

*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: CKD

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

- Healthy kidneys are the main filtration system of the body(filter/clean blood, eliminate waste and regulate BP), this is made possible with the use of the nephrons that then sends blood into the glomeruli for glomeruli filtration rate (GFR); a normal GFR is 85-105 mL/min
- 2 Kidneys with a renal hilum which is an entry.exit point for ureter, arteries, veins, lymphatics and nerves; Kidneys have three layes renal fascia, adipose capsule, renal capsule
- Nephron is the functional unit of the kidney, thousands exist in each kidney; each nephron is composed of renal corpuscle and tubule
- The glomerular filtration occurs in the Bowman's capsule; there is selective reabsorption, products to be expelled will be sent out as urine and reabsorbed products remain in the blood

Pathophysiology of Disease

- Damage to nephrons occur interfering with ability to filtrate the blood
- Healthy nephrons will try to compensate and increase filtration rate (GFR)
- Over time the healthy neurons will also become damaged leading to a secondary compensatory mechanism of RAAS because of the decreased blood flow
- Proteins will start to spill into the urine, a decreased filtration rate occurs, increased creatinine and urea levels, anemia and fluid/electrolyte imbalances occur_

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics
Labs

- CBC
- CMP
- ABGs
- Urinalysis

Additional Diagnostics

- EKG
- Renal US or biopsy
- KUB, retrograde pyelogram, renal arteriogram
- CT/MRI

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

- Diabetes
- Increased age (>60 yo)
- Congenital kidney disease
- Family history

Signs and Symptoms

- Loss of appetite
- Fatigue
- Edema
- HTN
- Increased UO (blood

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures
Non-surgical

- Dialysis
- Dietary changes

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

- HTN
- Anemia
- Poor nutrition
- Nerve damage

- Autoimmune disorders
- BPH or prostatitis
- Sickle cell disease
- Sedentary lifestyle
- **Poor diet**
- Smoking

- and protein present)
- Changes in mental status
- DJV
- **SOB**
- **Weight gain**
- **Increased BUN, creatinine, potassium**

- Surgical**
- Kidney transplant

- **Hypervolemia**

NCLEX IV (6): Pharmacological and Parenteral Therapies

- Anticipated Medication Management
- **ACE or ARBs**
 - **Diuretics (Lasix)**
 - **Erythropoietin**
 - **Statins**
 - Calcium
 - Vit D

NCLEX IV (5): Basic Care and Comfort

- Non-Pharmacologic Care Measures
- **Decrease salt intake**
 - **Choose lower potassium foods**
 - **Decrease protein intake**
 - **Monitor I&Os**

NCLEX III (4): Psychosocial/Holistic Care Needs

- What stressors might a patient with this diagnosis be experiencing?
- **Fear**
 - **Depression**
 - **New lifestyle**
 - **Unknown future**
 - **Treatment expenses**
 - **Lonely**

Client/Family Education

- List 3 potential teaching topics/areas**
- **Educate on low sodium alternatives**
 - Educate on signs and symptoms of worsening kidney function
 - **Educate on finding on a support group for coping**

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)
- **PCP**
 - Nephrologist
 - Cardiologist
 - **Nutrition**
 - Endocrinology
 - Surgery
 -

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

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

Problem #1: Impaired Urinary Elimination

Patient Goals:

1. Patient will produce a urine output of atleast 30mL/hr during my time of care.
2. Patient will maintain a sodium within 136-145 during my time of care.

Assessments:

- Assess HR q 4hrs, Assess RR q 4 hrs, Assess temperature q4hrs, Assess BP q 4hrs, Assess LOC q 4hrs, Assess skin integrity q 4 hrs, Assess UA q 24hrs, Assess urine

color PRN urination, Assess urine odor PRN urination, Assess UO PRN urination,
Assess urination frequency PRN, Assess I&Os q 4 hrs, Assess electrolytes q 24hrs,
Assess creatinine levels q 24hrs, Assess RBC, Hct, Hgb q 24hrs _____

Interventions (In priority order):

1. Maintain strict I&Os during my time of care. _____
2. Encourage adequate fluid intake (2-4L per day) during my time of care. _____
3. Perform bladder scan PRN when needed for urinary retention. _____
4. Insert foley catheter as ordered for urinary retention during my time of care. _____
5. Administer diuretics as ordered during my time of care. _____
6. Educate on importance of limiting the intake of alcohol and caffeine during my time of care. _____

Problem #2: Risk for Infection _____

Patient Goals:

1. Patient will maintain a temperature below 100.4 degrees Fahrenheit during my time of care. _____
2. Patient will maintain a HR between 60-100 bpm during my time of care. _____

Assessments:

- Assess HR q 4hrs, Assess RR q 4 hrs, Assess temperature q4hrs, Assess BP q 4hrs, Assess LOC q 4hrs, Assess skin integrity q 4 hrs, Assess WBC q 24hrs, Assess UA q 24hrs _____

Interventions (In priority order):

1. Maintain hand hygiene during my time of care. _____
2. Encourage continued ambulation/mobility as able during my time of care. _____
3. Administer diuretics as ordered during my time of care. _____
4. Educate to wipe from front to back during my time of care. _____
5. Encourage intake of protein rich foods during my time of care. _____
6. Encourage adequate rest periods during my time of care. _____

At this time, complete assigned ATI Real Life Simulation

SOAP Notes Based on Priority Problems

Priority Patient Problem #1: Excessive fluid volume

<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>Chief Complaint: 2 days ago, client reports difficulty completing peritoneal dialysis exchanges with recent weight gain of 13.2kg. Reports SOB and edema of LE</p> <p>PMH: CKD, DMII, HTN, Uremic pruritis, Peripheral neuropathy to LE bilaterally, HLD, AV fistula, peritoneal dialysis catheter</p> <p>Allergies: NKA</p> <p>Current Medications: Glipizide XL 20mg PO daily ASA 81 mg PO daily Losartan 50mg PO daily Furosemide 20 mg PO twice daily Ferric citrate 1g PO three times daily with meals Linagliptin 5mg PO daily Tramadaol 50mg PO every 6 hrs PRN pain or discomfort Gentamicin 0.1% ointment apply topically to peritoneal dialysis catheter site daily Tacrolimus 0.1% ointment apply topically to affected areas twice daily Gabapentin 100mg PO three times daily Atorvastatin 20mg PO daily</p>
<p><u>Objective:</u></p> <p><i>This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics related to priority problem.</i></p>	<p>Vital Signs: HR 110 bpm, 118/min, 116/min, 110/min, 114/min, 110/min, 112/min, 114/min, 112/min, 108/min, 108/min, 96/min, 96/min, 94/min, 88/min BP 170/92 mmHg, 174/94mmHg, 178/96mmHg, 170/90 mmHg, 170/84 mmHg, 178/88mmHg, 178/86 mmHg, 182/90 mmHg, 168/88 mmHg, 164/80mmHg, 156/80mmHg, 152/80mmHg, 154/80mmHg, 150/80mmHg, 154/84 mmHg, 134/76mmHg RR 22/min, 24/min, 22/min, 20/min, 18/min, 20/min, 16/min, 16/min, 18/min, 18/min</p>

	<p>UO 150mL, 100mL, 60mL, 120mL, 100mL, 30mL Weight 72.1kg, 69.9kg</p> <p>Labs: BUN 42mg/dL, 42mg/dL Creatinine 8.0 mg/dL, 8.0 mg/dL eGFR 8 mL/min, 8mL/min Urine specific gravity 0.998 Urine Protein 80mg/dL Urine blood +1 Urine RBC >2 Urine RBC Casts present Urine Hyaline Casts 13</p> <p>Diagnostics: CXR 2/10 – Bilateral pulmonary venous congestion with infiltrates. No cardiomegaly EKG 2/10 – ST with peaked T waves @ 114 bpm</p>
<p>Assessment:</p> <p><i>Focused assessment on your priority problem.</i></p>	<ul style="list-style-type: none"> - General fatigue and malaise, reports occasional blurred vision, SOB, +2 edema to LE, weight gain of 13.2 kg - Scattered rhonchi to all lobes bilaterally, DOE
<p>Plan *Based on priority problem only</p> <p><i>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?</i></p>	<p>Plan:</p> <ul style="list-style-type: none"> - Admit to MS unit - VS q 4 hrs - Apply telemetry monitor to provide continuous cardiac monitoring - Strict intake and output - Restrict fluids to 1 L/day - Daily weights - Hemodialysis in AM - Apply oxygen PRN, titrate to keep sats >95% - Obtain BMP 1 hour after administering IV furosemide - Notify provider if SBP <100 or >180mmHG - Administer Epoetin alfa 50 units/kg three times week IV bolus during dialysis for Hgb less than 11 g/dL - ASA 81mg PO daily - Administer furosemide 80mg IV bolus X 1,

	<p>then resume PO dose</p> <ul style="list-style-type: none"> - Administer furosemide 20mg PO twice daily - Administer losartan 50 mg PO daily - Administer labetalol 20 mg IV bolus NOW - Continue outpatient hemodialysis 3 times per week - CBC, CMP weekly <p>Teaching/Resources:</p> <ul style="list-style-type: none"> - Home health - Side effects of furosemide such as tinnitus - Procedure of hemodialysis
--	---

Priority Patient Problem #2: _____

<p>Subjective:</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>Chief Complaint:</p> <ul style="list-style-type: none"> - Nausea from dialysis, decreased appetite, difficulty obtaining food
<p>Objective:</p> <p><i>This section is your clinical observations. Include vital signs, pertinent labs and diagnostics <u>related to priority problem.</u></i></p>	<p>Vital Signs: HR 110 bpm, 118/min, 116/min, 110/min, 114/min, 110/min, 112/min, 114/min, 112/min, 108/min, 108/min, 96/min, 96/min, 94/min, 88/min BP 170/92 mmHg, 174/94mmHg, 178/96mmHg, 170/90 mmHg, 170/84 mmHg, 178/88mmHg, 178/86 mmHg, 182/90 mmHg, 168/88 mmHg, 164/80mmHg, 156/80mmHg, 152/80mmHg, 154/80mmHg, 150/80mmHg, 154/84 mmHg, 134/76mmHg BM 1 Emesis 5mL Weight 72.1kg, 69.9kg</p> <p>Labs: Albumin 3.2g/dL</p>

	<p>Glucose 174 mg/dL, 166 mg/dL Phosphorous 7.5 mg/dL, 7.5mg/dL Potassium 6.0 mEq/L, 5.9 mEq/L Sodium 132 mEq/L, 132 mEq/L Calcium 8.0 mg/dL, 7.8 mg/dL Hgb A1C 7.4% Cap Blood Glucose 110, 124</p> <p>Diagnostics: N/A</p>
<p><u>Assessment:</u></p> <p><i>Focused assessment on your priority problem.</i></p>	<ul style="list-style-type: none"> - Reports decrease appetite - Bowel sounds hypoactive x 4 quadrants - Refuses lunch due to nausea - Unable to maintain food in home for the month - Nearest grocery store is 10miles
<p><u>Plan</u> <u>*Based on priority problem only</u></p> <p><i>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?</i></p>	<p>Plan:</p> <ul style="list-style-type: none"> - Diet renal with 1.8 g sodium - Blood glucose at meal times and before bed - Daily weights - Obtain BMP 1 hour after administering IV furosemide - Administer Glipizide XL 20mg PO daily - Administer ferric citrate 1g PO three times daily with meals - Administer Atorvastatin 20mg PO daily - Administer Linagliptin 5mg PO daily - Administer Sevelamer carbonate 800mg PO three times daily with meals - Outpatient dietary consult (renal diet, protein needs evaluation) - Renal diet, 1800mg sodium, low potassium, low fat, protein per dietary consult - CMP weekly <p>Teaching/Resources:</p> <ul style="list-style-type: none"> - Educate on proper food choices such as ½ raw green peas to maintain low sodium and

	potassium diet - Home health
--	---------------------------------

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 participating in the care of this patient is that maybe it seems like someone is just not taking care of themselves but in reality there is so much more going on in their lives. Between passing medications, charting and everything else nurses do, it can be hard to remember that patients are humans and have their own concerns. What may be a concern for me is not necessarily a concern for someone else. Taking the time to learn more about patients allows for more specific and detailed ways to educate a patient to help hopefully resolve whatever the cause of some patients’ inability to take care of their health properly. Hopefully with tailoring care to patients more specifically it can help keep more patients healthy before they end up in the hospital from something serious that could have avoided.

Time Allocation: 8 hours

Student Name Emily Joynt
ATI Real Life Scenario CKD

10