

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 	<p>1. An elderly patient of mine with an altered mental status/dementia type symptoms was becoming agitated at the fact that he could not get out of the bed freely and walk around. He had no memory of his injury or awareness of his lack of ability. His bed alarm would go off each time he tried to climb over the bed rails causing him to become more agitated. I assessed his ability to stand and asked the nurse if it would be ok to walk him. Using gate belt and a walker, I assisted him out of the bed assessing his ability to walk and gait. We walked the hallways several times and used the restroom. He enjoyed his walk and became more calm and even tired of walking and wanted back in bed. This worked very well at distracting the patient and allowing him to use some pent up energy.</p> <p>2. "A patient of mine with an O2 of 84% refused to wear her nasal cannula. The patient stated that it was hurting his nose and making it extremely dry. I explained to him that overall, oxygen use is important so that her cells will get the proper amount of oxygen they need to function. I went and grabbed a humidifier to help moisten the nasal cavity and explained that this would help with the discomfort. The patient agreed to use nasal cannulas and O2 stat rised to 95%</p>
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 	<p>1. A patient of mine was having high blood pressure and stated that he took blood pressure meds at home. I notified the nurse and we looked to see if any blood pressure meds were ordered. There were no blood pressure pills and home meds had not been resumed. The nurse assisted me in calling the doctor to ask for an order. I used SBAR to give the doctor a report on the patient and the doctor gave an order that the nurse wrote down which I repeated the order back to assure accuracy of the order. Order was scanned and sent to pharmacy.</p> <p>2. I had a patient who was on a clear liquid diet The patient had been off the unit for tests and when she came back, her lunch tray that had been sitting for a few hours was cold and the cold items were melted. She had been NPO before the tests and was extremely hungry and irritable. I was able to call down to dietary and tell them what happened, they said it was too late for a lunch tray so I asked for the ices that the patient really enjoyed and dietary sent them up.</p>
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 	<p>1. While working on the cardiac unit, I had a patient that had liver damage and was undergoing tests to find the cause. While assisting the nurse in getting the meds out of pyxis, I went through each drug to make sure I knew what it was. I came upon one drug that I nor the nurse knew so I researched the drug finding that it had a BBW for liver damage. The charge nurse was notified as well as patient physicians.</p> <p>2.</p>
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 	<p>1. A young female patient was assigned a male nurse. The patient was very modest and was very embarrassed when the male nurse did his job. I was able to sense her discomfort and offer her assistance once he left the room. She was too embarrassed to tell the male nurse that she had started her period. I assisted her in getting cleaned up and brought her supplies needed. I then went to discuss the situation with the male nurse who then asked if a female nurse could assist him</p>

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			<p>after I left. He would make sure that the next nurse assigned was female.</p> <p>2. A patient I was assigned to, frequently had a family member call to inquire about the patient. Because of HIPPA, no information was able to be given over the phone. When discussing with patient about the person calling for her she stated that he was an abusive ex that was stalking her. We were able to have her down as a no info patient and alerted security of the situation.</p>
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 	<p>1. A patient assigned to me had been in a MVA suffering a neck injury. The patient was limited on the types of movement they could perform. He was worried about not being able to care for himself. We were able to find a family member that would stay with the patient during recovery and was present during the teaching of putting on and taking off the neck brace as the patient was unable to do on their own.</p> <p>2. A patient that had a diagnosis of end stage cancer was admitted for seizures, dementia, and Parkinson. The patient was being cared for at home by the daughter. The daughter was becoming exhausted as the patients health declined as the need for more care was needed. We discussed recourses to getting help from respite care to the possibility of hospice to help with end of life measures.</p>
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 	<p>1. patient with Parkinson had a decline in health and was needing much more assistance than before. PT would be visiting the patient to provide physical therapy needs. Knowing they would be coming to help, I waited to perform ADLs with the patient until they got there. They were able to assist in transfer patient to a chair and use the ADLs as part of PT</p> <p>2. A patient that was experiencing unbearable pain after a back surgery had been admitted. Pain med had been administered to no relief. The physician was then called and a consult to palliative was given to assist in pain management.</p>
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 	<p>1. I was assigned a patient that was very smelly and dirty and had not been bathed since admission to the hospital. The patient had a covered wound from a procedure as well as a picc line and iv. I explained the importance of good hygiene to prevent infections to the patient. The patient did not want to shower but understood that good hygiene was part of the healing process and allowed me to give him a bed bath. The patient stated he felt so much better after being cleaned.</p> <p>2. I had a patient that had been in an MVA and had a possible brain bleed. The physician wanted the patient to get out of bed and practice walking. The patient had been too afraid to ambulate before this time. The patient still refused to ambulate out of fear of injuring himself. I came back after awhile and taught the importance of getting out of bed and ambulating to prevent blood clots as well as prevent muscle deterioration. Patient agreed and using gait belt and walker, the patient ambulated down the hallway stating that it felt very good to be up.</p>
Knowledge Integration	Deliver effective nursing care to patients with multiple healthcare deficits.	<ul style="list-style-type: none"> - Identify patient health deficits - Prioritize care appropriately - Adjust plan of care based on patient need - Identify system barriers - Modify health care deficits identified 	<p>1. A patient with cancer, Parkinson and dementia was fairly independent upon admission to the hospital for seizure. After being on bed rest for a few days the patient became very weak and was unable to perform ADLs on their own. The patient was needing a lot more assistance to stand than before. With assistance I moved patient to a bariatric chair and brought toothbrush, electric shaver and all the needs to ready themselves for the day. The patient was able to sit while performing ADLs while I assisted when needed.</p>

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			<p>2. A young female admitted for clonic-tonic seizure was in a great deal of pain due to the seizure. She had bouts of confusion and needed much more assistance than before. Because she was more of a HFR, I scheduled time to be in the room early while she performed ADLs, so that she would not attempt to do on her own.</p>
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