Student Name: Chloe Sylvester
Medical Diagnosis/Disease: urinary tract infection

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

Anatomy and Physiology
Normal Structures

Pathophysiology of Disease
- infection of urinary tract
- most common outpatient infection
  - ↳ bacteria = Escherichia coli (75% of cases)
- can be fungal / parasitic → typically immunosuppressed, diabetes / kidney problems, multiple courses of abx
- upper or lower UTI based on location of infection
  - ↳ pyelonephritis → inflammation of renal parenchyma and collecting system
  - cystitis → inflammation of bladder
  - urethritis → inflammation of urethra
- urosepsis → UTI that has spread systemically *life threatening

complicated → underlying disease / structural difference
↳ ex: stones, catheter, CKD, diabetes, kidney transplant
uncomplicated → otherwise normal urinary tract

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics
Labs
WBCs → elevated w/ infection

CT scan, ultrasound, cystoscopy

Additional Diagnostics
- dipstick urinalysis
  - ↳ presence of nitrites, WBCs, leukocyte esterase (enzyme)
- microscopic urinalysis
  - ↳ confirm dipstick
- urine CX → if dx is questionable or if not responsive ~> clean catch (or cath)

bacteria counts 10^5 CFU/mL or > = significant UTI

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

Contributing Risk Factors
- obesity
- congenital defects
- diabetes
- obstruction
- pregnancy
- sexual intercourse
- poor hygiene
- HIV
- aging
- fistula

Signs and Symptoms

UPPER UTI	LOWER UTI
↳ parenchyma, pelvis, ureters	↳ bladder storage +/or emptying
• fever	• dysuria
• chills	• frequency
• flank pain	• urgency
	• suprapubic pressure
	• hematuria
	*not usually systemic

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures
Non-surgical
- void q2-3 hrs
- limit catheter use

Surgical
IF blockage:
nephrolithotomy - incision into kidney to remove stone
pyelolithotomy - incision into the renal pelvis for stone removal
cystotomy - bladder stones

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

prevention! [CAUTIS]
prevent urosepsis w/ early detection & tx

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

Anticipated Medication Management
uncomplicated
↳ antibiotics {3 day course}

recurrent UTI {7-14 day course}
↳ antibiotics, 3-6 mo trial, sensitivity-guided ↳ suppressive

urinary analgesics

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

Non-Pharmacologic Care Measures
- encourage fluids, low Na diet
- heat pack on abdomen

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

What stressors might a patient with this diagnosis be experiencing?
- pain
- frequency

Client/Family Education

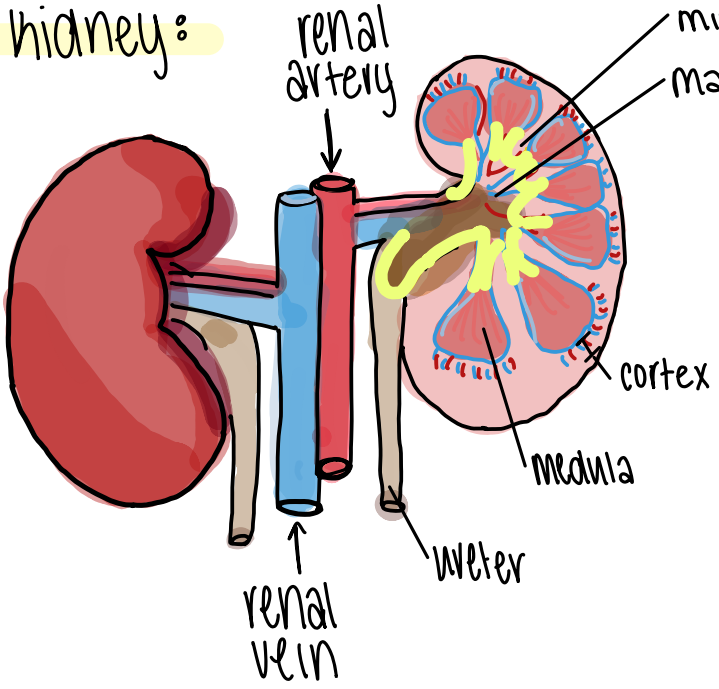
List 3 potential teaching topics/areas
- monitor urine for cloudiness, blood, sediment
- teach → take full course of abx
- avoid bladder irritants → alcohol, caffeine, citrus juice, chocolates, spicy food

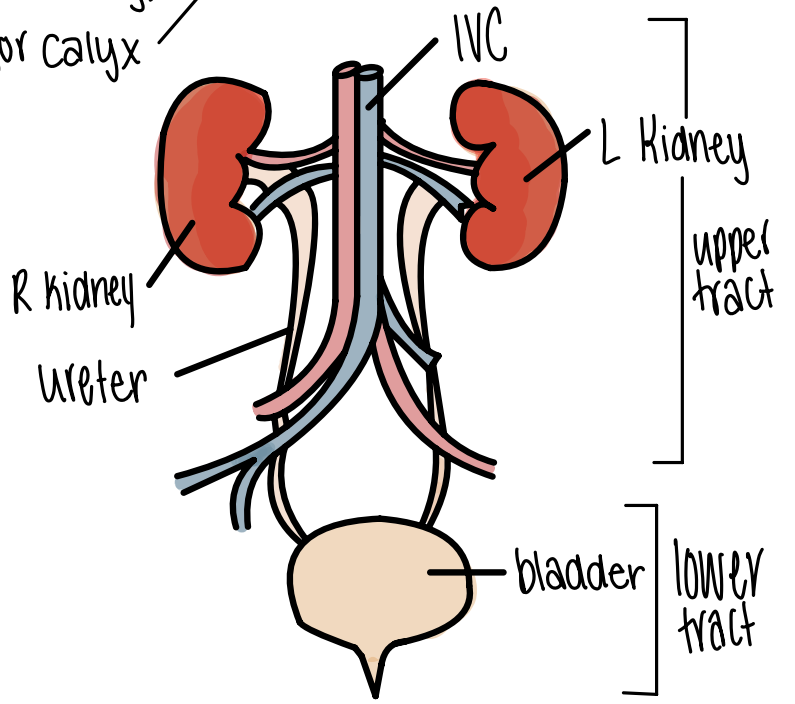
NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement
(Which other disciplines do you expect to share in the care of this patient)
- radiology
- urology
- nurse
- lab tech

Anatomy:

kidney:





kidneys:

1. regulate the volume + composition of ECF
2. excrete waste products from the body
   ↳ control BP, make erythropoeitin, activate vit. D, regulate acid-base balance

macrostructure:

- behind peritoneum on each side of vertebral column, has adrenal gland on top
  ↳ each surrounded by fat & CT
  ↳ each covered by capsule (protection)
  ↳ hilus = entry site for renal artery + nerves, exit for renal vein + ureter

microstructure:

- nephron = unit → each kidney = 1 million +
- each contain glomerulus, bowmans capsule, tubular system

how urine is formed?

1. blood filtered @ glomerulus
   ↓ selective filtration
2. hydrostatic pressure inside capillaries causes blood to filter into Bowman capsule
3. filtration membrane allows water & small solutes to pass further into the nephron
   ↳ reabsorption of 80% of electrolytes, H_2O, glucose, amino acids, HCO_3^-, secretion of H^+ and creatinine

4. As filtrates exit the glomerulus they enter renal tubules
↳ concentration of filtrate, reabsorb Na^+ and Cl^-

5. through tubules, some H_2O + nutrients are reabsorbed into capillaries, waste ions & hydrogen become urine
↳ reabsorb H_2O (ADH)
↳ reg. Ca^{2+}/PO_4^{3-} (parathyroid)
↳ reg. Na + K (aldosterone)

6. urine flows out of tubule into renal pelvis, ureter and to bladder

urine composition

95% water

2.8% dissolved salts

2% urea

0.2% creatinine, ammonia, uric acid

Physiology Continued:

- normally - above the urethra is sterile ← because of these defenses
  ↳ voiding, ureterovesical junction competence, ureteral peristaltic activity
  ↳ urine also has a slightly acidic pH (6-7.5), abundant antimicrobial proteins

UTI:

- organisms that cause a UTI are usually gram-negative bacilli (GI tract)
- big cause = catheters! [CAUTIS]
  ↳ also hematogenous transmission → blood-borne bacteria enters from a previously injured UT

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Chloe Sylvester
MEDICATION Levofloxacin REVIEW MODULE CHAPTER
CATEGORY CLASS fluoroquinolone

PURPOSE OF MEDICATION

Expected Pharmacological Action

inhibits DNA enzyme + prevents bacterial cell repication

Therapeutic Use

treatment of infections

Complications

n/v/d
drowsiness
h/a
abx associated colitis
super infection

Medication Administration

PO/IV : 250-750 mg q24h

Contraindications/Precautions

hypersensitivity
CNS disorders
renal impairment
bradycardia

Interactions

antacids
NSAIDs
warfarin
meds that prolong QT interval
labs: can ↑ serum glucose

Nursing Interventions

- monitor CBC/WBCs
- assess I+O
- monitor renal function tests
- baseline EKG

Client Education

take full course
report n/v/d
↑ fluids

Evaluation of Medication Effectiveness

↓ WBCs
no s/sx infection

ACTIVE LEARNING TEMPLATE: # Medication

STUDENT NAME Chloe Sylvester
MEDICATION Lorazepam REVIEW MODULE CHAPTER
CATEGORY CLASS Benzodiazepine

PURPOSE OF MEDICATION

Expected Pharmacological Action

enhances action of inhibitory gamma-aminobutyric acid in CNS

Therapeutic Use

anxiety
antiemetic
muscle relaxant
anticonvulsant
antitremor

Complications

drowsiness, dizziness
weakness, h/a, hypotension, n/v, confusion

Medication Administration

PO 0.5-2 mg q4-6 PRN
MAX = 10mg/day

Contraindications/Precautions

hypersensitivity
respiratory depression
renal/hepatic impairment
use of other CNS depressants
hx drug abuse

Nursing Interventions

get BP, RR, HR pre-admin
assess worsening anxiety
monitor RR, HR, BP post-admin

Interactions

Valproic acid
ETOH
CNS depressants

herbals: chamomile, kava kava, valerian (sedative properties)
therapeutic level: 50-240ng/mL

Client Education

- avoid tasks that require alertness until dose established
- NO ETOH, CNS depressants
- seek immediate med attention for suicidal thoughts

Evaluation of Medication Effectiveness

- ↓ anxiety

Name: Chloe Sylvester

Nursing Problem Worksheet

Anticipated Patient Problem and Goals	**Relevant Assessments** (Prework) What assessments pertain to your patient's problem? Include frequencies	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Problem: Impaired urinary elimination Reasoning: dysuria, infection of urinary tract Goal: Urine output will be equivalent to oral fluid intake during my time of care, 30mL/hr and clear-yellow in color without foul odor. Goal: will have WBCs within normal range and no presence of fever or chills by the end of my care.	Assess strict I+O q1	Encourage urination, schedule, use hat if ambulating to toilet
	Assess for dysuria, burning, hematuria PRN	Encourage oral fluid intake, provide privacy
	Assess WBCs daily with lab draws	Administer Levofloxacin as ordered
	Assess urinalysis results as provided	Encourage cranberry juice to help acidify urine if pH is too high
	Assess presence of fever/chills q4	Administer antipyretic, continue antibiotic therapy
	Assess use of oral antibiotic therapy post discharge	Educate importance of continuing antibiotics for entire course, taking as prescribed

Anticipated Patient Problem and Goals	**Relevant Assessments** (Prework) What assessments pertain to your patient's problem? Include frequencies	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Problem: Acute Pain Reasoning: inflammation of urinary tract Goal: Will communicate a pain less than or equal to 2 by the end of my care. Goal: Will exhibit comfort with VS that correlate to baseline. BP less than 120/80, RR 12-20, and HR 60-100 bpm during my time of care.	Assess BP, HR, RR with VS q4	Admin analgesics as ordered
	Assess pain quality, onset, goal, precipitating + relieving factors q4 PRN	Cluster care, provide choices, notify RN
	Assess non-verbals: guarding, grimacing upon movement PRN pain scoring	notify RN for use of PRN medications
	Assess willingness to use non-pharmacological methods to reduce pain q4 PRN	Distraction, position changes, apply a heat pack to suprapubic region
	Assess effectiveness of pain relieving intervention (med) post admin - IV 30 min	Provide rest periods with a calm, quiet environment, notify RN
	Assess for anxiety - mental status changes q1	Administer Lorazepam as ordered, calming techniques, reduce external stressors

To Be Completed During the Simulation:

Actual Patient Problem: Decreased Cardiac Output

Clinical Reasoning: SpO_2 88% on RA, dyspnea, 100mL UOP w/ intake of 2650mL, crackles in lungs, cardiomegaly, LV ↘ hypertrophy

Goal: SpO_2 will remain greater than 90% during my care. Met: ☐ Unmet: ☒

Goal: O_2 NC can be titrated to 2L with SpO_2 > 90% Met: ☐ Unmet: ☒

Actual Patient Problem: Impaired Urinary Elimination

Clinical Reasoning: WBC 13, UA cloudy with WBCs, RBCs, pH 5.6, SG 1.039, pH 7.28, HCO_3 20

Goal: WBCs will decrease to within normal range during my time of care. Met: ☐ Unmet: ☒

Goal: NO signs of mental status changes will present during care. Met: ☐ Unmet: ☒

Additional Patient Problems:

Impaired Skin Integrity → stage 2 PUI on coccyx

Acute Pain - hip fracture sustained from fall, bucks traction with 10lb weight

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	07:45	gasping for air, cannot speak in complete sentences, SpO_2 88% RR 24, recieved 2550 mL IV fluids and 100mL PO fluids, OUP only 100mL	07:45	raised HOB, applied 2L NC	08:00	breathing harder, holding bed rail, restless
DCO	08:33	T 100.6, crackles in lungs, "I'm cold", BP 130/99 "I dont feel so good" SpO_2 89% 2L NC RR 28	08:35	increased O_2 to 4L NC, crackles auscultated again, notified provider	9:00	0.25mg PO Digoxin, 20mg furosemide IVP, CXR, CBC + BMP, albuterol 0.5% solution 96 h via neb treatment ordered by provider
AP	10:30	fell out of bed, hip fx sustained, yelling for help	13:30	deemed not a surgical candidate, educated reason due to CHF	13:30	crying, "I'm really fighting", offered Provider to come explain traction
AP, ISI	20:00	in bucks traction, pain 4/10, skin breakdown over coccyx (stage 2 PUI)	21:00	applied barrier cream, q2 assessments ordered, admin. 325mg PO Acetaminophen given for leg pain, wound care consult placed	2100	leg pain now 2/10

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
IUE	03:30	"where am I;" looking around room, SPO_2 85%, clutching blanket	03:30	increased O_2 to 6L NC, called for assistance from charge RN,	0345	lungs clear, RR 32/min, T 101, chills, clonay urine, notified provider —
———	———	pH 7.28, HCO_3 20, $PaCO_2$ 35, WBC 13,000, restless	———	discussed the presenting SX as an indicator for SHOCK	———	VA, ABGs, blood CX x 2, CBC w/ diff, IV NS @ 150mL/hr ordered

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
   - **a.** Dr. Baxter
   - **b.** RN Perez
2) What were some steps the nursing team demonstrated that promoted patient safety?
   - **a.** reassing O2 to ensure adjustments made quickly
   - **b.** calling for assistance from the charge RN
   - **c.** calling provider immediately with sudden status changes
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, I think they utilized great communication, to verbalize new orders, explain information to the patient, and delegate tasks.
   b. If **no**, describe: _____

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: Decreased Cardiac Output → severe inability to maintain O2 sats, unable to have surgery, decreased UOP, crackles
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: I also included assessing pain/difficulty when urinating but the patient had a catheter placed.
4) After completing the scenario, what is your patient at risk for developing?
   a. Septic shock r/t worsening urosepsis
   b. Why? pH 7.25, HCO3 20, restless, confused

5) What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice?

This patient really demonstrated a real life scenario in which the care you expect to provide for a patient is not their true priority. This experience reminded me that you have to expect the unexpected and be willing and able to change your care accordingly. Going forward, I will recall this experience and do my best to ensure I am prepared for whatever challenges may present themselves.

Module Report

Tutorial: Real Life RN Medical Surgical 4.0

Module: Urinary Tract Infection

Individual Name: **Chloe Sylvester**

Institution: **Margaret H Rollins SON at Beebe Medical Center**

Program Type: **Diploma**

Standard Use Time and Score

	Date/Time	Time Use	Score
Urinary Tract Infection	4/10/2024 11:58:02 AM	1 hr 24 min	Strong

Reasoning Scenario Details
Urinary Tract Infection - Use on 4/10/2024 10:34:12 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	100%		
Cognition and Sensation	100%		
Immunity	100%		
Integument	100%		
Mobility	100%		
Oxygenation	100%		
Regulation and Metabolism	100%		

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care	100%		
RN Safety and Infection Control	100%		
RN Psychosocial Integrity	100%		
RN Pharmacological and Parenteral Therapies	100%		

RN Physiological Adaptation	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	100%		
Patient-Centered Care	100%		
Evidence Based Practice	100%		
Teamwork and Collaboration	100%		

Decision Log:

Scenario	Question Fill In the Blank Essay (Not Scored)
Question	What additional information would assist Nurse Craig in preparing to care for Mrs. Jordan? List 5 additional pieces of information that should have been included in the report.
Selected Option	Urinalysis results, presence of low grade fever, order for Lorazepam due to restlessness, foley catheter, when next Levofloxacin dose is due
Rationale	1. Levofloxacin (Levaquin) – How much was given and when is the next dose? 2. Agitation – The client's baseline level of orientation. Is this agitation new or getting worse? How do you know she is tired? Did she tell you that or is she sleeping on and off? 3. Probable discharge in next 24 hr – Is there a discharge order or plan? 4. Output – Amount, color and characteristic of urine.5. IV – The type and amount of IV solution given since arrival in the emergency department. The type and rate of IV solution that is currently infusing. Location of IV site and size of catheter.6. Vital signs – Range of vital signs, including O2 saturation. Current vital signs. 7. Blood glucose – Results of blood glucose and time obtained. 8. Social status – Any significant others that are with her. Individuals who should be contacted about hospitalization. 9. Medical history – Pre-existing conditions, allergies, and home medications and adherence. 10. Other – Normal level of activity, history of falls, and diet at home.

Optimal Decision	
Scenario	Nurse Craig just entered Mrs. Jordan's room to do his assessment.
Question	Nurse Craig is assessing Mrs. Jordan. Which of the following actions should the nurse take next?
Selected Option	Apply oxygen per nasal cannula at 2 L/min.
Rationale	According to the airway, breathing, and circulation (ABC) priority-setting framework, this is the first intervention the nurse should take to address the client's difficulty breathing.

Optimal Decision	
Scenario	Nurse Craig finds Mrs. Jordan restless and having increased difficulty breathing.

Question	Nurse Craig observes that Mrs. Jordan is restless and having increased difficulty breathing. Which of the following assessments is appropriate for Mrs. Jordan's needs at this time?
Selected Option	Rapid focused assessment
Rationale	The client is experiencing an acute episode of dyspnea. A rapid focused assessment will allow the nurse to determine the underlying cause of the dyspnea and to intervene quickly. Therefore, this is the correct assessment at this time.

Optimal Decision	
Scenario	Nurse Craig completes a rapid focused assessment.
Question	Based on the findings from the rapid focused assessment, which of the following actions should Nurse Craig perform first?
Selected Option	Increase oxygen to 4 L/min.
Rationale	The client is demonstrating clinical manifestations of heart failure and hypoxemia. Using the priority-setting framework of ABCs, increasing the rate of oxygen administration is the priority action because this promotes improved oxygenation.

Optimal Decision	
Scenario	Nurse Craig has received a bag of medications from Mrs. Jordan's home.
Question	Nurse Craig has received a bag of medications from Mrs. Jordan's home. He reviews each of the medications. Which of the following is the best action for Nurse Craig to take at this time?
Selected Option	Request medication reconciliation with pharmacy.
Rationale	The client's preadmission medications should be compared to the current medications prescribed by the provider upon admission.

Optimal Decision	
Scenario	Nurse Craig is discussing Mrs. Jordan's medications with the pharmacist.
Question	Nurse Craig has reviewed Mrs. Jordan's medications received from her home. Nurse Craig labels the medication bag and locks the medications in a cabinet. Based on events so far, which of the following best describes Mrs. Jordan's priority underlying medical condition?
Selected Option	Cardiac
Rationale	Based on the client's home medications and the events that have occurred, the client's cardiac condition is the priority at this time. Digoxin (Lanoxin), furosemide (Lasix), potassium chloride, and isosorbide (Imdur) are medications prescribed for heart failure. The client is experiencing shortness of breath and difficulty breathing related to fluid overload.

Optimal Decision	
Scenario	Mrs. Jordan is demonstrating exacerbation of heart failure.

Question	Mrs. Jordan has experienced increased respiratory distress during the past 2 hr. Since admission, she has received 2,550 mL IV and 100 mL orally. Her urinary output since admission to the medical-surgical unit has been 100 mL. Which of the following clinical manifestations indicates exacerbation of heart failure and should be reported to the provider? (Select all that apply.)
Selected Ordering	Dependant pitting edema Crackles in the lungs
Rationale	Pitting edema is a clinical manifestation of heart failure. Weak peripheral pulses is a clinical manifestation of heart failure. Dark amber urine is typically seen in a client who has fluid volume deficit. Therefore, this finding does not indicate heart failure.Neck vein distension is a typical clinical manifestation for a client who has heart failure. Crackles in the lungs is a clinical manifestation of heart failure.

Optimal Decision	
Scenario	The provider just explained to Mrs. Jordan that she is not a candidate for surgery and needs to be placed in Buck's traction. Mrs. Jordan is tearful and has a frightened look on face.
Question	The provider has just informed Mrs. Jordan that due to her cardiac condition she is not a candidate for surgery. Mrs. Jordan is tearful and has a frightened look on her face. Which of the following is an appropriate statement by Nurse Craig?
Selected Option	"Tell me about the concerns you have."
Rationale	This is a therapeutic statement by the nurse to the client.

Optimal Decision	
Scenario	Mrs. Jordan is in Buck's traction and needs a bed bath.
Question	Nurse Debbie is preparing to provide a bed bath for Mrs. Jordan, who is in Buck's traction. Which of the following is the appropriate action for Nurse Debbie to take?
Selected Option	Leave the traction in place.
Rationale	Buck's traction is to remain in place to keep the extremity immobilized to decrease muscle spasms until surgery is performed on the fractured hip.

Optimal Decision	
Scenario	Nurse Stephanie has inspected Mrs. Jordan's back for skin breakdown.
Question	ImageIRN_AMS_UTI_22_stem_800px.pngIMrs. Jordan is at risk for skin breakdown due to her age, her cardiac condition and her mobility that is restricted due to the placement of Buck's traction. Nurse Stephanie assesses the client for skin breakdown. Based on the photograph, Nurse Stephanie should classify the skin breakdown as which of the following?
Selected Option	Stage 2
Rationale	In stage 2, there is partial thickness skin loss involving the dermis with a shallow pink ulcer that has a red pink bed without sloughing. It also can appear as an intact blister.

Optimal Decision

Scenario	Nurse Debbie is planning care for Mrs. Jordan
Question	Which of the following should Nurse Debbie include in the plan of care for Mrs. Jordan, who has a fractured hip and is in Buck's traction?
Selected Option	Monitor Mrs. Jordan's ability to move her toes on the affected leg.
Rationale	The nurse should monitor the client's ability to move her toes on the affected extremity to assess for circulatory compromise.

Optimal Decision	
Scenario	Mrs. Jordan tells Nurse Debbie that she is short of breath. Mrs. Jordan's SaO2 saturation is 85%. Nurse Debbie increased the oxygen flow rate to 6 L/min.
Question	Mrs. Jordan reports that she is short of breath. Her SaO2 is 85%, and the oxygen flow rate has been increased to 6 L/min. Nurse Debbie reassesses the client. Which of the following clinical findings is an early indicator of shock?
Selected Option	Restlessness
Rationale	Restlessness is due to decreased cerebral perfusion and can be a clinical finding in the early stages of shock.

Optimal Decision	
Scenario	Nurse Debbie completes an assessment of Mrs. Jordan.
Question	Nurse Debbie assessed Mrs. Jordan and determined that Mrs. Jordan is at risk for shock. Which of the following types of shock is Mrs. Jordan at risk for?
Selected Option	Distributive shock
Rationale	The client is becoming septic. Sepsis is a widespread infection that triggers a whole-body inflammatory response. It leads to distributive shock when infectious micro-organisms are present in the blood.

Optimal Decision	
Scenario	Nurse Debbie has received the laboratory reports.
Question	Nurse Debbie is reviewing the laboratory report. Which of the following arterial blood gases (ABGs) indicate that Mrs. Jordan is experiencing metabolic acidosis?
Selected Option	pH 7.28, PaCO2 35, HCO3 20
Rationale	The client is at risk for metabolic acidosis. In the presence of metabolic acidosis, the pH is less than 7.35, the HCO3 is less than 22, and the PaCO2 is within the expected reference range.

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.

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.