

## Instructional Module 4 – Adult M/S 2

Competency	Outcomes	Secondary Outcomes	Give examples of how you met each outcome
<b>Assessment &amp; Intervention</b>	Implement a plan of care that integrates adult patient-related data and evidence-based practice.	<ul style="list-style-type: none"> <li>- Define plan of care for specific health impairment</li> <li>- Identify signs/symptoms of health impairment</li> <li>- Select &amp; implement proper interventions for specific health impairment</li> <li>- Evaluate effectiveness of interventions</li> </ul>	<p>1. While completing a physical assessment on my patient I discovered that she had been having difficulty having a bowel movement. When I asked about her usual bowel activity she stated that she usually was able to have a BM at least once per day before she was admitted to the hospital. However, for the past three days she had been unable to go and said felt bloated. Upon palpation of her abdomen I noticed that it appeared distended and firm. I knew there were several possibilities for her trouble eliminating, so I began to question her further to see where we should start. I discovered that before coming to the hospital she was completely independent and was much more active at home. She was now instructed to call for help when she needed to go to the bathroom or wanted to get up for anything. She said although she'd like to be able to move around more, she didn't want to be a bother to anyone. I told her it would be no problem for her to call whenever she felt like ambulating. We went for a walk down the hall, and I also told her that eating foods such as fruit or vegetables may also be helpful in providing necessary fiber. I notified the nurse of the situation and suggested getting an order for a stool softener if the patient was still unable to have a bowel movement.</p> <p>2. A patient of mine had an oxygen saturation level of 88%. While completing my assessment on the patient I noticed that his levels had dropped from the vitals that I had taken during the first round. I also noticed that he had obvious labored breathing. I realized that he was no longer on his nasal cannula like he had been previously. I asked the patient why he was no longer wearing the oxygen. He stated that the doctor told him that he didn't have to wear it anymore. I told him that I needed to check with his nurse to verify, but that I would feel better if he would place it back on. He agreed, and I sat with him until his oxygen rose back up to 92%. I then went to tell the nurse about the situation, and she told me she was not sure why the doctor told him that he did not have to wear it anymore. We went back to the patient's room and the nurse explained that he needed to keep the oxygen on for the time being. The patient was upset about having to have the oxygen and kept saying that he didn't know why he needed to wear it because he never had to have it at home. I explained to him that letting his O2 get too low could be very dangerous. I also suggested that he do some exercises to work his lungs. I told him that he could continue to ask about when he could come off the oxygen but that he needed to continue to wear it until we could determine that it was safe for him to be without it.</p>
<b>Communication</b>	Communicate effectively with members of the healthcare team.	<ul style="list-style-type: none"> <li>- Identify health care team members &amp; their purpose</li> <li>- Interact appropriately with health care team.</li> <li>- Utilize proper SBAR, TEAM Steps, etc.</li> <li>- Evaluate outcomes of communication process</li> </ul>	<p>1. One day at clinicals I was preparing medications for my patient. I had drawn up one medication that was to be given IV push and while labeling it I was going to write the rate of administration. I realized I had never given it before and was not sure how fast it was supposed to be pushed. I looked at the chart in the med room, but this particular medication was not listed. The nurse told me she had also never given the medication before but said that I could call the pharmacy and ask for the information. I was very nervous to call because I never had before, but I knew I</p>

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<p><b>Critical Thinking</b></p>	<p>Apply evidence based research in nursing interventions.</p>	<ul style="list-style-type: none"> <li>- Analyze pertinent data (subjective, objective)</li> <li>- Identify evidence based practice (EBP) resources</li> <li>- Distinguish EBP nursing interventions</li> <li>- Apply EBP nursing interventions</li> <li>- Document resources &amp; interventions</li> </ul>	<p>1. The patient we were caring for was in her 90's and needed to have an NG tube placed. The family of the patient was very involved in her care and very particular about the way they liked things done, so the nurse thought it would be best if we just observed. While she inserted the tube we gave the patient water to swallow. We instructed her to tuck her chin down as well. The nurse was having a difficult time inserting the tube. She tried both nares and was unable to get it down either. One side even began to bleed. After multiple tries we stopped and let the patient have some time and discuss what else we should try to do. We were already having her bend her head forward so that the airway would be closed and placement would lead to the esophagus. We were also providing sips of water to close the epiglottis and prevent entry into the trachea. We decided we would try one more time using the same techniques into the nostril that was not bleeding. Still, the nurse was unable to place the tube. We all agreed that there must be something preventing the tube from going in correctly, so it was decided that it would be best if the patient was sent down to fluoroscopy to have it placed. There they discovered that the patient had a hiatal hernia.</p> <p>2. A fellow student and I were caring for a woman who had recently had a colostomy surgery. It was the day after her surgery and she was ready to get up and move around. We knew that post op surgery patients should try to move around as soon as possible so we agreed to help her get up and walk as far as she could tolerate. We knew she was on stronger pain medications, so we began by sitting her up on the side of the bed to make sure that she did not become dizzy. Once we established that she was good, we stood her up and had her stand for a couple of minutes. She told us that she felt fine and still wasn't dizzy. We then began to have her take steps. She was wearing an abdominal binder, but she stated that she still</p>

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<p><b>Caring and Human Relationships</b></p>	<p>Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.</p>	<ul style="list-style-type: none"> <li>- Explain need for nursing &amp; health care standards</li> <li>- Apply standards to patient care (HIPAA, QSEN, NPSG)</li> <li>- Communicate concerns regarding hazards/errors in patient care</li> </ul>	<p>1. I cared for a dementia patient who had an episode and was very frantic. We entered the room to give her morning medications to find her yelling and crying. Her grandson and husband were present and trying to calm her down. They were both obviously very saddened by the things that she was telling them. She kept yelling and insisting that her husband was trying to blow her up. Although everything that she was saying sounded very absurd, I knew that to her all of it was real and it was really getting to her. Instead of just going in and forcing her to take her medications so we could continue on our way, we sat with her in the room and talked to her about what was going on. It took quite some time, but finally we were able to move her mind from the situation. We assisted her into her chair and helped her eat her breakfast. Her grandson helped her take her medication and she was happy with him and her husband again. I think overall everyone handled the situation well. The family was never frustrated or rude to the patient, and we took our time to console her when she felt down.</p> <p>2. During clinical, I cared for a patient who was admitted for a patient who found out that she had lung cancer. She was definitely not expecting the diagnosis during the visit, and was taking it pretty hard. I had never had to try and console someone who had received such bad news, but I did my best to provide comfort. I tried to talk to her about how she was feeling about everything and see where her thoughts were. She said that she should have known it was coming because she had been a smoker for quite some time, but still it was hard for her to believe. Her sister was also battling cancer, so it was a tough time for them. I encouraged them to talk to each other and help one another through things. I also tried to ease her anxiety about things by letting her know that treatments have come such a long way and she should try to expect the best.</p>
<p><b>Management</b></p>	<p>Recommend resources most relevant in the care of patients with health impairments.</p>	<ul style="list-style-type: none"> <li>- Assess patient needs during acute care to promote positive outcomes.</li> <li>- Assimilate co-morbidities into plan of care</li> <li>- Identify appropriate resources</li> <li>- Initiate discharge plan</li> </ul>	<p>1. My patient was brought in from an assisted living facility. She liked to do things independently, but was starting to have trouble completing tasks on her own. I recommended that she discuss her concerns with the occupational therapist that was making daily visits with her. I told her that the therapist may be able to help her modify her activities of daily living to better meet her needs. She also explained how she was having problems with her joints becoming stiff. I explained to her that a physical therapist might evaluate her and help her perform exercises to improve her function. I suggested that she tell them what was going on and they may be able to get her with a specialist to see if there was something going on with her bones or joints that she was unaware of before she was sent home.</p>

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<b>Leadership</b>	Participate in the development of interprofessional plans of care.	<ul style="list-style-type: none"> <li>- Identify/define interprofessional plan of care</li> <li>- Integrate contributions of health care team to achieve goals</li> <li>- Implement interprofessional plan of care</li> </ul>	<p>1. While in clinical, a patient that I was helping care for was very confused and putting herself at risk for injury. During morning rounds we checked on the patient and found that the night nurse was tending to her and trying to get her back into her bed. However, the patient was not understanding what the nurse wanted her to do and just kept walking around. Finally, we were able to get her to sit in her chair. We tried talking to the patient and asking her questions, but she was greatly disoriented. The patient had a UTI, and we were not sure what her normal behavior was like. We had to place an alarm as well as a safety belt on the patient. We planned to communicate with her family members and gain more knowledge about the patient because she was not able to give us much information. We also decided to get her some towels and put them in front of her so she could fold them and hopefully stay occupied for a little bit.</p> <p>2. We had a patient on our clinical floor who had been run over by a car multiple times and had several broken bones. I participated in transferring him from a stretcher back into his bed. We had to thoughtfully plan out the transfer because he was in a lot of pain, and we needed to try to move his body and gently as we could. One of the nurses assigned us positions and told us what to do. There were five of us involved, and we each needed to lift him and move him at the same time. We all got into our positions and discussed how we were going to complete the transfer. Once everyone was clear on their role, we successfully placed the patient into his bed with minimal pain. He was very grateful and thanked us for taking our time to do everything we could to keep him as comfortable as possible.</p>
<b>Teaching</b>	Evaluate the effectiveness of teaching plans implemented during patient care.	<ul style="list-style-type: none"> <li>- Identify/define teaching plan</li> <li>- Implement teaching plan</li> <li>- Identify appropriate evaluation tools</li> <li>- Appraise patient outcomes</li> </ul>	<p>1. During week one of my clinicals I cared for a patient who was admitted for a wound infection of the foot. He was a diabetic who also had neuropathy. He had high blood pressure and a history of osteomyelitis due to a prosthetic device. I spoke with the patient regarding his glucose level because when we checked his level it was significantly high. He explained to me that his sugars were always very high because he liked to eat what he enjoyed and still drank soda on a regular basis. I explained to him that adjusting his diet could tremendously help many of his conditions and that if he doesn't one day his glucose level might reach a dangerously high point. The patient agreed that he needed to be more effective in managing his diet and stated that he was going to cut back on his soda drinking. I also gave the patient instructions regarding assessing his extremities to reduce possible risks for infection due to his neuropathy. The patient explained that he did</p>

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			<p>not always remember that he needed to check his feet, but that he would start inspecting them each time he showers.</p> <p>2. While assisting my nurse giving medication, we experienced a patient who was confused and very concerned about what she was going to be receiving. She was going to be getting the same meds as usual, but we wanted to do all that we could to help her feel at ease. I chose to teach her about each medication as we gave them to her. I told her what the medications were and showed her what they looked like. She became very interested and involved and agreed to take them all.</p>
<p><b>Knowledge Integration</b></p>	<p>Deliver effective nursing care to patients with multiple healthcare deficits.</p>	<ul style="list-style-type: none"> <li>- Identify patient health deficits</li> <li>- Prioritize care appropriately</li> <li>- Adjust plan of care based on patient need</li> <li>- Identify system barriers</li> <li>- Modify health care deficits identified</li> </ul>	<p>1. A patient of mine was admitted with an infection of his foot. He was a diabetic with neuropathy who had stepped on a nail but hadn't realized it until days later. By the time he discovered the nail in his foot it had already become infected. In addition to his diabetes, he also had hypertension and obviously struggled with obesity. He also had a previous case of osteomyelitis in one of his legs. I knew that for now the main focus of care for this patient was managing the foot and making sure that the infection was being treated and was not going to spread. The nurse and I assessed the area and the dressing. We also administered his antibiotics as scheduled. I talked with the patient about performing visual inspections of all extremities frequently to identify and prevent further complications in the future.</p> <p>2. One of the patients that I cared for was admitted for pain in his abdomen. He was diagnosed with acute kidney injury. He also had BPH and was having difficulty urinating along with hematuria. He also had a hx of a brain tumor. He seemed to be in severe pain and was having difficulty with a bloating feeling. The patient had an NG in place so that contents could be suctioned to help realize that pressure. The nurse and I instructed him to drink water, but the only thing he wanted peps. He said that the doctor said he could have it, but we insisted that carbonated drinks might not be the best thing for him. We could not get him to agree to drink water, but we got him to drink ginger ale instead of the peps. I assisted the patient in staying comfortable for the two days I was there. I helped him to get up and walk around and told him that it was good for him to get out of the bed. He was appreciative of my help.</p>