

Student Name: Haley Donovan 11/13
Clinical Instructor: Casamento

ATI Real Life THA Virtual Clinical Reflection Questions

1) What was Dale's fall risk score? Is that score considered low, medium, or high risk? What interventions in Dale's care should you be implementing?

(Use your resources from class and clinical Fall Risk Score Interventions)

- a. 45 points
- b. medium fall risk
- c. call bell, rounding every hour, use walker, non skid socks

2) From the pre-op exercises teaching scenario, pick one that Dale demonstrated incorrectly and explain how you would teach the correct technique.

- a. incentive spirometer - breath normally, do not put a lot of effort in we are looking at how much you inhale on your normal breaths

3) Dale receives morphine sulfate for his hip pain. The morphine order is for 2-4mg IV Q 3-4 hours for severe or breakthrough pain. What is wrong with this order?

- a. There is no numeric scale to identify what severe pain is indicated at
- b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? 2 milliliters (ml)

4) Dale is assessed for skin integrity on his heel. What are some interventions the nurse could implement to protect his skin? What are the concerns if no interventions are implemented?

- a. repositioning
- b. skin breakdown / pressure injuries

5) Identify three ways that the nursing team demonstrated the promotion of patient safety?

- a. Name & DOB verification
- b. confirm the surgery being performed
- c. proper handoff w/ all pertinent information

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:
during the prep talk the nurse assured the couple that their emotions are valid. constantly asking if either pt or partner need anything
- b. If **no**, describe:

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

- 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:

I didn't here that Dale created a plan to perform ADL'S

- ii. If **no**, describe:

- 4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? YES

- a. How did that impact the nursing care delivered?

It is anticipated to have low temp out of surgery until your body gets rid of the Anesthesia. Dale was not able to ambulate to goal but that is why there are rehabilitation centers.

- b. What new, additional priority nursing problem (diagnosis) did you identify? atelectasis in the lungs
(Refer to your NANDA list)

- i. Write it here:

impaired nutrition // impaired gas exchange

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

My biggest take away is that everyone recovers on their own pace. It is important to encourage proper body mechanics to prevent post-op injury. Educating patients on proper nutrition & fluid intake. We also needed to listen to lung sounds closely to hear crackles, leading to potential post-op complication of atelectasis, we need to teach the pts about lung expansion after breathing in anesthesia gas. Use Incentive Spirometer, cough & deep breathing exercise & ambulation.

Preconference Form

Student Name: Haley Donovan
 Medical Diagnosis/Disease: Osteoarthritis (OA)

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

206 bones in an adult body
 • Long • Short • Flat • Irregular

Pathophysiology of Disease

Joint disease that is characterized by the breakdown of cartilage

- gradual loss of articular cartilage w/ formation of bony outgrowths
- Cartilage destruction starts ~20-30y/o
- The smooth, white, translucent articular cartilage becomes dull, yellow & granular as OA progresses
- ↳ repair can not keep up w/ destruction

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics

Labs

- ALP
- Calcium
- bone turnover marker
- Synovial fluid analysis

Additional Diagnostics

- MRI
- Bone densitometry
- X Ray

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

- * Obesity/excessive weight
- Age > 40 (symptoms begin)
- Genetics
- Menopausal women
- Ligament injury

Signs and Symptoms

- Joint pain
- Stiffness
- Impaired role performance
- Swelling
- Loss of flexibility
- bone spurs

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

- Cortisone injections
- PT/OT
- Braces
- medication

Surgical

- ↳ Loss of joint function, unmanaged pain
- Reconstructive Surgery

Prevention of Complications

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

- Pain
- Falls
- Sleep disruption
- Weight gain
- depression

NCLEX IV (6): Pharmacological and Parenteral Therapies

Anticipated Medication Management

- NSAIDS
- Corticosteroids (systemic & Intraarticular injection)
- Salicylate
- Topical Analgesic

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

- Acupuncture
- Fish oil, ginger
- Weight loss/exercise
- Heat & Cold applications

NCLEX III (4): Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

- * inability to move around
- inability to perform ADL's effectively

Client/Family Education

List 3 potential teaching topics/areas

- * pain management, proper body mechanics
- * assistive devices - energy conservation
- joint protection
- exercise plan (joint protection)

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?)

- * Manage pain & inflammation, preventing disability, & maintaining & improving joint function
- Internal medicine
- PT/OT
- Care given

Function: Support soft body tissue, protect organs, Movement, Mineral Storage & Hematopoiesis

Structures: Bone cells:

- osteocytes - maintain bone mass & regulate bone remodeling
- osteoblast - responsible for ossification, create & strengthen bone
- osteoclast - cells that break down old & damaged bone tissue.

- Cancellous (spongy) bone - large spaces filled w/ red marrow
 - ↳ makes up most of the bone tissue in short, flat & irregular — epiphysis of long bone
- Cortical (compact) bone - hard outer layer, thicker in diaphysis
 - ↳ protects & supports long bone w/ resisting the stress weight

↳ Haversian canal - channel in the center containing ^{blood vessels} nerves & loose connective tissue

* Ossification: intercellular material is formed & hardening materials are deposited into the bone → hard crystals of Ca⁺, Mg phosphate & carbonate

- made up of cells dispersed in matrix of fibers & protein.

Joints: junction between 2+ bones → classified by degree of movement

- Motion:
- Abduction
 - Adduction
 - Rotation
 - Circumduction
 - Supination
 - Pronation
 - Eversion
 - Inversion
 - Elevation
 - Depression
 - Protraction
 - Retraction

long bones: Femur & Humerus

Short bones: Carpals/tarsals

Flat bones: Sternum, Ribs, Skull
Scapula

irregular bones: vertebrae, mandible
ileum

- ↳ Synarthroses: No movement (skull)
- ↳ Amphiarthroses: Slightly moveable (pubis symphysis)
- ↳ Diarthroses: Freely moveable
 - ↳ Hinge: concave to convex (knee)
 - ↳ pivot: rotates around peg (C1 & C2)
 - ↳ Ball & Socket: Full freedom (shoulder)
 - ↳ gliding: both articular surfaces are flat (sacrum & ileum)
 - ↳ condyloid/ellipsoidal: oval condyloid fits into ellipsoidal depression (wrist between radius & ulna)
 - ↳ Saddle: concave end fits into convex surface of another bone

Nursing Problem Worksheet

Name: Haley Donovan

Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
Problem: impaired physical mobility Reasoning: ↓ cartilage in joint Goal: pt will demonstrate the ability to perform modified ADL's BID in my care. Goal: pt will demonstrate proper use of mobility devices in my time of care	* ROM - qd & strength test Integumentary check - BID * pt gait / Steadiness BID * assess for edema / fluid retention	PT/OT → continue to implement exercises . qz turns . prevent w/ aquadell Use gait belt & proper mobility device Use compression stocks to promote circulation

Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
Problem: acute pain Reasoning: bone on bone rubbing Goal: control pt pain @ 3-4 in my time of care. Goal: pt will perform ADL's w/ minimal discomfort before discharge	* Pain assessment q4h * palpate for distended / firm abdomen q4h * when the pt feels the q4h best after pain med * can pt identify when q4h there is breakthrough pain	administer opioids per orders MS & oxycodone provide stool softener as ordered or encourage PO liquids coordinate / create plan to perform task (ADL) @ peak comfort administer Ibuprofen / Tylenol as ordered

* all assessments & interventions were used

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Haley Donovan

MEDICATION Oxycodone HCl

REVIEW MODULE CHAPTER _____

CATEGORY CLASS opioid analgesic (C-II)

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds w/ opioid receptors
w/in CNS, causing inhibition
of ascending pain pathway

Therapeutic Use

relieve moderate to
severe pain

Complications

Respiratory Depression Confusion
Headache Seizures
dizziness/Light headedness Slow HR/weak pulse
N&V

Medication Administration

PO tablet: 5, 10, 15, 20 & 30mg
initial: 10 mg q4-6h
↳ 5-15mg q4-6h PRN

Contraindications/Precautions

acute or severe bronchial asthma
GI obstruction
CNS depression
renal/hepatic impairment
Substance abuse
Hx

Nursing Interventions

Obtain Social Hx
Monitor VS
auscultate/palpate abdomen
mental health/behavior

Interactions

Other opioids Parkinsons medication
Sleeping pills alcohol
muscle relaxors
depression/anxiety/mood stabilizers
Migraine medication

Client Education

*Naloxone on hand for OD.
avoid alcohol
take as needed for moderate (>5)
to severe (>6) pain
seek professional care if RR < 12 bpm

Evaluation of Medication Effectiveness

decrease pts pain level w/in
30-60min

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Haley Donovan

MEDICATION Morphine Sulfate

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Opioid analgesic (C-II)

PURPOSE OF MEDICATION

Expected Pharmacological Action
Binds w/ opioid receptors
w/in CNS, inhibiting
ascending pain pathway.

Therapeutic Use
helps relieve severe
pain

Complications
*Addiction
Respiratory depression
Adrenal Insufficiency
Severe hypotension
GI Complications
Seizures
Withdraw

Medication Administration
Compatible? w/ NS 0.9%
1-2 mg/ml

Contraindications/Precautions
Respiratory depression *Past history of substance
abuse
Acute/Severe asthma
Concurrent use/ 14 days since use of
GI obstruction Monoamine oxidase
inhibitors

Nursing Interventions
Obtain Social Hx
Monitor VS
Med reconciliation
Stool softeners

Interactions
Benzodiazepines/ CNS depressants (Valium)
Alcohol
Serotonergics / SSRI / SNRI (Flexeril / mirtazipine)
Muscle relaxors (Metaxalone)

Client Education
*have Naloxone on hand
for over dose
RR < 12 seek medical attention
possible addiction

Evaluation of Medication Effectiveness
decrease pts pain level w/in
30-60 minutes