Preconference Form

Student Name: Camryn Tesch

Medical Diagnosis/Disease: COPD

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

Anatomy and Physiology Normal Structures

-The respiratory system is made up of the upper and lower respiratory system. Starting in the upper respiratory system, oxygen travels in through the **NOSE (nasal cavity/nares)**, here, the air is humidified and cleansed to enter the body, and the **cilia** (hairs) trap harmful bacteria from entering. Then, the air enters the **pharynx** (**nasopharynx, oropharynx, and laryngopharynx),** and then the **larynx (voice box).** Here there is a cough reflex set off by the body when harmful substances/bacteria/food have entered, and the body does not want them to advance down the tract. Then there is the **epiglottis**, a flap-like mechanism that prevents food from entering the airway. The air then moves down to the lower respiratory tract, entering the **trachea,** and moving down to the **bronchi, bronchioles, and the alveoli**, which is where gas exchange takes place. The alveoli produce surfactant, which is a substance that lubricates the structure and keeps the sacs from collapsing (atelectasis). The body consists of two **lungs,** the right lung consists of the upper right lobe, middle right lobe, and lower right lobe. The left lung consists of the upper left lobe and the lower left lobe. The reason for this structure is because the heart protrudes to the left and is tucked into the left lungs for protection. Lastly, there are the **intercostal muscles**, and the **diaphragm** which are the muscles that aide ventilation (the process of one inhale and one exhale) by contracting and relaxing. The gas exchanged in the alveoli is oxygen and carbon dioxide. A unique aspect of the pulmonary system is that it consists of its own system of blood vessels (pulmonary circulation).

Pathophysiology of Disease

-Chronic inflammation of the airways- specifically the bronchioles and the alveoli, and pulmonary blood vessels. The number one sign in pts with the diagnosis of COPD is unable to expire air that has been inhaled, which can lead to a multitude of complications.

-Prolonged exposure to chemicals/gases causes this inflammation (chronic in nature) and can destroy defense mechanisms of the lungs.

-Inflammatory cells of COPD included neutrophils, macrophages, and lymphocytes. The chemical particles, when inhaled, inactivate the mechanism of antiproteases, which stimulate mucous secretion and increase the presence of fluid in the lungs. They also increase proteases, which break down connective tissues in the lungs. This imbalance leads to alveolar destruction as a result of loss of recoil.

-As the airways become obstructed air, upon exhalation, becomes trapped. As more air becomes trapped, we see the trademark sign of COPD, barrel chested pts. The more air that gets trapped, the more damage is done to the alveolar walls, impeding gas exchange.

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs

-ABGs to assess quality of breathing. (pH- 7.35-7.45; paCO2- 35-45; HCO3- 22-26)
-Serum Antitrypsin Levels to indicate Alpha-1 antitrypsin deficiency.
- Spirometry to determine level of obstruction and presence of airflow.
-CBC
-BMP

Additional Diagnostics

-COPD Assessment Test
-Clinical COPD Questionnaire
-CXR
-CT Scan
-Peak Flow Test
-ECG/EKG
-Echocardiogram
-Lung Volume Test
-Diffusing Capacity Test
-Respiratory Stress Test

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

Contributing Risk Factors

-Smoking tobacco
-Noxious particles and gases (living/working environment)
-Recurring respiratory infection
-Asthma
-Air pollution
-Aging
-Congenital disorders
-Alpha-1 Antitrypsin deficiency (protects tissues in the lungs from attack by proteases during inflammation related to smoking/infection)
-Chronic inflammation

Signs and Symptoms

-Chronic Cough w/ sputum production
-Hypoxia
-Dyspnea
-Hx of exposure to harsh chemicals/gases (i.e smoking tobacco)
-Wheezing
-Tightness of the chest

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

-Incentive Spirometry to promote deep breathing
-Deep breathing exercises
-Oxygen therapy
-Nutritional support

Surgical

-Lung volume reduction surgery (remove diseased lung tissue)
-Bronchoscopy Lung volume reduction (a one-way valve places in the diseased part of lung to allow exhalation of air)

Prevention of Complications

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

-Chronic Bronchitis
-Hypoxia
-Dyspnea
-Acute Exacerbations
-Emphysema
-Chronic Cough
-Pulmonary Hypertension
-ARF
-Weight Loss
-Cor Pulmonale (HF in the right side of the heart.)

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

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

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

Anticipated Medication Management

-Anticholinergics (dry up secretions)

-Fluticasone, Budesonide (stimulate secretions to come out)

-Mucolytics (break up secretions so they can come out easier)

-Bronchodilator drug therapy (Albuterol/ DuoNeb)

Non-Pharmacologic Care Measures

-Respiratory Therapy

-Oxygen Therapy

-IS (Incentive Spirometer)

-Raise HOB to improve gas exchange

-Fan blowing air toward pt to improve dyspnea

-Frequent monitoring of SpO2

What stressors might a patient with this diagnosis be experiencing?

-Financial- cost of care/medication management

-Family- taking care of loved ones

-Stress/anxiety around diagnosis

Client/Family Education

List 3 potential teaching topics/areas

- Smoking cessation can slow progression of disease.
- Take drugs as prescribed for disease management.
- Exercise regularly for pulmonary health.

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)

RN, physician, CNAs, pulmonology, RT, nutrition, radiology, pharmacists, nutritionists, social work, (if applicable) Chaplin.

Nursing Problem Worksheet

Name: Camryn Tesch

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 Gas Exchange Reasoning: COPD Diagnosis Goal: Pt will utilize IS (Incentive Spirometer) correctly and effectively 10 times/hr every hour, reaching a volume of up to 1000 during my care. Goal: Pt SpO2 will remain > 93% on RA during my care.	Auscultate breath sounds q2-4h.	Educate on proper use of IS and encourage use routinely. Assess for adequate understanding.
	Monitor pulse oximetry upon purposeful hourly rounding (and frequently check telemetry).	Demonstrate deep breathing exercises and perform teach-back with pt so that they can perform effective deep breathing and improve gas exchange.
	Monitor for signs and symptoms of respiratory distress upon purposeful hourly rounding.	Administer oxygen therapy if ordered/ discuss with physician about ordering oxygen therapy.
	Assess pt work of breathing while resting in bed.	Raise HOB to improve gas exchange. Place a fan near the pt to improve dyspnea.
	Monitor serial ABG values as indicated by pts condition.	Communicate about orders with physician and discuss adjusting treatment plan (different forms of oxygen therapy/respiratory therapy).

Anticipated Patient Problem and Goals	**Relevant Assessments** (Prework) What assessments pertain to your patient's problem? Include frequencies	**Multidisciplinary** (Prework)
Problem: Fatigue (With Decreased Exercise Tolerance) Reasoning: COPD making pt feel SOB and dyspneic at rest and on exertion. Goal: Pt will tolerate up to a 100 ft walk with assistance during my care. Goal: Pt will have at least 90 minutes between activities for undisturbed rest to recharge during my care.	Assess pt tolerance to moderate activity such as taking a short walk of < 100 ft or walking to the bathroom once/shift at least.	Revisit prescribed activity levels provider and discuss changes PRN.
	Assist with active range of motion (ROM) exercises 2-4 times/day	Request consultation with PT/OT
	Monitor pt respiratory response to exercise or activity, including assessment of SpO2 frequently.	Apply oxygen as prescribed and educate pt on effective deep breathing exercises and perform teach back demonstration.
	Ask questions about naps and activity levels upon assessment.	Explain importance of mild activity to pt and ensure pt verbalizes understanding and allow adequate rest periods to ensure pt can perform mild activity.
	Pt activity status during "quiet hours" in the hospital. (1pm-3pm)	Provide quiet environment, minimize interruptions/distractions, dim lights, and assist pt into a comfortable and functional position for rest.

PURPOSE OF MEDICATION

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Camryn Tesch

MEDICATION **Ceftriaxone IVPB**

CATEGORY CLASS Antobiotic

Expected Pharmacological Action

Binds to bacterial cell membranes, inhibits cell wall synthesis.

Therapeutic Use

Bactericidal.

Complications

Frequent: oral candidiasis (thrush), mild diarrhea, mild abdominal cramping, vaginal cadidiasis. Occasional: Nausea, serum sickness-like reaction (fever, joint pain: usually occurs after second course of therapy and resolves after drug is dicontinued). Rare: allergic reaction (rash, pruritis, urticaria), thrombophlebitis (pain, redness, swelling at injection site).
Nephrotoxicity may occur.

Contraindications/Precautions

Contraindications: Do not administer with calcium-containing IV solutions, including continuous calcium-containing infusion such as parenteral nutrition due to risk of precipitation of ceftriaxone-calcium salt. Cautions: Hepatic impairment, history of GI disease (esp. ulcerative colitis, antibiotic-associated colitis). Hx of penicillin allergy.

Interactions

Drug Probenecid may increase concentration/effect. Calcium salts may increase adverse/toxic effects. Lab values: May increase serum BUN, alkaline phosphatase, bilirubin, creatinine, LDH, ALT, AST. May cause positive direct/indirect Coombs/test.

Evaluation of Medication Effectiveness

Decrease in infection/bacteristasis. Decrease in WBC count to WNL. Decrease in S/Sx of infection.

Medication Administration

IV Adults, elderly: 1-2 g q12-q24h.

Nursing Interventions

Assess oral cavity for white patches on mucous membranes, tongue (thrush). Monitor daily pattern of bowel activity/stool consistency for mild GI effects. Increased severity of GI effects may indicated onset of antibiotic associated colitis. Monitor I&O, renal function tests for nephrotoxicity, CBC. Be alert for superinfection: Fever, vomiting, diarrhea, anal/genital pruritis, oral

Client Education

Continue antibiotic therapy for full length of treatment. Keep adequate oral care BID and PRN.

Compatibility

Compatibilities: DilTIAZem (Cardizem), heparin, lidocaine, metronidazole (Flagyl, morphine, propofol (Diprivan).
Incompatibility: Amphotericin B complex (Abelcet, AmBisome, Amphotec), famotidine (Pepcid), fluconazole (Diflucan), labetalol (Normodyne), Lactated Ringer's injection, vancomycin (Vancocin).

Amount

Injection, Powder for Reconstitution: 250 mg, 500 mg, 1 g, 2 g

Rate of Administration

For intermittent IV infusion (piggyback), infuse over 30 minutes.

Diluent

Add 2.4 mL sterile water for injection to each 250 mg to provide concentration of 100 mg/mL. May further dilute with 50-100 mL NaCl D5W.

Site, supplies, storage, stability

Site: Inserted into vein, most likely left or right AC.
Supplies: Single dose flip top vial of Ceftriaxone. Normal saline, sterile water, primary and secondary IV tubing, tubing labels, alcohol swabs.
Storage: solution appears light yellow to amber. IV infusion (piggyback) is stable for 2 days at room temperature, 10 days if refrigerated. Discard if precipitate forms.
Stability: Considered to be stable if the concentration was < or equal to 90% of the initial concentration.

ACTIVE LEARNING TEMPLATE: # Medication

STUDENT NAME Camryn Tesch

MEDICATION **Acetaminophen (Tylenol)**

CATEGORY CLASS **Central Analgesic/Antipyretic**

REVIEW MODULE CHAPTER_____

PURPOSE OF MEDICATION

Expected Pharmacological Action

Antipyretic: inhibits hypothalamic heat regulating center.
Analgesic: Activites descending serotonergic inhibitory pathways in CNS.

Therapeutic Use

Fever: Temporary reduction of fever.
Pain: management of mild to moderate pain.

Complications

Hypersensitivity reaction. Early signs of toxicity: anorexia, nausea, diaphoresis, fatigue within first 12-24 hours. Later signs of toxicity: vomiting, right upper quadrant tenderness, elevated LFTs within 48-72 hrs after ingestion. Antidote: Acetylcysteine

Contraindications/Precautions

Contraindications: Severe hepatic impairment, or severe active liver disease.
Precautions: severe renal impairment, alcohol dependency, hepatic impairment/active hepatic disease, chronic malnutrition and hypovolemia, G6PD deficiency (hemolysis may occur). Limit dose to less than 4g/day.

Evaluation of Medication Effectiveness

Antipyretic: fever reduced
Analgesic: pt stated pain level reduced

Interactions

Drug: alcohol (chronic use). hepatotoxic medications, strong CYP3A4 inducers (carbamazepine, phenytoin, rifampin), may increase risk of hepatotoxicity with prolonged high dose or single toxic dose.
Dasatinib, probenecid may increase concentration/effect. Food: may decrease rate of absorption. Lab values: may increase serum ALT, AST, bilirubin, prothrombin levels (may indicate hepatotoxicity).

Medication Administration

PO- Adults, Elderly, Children 13 and older (Regular strength): 325-650 mg q4-q6h. Maximum Dose 3250 mg/day unless directed by healthcare provider. (Extra strength): 1000 mg q6h.
Maximum 3000 mg/day unless directed by healthcare provider. (Extended release): 1300 mg q8h. Maximum 3900 mg/day.

Nursing Interventions

Assess for clinical improvement and relief of pain, fever. Therapeutic serum level 10-30 mcg/mL. Toxic serum level >200 mcg/mL. Monitor LFTs to r/o hepatotoxicity.

Client Education

Do not crush, break, or chew extended-release tablets. Severe/recurrent pain or high/continuous fever may indicate serious illness. Do not take more than 4g/day (3g/day if OTC). Avoid alcohol consumption.

Module Report

Tutorial: **Real Life RN Medical Surgical 4.0**
Module: **COPD**

Individual Name: **Camryn Tesch**
Institution: **Margaret H Rollins SON at Beebe Medical Center**
Program Type: **Diploma**

Standard Use Time and Score

	Date/Time	Time Use	Score
COPD	10/27/2024 2:55:45 PM	39 min	**Satisfactory**

Reasoning Scenario Details
COPD - Use on 10/27/2024 2:16:29 PM

Reasoning Scenario Performance Related to Outcomes:

*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cognition and Sensation	100%		
Immunity	100%		
Ingestion, Digestion, Absorption & Elimination	100%		
Integument	50%	50%	
Oxygenation	42.9%	28.6%	28.6%

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care		50%	50%
RN Psychosocial Integrity	100%		
RN Pharmacological and Parenteral Therapies	100%		
RN Reduction of Risk Potential	50%	25%	25%
RN Physiological Adaptation	75%	25%	

QSEN	Strong	Satisfactory	Needs Improvement
Safety	66.7%		33.3%
Patient-Centered Care	57.1%	42.9%	
Evidence Based Practice	100%		
Teamwork and Collaboration			100%

Decision Log:

Scenario	Nurse Allyson is preparing her assignment/worksheet, in anticipation of caring for Mr. Gomez. He is coming from the emergency department to the medical- surgical unit.
Question	Nurse Allyson is planning care for Mr. Gomez. He is coming from the emergency department. Which of the following data should the nurse include in the plan of care? (Select all that apply.) Review the data in the EMR and the information the nurse has captured below for the assignment/worksheet.T - 99.2; P - 100; R - 36; O2 Sat 91% on 5L of O2; BP - 150/94; I - NPO; O - 250mL clear yellow urine Dx - Pneumonia, exacerbation of COPDLabs/Diagnostics - ABGs, CBC, chest x-ray, chem/metabolic profile, UA and C&S of sputum pendingAllergies - AmpicillinSaline Lock - Left wrist, flushes finePain - DeniesSystems - 1. Lung sounds diminished in the bases and upper lobes sounds coarse with inspiratory crackles and occasional rhonchi. Productive cough, greenish-yellow tenacious sputum. 2. Alert, orientedMedications - Antibiotic has not been started. Has had 2 nebulizer treatments with albuterol. (Check the MAR.)
Selected Ordering	Code statusArterial blood gas (ABG) valuesActivity toleranceLast dose of bronchodilator medication
Rationale	Respiratory insufficiency and failure are life-threatening complications of COPD. Use the priority framework of ABCs; anticipating the client can readily go into respiratory arrest and determining a course of action are priorities. Arterial blood gases establish a client's baseline oxygenation and gas exchange, and are a basis for evaluating a client's respiratory status. Nutrition concerns are relevant to the rehabilitation process of a client who has COPD, not the client in an acute stage of respiratory failure. Activity tolerance would not be a priority concern at this time. Exacerbation of COPD warrants optimization of bronchodilator medications as first-line therapy and identifying the best combination of medications to be given on a regular schedule.

Scenario	Nurse Allyson is assessing Mr. Gomez's respiratory and oxygenation status after his recent admission to the medical-surgical unit.
Question	Nurse Allyson assessed Mr. Gomez's respiratory status. Which of the following actions should Nurse Allyson take?
Selected Option	Encourage Mr. Gomez to cough and deep breathe frequently.
Rationale	Coughing and deep breathing by the client can cause fatigue and does not address the rate of current oxygen delivery, which is decreasing his respiratory drive.

Scenario	Nurse Allyson is preparing to administer an intermittent intravenous (IV) bolus antibiotic medication to Mr. Gomez.
Question	Review the five videos below related to the administration of the IV piggyback ceftriaxone (Rocephin) to Mr. Gomez and reorder the steps into the correct sequence by dragging them into the desired order.
Selected Ordering	Video D: Gather supplies and equipment needed to administer the medication. Video B: Complete the six rights using the MAR, noting client allergies. Video C: Inform the client about the procedure and what to expect. Video A: Complete client identification using two forms of data, noting client's allergy band. Video E: Administer the medication.
Rationale	The correct order for administering the intermittent IV bolus medication is: complete the six rights using the MAR, noting client allergies; gather supplies and equipment needed to administer the medication; complete client identification using two forms of data, noting client's allergy band; inform the client about the procedure and what to expect; administer the medication.

Optimal Decision	
Scenario	Nurse Allyson completes a calculation in order to correctly set the IV controller pump to infuse an intermittent intravenous (IV) bolus medication.
Question	The nurse is preparing to administer ceftriaxone (Rocephin) 1 g IV. Available is ceftriaxone 1 g in 100 mL sterile water. When administering the medication over 30 min, the nurse should set the IV pump to deliver how many mL/hr?
Selected Option	200 mL/hr
Rationale	STEP 1: What is the unit of measurement to calculate? mL/hr STEP 2: What is the volume needed? 100 mL STEP 3: What is the total infusion time? 30 min STEP 4: Should the nurse convert the units of measurement? Yes (min does not equal hr) 60 min/30 min = 1 hr/X hr X = 0.5 hr STEP 5: Set up an equation and solve for X. Volume (mL)/Time (hr) = X mL/hr 100 mL/0.5 hr = X mL/hr X = 200 STEP 6: Round if necessary. STEP 7: Reassess to determine if the amount to administer makes sense. If the amount prescribed is 100 mL to infuse over 30 min, it makes sense to administer 200 mL/hr. The nurse should set the IV pump to deliver ceftriaxone at 200 mL/hr every 12 hr.

Optimal Decision	
Scenario	Nurse Allyson responds to a request from Mr. Gomez's daughter related to a change in his condition.
Question	Mr. Gomez's daughter expresses concern to the nurse about her father's skin irritation and itching. Which of the following is a correct response by Nurse Allyson?

Selected Option	"I'll be right there."
Rationale	The nurse knows the client has an allergy to ampicillin (Unasyn) and is now receiving ceftriaxone (Rocephin). Itching and pruritus indicate the presence of an allergic response. The client's report of pruritus should be evaluated promptly.

Optimal Decision	
Scenario	Nurse Allyson reviews the appropriate action to take when a Mr. Gomez demonstrates an allergic response to a medication.
Question	When caring for Mr. Gomez during his allergic reaction, Nurse Allyson assesses his airway. What is the next appropriate nursing intervention?
Selected Option	Assess Mr. Gomez's breathing pattern.
Rationale	The nurse's next action is to monitor the client's breathing pattern for signs of increasing edema and respiratory distress.

Optimal Decision	
Scenario	Nurse Jessica uses therapeutic communication when discussing psychosocial issues with Mr. Gomez and his daughter.
Question	Which of the following nursing intervention is appropriate to meet the needs of Mr. Gomez and his daughter at this time?
Selected Option	Encourage Mr. Gomez and his daughter to further express their emotions.
Rationale	This is the correct response. Using active listening and an expression of the client's feelings helps to validate the feelings and their content. This approach conveys an attitude of caring and fosters ongoing communication.

Optimal Decision	
Scenario	Nurse Jessica recognizes the anatomical and physical changes that are occurring when Mr. Gomez develops a pleural effusion.
Question	Nurse Jessica is caring for Mr. Gomez and is aware that he has a pleural effusion. Which of the following images depicts a pleural effusion?
Selected Option	
Rationale	In a pleural effusion, fluid occupies the space that normally is filled with air in the pleural cavity.

Optimal Decision	
Scenario	Nurse Jessica assesses Mr. Gomez, who has a chest tube and chest drainage system in place.
Question	Nurse Jessica received report from the AP about Mr. Gomez's difficulty breathing and increased anxiety. Which of the following activities should be included in the nurse's plan of care?
Selected Option	Assess all tube connections between the chest and the drainage system.
Rationale	Securing the chest tube to the drainage system reduces the risk of air leaks in an airtight system.

Optimal Decision	
Scenario	Nurse Allyson understands the basis for Mr. Gomez's protein nutrition status.
Question	Nurse Allyson recognizes that Mr. Gomez has an acute protein deficiency. Which of the following laboratory test results is useful in determining a client's protein nutrition status?
Selected Option	Albumin
Rationale	The albumin level indicates a client's chronic or long-term nutritional protein status. The body stores large amounts of albumin, and therefore the albumin level might not decrease until malnutrition is severe.

Scenario	Review risk factors that make Mr. Gomez prone to skin breakdown.
Question	Review the list of risk factors to skin breakdown. Which of the following are risk factors that Mr. Gomez exhibit? (Select all that apply.)
Selected Ordering	Alcohol intake Limited mobility Chronic illness (COPD)
Rationale	A risk factor that makes the client prone to skin breakdown includes having a chronic illness such as COPD, which alters oxygenation.

Scenario	Nurse Allyson is planning discharge teaching for a client with pneumonia and an acute exacerbation of COPD.
Question	Nurse Allyson is planning discharge teaching for Mr. Gomez. Which of the following should be included in the discharge instructions?
Selected Option	Use a leukotriene modifier inhaler.
Rationale	Leukotriene modifiers are medications used for asthma control. They are not appropriate for the client who has COPD.

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.

ATI Real Life COPD Virtual Clinical Reflection Questions

1) Identify two members of the healthcare team collaborating in the care of this patient:
    a. The RN
    b. Respiratory Therapist (RT)
2) Did your patient have any abnormal blood work (lab)? If so, *select a priority finding* and discuss why that value is concerning.
    a. The priority finding in the lab is the pts ABG showed that he was in **Respiratory Acidosis**, the values that reflect this diagnosis are a pH of 7.30, a paCO2 of 54, and a HCO3 of 19.
3) Did your patient have any abnormal clinical diagnostic tests? If so, what were they and what was the abnormal finding? What can that indicate?
    a. There was an abnormal area of density present in the left lung base that was originally suspicious for pneumonia, but revealed to be a pleural effusion, and he was scheduled for a thoracentesis promptly.
4) What were some of the teaching topics covered in the scenario? Why were they important to the care of this patient?
    a. Proper use of incentive spirometry to promote deep breathing and open the airways to improve gas exchange (pts priority problem)
    b. The probe that she places on her finger, she lets him know that is measures his O2 saturation, which is an important assessment for COPD pts.
    c. Education that he may have had an allergic reaction to the Rocephin because of his allergy to Ampicillin and the fact that some medication allergies mimic each other with similar medications.
5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
    a. Immediately discontinuing O2 when the pt SpO2 dropped with the knowledge that COPD pts can have "too much" supplemental O2 and it can do more harm than good.
    b. Immediately discontinuing IV fluid when pt complained of itching with the knowledge that he was allergic to Ampicillin, and a contraindication of the drug in the IV (Ceftriaxone) is allergy to Penicillin, and similar drugs can illicit similar allergic responses.
    c. Interpreting the diagnostic test and discussing with physician scheduling and educating on a thoracentesis right away to fix the pleural effusion.
6) 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 believe when addressing the daughter concerns about her father drinking too much, and not coping well since his wife died, the nurse made certain communication choices that invoked meaningful conversation and efficient open-ended questions to elicit informational answers from the pt and family.
    b. If **no**, describe: N/A

Reflection

1) Go back to your Preconference Form:
    a. Indicate **(circle, star, highlight)** the components of your preconference form that you saw applied to the care of this virtual patient.

2) Review your Nursing Problem Worksheet: Did you select a correct priority nursing problem?
    a. If **yes,** write it here: **Impaired Gas Exchange**
    b. If **no,** write what you now understand the priority nursing problem to be: N/A
3) Review your Nursing Problem Worksheet: Did you see many of your anticipated nursing assessments and interventions used?
    a. Indicate **(circle, star, highlight)** the ones you saw utilized during the scenario.
    b. Were there interventions you included that *were not* used in the scenario that could help this patient?
        i. If **yes**, describe: Between auscultation of breath sounds, pulse oximetry monitoring, looking for signs of respiratory distress, assessing work of breathing at rest, and monitoring ABGs, all my nursing assessment were utilized in the scenario. As for interventions, the pt did have a incentive spirometer and was taught proper use of it, and respiratory therapy was consulted about treatment options.
        ii. If **no**, describe: N/A
4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? No, I was happy to see that my predictions for care played out like I suspected.
    a. How did that impact the nursing care delivered? I was able to make sound decisions on care with previous knowledge to back up my choices in different scenarios.
    b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
        i. Write it here: Fatigue (With Decreased Exercise Tolerance)

What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice: My biggest takeaway from taking care of this COPD pt is that sometimes care does not go as expected. Sometimes what you think is right as a nurse with nursing education, is the opposite of what your pt needs. I also was reminded that our pt is a whole person, and we're not dealing with a simple diagnosis. There are outside factors that effect care, in this scenario specifically, grief, difficulty coping, addiction, etc. I will use this knowledge to remember to take care of the WHOLE person, and to remember that my whole shift will not be by the book, and sometimes I have to think outside of the box to care for my pts.