

# Module Report

Tutorial: Real Life RN Medical Surgical 4.0

Module: GI Bleed



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Program Type: Diploma

## Standard Use Time and Score

	Date/Time	Time Use	Score
GI Bleed	5/3/2023 8:59:41 AM	1 hr 6 min	Satisfactory

## Reasoning Scenario Details GI Bleed - Use on 5/3/2023 7:53:24 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	80%	20%	
Cognition and Sensation	100%		
Ingestion, Digestion, Absorption & Elimination	100%		
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:

Optimal Decision	
<b>Scenario</b>	Nurse Esther listens to bowel sounds.
<b>Question</b>	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?
<b>Selected Option</b>	Option C: Audio clip of bowel sounds occurring 45 times in 1 min.
<b>Rationale</b>	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 hyperactive bowel sounds. Therefore, this is the expected finding for this client.

Optimal Decision	
<b>Scenario</b>	Ms. Lieberman reports she feels lightheaded and dizzy.
<b>Question</b>	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?
<b>Selected Option</b>	Measure Ms. Lieberman's vital signs.
<b>Rationale</b>	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	
<b>Scenario</b>	Nurse Esther obtains Ms. Lieberman's vital signs after she reports feeling faint.
<b>Question</b>	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?
<b>Selected Option</b>	Lower the head of the bed.
<b>Rationale</b>	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
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<b>Scenario</b>	The unit of packed RBCs for Ms. Lieberman arrives on the unit.
<b>Question</b>	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?
<b>Selected Option</b>	Ask Ms. Lieberman if she has experienced a reaction with any previous blood transfusions.
<b>Rationale</b>	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.

<b>Scenario</b>	Nurse Esther is ready to administer the first unit of packed RBCs.
<b>Question</b>	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.)
<b>Selected Ordering</b>	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. Begin to infuse the packed RBCs. Turn off the 0.9% sodium chloride solution.
<b>Rationale</b>	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

<b>Scenario</b>	Ms. Lieberman is restless, her face is flushed, and she reports having a headache.
<b>Question</b>	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?
<b>Selected Option</b>	Stop the blood transfusion.
<b>Rationale</b>	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.

<b>Scenario</b>	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.
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<b>Question</b>	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.)
<b>Selected Option</b>	Hello this is RN Esther, I am in room number (?) caring for Ms. Lieberman who was admitted for a GI bleed and has Crohn's disease. She had 2 PRBC units running and I stopped the transfusion because she appears to be having a reaction. Her temperature is 101.8 and she came in with 98.6. Her blood pressure is 103/60. She has chills and headache, and repeats that she is "not feeling good." She has an ileostomy, which appears to have red streaks in loose stool and had infliximab 7 weeks ago, and will be due for another dose in a week, as she receives it every 8 weeks. Her hemoglobin was 7 and hematocrit 21%. Could there be a prescription for her fever and headache? Should I run any fluids? Thank you
<b>Rationale</b>	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?

<b>Optimal Decision</b>	
<b>Scenario</b>	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.
<b>Question</b>	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?
<b>Selected Option</b>	"A medication to reduce oral secretions may be administered."
<b>Rationale</b>	The nurse could administer atropine (Sal-Tropine), a muscarinic antagonist, to inhibit salivary and bronchial secretions.

**Optimal Decision**

<b>Scenario</b>	Nurse Esther is calculating the number of milliliters of morphine sulfate to administer.
<b>Question</b>	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.).
<b>Selected Option</b>	0.5
<b>Rationale</b>	<p><b>Follow these steps for the Ratio and Proportion method of calculation:</b>  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.  <math>\frac{\text{Have}}{\text{Desired}} = \frac{\text{Quantity}}{X}</math>  <math>\frac{8 \text{ mg}}{4 \text{ mg}} = \frac{1 \text{ mL}}{X \text{ mL}}</math>  <math>X \text{ mL} = 0.5 \text{ mL}</math>  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.</p> <p><b>Follow these steps for the Desired Over Have method of calculation:</b>  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.  <math>\text{Desired} \times \text{Quantity} = \text{Have} \times X</math>  <math>4 \text{ mg} \times 1 \text{ mL} = 8 \text{ mg} \times X</math>  <math>X \text{ mL} = 0.5 \text{ mL}</math>  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.</p> <p><b>Follow these steps for the Dimensional Analysis method of calculation:</b>  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.)  <math>X \text{ mL} =</math>  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.)  <math>1 \text{ mL} = 8 \text{ mg}</math>  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.  <math>X \text{ mL} = 1 \text{ mL} \times \frac{4 \text{ mg}}{8 \text{ mg}}</math>  Step 4: Solve for X.  <math>X \text{ mL} = 0.5 \text{ mL}</math>  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.</p>

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

Optimal Decision	
<b>Scenario</b>	Nurse Esther talks to Ms. Lieberman about needing several drinks after work to relax.
<b>Question</b>	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?
<b>Selected Option</b>	"Tell me more about the stress you are feeling."
<b>Rationale</b>	Providing an open-ended statement, along with active listening, allows the client to express her thoughts and feelings. It also establishes trust.

<b>Scenario</b>	Identify five stress management strategies Nurse Esther should recommend to Ms. Lieberman to promote a healthier lifestyle.
<b>Question</b>	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.)
<b>Selected Option</b>	1. Talk to a friend/loved one 2. Yoga 3. go to sleep same time every night 4. go on a walk 5. journal
<b>Rationale</b>	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	
<b>Scenario</b>	Nurse Esther discusses diet with Ms. Lieberman.
<b>Question</b>	Nurse Esther is reinforcing diet teaching with Ms. Lieberman. Which of the following dietary recommendations should she make?
<b>Selected Option</b>	Eat foods that are high protein.
<b>Rationale</b>	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.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Esther provides Ms. Lieberman with educational material to take home.
<b>Question</b>	Nurse Esther provides Ms. Lieberman with information about health promotion. Which of the following should she include in the teaching?
<b>Selected Option</b>	Advise Ms. Lieberman to avoid the use of ibuprofen.
<b>Rationale</b>	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

### 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

<b>Strong</b>	Exhibits optimal reasoning that results in positive outcomes in the care of clients and resolution of problems.
<b>Satisfactory</b>	Exhibits reasoning that results in mildly helpful or neutral outcomes in the care of clients and resolution of problems.
<b>Needs Improvement</b>	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

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

# Score Explanation and Interpretation

## Individual Performance Profile

### QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN)

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

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