

Student Name: Kimberly Colbert		Date: 2/11/2021
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Depression</p> <p>Several areas of the brain are involved in mood functions. Sleep, appetite, and memory are commonly disturbed in persons with depression. All cerebral components normally receive signals from neurons that secrete serotonin or norepinephrine or from neurons of both types. Reductions in the activity of circuits that use serotonin and norepinephrine may contribute to depression.</p> <p>https://emedicine.medscape.com/article/914192-overview#a1</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>Personal conflict and disputes with friends and family. Patients parents were not accepting of her gender transitioning. Social isolation from family, social group and peers was distressing.</p>	<p>3. Signs and Symptoms:</p> <p>Recurring thoughts of death or suicide, feelings of worthlessness or guilt, impaired concentration, indecisiveness, marked diminished interest or pleasure in almost all activities (anhedonia), restlessness or feeling slowed down, significant weight loss or gain.</p>

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4. Diagnostic Tests Pertinent or Confirming of Diagnosis: There are no blood test, x-ray, or other laboratory test that can be used to diagnose depression. Routine lab work was ordered to rule out other diagnoses. CBC BMP EKG Urinalysis	5. Lab Values That May Be Affected: Thyroid vitamin deficiency anemia calcium levels vitamin D levels liver function kidney function	6. Current Treatment (Include Procedures): Patient was placed on suicide precaution for active suicide ideation.
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. None 2. None *List All Pain/Discomfort Medication on the Medication Worksheet None	8. Calculate the Maintenance Fluid Requirement (Show Your Work): No fluid maintenance Actual Pt MIVF Rate: N/A Is There a Significant Discrepancy? Choose an item. Why? N/A	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): Actual Pt Urine Output: 300ml

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10. Growth & Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:

Erickson Stage: Identity vs. Role confusion

1. Patient developing a sense of self. Patient began to want more support and understanding in her process of transitioning from female to male and was met with disapproval from her parents which in turn led to power struggle. Parents dismisses Patient transitioning as indications that patient was not fully aware of what goes into the gender transition process.
2. Actions from the patient were that of defiance and rebellion by changing her name and dressing in her gender identity. Testing limits and boundaries were observed due to patient's inability to make a conscious search for identity and pressures to conform to her parent's ideas for the future.

Piaget Stage: Formal operational stage

1. Abstract thinking: The Patient in formal operations stage refer to the ability to perform mental operations with abstract, intangible concepts. In her mind, circumstances that she never seen nor personally experienced were tangible. If she changed her gender, transitioning will be easier, and she would be happier.
2. Imaginary audience: Patient in formal operations stage believed that everyone around her was watching and judging her, scrutinizing her decision to transition.

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11. Focused Nursing Diagnosis: Risk for suicide	15. Nursing Interventions related to the Nursing Diagnosis in #11. 1. Put on either suicide precaution (one on one monitoring at one arm's length away) or suicide observation (15- minute visual check of mood, behavior and verbatim statements) depending on level of suicide potential. Keep accurate and timely records and document client's activity. Evidenced Based Practice: Protection and preservation of the client's life at all costs during crisis is part of medical and nursing staff responsibility. Accurate documentation is vital. The chart is a legal document as to clients ongoing status.	16. Patient/Caregiver Teaching: 1. Teach patient that medications will be given to prevent mood swings or to decrease anxiety or depression. The patient will need to take all medications as directed. A sudden stop can be harmful. It may take 4-6 weeks for the medication to help her feel better. 2. Educate the patient of consultation with counselors and development of treatment plans to help psychiatric diagnosis. Adhering to treatment plan and counseling services can help improve mental health. 3. Form a strong support network. That may include family or friends. Seek help from a support group with numbers provided.
12. Related to (r/t): Depression	2. Provide a safe environment by following unit protocol for suicide. Take away potential weapons- belts sharp objects, items and so on. Evidenced Based Practice: Patients may try to hide contraband to use for self-harm later. Removing the means of suicide and maintaining a safe environment are effective suicide prevention strategies.	17. Discharge Planning/Community Resources: 1. Ensure the patient is medically stable and has adequate social support. 2. Ensure the patient has a comprehensive suicide risk assessment before discharge and have an appropriate treatment plan in place.
13. As evidenced by (aeb): Suicide plan (clear and specific telling her friend of plan to commit suicide by overdose.	3. Present opportunities for the patient to express thoughts and feelings in a non -judgmental environment. Evidenced Based Practice: It is helpful for the patient to talk about suicidal thoughts and intentions to harm themselves. Expressing their thoughts and feelings may lessen their intensity.	3. Provided written copies of treatment plan, including details of medications, ways to deal with symptoms and distress, dates of follow-up appointments, and contact numbers for times of crisis.
14. Desired patient outcome: 1. Remain safe and free of self- harm and verbalize a decrease in or absence of suicidal ideations. 2. Patient will remain safe while in the hospital, with the aid of nursing intervention and support. 3. Patient will verbalize 3 techniques on developing coping skills to help her handle stressful situations. 4. Patient will join family in crisis family counseling.		

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	N/A	N/A	N/A

Student Name: Kimberly Colbert		Unit: Pedi ED		Patient Initials: S.G		Date: 2/11/2021		Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)		
Patient had no Medications to list				Choose an item. Click here to enter text.			1.		
				Choose an item. Click here to enter text.		Click here to enter text.	1.		
				Choose an item. Click here to enter text.		Click here to enter text.	1.		
				Choose an item. Click here to enter text.		Click here to enter text.	1.		

Print Student Name: Rimberly Colbert

Clinical Week # 5-6

Unit: Pedi ED

EVALUATION OF PRECEPTOR BY STUDENT

Name of Preceptor: Algebra Pena

Clinical Unit: Pedi ED (PM)

Please rate your preceptor on each statement 1=Never/Poor 2=Seldom/Mediocre 3=Sometimes/Good 4=Often/Very Good 5=Always/Superb	Rating Please circle one				
	1	2	3	4	5
Establishes a good learning environment (approachable, nonthreatening, enthusiastic, etc.)					5
Stimulates me to learn independently					5
Allows me autonomy appropriate to my level/experience/competence					5
Organizes time to allow for both teaching and care giving					5
Offers regular feedback (both positive and negative)					5
Clearly specifies what I am expected to know and do during the training period					5
Adjusts teaching to my needs (experience, competence, interest, etc.)					5
Asks questions that promote learning (clarifications, probes, socratic questions, reflective questions, etc.)					5
Give clear explanations/reasons for opinions, advice, or actions					5
Adjusts teaching to divers settings (bedside, charting, nurses station, etc.)					5
Coaches me on my clinical/technical skills (patient history, assessment, procedural, charting)					5
Incorporates research data and/or practice guidelines into teaching					5
Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)					5
Teaches effective patient and/or family communication skills					5
Teaches principles of cost-appropriate care (resource utilization, etc.)					5

1. What did you like best about your preceptor?

Algebra showed me EVERYTHING! I absolutely loved her interaction with patients and with Patients Family. She was very knowledgeable and informative, very detailed and just a wonderful preceptor.

2. Do you have any suggestions for your preceptor to consider when working with future students?

None! Keep being you and Exceptional.

Student Signature: Rimberly Colbert

Date: 2-11-21

Print Student Name:

Kimberly Colbert

Clinical Week #

5-6

Unit:

Pedi ED

LVN-RN PRECEPTORSHIP: STUDENT SELF-EVALUATION

1. Please reflect on your performance during the LVN-RN preceptorship and rate yourself on the following:

[Place a ✓ in the appropriate box]

(Graduate Competency-GC)	I need significant guidance.	I need average guidance.	I need minimal guidance.
I use the Nursing Process to provide comprehensive, evidence-based nursing practice (GC 1)			✓
I coordinate and develop a plan of care using time management and prioritization. (GC 1 & 3)			✓
I make safe clinical decisions. (GC 3)			✓
I advocate for patient/family rights and quality nursing practice. (GC 4)			✓
I use professional, assertive, and collaborative communication. (GC 2, 5, & 6)			✓
I document according to agency/unit standards. (GC 2)			✓
I develop teaching/learning strategies to meet patient/family needs. (GC 3 & 7)			✓
I assume a leadership role in clinical practice. (GC 6)			✓
I am self-directed and demonstrate an interest in learning. (GC 8)			✓

2. What do you think are your personal strengths?

Worked in the population with children. I still got it. I was surprised that the little ones were receptive to me interacting.

3. What have you identified as a personal opportunity for improvement?

Not being scared of other opportunities. Be confident and venture out of my comfort zone

Student Signature:

Kimberly Colbert

Date:

2-11-21

Print Student Name:

Kimberly Colbert

Unit: Pedi ED

Clinical Week # 5-6

LVN-RN Preceptor Appraisal of Student Performance

(Preceptor Completes and Reviews with Student)

1. Please reflect on the student's clinical performance during the capstone preceptorship and rate the following:

[Place a √ in the appropriate box]

(Graduate Competency-GC)	Below Average Performance Needs Significant Guidance	Satisfactory Performance Needs Average Guidance	Outstanding Performance Needs Minimal Guidance
Student uses the Nursing Process to provide comprehensive, evidence-based nursing practice. (GC 1)			√
Student coordinates and develops a plan of care using time management and prioritization. (GC 1 & 3)			√
Student makes safe clinical decisions. (GC 3)			√
Student advocates for patient/family rights and quality nursing practice. (GC 4)			√
Student uses professional, assertive, and collaborative communication. (GC 2, 5, & 6)			√
Student documents according to agency/unit standards. (GC 2)			√
Student develops teaching/learning strategies to meet patient/family needs. (GS 3 & 7)			√
Student assumes a leadership role in clinical practice. (GC 6)			√
Student is self-directed and demonstrates an interest in learning. (GC 8)			√

2. What do you think are the student's personal strengths?

- eager to learn - communication w/ pedi pts.
- ~~many~~ great skills - question asking

3. What have you identified as an opportunity for improvement for the student?

None - great week!!

Preceptor Print & Sign:

ARR, RN

Alyssa...

Date: 2/11/21

Student signature:

Kimberly Colbert

Date: 2.11.21

Print Student Name: Kimberly Colbert
 Unit: Covenant Behavioral Health Home Care

Clinical Week # Wk 3-4
15-6

Record of Precepted Clinical Experiences

Date:	Total Hours:	Location:	Preceptor: Print & Signature
1/12/2021 1/13/2021	16	BHS	Print: Jesus Olivas Signature: <i>[Signature]</i>
2/9/21 2/10/21	24	pedi QR	Print: <i>[Signature]</i> Print: Alysia Petru, RN Signature: <i>[Signature]</i>
			Print: Signature: