

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. During an assessment of a patient who was admitted for seizures the patient complained of Nausea. After further investigation of the severity and quality of the nausea we gave the patient an Antiemetic. We then periodically checked to see if the patients nausea had been alleviated. After the nausea had subsided the patient was in a much better state of mind.</p> <p>2. When assessing a patient, the patient complained of severe pain in his legs. The pain was partially from the spasms but also constant even when they were not spasming. The patient was already on various medications that were not due for another few hours. We then called the doctor to get an order for a stronger pain medication that we could give sooner. The doctor ordered a new medication that we then administered. We then periodically checked to see if the patients pain was alleviated.</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. When returning to get vitals on a patient before lunch the speech pathologist was finishing an assessment on the patient. The speech pathologist proceeded to ask me questions about the patient that I answered to the best of my ability. She then gave me instructions for giving medications and feeding. She stated to ensure that food and medication did not pocket on the side of the mouth that was paralyzed. I then communicated the information to the nurse to ensure proper patient care.</p> <p>2. When I was doing an assessment on a patient the doctor came into the room to talk with the patient. I remained silent and stopped my assessment. The doctor then asked me questions about the patients vitals which I then told him. I also spoke with the doctor about the patients pain level that has remained high throughout the day despite the current pain medication we have been administering. The doctor then stated that he will speak to the nurse and decide if he will prescribe a different pain medication. In the end the patient was prescribed another medication for his pain. The pain level was still a bit high when I left for the day but it was better than it had been early in the morning.</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. When caring for a patient, me and the nurse I was following administered medications. One of the medications was morphine. Later when I was in the room assessing the patient, I noticed shallow respirations and the patient complained of shortness of breath. I then checked the patients oxygen saturation. The patients oxygen saturation was low so I informed my nurse that the medication may be decreasing the patients respiratory function and we could possibly put her on oxygen. We then put the patient on a nasal canula, and her oxygen saturation stabilized.</p> <p>2. When caring for a patient, the patient complained of burning at the IV sight. When assessing the IV site I noticed swelling and redness around the site. From the information I gathered I concluded that the IV site might be infiltrated. I then expressed my thoughts to the nurse who agreed with the conclusion. We then removed the IV and started a new peripheral IV site.</p>

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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. When caring for a stroke patient, physical therapy moved the patient to a chair so that he could sit up for a little. The patient could not speak, move, and was incontinent. He began to cry because he wanted to go back to the bed. There was nothing we could do other than comfort the patient as sitting up in a chair was doctors orders. We then gathered warm blankets for the patient to help him feel more comfortable and possibly improve his mood. The patients mood did not seem to improve but the comfort measures were provided.</p> <p>2. When caring for a seizure patient, the patient was drowsy and in a poor mood. He had been cooped up in his dark room all day. He then requested to walk up the hall. He was a fall risk, so I ambulated the patient with a gait belt. Giving the patient the dignity and respect to walk on his own improved his mood and state of mind for the rest of the day. The small act of walking improved the patients mental health.</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. When caring for a patient with aphasia we gathered resources that would help the patient in the hospital and after discharge. The patient was unable to form any words. A speech therapist would come to help her in the hospital. Arrangements were made for the patient to continue speech therapy after discharge. The patient was also transported down to the car via wheelchair per hospital policy.</p> <p>2. When discharging a patient, the process took longer then expected. The patient was anxious and ready to leave. The patient no longer had any ailments other than the pre-existing conditions that he had before being admitted. The resources for this patient simply were transportation. We talked to the patient and assured him that we would discharge him as soon as the doctor signed off. We filled out the discharge paperwork in preparation. That way the patient could leave as soon as possible.</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. interprofessional care is the mixture of different healthcare personal to achieve the goals of patient care. When caring for a patient that was on a clear liquid diet due to dysphagia the patient constantly complained of hunger. We addressed this with the speech pathologist who then did an assessment on the patient to see if she could advance the patients diet. In the end the patients diet was advanced, and we then provided the new diet to help alleviate the patients hunger.</p> <p>2. When caring for a patient who was a fall risk and left sided weakness the patient was in bed all day. The physical therapist assessed the patients ability to stand and walk and concluded that the patient could not move on their own. This led to the patient being moved only with multiple nurses. The physical therapist set the limits on the patient and the nurses enforced those limits. This led to better patient outcomes and prevented falls.</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. Teaching plans is the content and method of teaching said content to the patient. An example is when we taught a patient who was not eating the importance of proper nutrition. The patient had an infection and had not eaten adequate breakfast or lunch. We explained to the patient the importance of eating enough to help the body heal and fight the infection. The patient teaching was successful as the patient then ate a large portion of her lunch.</p>

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			<p>2. When taking care of a patient who was a fall risk, the patient continued to try and get out of bed. We then proceeded to teach the patient the importance of using the call light to get up. We had the patient repeat what we had taught him because he was confused, and we wanted to confirm he understood the teaching. However, the patient continued to try and get up over and over throughout the day. Therefore, the patient teaching was ineffective.</p>
<p>Knowledge Integration</p>	<p>Deliver effective nursing care to patients with multiple healthcare deficits.</p>	<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. Health deficits are conditions of health breakdown. When taking care of a patient who could not move, speak, eat, and incontinent, there was a lot of barriers to care. The biggest priority was ensuring the TPN was running effectively. We then continued to monitor the skin for sores or breakage. We also checked to see if the patient had a bowel movement or voided. We continuously did these checks as he had no family at the bed side. In doing so we ensured the best quality of care possible for the patient.</p> <p>2. When caring for a patient with mad cow disease, we did total patient care. He could not speak, eat, move on his own, and was confused. When giving medications or performing interventions we would hold his hands so that he would not injure himself during the process. His IV sites and Peg tube were also covered to prevent them from becoming dislodged. The patients sister was at the bed side which helped with the care process and the we provided care to address these health deficits via peg tube feeding, speaking loud and slowly, ensuring safety, ect.</p>