

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. My patient had type 2 diabetes and had recently suffered a stroke. I was about to do to my physical assessment when I entered his room, but I noticed some symptoms my patient had. He was asleep but very sweaty, cold, and clammy. I remembered these symptoms from my diabetes lecture that this meant my patient was hypoglycemic. I immediately called my nurse into the room to tell her about the situation that was happening. My nurse and I immediately went to the pyxis to get the patient D50 IVP so that immediately he could be responsive. I knew at that moment I had done the correct intervention to get my nurse to save my patients life who was at risk. He was having a hypoglycemic episode since he was unresponsive when my nurse got to his room. With the correct intervention of getting the D50 this saved my patients life.</p> <p>2. I had a patient who just got out of back surgery and was resting in his room. He was on our floor because they were monitoring for any type of infections. This was the second day I had him as my patient, so I knew what his vital signs were the day before and was familiar with him. So, I was helping my nurse aide take vital signs and went to his room first. I noticed when I walked in, he was falling asleep but was short of breath which he mentioned to me as well. I started taking his vital signs and saw a major difference with his pulse rate and oxygen saturation. So, I immediately helped my patient get his nasal cannula that was stuck behind his pillow and put it on him correctly. I also let the nurse know about this situation. I rechecked his vital signs and they had got much better. I could see that my intervention had helped out my patient to breath better.</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. There are many healthcare workers who are always busy or not available such as the nurse aides. They are definitely very helpful to us because they help us do vital signs and answer patient calls. We only had one on our floor, but I communicated with her very well. I understood she was going to be very busy since she had to be the only nurse aide in our floor, so I decided to help her out. I communicated with her very well about all 4 patients my nurse had for that day. I told her I could do their vital signs in the morning and before lunch. I was going to chart them as well. She was happy I told her within time so she could focus on other patients that also needed her help. I also communicated with her that I was available to help bathe patients or whatever was needed to be done I could help. Nurse aides and nurses should always interact appropriately and work as a team to improve the quality of care as well as greater patient satisfaction.</p> <p>2. On our clinical floor there are only a few nurse aides. They are great help for our floors, and they are very appreciated. There was only 1 nurse aid available to take a patient to the restroom who had called for help. I offered to help her ambulate a patient to the restroom. Together she taught me things I didn't know such as the cast the patient was wearing from his back surgery how to put it on him. We both worked as a team to get the cast put on our patient correctly. After we put the cast on, we helped our patient ambulate to the restroom carefully and then back to his</p>

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			<p>bed. It's very important to have communication with the nurse aides to help them with patients that are too heavy to lift up on their own. This makes communication very important in our nursing field to be able to help one another.</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. My patient had a severe history of COPD. She had all the presenting symptoms which were coughing with sputum, wheezing, and diminished breaths sounds. She was having trouble with shortness of breath. I did my physical assessment on my patient and noticed she was not using her incentive spirometer. I encouraged my patient to use it at least 10 times a day. As well as sitting her up to a semi-fowlers position to make sure that would help her breath much better. So, I educated her on how she should use her spirometer during each commercial break. Evidence based practice shows that this helps them take deep breaths to expand and fill their lungs with air. This helps them prevent lung problems, such as pneumonia. As well as sitting her up would help her breath better rather than being in supine position.</p> <p>Harding, M., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C. (2020). <i>Lewis's medical-surgical nursing: assessment and management of clinical problems</i>. Elsevier, Inc.</p> <p>2. My patient had a history of the use of laxatives and constipation. He had just come from back surgery. My patient was taking opioid medications which delayed his stool & made it harder for him to have a bowel movement. I encouraged my patient to drink lots of fluids such as water intake throughout the day to help him. I also encouraged my patient to get up a few times during the day to ambulate as tolerated. Evidence based practice demonstrates that fluids aid in helping elimination. As well as movement and motility contribute to move feces through the colon especially after post-op.</p> <p>Harding, M., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C. (2020). <i>Lewis's medical-surgical nursing: assessment and management of clinical problems</i>. Elsevier, Inc.</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. I had a patient who was knowledge deficit and had restraints put on her since she has lesions in her brain that was affecting her actions towards others. She was aggressive towards the nurses on the floor. She can't do things on her own as she normally would. She was ready to be changed so my nurse and I decided to change her so she wouldn't be incontinent and get any pressure sores. So, in order to preserve my patient's privacy, I made sure the door was closed to her room and made sure to get the tele-sitter temporarily off to ensure the patients dignity while getting changed. First thing that came to my mind was my patient's privacy. This ensured my patient's care.</p> <p>2. My patient had got admitted for a fall. She was ambulating after 4 days she had</p>

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			<p>fallen. She called for someone to go help her use the restroom. I went to her room to help her ambulate slowly. She was getting much better with her walking she just felt a little weak. I made sure my patient had her privacy when she had to make a bowel movement. I helped her clean herself and make sure she would get all the help she could get. It is important to adhere to the QSEN standards of respect and dignity always. We have to ensure our patient's privacy rights. This ensures our care towards our patient.</p>
Management	<p>Recommend resources most relevant in the care of patients with health impairments.</p>	<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. I had a patient who has severe COPD and needs her oxygen to breathe better. My patient was getting discharged to finally go home but she lives two hours away which worried her about her oxygenation. She asked me if she could take her current oxygen tank home with her. But I respectfully answered her back telling her I would get a social case manager to help her out with her situation about the oxygen. My nurse had said it was impossible for her to take her current oxygenation home. So, I went to go ask the case manager to help my patient get oxygen. She was finally able to get her oxygen tank and go home with it. This was a successful outcome for her health impairment since she needed her oxygen on her way home.</p> <p>2. I had a patient who had multiple sclerosis. She was admitted to the hospital because she had a flare up. She was my patient both days in clinical and was getting much better. My nurse said she would be getting discharged soon. I went to go check up on my patient & she mentioned her IV site was bothering her. I assessed it and it was starting to get red on t. I immediately told my nurse about it. I told her an option we could do would be to stop the IV fluid from running until we could take the IV site out. She agreed with me and allowed me to flush her IV site & stop the pump to then disconnect the IV line from my patient's IV site. My patient felt much better with this intervention I had done.</p>
Leadership	<p>Participate in the development of interprofessional plans of care.</p>	<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. I had a patient who currently had a seizure before getting admitted. I had already gone to take her current vital signs and do my physical assessment on her. My nurse had mentioned she needed labs to be done on her since she was admitted last night. I asked her if I could help her with the lab draws before she asked me. I was willingly ready to learn how to do a blood draw. I wanted to integrate and contribute to my patients care to help her get better. My nurse walked me step by step on how to do the blood draw well done.</p> <p>2. My patient had a cervical disc surgery & was ready to be discharged. I did my physical assessment on her, and she mentioned her IV site was bothering her. I asked my nurse if we could take it out since she was getting ready to be discharged. She agreed and offered to help me. I was willingly ready to learn how this process worked since it was my first time taking an IV out. I wanted to contribute to my patient's health and get her ready to go home. Implementing this plan of care made my patient feel much better.</p>
Teaching	<p>Evaluate the</p>	<ul style="list-style-type: none"> - Identify/define teaching plan 	<p>1. My patient had type 2 diabetes and was having a hypoglycemic episode. We</p>

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	<p>effectiveness of teaching plans implemented during patient care.</p>	<ul style="list-style-type: none"> - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes 	<p>could tell by all the symptoms he was having such as cold, clammy and sweaty. After we got him stabilized, I decided to bring him orange juice to get his blood glucose up. My nurse decided that was a good idea. When I brought the orange juice, my patient's wife asked why I was bringing him orange juice. It was a great teaching moment for my patient and his wife because I explained the reason thoroughly about how the juice will help bring his sugar level up. This helped them understand and how to bring his blood glucose up if it gets low.</p> <p>2. A patient of mine was admitted for falling in her bathtub. She was a very healthy elderly patient. She needed help to go use the restroom, so I went to her room to help her. I could see she wasn't strong and could barely move. I advised her that it was better for her to use a bed pan rather than getting up and hurting herself. She told me she was embarrassed & didn't want me to see her. I immediately assured her that urinating is normal for all humans and to not feel embarrassed. She needed all the help she can get to feel much better. So, she let me put the bed pan under her so she could urinate. She then stated it wasn't as bad as she thought it would be after all. This teaching helped her realize that all nurses are here to help and not judge our patients.</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. My patient had lesions in brain and kidney failure. She had gone through so many procedures, and I could definitely see how tired and fatigued she was. The lesions on her brain had caused so much damage that this caused her to be knowledge deficit. She was confused and disoriented which made her be aggressive with the nurses on the floor. My nurse was too busy to feed my patient, so I volunteered to go feed her. She was currently on restraints, so she definitely needed help to be fed. She was confused when I was feeding her, but I did my best to help her eat her whole meal since she hasn't been eating too well. I was glad I accomplished my goal in feeding her whole meal and helping her eat better.</p> <p>2. One of my patients was admitted with a stroke. He also had a history of the use of drugs, anxiety, and heart failure. My patient needed teaching about hygiene because my nurse had discovered bed bugs on his bed side table that he had killed. His room was under isolated precautions since this was something that could be easily spread. I was walking past his room when I saw him wondering the hallway. I taught my patient that it would be safer for him to stay in his room so we can prevent the spread. I also taught him that keeping good hygiene could help with prevention. I offered to help him bathe too. He agreed with me and went back to his room.</p>