele #14 peaked T waves, widened QRS, tachycardia sinus HR 114/min
Assessment: *Focused assessment on your priority problem.*	-active weekly -denies tobacco, alcohol, drugs -maternal Hx of MI -+2 pitting edema LE -+3 pedal pulses -PMH HTN, stage V CKD - general fatigue & malaise - SOB w/ non productive cough - cardiac no murmur or defect, -denies HA -decreased appetite
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:** • continue meds & meds losartan, labetalol IV, ASA, furosemide, atorvastatin -ECG • monitor BP, HR, I&Os, O_2 • monitor edema, pedal pulses → all peripheral pulses, respirations, lung sounds, electrolytes esp K^+ • fluid restriction, Na^+ restriction -telemetry -cardiac monitoring - bedrest - Supplement O_2 -elevate HOB -dialysis **Teaching/Resources:** Cardiology consult Educate BP med compliance

Assessment continued:

- skin warm, dry
- Scattered rhonchi to all field, bilat. anterior, regular, tachypneic, labored with activity
- tachycardia
- S_1, S_2 regular rhythm
- AV fistula thrill and bruit noted
- abdomen soft nondistended, nontender
- weak gait

* heart cannot pump adequate oxygen to meet body's need. Diluted blood and diluted electrolytes. Increased potassium (hyperkalemia) leads to weak flaccid muscles. Low calcium leads to tetany. Increased blood volume = increase demand of heart

Reflection:

- Go back to your Preconference Template:
    - Indicate (circle, star, highlight, etc.) the components of your preconference template that you saw applied to the care of this virtual patient.

- 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 is that it is important to address critical needs first. Use the nursing process to diagnose and plan care. Apply principles of A,B,Cs, maslow's hierarchy of needs, acute vs. chronic, and urgent vs non urgent when carrying out care plan interventions. The problems with diet and nutrition were addressed last. The fluid in the lungs and controlling the BP was priority. This impact my nursing practice because I will remember that it is important to get a thorough history and assessment to make appropriate decisions for care. The nurse on ATI got a thorough report from the hemodialysis clinic, assessment including vitals, current med list, and history. This allowed him to give safe and quality care.

Time Allocation: 8 hours

Module Report

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

Module: **Chronic Kidney Disease**

Individual Name: **Vicky Murat**

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

Program Type: **Diploma**

Standard Use Time and Score

	Date/Time	Time Use	Score
Chronic Kidney Disease	2/9/2023 8:16:24 PM	1 hr 23 min	Satisfactory

Reasoning Scenario Details
Chronic Kidney Disease - Use on 2/9/2023 6:52:55 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%		
Excretion		100%	
Ingestion, Digestion, Absorption & Elimination	80%	20%	
Integument	100%		
Regulation and Metabolism	71.4%	28.6%	

NCLEX RN	Strong	Satisfactory	Needs Improvement
Reduction of Risk Potential RN 2013	100%		
RN Management of Care	100%		
RN Basic Care and Comfort	100%		
RN Pharmacological and Parenteral Therapies	100%		
RN Reduction of Risk Potential	60%	40%	

RN Physiological Adaptation	75%	25%	

QSEN	Strong	Satisfactory	Needs Improvement
Safety	100%		
Patient-Centered Care	71.4%	28.6%	
Evidence Based Practice	77.8%	22.2%	
Teamwork and Collaboration	100%		

Thinking Skills	Strong	Satisfactory	Needs Improvement
Clinical Application	100%		
Clinical Judgment	78.9%	21.1%	

Decision Log:

Optimal Decision	
Scenario	Nurse Chris is reviewing Ana Sofia Swisher's EMR.
Question	Nurse Chris is reviewing client Ana Sofia Swisher's EMR. Which of the following findings should Nurse Chris identify as an indication that Ms. Swisher needs acute care at this time?
Selected Option	Creatinine level
Rationale	According to the EMR, Ms. Swisher's creatinine level is elevated, even though she has been receiving peritoneal dialysis. Creatinine is the waste product in the blood that is excreted through the kidneys. Since Ms. Swisher's creatinine level is elevated and she is demonstrating signs of fluid overload, this could be indicative of worsening kidney disease. Therefore, there is a need for an acute care admission.

Optimal Decision	
Scenario	Nurse Chris is planning actions following admission.
Question	Nurse Chris has completed and documented the assessment of Ms. Swisher. Based upon Nurse Chris' findings and the information contained within the EMR, which of the following actions should Nurse Chris take?
Selected Option	Apply a limb alert bracelet.
Rationale	According to the EMR, Ms. Swisher has an AV fistula in her left forearm and, therefore, should not have phlebotomy and blood pressure taken in this arm because these activities can damage the fistula. Nurse Chris should apply a limb alert bracelet to Ms. Swisher's left wrist as a safety precaution. The bracelet provides a reminder to the client and staff to protect the fistula, which would prolong the viability of the fistula.

Optimal Decision	
Scenario	Nurse Chris is deciding the priority action for client Ms Swisher.
Question	Nurse Chris is reviewing Ms. Swisher's orders. Which of the following actions should Nurse Chris implement first?
Selected Option	Apply a cardiac monitor.
Rationale	Nurse Chris should first apply the cardiac monitor to begin monitoring Ms. Swisher's heart rhythm. According to Ms. Swisher's EMR, her potassium level is elevated, which increases the risk for cardiac dysrhythmias.

Optimal Decision	
Scenario	Nurse Chris is applying telemetry leads to Ms. Swisher.
Question	Nurse Chris is preparing to apply telemetry leads to Ms. Swisher. Select the image that correctly displays the pattern in which the leads should be applied.
Selected Option	Clockwise starting from the client's right clavicle: white lead, black lead, red lead, and green lead with the brown lead in the middle.
Rationale	Nurse Chris should ensure that the electrodes are placed in a specific order on Ms. Swisher's chest, as shown in this image. The leads, which are attached to a monitor box, are then connected to the electrodes. Incorrect placement can result in inaccurate display of the waveform.

Optimal Decision	
Scenario	Nurse Chris is at the nurses' station looking at Ms. Swisher's cardiac rhythm.
Question	Nurse Chris is reviewing Ms. Swisher's cardiac rhythm on the telemetry monitor at the nurses' station. Which of the following rhythms should Nurse Chris expect based on Ms. Swisher's potassium level?
Selected Option	Peaked T waves
Rationale	According to Ms. Swisher's EMR, her potassium level is elevated. Nurse Chris should identify that a heart rhythm associated with hyperkalemia has the presence of peaked T waves.

Optimal Decision	
Scenario	Nurse Chris is Identifying the Adverse Effects of Furosemide
Question	Nurse Chris is preparing to administer furosemide IV bolus for Ms. Swisher. Based upon the client's medical history, which of the following adverse effects should Nurse Chris monitor for after administering this medication?
Selected Option	Tinnitus

Rationale	Nurse Chris should identify that furosemide is a loop diuretic that is excreted by the kidneys and works by blocking the reabsorption of sodium and chloride at the loop of Henle. Clients who have chronic kidney disease have a decreased ability to clear furosemide from their kidneys, leading to an increased risk for toxicity. Because Ms. Swisher has chronic kidney disease, she is at risk for the development of ototoxicity. Nurse Chris should monitor her for indications of ototoxicity, which is an adverse effect of furosemide. Nurse Chris should ask Ms. Swisher if she is experiencing any findings related to tinnitus, such as ringing noises in her ears or decreased hearing after administering furosemide.

Scenario	Nurse Chris is preparing to provide Ms. Swisher with teaching about hemodialysis.
Question	Nurse Chris is preparing to teach Ms. Swisher about hemodialysis by using an illustration. Which of the following illustrations should Nurse Chris use?
Selected Option	The arterial needle inserted into the client's AV fistula returns the clean blood to the client's body. The venous needle inserted into the client's AV fistula carries the blood to the dialyzer.
Rationale	Nurse Chris should identify that this illustration does not represent the hemodialysis process. The arterial needle that is inserted into the client's AV fistula should carry the blood to the dialyzer and not return the clean blood to the client's body. Furthermore, the venous needle that is inserted into the client's AV fistula should return the client's clean blood from the dialyzer to their body and not carry their blood to the dialyzer.

Scenario	Nurse Chris is preparing to teach about the process of hemodialysis.
Question	Nurse Chris is preparing to provide teaching to Ms. Swisher about the hemodialysis process. Which of the following statements should Nurse Chris make?
Selected Option	"During hemodialysis, filtration of the blood occurs in the dialyzer."
Rationale	Nurse Chris should inform Ms. Swisher that, during hemodialysis, the dialysate does not mix with the blood in the dialyzer, nor does it enter the body. The dialysate enters the dialyzer, where it filters the blood, removing wastes, toxins, and excess fluid.

Optimal Decision	
Scenario	Nurse Chris explains complications of hemodialysis to Ms. Swisher.
Question	Nurse Chris is evaluating Ms. Swisher's understanding of the teaching. Which of the following statements by Ms. Swisher should indicate to Nurse Chris that the teaching was effective?
Selected Option	"My blood pressure may decrease during hemodialysis."

Rationale	Nurse Chris should identify that teaching was effective because hypotension is a common complication that occurs during hemodialysis. This condition could be related to the concentration or temperature of the dialysate or the dialyzer filtration rate. Nurse Chris should inform Ms. Swisher that her blood pressure will be monitored closely before, during, and after hemodialysis. If her blood pressure decreases, this could be managed by elevating her legs into a Trendelenburg position, adjusting the dialyzer flow rate, or providing her with an IV fluid bolus, depending on the severity of the symptoms.

Optimal Decision	
Scenario	Nurse Chris is Identifying medications to treat hyperkalemia.
Question	Nurse Chris is monitoring Ms. Swisher's laboratory results and current cardiac rhythm strip. Which of the following medications should Nurse Chris anticipate administering? (Select all that apply.)
Selected Ordering	Calcium gluconateRegular insulin50% dextrose
Rationale	Nurse Chris should identify that Ms. Swisher's potassium level has not changed from the admission value and that her current cardiac rhythm strip indicates peaked T waves. Nurse Chris should further identify that if a widened QRS complex was present on the cardiac rhythm strip, this could be another indication of hyperkalemia, as well. If Ms. Swisher's potassium level increases further and she starts to exhibit findings associated with hyperkalemia, Nurse Chris should anticipate administering medications to decrease the effect of potassium on the cardiac muscle. Nurse Chris should anticipate administering 50% dextrose IV with the regular insulin IV bolus to reduce to risk of hypoglycemia in clients with CKD.

Scenario	Nurse Chis Identifies Interventions to Address the Systemic Effects of Hyperphosphatemia and Hypocalcemia.
Question	Nurse Chris is planning care based on Ms. Swisher's most recent laboratory results. Which of the following interventions should Nurse Chris include? (Select all that apply.)
Selected Ordering	Monitor for the development of tetany.Monitor muscle strength.Administer phosphate binder between meals.
Rationale	Nurse Chris should inform Ms. Swisher to take phosphate binders with meals to increase their effectiveness because they work by binding to some of the phosphate in the food and will decrease the amount of phosphate in the blood.

Scenario	Nurse Chris is reviewing the plan of care with Charge Nurse Rylie.
Question	Nurse Chris is reviewing Ms. Swisher's plan of care with Charge Nurse Rylie. Which of the following interventions should Nurse Chris implement based upon Ms. Swisher's current laboratory results?
Selected Option	Monitor for the presence of Chvostek sign.
Rationale	Nurse Chris should implement monitoring for the presence of manifestations related to electrolyte imbalances. Ms. Swisher's calcium level is less than the expected reference range. Nurse Chris should identify that manifestations of hypocalcemia include tetany, which can be assessed by monitoring the presence of a Chvostek or Trousseau sign.

Optimal Decision	
Scenario	Nurse Chris evaluates findings to determine the effectiveness of furosemide.
Question	Nurse Chris has documented the assessment findings for Ms. Swisher. Nurse Chris should identify that which of the following findings indicates the effectiveness of furosemide?
Selected Option	Urine output
Rationale	According to Ms. Swisher's EMR, there has been a total of 160 mL of urine output since the administration of furosemide. Nurse Chris should identify that this indicates a positive outcome for the use of this medication.

Optimal Decision	
Scenario	Nurse Chris prioritizes findings to report to the provider.
Question	Nurse Chris is preparing to provide a status update on Ms. Swisher to Dr. Lanzo. Which of the following information from the EMR is the priority for Nurse Chris to report?
Selected Option	Blood pressure
Rationale	Nurse Chris should identify that the greatest risk to Ms. Swisher is the continued hypertension, despite the administration of furosemide. The continued elevated blood pressure can negatively affect cardiac and kidney function. Therefore, this is the priority finding for Nurse Chris to report to Dr. Lanzo.

Optimal Decision	
Scenario	Description needed
Question	Nurse Sam is assessing Ms. Swisher's AV fistula prior to hemodialysis. Which of the following sounds should Nurse Sam expect to hear? (Click on the audio button to listen to the clip.)
Selected Option	Bruit
Rationale	Nurse Sam should expect to hear a bruit. A bruit is a sound of turbulent blood flow through the fistula. It is characterized by a low, rumbling pitch or whooshing sound.

Optimal Decision	
Scenario	Nurse Sam is identifying manifestations of disequilibrium syndrome.
Question	Nurse Sam has completed documentation of their assessment in the EMR. Which of the following findings should Nurse Sam identify as an indication that Ms. Swisher could be experiencing disequilibrium syndrome?
Selected Option	Pain rating

Rationale	Nurse Sam should identify that disequilibrium syndrome is a complication that can occur during and after hemodialysis and can be caused by the rate of fluid removal. Nurse Sam should monitor for mild manifestations such as muscle cramping, nausea, vomiting, headache, fatigue, and chills. These can lead to more severe manifestations that can result in a change in the level of consciousness, as well as seizures, cerebral edema, coma, and death. According to Nurse Sam's documentation in the EMR, Ms. Swisher is experiencing a headache and nausea, with a small amount of emesis. She also reported fatigue and chills, which could be indications of disequilibrium syndrome. Ms. Swisher's blood glucose level and pulse are within the expected reference range. The assessment of her AV fistula is unchanged from the assessment prior to dialysis. However, this finding is not associated with disequilibrium syndrome

Optimal Decision	
Scenario	Nurse Sam is reviewing physiologic findings that contribute to anxiety and depression.
Question	Nurse Sam recognizes that Ms. Swisher's emotional state might also be related to physiological findings and is reviewing Ms. Swisher's EMR. Which of the following findings should Nurse Sam identify as a contributing factor to Ms. Swisher's current psychosocial status?
Selected Option	Capillary blood glucose
Rationale	Nurse Sam should identify that Ms. Swisher's capillary blood glucose level is less than the expected reference range. Hypoglycemia can contribute to feelings of anxiety and depression.

Optimal Decision	
Scenario	Nurse Sam reviews factors of SDOH that impact Ms. Swisher's care.
Question	Nurse Sam is reviewing Ms. Swisher's EMR. Which of the following findings should Nurse Sam identify as having a negative impact on Ms. Swisher's health outcome? (Select all that apply.)
Selected Ordering	Food securityCost of medicationAbility to attend dialysis sessions
Rationale	Ms. Swisher will require hemodialysis three time per week, and she does not have a vehicle or access to public transportation. She identified that she needs assistance with transit and will likely require transportation to and from dialysis.

Optimal Decision	
Scenario	Nurse Sam is reviewing Ms. Swisher's EMR with Charge Nurse Robbi.
Question	Nurse Sam is reviewing Ms. Swisher's EMR with Charge Nurse Robbi. Which of the following classes of medications should Nurse Sam identify as being prescribed to manage Ms. Swisher's anemia?
Selected Option	Erythropoietic growth factor
Rationale	Nurse Sam should identify that Ms. Swisher is prescribed an erythropoiesis-stimulating agent to manage anemia.

Optimal Decision	
Scenario	Home Health Nurse Ariel is assessing Ms. Swisher's peritoneal catheter.
Question	Home Health Nurse Ariel has assessed Ms. Swisher's peritoneal catheter site. Based upon Home Health Nurse Ariel's notes in the EMR, what total score should be documented in the assessment tool regarding Ms. Swisher's peritoneal site?
Selected Option	2
Rationale	Nurse Ariel should identify that Ms. Swisher reported slight discomfort when the peristomal area was palpated, but that the area looked fine other than a few areas of crusting that were easily removed. Each of these items would receive 1 point on the peritoneal dialysis (PD) catheter exit site assessment tool. The color was congruent with the surrounding skin color and there was no drainage externally or within the sinus area. The skin is intact, so no granulation is present externally or within the sinus. The sinus tract shows that the epithelium is strong and covers the area fully. Each of these areas should receive a "0" on the assessment tool. Therefore, the total score for Ms. Swisher's PD catheter exit site is 2.

Optimal Decision	
Scenario	Home Health Nurse Ariel and Ms. Swisher are reviewing dietary restrictions.
Question	Home health Nurse Ariel and Ms. Swisher are discussing some of the ingredients contained in some of her favorite recipes that would align with her prescribed diet. Based upon Ms. Swisher's EMR, which of the following items should Home Health Nurse Ariel recommend?
Selected Option	½ cup raw green peas
Rationale	Home Health Nurse Ariel should recognize that one of Ms. Swisher's favorite foods is sauteed peas, onions and chilies made with vegetable broth. Home Health Nurse Ariel should recommend a serving size of ½ cup of raw peas as a good food choice for Ms. Swisher based upon her restrictions on potassium and sodium intake. Home Health Nurse Ariel should inform Ms. Swisher that ½ cup of raw peas has 177 mg potassium and 3.6 mg of sodium per serving. Additionally, it contains 4.11 g of sugar, which makes this a good vegetable selection to manage diabetes mellitus.

Optimal Decision	
Scenario	Ms. Swisher is discussing foods that members bring to the weekly potluck interfaith meetings.
Question	Home Health Nurse Ariel is assisting Ms. Swisher with selecting appropriate food choices to eat during Ms. Swisher's weekly potluck interfaith meetings. Based upon Dr. Lanzo's prescription in the EMR, which of the following food choices should Home Health Nurse Ariel identify as correct selections by Ms. Swisher? (Select all that apply.)
Selected Ordering	Steamed broccoli Roast chicken thighsSliced radishes

Rationale	Home Health Nurse Ariel should recommend that Ms. Swisher select food choices that would meet her current dietary restrictions and allow her to attend her weekly interfaith potluck. Home Health Nurse Ariel should encourage Ms. Swisher to choose vegetables that are low in potassium, such as sliced radishes.