Module Report

Tutorial: Real Life RN Medical Surgical 4.0

Module: Urinary Tract Infection

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Program Type: **Diploma**

Standard Use Time and Score

	Date/Time	Time Use	Score
Urinary Tract Infection	4/24/2024 11:32:45 AM	1 hr 38 min	Strong

Reasoning Scenario Details
Urinary Tract Infection - Use on 4/24/2024 9:54:22 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	85.7%	14.3%	

QSEN	Strong	Satisfactory	Needs Improvement
Safety	100%		
Patient-Centered Care	87.5%	12.5%	
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	Vital signs, Characteristics of her urine output, IV location, Levofloxacin - how much, next dosage due, Agitation - what is it her baseline orientation, has it changed at all during your time of care
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	Image|RN_AMS_UTI_22_stem_800px.png|Mrs. 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.

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	Cardiogenic shock
Rationale	Cardiogenic shock occurs when the actual heart muscle is unhealthy and pumping is directly impaired. Myocardial infarction is typically the common cause of direct pump failure, not congestive heart failure.

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.