

Instructional Module 4 – Adult M/S 2

Competency	Outcomes	Secondary Outcomes	Give examples of how you met each outcome
Assessment & Intervention	Implement a plan of care that integrates adult patient-related data and evidence-based practice.	<ul style="list-style-type: none"> - Define plan of care for specific health impairment - Identify signs/symptoms of health impairment - Select & implement proper interventions for specific health impairment - Evaluate effectiveness of interventions 	<ol style="list-style-type: none"> 1. Provide oral care and mouth swabs every four hours for the patient that are on strict NPO due to risk of mouth dryness. It really helps to moist the oral mucosa and prevent any bacterial infection. 2. Patients diagnosed with gastric leak which is under strict NPO should have an alternative route of nutrition such as TPN until the problem is resolved. It gives the body nutrients when an able to eat or cannot absorb nutrition from the food you eat.
Communication	Communicate effectively with members of the healthcare team.	<ul style="list-style-type: none"> - Identify health care team members & their purpose - Interact appropriately with health care team. - Utilize proper SBAR, TEAM Steps, etc. - Evaluate outcomes of communication process 	<ol style="list-style-type: none"> 1. Collaborate with and inform nurse aids that the patient is on strict NPO. Remind them that if the patient asks for food or snack, they offer wet mouth swabs instead. 2. Remind the patient to inform nurse about anything that bothers her/him such as pain, fever, and nausea. Remind also to avoid coughing as much as possible due to risk of straining the abdomen that could cause further leak.
Critical Thinking	Apply evidence based research in nursing interventions.	<ul style="list-style-type: none"> - Analyze pertinent data (subjective, objective) - Identify evidence based practice (EBP) resources - Distinguish EBP nursing interventions - Apply EBP nursing interventions - Document resources & interventions 	<ol style="list-style-type: none"> 1. Application of critical thinking by monitoring WBC in lab results and vital signs. High WBC could mean that infection is worsening and in need to be addressed thru medication. Low blood pressure and high temperature could mean septic shock and in need of immediate intervention. 2. Abdominal pain should be addressed with pain management medication. Patient under pain tends to strain and aggravate gastric leak.
Caring and Human Relationships	Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.	<ul style="list-style-type: none"> - Explain need for nursing & health care standards - Apply standards to patient care (HIPAA, QSEN, NPSG) - Communicate concerns regarding hazards/errors in patient care 	<ol style="list-style-type: none"> 1. Hand hygiene should be observed always to prevent infection transfer to patients. Nurses should wash hands before and after interventions done. Make sure patient is comfortable and rested well to promote wound healing. 2. Collaborate with the patient and establish plan to manage pain and anxiety. Make sure pain is managed properly to maintain comfort and healing.
Management	Recommend resources most relevant in the care of patients with health impairments.	<ul style="list-style-type: none"> - Assess patient needs during acute care to promote positive outcomes. - Assimilate co-morbidities into plan of care - Identify appropriate resources - Initiate discharge plan 	<ol style="list-style-type: none"> 1. Since patient with gastric leak tends to be on strict NPO status, patient tends to ask other caregiver for food. It is important to collaborate with fellow caregivers about patient situation. 2. Source of nutrition such as TPN may be not enough. Patient could feel that the nutrition provided is not enough. Non-compliance on restriction is risk for reoccurrence and should be addressed properly.
Leadership	Participate in the development of interprofessional plans of care.	<ul style="list-style-type: none"> - Identify/define interprofessional plan of care - Integrate contributions of health care team to achieve goals - Implement interprofessional plan of care 	<ol style="list-style-type: none"> 1. Nurse aid informs nurse about the patients needs such as pain relief, nausea and other situations that bothers patient comfort. Proper interventions such as pain and nausea management are implemented. 2. Implementation of interprofessional plan of care by collaborating with caregivers to manage pain and nutrition.
Teaching	Evaluate the effectiveness of teaching plans implemented during patient care.	<ul style="list-style-type: none"> - Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes 	<ol style="list-style-type: none"> 1. Since patient is on strict NPO, patient could only have mouth swabs to prevent from aggravating gastric leak, thus it is necessary to restrain from eating to promote healing. I'll teach patient about the alternative way of nutrition such as TPN. 2. It is necessary for the patient to be compliant on restriction. Patient also be open about her concerns and be addressed accordingly by caregivers.
Knowledge	Deliver effective	<ul style="list-style-type: none"> - Identify patient health deficits - Prioritize care appropriately 	<ol style="list-style-type: none"> 1. Infection can be addressed by antibiotic infusion. Monitoring labs result and vital

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Integration	nursing care to patients with multiple healthcare deficits.	<ul style="list-style-type: none">- Adjust plan of care based on patient need- Identify system barriers- Modify health care deficits identified	signs to identify appropriate intervention to implement. 2. Alternative route for nutrition is needed for gastric bypass leak patients. This can be addressed by TPN which is a direct nutrition by IV infusion. Nutrition and pain management are the priorities needed to be taken care of appropriately.
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