

Module Report

Tutorial: Real Life RN Nursing Care of Children 4.0

Module: Cystic Fibrosis Community Care



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
Cystic Fibrosis Community Care	10/10/2023 1:59:22 PM	35 min	Satisfactory

Reasoning Scenario Details

Cystic Fibrosis Community Care - Use on 10/10/2023 1:23:56 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	100%		
Mobility	100%		
Oxygenation	88.9%	11.1%	

NCLEX RN	Strong	Satisfactory	Needs Improvement
Health Promotion and Maintenance RN 2013	100%		
RN Management of Care	100%		
RN Health Promotion and Maintenance	100%		
RN Psychosocial Integrity	100%		
RN Pharmacological and Parenteral Therapies	75%	25%	

RN Reduction of Risk Potential	100%		
RN Physiological Adaptation	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	50%	50%	
Patient-Centered Care	100%		
Evidence Based Practice	100%		
Quality Improvement	100%		

Score	Time Used	Time Limit
Satisfactory	38 min	1:00:00 PM

Reasoning Scenario Performance Related to Outcomes

*See Score Explanation and Interpretation below for additional details.

Reasoning Scenario	Strong	Satisfactory	Needs Improvement
Oxygenation	88.9%	11.1%	
Mobility	100%		
Fluids, Digestion, Absorption & Elimination	100%		
Endocrine	100%		
Cognition and Sensation	100%		
Cardiac, Lung and Tissue Perfusion	100%		
Body Function	Strong	Satisfactory	Needs Improvement

Reasoning Scenario	Strong	Satisfactory	Needs Improvement
EM Pharmacology and Physical Therapies	78%	22%	
RN Assessment Ability	100%		
RN Health Promotion and Maintenance	100%		
RN Management of Data	100%		
Health Promotion and Maintenance RN 2013	100%		
MLL RN	Strong	Satisfactory	Needs Improvement

Individual Report – Score Explanation and Interpretation

Reasoning Scenario Information:

Reasoning Scenario Information provides the date, time and duration of use, along with the score earned for each attempt. A Reasoning Scenario Performance score of Strong, Satisfactory, or Needs Improvement is provided for each attempt. This information is also provided for the Optimal Decision Mode if it has been enabled.

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 Outcomes:

A clinical reasoning performance score related to each outcome is provided. Outcomes associated with student responses are listed in the report. The number across from each outcome indicates the percentage of responses associated with the level of performance of that outcome.

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.
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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.

ATI Real Life Student Packet
 N201 Nursing Care of Special Populations
 2023

Student Name: Sydney AUCH

ATI Scenario: Cystic Fibrosis Community Care

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: Cystic Fibrosis

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

NCLEX IV (7): Reduction of Risk

Anatomy and Physiology
Normal Structures

Anatomy:
 - nasal cavity, pharynx, larynx, trachea, bronchus, bronchioles, alveoli
 - L lung → 3 lobes
 - R lung → 2 lobes

Physiology:
 - Air (O₂) enters through nasal cavity and travels through respiratory tract
 - Once it gets to the alveoli, the 2 gases, O₂ and CO₂, are exchanged
 - This allows for the O₂ to enter the bloodstream and be perfused to the entire body and the CO₂ is expelled through exhalation

Pathophysiology of Disease

- Inherited disorder that causes severe damage to the lungs, digestive system and other organs in the body
- affects cells that produce mucus, sweat, and digestive juices
- secretions are normally thin and slippery → a defective gene causes secretions to be sticky and thick
- instead of acting as a lubricant, the secretions plug up tubes, ducts, and passageways → especially in the lungs and pancreas
- progressive disease
- overtime, lungs will stop working properly, mucus clogs pancreas which stops enzymes reaching food input and helping with digestion
- autosomal recessive disorder

To Be Completed Before the Simulation

Anticipated Patient Problem: Impaired Gas Exchange

Goal 1: ATI will maintain an SpO₂ of ≥ 92% on RA during my time of care.

Goal 2: ATI will demonstrate understanding of use of treatment methods (hand held inhaler) via teachback prior to discharge.

<p>Relevant Assessments</p> <p>(Prewrite) What assessments pertain to your patient's problem? Include timeframes</p>	<p>Multidisciplinary Team Intervention</p> <p>(Prewrite) What will you do if your assessment is abnormal?</p>
<p>Assess SpO₂ q2 hr</p>	<p>Apply O₂ as ordered, prn</p>
<p>Assess breath sounds q6 hr</p>	<p>Assist with breathing treatments/therapies as ordered, prn</p>
<p>Assess respiratory rate q4 hr</p>	<p>Maintain HOB ≥ 45° at all times</p>
<p>Assess HR q4 hr</p>	<p>Encourage deep breathes and use of incentive spirometer</p>
<p>Assess depth and quality of breathes q4 hr</p>	<p>Administer prescribed respiratory medications as ordered</p>
<p>Assess for SOB q2 hr</p>	<p>Promote rest</p>

To Be Completed Before the Simulation

Anticipated Patient Problem: Imbalanced Nutrition: Less than Body Requirements

Goal 1: ATI will have a BMI and wgt appropriate for age and gender during my time of care.

Goal 2: ATI will eat $\geq 75\%$ of at least 2 meals during dayshift during my time of care

<p>Relevant Assessments</p> <p>(Prewrite) What assessments pertain to your patient's problem? Include timeframes</p>	<p>Multidisciplinary Team Intervention</p> <p>(Prewrite) What will you do if your assessment is abnormal?</p>
<p>Assess appetite during mealtime</p>	<p>Provide meals when appetite is at peak of shift</p>
<p>Assess current eating habits of meal</p>	<p>Provide small frequent meals 4-5 times per day</p>
<p>Assess nutritional status on admission</p>	<p>Educate on what should be included in well balanced diet of shift</p>
<p>Assess relationship and attitude with food on admission</p>	<p>Ensure mealtime has little to no distraction of meal</p>
<p>Assess food choices with nutritional hx assessment on admission</p>	<p>Provide ensure and high protein snacks daily</p>
<p>Assess vitamin intake of shift</p>	<p>Administer supplemental vitamins as ordered, prn</p>

To Be Completed During the Simulation:

Actual Patient Problem: Impaired gas exchange
 Goal: CS will maintain an SpO2 of ≥95% on room air during my time of care. Met: Unmet:
 Goal: CS will demonstrate understanding of use of tx methods (inhaler) via teach back prior to discharge. Met: Unmet:
 Actual Patient Problem: Deficient knowledge
 Goal: CS will verbalize understanding of cystic fibrosis and tx methods prior to discharge. Met: Unmet:
 Goal: CS will have no further questions about cystic fibrosis but verbalized understanding on contact when questions arise prior to discharge. Met: Unmet:

Additional Patient Problems:
 2. Imbalanced nutrition: less than body requirements

Below will be your notes, add more lines as needed. **Relevant Assessments:** Indicate pertinent assessment findings. **Multidisciplinary Team Intervention:** What interventions were done in response to your abnormal assessments? **Reassessment/Evaluation:** What was your patient's response to the intervention?

Patient Problem	Time	Relevant Assessments	Time	Multidisciplinary Team Intervention	Time	Reassessment/Evaluation
2	day 1 1000	new dx of cystic fibrosis	1100	called mom to set up home health visit	1105	scheduled, mother verbalized appreciation
1, 2, 3	day 2 1000	course crackles bil, verbalized activity intolerance, coughing, sticky sputum	1100	scheduled follow up visit for next day to answer questions	1120	mother relieved as she and dad have many questions
2	day 3 1000	eager to learn, stated "I'm going to tell all my friends"	1005	explained goal for appt, basics of CF and pathophysiology	1020	parents and child nodding head engaged
1, 2	1020	stated "why is it so hard for me to breathe"	1040	educated on meds and treatment purpose and regimen	1100	parents stated understanding "so clear"
2, 3	1105	mother stated biggest concern is "diet"	1110	scheduled appt to go over diet	1120	appt scheduled, parents
2, 3	day 4 330	parents and daughter on couch	335	explained goal of appt: diet and meds, creat with meals	345	stated "yes, I like applesauce" "I don't like lots of foods"
1, 2, 3	355	stated "I'm not hungry"	400	verbalized importance of small frequent meals and following drug regimen	405	verbalized understanding
1, 2	day 5 330	parents on couch with child	335	taught about CBT therapies, prevalence of tx	400	hooded heads in understanding stated no more questions
1, 2	day 6 530	parents, child, and joff ball coach at meeting	540	educated to continue sports as tolerated	600	stated "I'm so glad I get to keep playing"
1, 2	day 7 400	stated "my friend doesn't have to bother with this"	410	taught importance of med regimen	420	parents verbalized understanding, knows where to get help rxn

To Be Completed After the Simulation

The orange boxes should be filled out with your simulation patient's actual results, assessments, medications, and recommendations

NCLEX IV (7): Reduction of Risk

Actual Labs/ Diagnostics

- sweat chloride test (+)

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms

- persistent cough w/ thick sputum
- exercise intolerance
- wheezing / coarse crackles
- poor weight gain / growth

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

- family hx?
- caucasian

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures

Non-surgical

- respiratory tx
- medications

Surgical

options (not done):

- remove nasal polyps
- place feeding tube
- lung transplant

Prevention of Complications

(Any complications associated with the client's disease process? If not what are some complications you anticipate)

- ↑ respiratory distress when treatment stops
- delayed growth / puberty
- diabetes
- GERD
- osteoporosis

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management

- multivitamin
- vitamin E
- levalbuterol
- doxhase alfa
- azithromycin
- pancrelipase

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

- mucus clearance device
- respiratory chest physiotherapy
- postural drainage

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?

- new dx / unknown
- loneliness → friends don't have to do tx
- unable to thrive in sports r/t SOB

Client/Family Education

Document 3 teaching topics specific for this client.

- patho of disease
- alert school nurse of new dx
- diet and medications r/t CF

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement

(Which other disciplines were involved in caring for this client?)

- home health
- school nurse
- family
- softball coach
- PCP
- respiratory

- written info about new dx
 - support group for school-aged children
- Patient Resources

Sydney Auen

ATI 1 Clinical Reflection

1. My biggest take away from participating in the care of this client was the importance of education, especially with the clients that have received a new diagnosis and do not know anything about it. The clients were more comfortable once they were taught all of the basics about cystic fibrosis.
2. The most important aspect of this simulation was the breaking up of the educational sessions. The nurse split up the visits so the family did not get overwhelmed with information. This allows the nurse to talk more in depth about each topic and the family will be able to grasp the information being taught because it is not too much at once.
3. I was surprised that the daughter was so eager to learn at her age. She was very curious and could not wait to tell all of her friends, teachers, and even the school nurse. I was expecting her to be more shocked or confused, but she seemed to understand her diagnosis and everything that was taught to her by the end of the visits.
4. Something I would do differently is having the parents prepare questions for me prior to the appointment to make sure every question gets answered. I would want the parents to keep a journal or something to record questions and thoughts down when I am not there, so it is easier for them to remember all of the questions they have during the appointment.
5. This simulation will impact my nursing practice because I will know how to include the child in the conversation, as they are just as curious as the parents. I will also be able to better cluster the education, focusing first on the broad picture and narrowing the topics throughout different times. This will help the client and families better understand and absorb all of the information.