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Medical Diagnosis/Disease: UTI

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

The urinary system includes the kidneys- principle organs, they excrete waste from the body and also help with regulation of BP, erythropoietin, activate vit D, and regulate acid-base balance.

Nephrons- the functional unit of the kidneys.

Ureters- Carry urine from the renal pelvis to the bladder. Long tubes that promote peristaltic 1-way of urine

Urethra- A small tube that controls voiding and acts as a conduit for urine from the bladder to the outside of the body while during voiding. Women- 1 to 2 in and Men 8 to 10 in.

Bladder- Behind the symphysis pubis, and anterior wall of the vagina and rectum. It's primary functions are to serve as a reservoir for urine and eliminate waste products from the body. Normal output is around 1500 mL/day.

Pathophysiology of Disease

UTI's are infections of the urinary tract.

E. Coli is a common pathogen that causes them. There are mechanisms in place that maintain sterility and prevents UTI's. A change in any of the mechanisms can increase the risk for a UTI. Organisms that cause the infection sometime originate in the perineum.

Sexual intercourse, instrumentation (catheter), hematogenous transmission can result in a UTI. Complicated UTI's occur in a person who has an underlying disease or immunocompromised.

Uncomplicated occurs just in the normal urinary tract and usually include just the bladder.

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics

Labs

Urine dipstick analysis, Clean catch urine sample, urine culture with sensitivity, CBC, ABG's

Additional Diagnostics

CT or ultrasound, H&P

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

Women, aging, diabetes, HIV, catheters, constipation, urine dysfunction, pregnancy, sexual activity, poor personal hygiene, delay of emptying bladder, urinary retention, renal impairment, obstructions

Signs and Symptoms

LUTS- Dysuria, frequency, urgency, suprapubic discomfort or pressure, urine may have visible blood or sediment, has a cloudy appearance, Upper- fever, chills, and flank pain, Older people- abd discomfort, impaired cognition,

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

Abx (Bactrim, Macrobid)

Surgical

N/a

Prevention of Complications

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

Recurrent UTI's, obstructions, urosepsis, infections of the bladder or urethra

NCLEX IV (6): Pharmacological and Psychosocial/Holistic

Parenteral Therapies

Anticipated Medication Management

Abx therapy - Bactrim, TMP/SMX,

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

Teaching, a warm shower or bath,

NCLEX III (4):

Care Needs

What stressors might a patient with this diagnosis be experiencing?

cephalexin, monourol

applying heat to areas of discomfort, adequate fluid intake,

Pain, fear of inadequate finances, anxiety

Client/Family Education

List 3 potential teaching topics/areas

- Emphasize the importance of taking antibiotics for the full course
- Teach on adequate fluids
- Educate on the importance of good personal hygiene

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)
Urologist, radiology technologists

Potential Patient Problems (Nursing Diagnoses)

To Be Completed Before the Simulation

Anticipated Patient Problem: Impaired Urinary elimination

Clinical Reasoning: Impaired urinary elimination due to urine retention and decreased urinary output

Goal 1: P will void at least 180mL's during the time of my care.

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes.	(Prewrite) What will you do if your assessment is abnormal?
Assess urine characteristics Q4hrs	Obtain a clean catch urine sample and send to the lab on initial assessment
Assess if pts has bladder distention Q4hrs	Bladder scan on initial assessment
Assess voiding habits q4hrs	Help the patient come up with an elimination schedule on initial assessment
Assess urinalysis results when completed	Contact the MD if results are abnormal as soon as possible
Monitor intake and output Q4hrs	Provide adequate oral hydration to increase urinary output Q4hrs

Assess knowledge on proper hygiene on initial assessment	Educate on the importance of personal hygiene
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Goal 2: Pt will create a elimination pattern schedule by the end of my care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Decreased Cardiac output

Clinical Reasoning: Pt has decreased cardiac output and decreased urine output

Goal 1: Pt will have a heart rate within the range of 60-100 during my time of care.

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes.	(Prewrite) What will you do if your assessment is abnormal?
Assess skin color and temperature Q4hrs	Provide oxygen continuously
Assess Vital signs- HR and SPO2 and RR Q4hrs	Place the pt on a cardiac monitor per MD's order
Auscultate lung sounds Q4hrs	Elevate the HOB during initial assessment
Assess mental status Q2hrs	Alert them to person, place, time, or date when needed
Monitor weight daily	Maintain diet and sodium restrictions daily
Monitor intake and output Q8hrs	Provide adequate oral hydration and maintain fluid restriction if applicable Q4hrs

Goal 2: Pt will have a blood pressure in the range of 110/70-120/80 during my time of care.

To Be Completed During the Simulation:

Actual Patient Problem: Decreased Cardiac Output

Clinical Reasoning: Pt had a spO2 stat of 88% and was breathing hard.

Goal: Pt will have an O2 stat

above 90% by the end of my shift.

Met: Unmet:

Goal: Pt will be off Oxygen NC by the end of my shift

Met: Unmet:

Actual Patient Problem: Impaired urinary elimination

Clinical Reasoning: Pt has only voided 100mL since admission from the ER and urine is cloudy.

Goal: Pt will void at least 180mL during my time of care

Met: Unmet:

Goal: Pt will verbalize techniques to prevent urinary infections.

Met: Unmet:

Additional Patient Problems:

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
DCO	0900	Difficulty breathing and pt is panting	0910	Raised the HOB up	915	Pt expressed "that is better"
DCO	0925	Pts oxygen was 88%	0932	Applied 2L of oxygen NC	0938	Pt was breathing heavier and states No when asked if she's alright.
DCO	0940	Pt was breathing heavier, performed a focus assessment and found pt has crackles in the lungs	0941	Increased oxygen to 4L NC	1000	Pt is stable
DCO	1010	Pts neighbor dropped of a bag of medications,	1015	Called pharmacy to get a med recommendation	1030	Called provider and 0.25mg of digoxin was ordered and IVP furosemide
IUE	1045	Pt fell	1050	Dr and orthopedic surgeon agrees that she is not a candidate for surgery	1100	Pt placed in bucks traction

DCO	1100	Oxygen stats at 85%	1110	Increased oxygen to 6L NC	1110	Dr ordered sodium chloride
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ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
 - a. Debbie RN
 - b. Dr. Baxter M.D
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
 - a. **Bed rails up**_____
 - b. **Name and date of birth checks**_____
 - c. **Med reconciliation**_____
- 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?

If **yes**, describe: Yes I did feel as though the staff used therapeutic communication. The staff addressed her and even when she had concerns about the bucks traction the nurse came in to make sure she was alright and that the doctor explained even more so she could get rid of the anxiety that she was feeling

| 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: Yes I selected decreased cardiac output

 - b. If **no**, write what you now understand the priority nursing problem to be:

- 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:

 - ii. If **no**, describe: **No I saw the CBC urine analysis and the ABG's**

- 4) After completing the scenario, what is your patient at risk for developing?

