

Student Name: \_\_\_\_\_

Medical Diagnosis/Disease: \_\_\_\_\_

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

Anatomy and Physiology  
Normal Structures

Pathophysiology of Disease

**NCLEX IV (7): Reduction of Risk**

Anticipated Diagnostics  
Labs

Additional Diagnostics

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

Contributing Risk Factors

Signs and Symptoms

**NCLEX IV (7): Reduction of Risk**

Possible Therapeutic Procedures  
Non-surgical

Surgical

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

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

Anticipated Medication Management

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

Non-Pharmacologic Care Measures

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

What stressors might a patient with this diagnosis be experiencing?

**Client/Family Education**

List 3 potential teaching topics/areas

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

Multidisciplinary Team Involvement  
(Which other disciplines do you expect to share in the care of this patient)

## **Potential Patient Problems (Nursing Diagnoses)**

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

Problem # 1:

Clinical Reasoning:

Goal/EO:

Ongoing Assessments:

NI: 1.

2.

3.

4.

5.

6.

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Problem # 2

Clinical Reasoning:

Goal/EO:

Ongoing Assessments:

NI: 1.

2.

3.

4.

5.

6.

## ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
  - a. **RN Esther**
  - b. **Gastroenterologist Dr. March**
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
  - a. **Verified with Mrs. Lieberman regarding any history of blood transfusion reactions**
  - b. **RN checked VS immediately when she stated she feels like she is going to faint since she might be going into hypovolemic shock**
  - c. **RN stopped blood transfusion when she noticed Mrs. Lieberman was flushed and VS were negatively changing**
- 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: **Yes, the nurse demonstrated therapeutic techniques by providing open and polite communication with Mrs. Lieberman while presenting a nonjudgmental attitude towards her when discussing her diet, drinking, and stress. All team members communicated with each other when it was necessary to verify or request orders or additional help.**
  - b. If **no**, describe:  

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## Reflection

- 1) Go back to your Preconference Template:
  - a. Indicate (circle, star, highlight, etc.) the components of your preconference template that you saw applied to the care of this patient.
- 2) Review your Nursing Process Form: Did you select a correct priority nursing problem?
  - a. If **yes**, write it here:
  - b. If **no**, write what you now understand the priority nursing problem to be: **Acute pain. Imbalanced nutrition is still a key problem, but acute pain is priority. After pain subsides, priority problem will shift towards imbalanced nutrition.**
- 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: **Yes, applying a heating pad for pain when the RN was waiting for an order for ibuprofen; encouraging deep breathing, and assessing weight**
    - ii. If **no**, describe:  

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- 4) After completing the scenario, what is your patient at risk for developing?
  - a. **Hypovolemic shock**

- b. **Why? A reoccurring GI bleed could put Mrs. Lieberman at risk for hypovolemic shock due to the loss of blood internally. She was very close to going into hypovolemic shock as evidence by her restlessness, fever, chills, dizziness, and declining BP at the hospital so there is a possibility a bleed could happen again if she does not manage her health better with her nutrition, hydration, and avoiding NSAID's.**
- 5) What was your biggest “take-away” from participating in the care of this patient? How did this impact your nursing practice?

**One of the big take-away's I received from this activity was the importance of keeping close eyes on all patients. Monitoring Mrs. Liberman's VS q15 and being aware of the changes in her presence was huge in order to know that something was wrong. Although the right type of blood should've been infusing, keeping a close eye on her while the packed RBC's were infusing was also key to catch a possible reaction in time before it got worse. This will impact my nursing practice because it shows me how being so involved with patient care is crucial to patient health and safety.**

## Priority Patient Problem #1: Acute Pain

<p><b>Subjective:</b></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><b>36 y/o F admitted to Med Surg from ED with a GI bleed and history of Crohn's disease and intermittent gastritis. She had a severe exacerbation of Crohn's in July 2009 and surgery that ended with an ileostomy. She was started on Remicade and receives it q8 weeks with her last dose being 7 weeks ago. C/o abdominal pain with pain being 6/10, headache, chills, and body aches. She is allergic to sulfa's. She is currently receiving 1000 mL NS @ 150 mL/hr and has 4 mg morphine IV bolus ordered q2hr prn for pain. Blood type is A-. She has 2 units of packed RBC's ordered.</b></p>
<p><b>Objective:</b></p> <p><i>This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.</i></p>	<p><b>VS during exacerbation and blood infusion: Temp= 101.8, BP= 103/60, HR= 96, RR= 22, O2=92% on 2L NC. After acute episode: temp= 98.6, BP= 98/60, HR= 84, RR= 22, O2= 97%</b></p> <p><b>Labs: RBC= 3, hgb= 8, hct= 24%, platelet= 162,000, PTT= 21 seconds, PT= 12.2 seconds, INR= 0.7</b></p> <p><b>Diagnostics: Fecal occult blood= positive, endoscopy showed GI bleed</b></p>
<p><b>Assessment:</b></p> <p><i>Focused assessments on your priority problem.</i></p>	<p><b>VS q15 mins, assess bowel sounds, assess PQRST of pain, assess nonverbal cues that indicate pain, assess comfort measures</b></p>
<p><b>Plan</b></p> <p><b>*Based on priority problem only</b></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><b>Plan: Continue IVF to KVO and prevent hypovolemic shock, administer acetaminophen 650 mg q4hr prn for pain or fever, administer 4 mg morphine for pain at 1mg/min, obtain VS frequently, begin soft, bland diet with high calories and high protein, monitor albumin and RBC's,</b></p> <p><b>Teaching &amp; Resources: educate on stress management and well-balanced diet, referral to nutritionist and gastroenterologist, educate on avoiding NSAID's and other causes for Crohn's exacerbations</b></p>