

Organization of a Clinical Day – Importance of Diet

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Prepare the night before

- Have everything ready
- Possibly have a clinical bag
- Keep badge in same place at all times
 - Leave in clinical bag or with clothes for following day
- Must haves:
 - Stethoscope, pen/penlight
 - Pen light, scissors,
 - Watch, clipboard
 - Mask, face shield



BE IN DRESS CODE

- MAKE-UP SHOULD BE USED MODERATELY
- NO PERFUME PRODUCTS
- LIMITED JEWELRY (WEDDING RINGS, WATCHES, TWO EARRINDG STUDS PER EAR, NO LARGE RINGS OR BRACELETS)
- ONE STUD IS ALLOWED IN THE NOSE, NO BULLRINGS OR LOOPS
- ALL TATTOOS WILL BE COVERED AT ALL TIMES
- **BEING OUT OF DRESS CODE CAN LEAD TO AN UNEXCUSED ABSENCE**

Arrive early

- Getting to hospital early allows you to get organized
 - Can gather assignment—be available for report with the nursing staff going off shift
- Put patients into “My List” on Meditech
- Can gather vital signs machine, pulse ox, thermometer

Get Report

- Bedside report is HIGHLY recommended
- *“Research shows that when patients are engaged in their health care, it can lead to measurable improvements in safety and quality. To promote stronger engagement, Agency for Healthcare Research and Quality developed the Guide to Patient and Family Engagement in Hospital Quality and Safety, a tested, evidence-based resource to help hospitals work as partners with patients and families to improve quality and safety.”*
- http://www.ahrq.gov/professionals/systems/hospital/engaging_families/strategy3/index.html
- U.S. Department of Health and Human Services

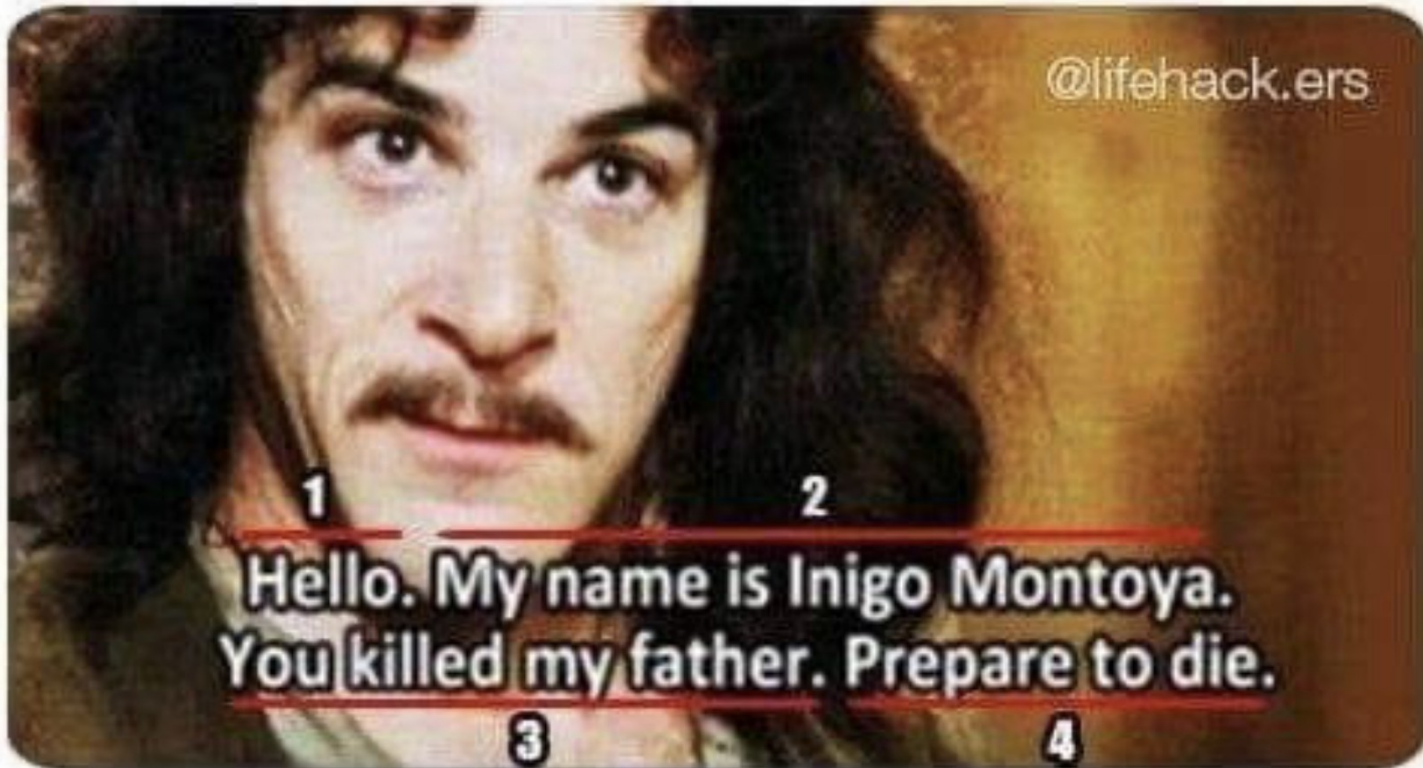
Nursing Kardex

Allergies: Admitting Diagnosis: History: Vital Signs: Rhythm: Rate: CPAP / BiPAP: TRACH Date: # Vent Settings: VT PEEP Rate PEEP PS Pacer Wires: A V Rate: AmA: VmA: Tube/Drain: Date: Tube/Drain: Date: Tube/Drain: Date: Tube/Drain: Date: Dialysis Access: R / L AVG AVF SCHON TESSIO CAPD Last HD: MWF TTS Other: Dialysis Mode: Pressure Users Y N Braden Score: Acquired: Home SS Other:		Referring Physician: Consults: PT OT ST ET Procedures / Test / Treatments: CONTINUE ON BACK G-tube DMT NGT FED-tube Other: IV Site: Date: IV Site: Date: IV Site: Date: IV Site: Date: IV / Gts: IV / Gts: IV / Gts: IV / Gts: Pending Labs / X-Rays / Test / Treatments: PRNS: Surgical Sites: Pressure Ulcers:		Emergency Contact: Emergency Contact: Discharge Planning: IP Rehab SNF Hlt Home Hm Gt DME Equipment: Best Care: Current IP Mode: Height: Weight: Mental Status: Diet: Fluid Restrictions: Activity: ISOLATION: Tube Feeding: Valid: Yes No Foley Size Date Date of Last BM: DATE: AccrChecks: Code Status: Full DNR Meds Only Limited Code PATIENT STICKER	
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Intermediate Care Unit (S5) Ver.7.3

How to be good at talking

1. Polite greeting
2. Name
3. Relevant personal link
4. Manage expectations



Do physical assessments

- Will be able to prioritize who to see first from report (especially bedside report)
- Have assessment done and charted BEFORE lunch
- Need to see least stable patient first
- Practice charting at bedside if possible**
 - **your nurse may want to chart at the nurses' station
 - If you chart at bedside, you can quickly assess anything you noticed you missed while charting.

Vital Signs

- Several floors have vital signs due every 4 hours
 - 0700 & 1100
- Some don't have vital signs due until 1000
 - However, must know recent vitals before give certain medications. (HTN meds, antiarrhythmics)

Critical Thinking

- The nurse is receiving change of shift report on four patients. Which patient should be seen and assessed first by the oncoming nurse?
 - A. Confusion, serum sodium level of 130 mEq/L & fatigue
 - B. Shortness of breath on exertion, SaO₂ of 92% & fatigue
 - C. Foley catheter, B/P of 178/104, HR - 126 & confusion
 - D. Constipation, intermittent abdominal pain 0/10 – 4/10

Rationale

- Answer: C
- a. Confusion and fatigue are commonly occurring symptoms or a patient with hypernatremia.
- b. Though concerning, shortness of breath on exertion, SaO₂ of 92% and fatigue may not be negative changes for a patient suffering from chronic lung conditions.
- c. A Foley catheter increases the patient's risk for urinary tract infection while the elevated vital signs and confusion are symptoms of sepsis which can be life threatening and will be highest priority.
- d. Mild to moderate intermittent abdominal pain commonly accompanies constipation and though may warrant nursing care, is not life threatening.

Prepare patient for day

- Are they going for any procedures?
 - Do you need to do anything prior to procedure?
 - Have they been NPO past midnight?
- Sit them up in chair for breakfast
- Explain planned schedule for the day
- Fill out Best Care board

Best Care Board

Your Covenant Health Professional Care Team: Su Equipo Profesional del Cuidado de la Salud Covenant Health

NURSING Enfermería
Navy And Martin

SUPPORT Apoyo
Hunter Green

TRANSPORTATION Transporte
Black

HOUSEKEEPING Limpieza Domestica
Maroon

ASK ME WHO I AM Preguntame Quien Soy
Not Sure? No estoy seguro?

Erin Whitley Nurse Mgr. 725-0915

My room #: S568
Cuarto #

My phone #: 725- 2568
Telefono de mi cuarto

Nurse: Shay, RN
Enfermera

Nurse Aide: Connor
Auxiliar de enfermeria

Charge Nurse: Scott, RN
Supervisor de enfermeria

Social Worker/Case Mgr.:
Trabajador Social

Respiratory Therapist:
Terapeuta Respiratorio

Unit phone #: 725-4798
Telefono de la unidad

My DOCTORS are: Mis doctores
Kurdi

Diet: 37777
Diet

Today is: 7/27/16 Wednesday

Pain medication I may have: Medicina para el dolor

Medicine Medicina	How Often Frecuencia	Last Dose Ultima Dosis

PATIENT SAFETY PRIORITIES Prioridades para la seguridad del paciente

Fall Risk ☐ **Other:** ☐
Riesgo de caidas Otro

TODAY'S PLAN OF CARE GOALS Los objetivos de mi plan de tratamiento para hoy son

Activity: Actividad
Bedrest

Procedures: Procedimientos
Ø

How can we WOW you with BEST CARE?:
(¿Que podemos hacer por usted hoy, para que se sienta bien atendido?)

Control pain & keep informed

Questions: Preguntas

FAMILY CONTACT INFORMATION:
Información para comunicarse con su familia

Hourly Rounding

- Continue throughout the day
- Do it and document it!
- 4 Ps
- Patients often get more “attentive” care when a student is present

Prepare for Med Administration

- Know class of medication
- Indication for patient
- Is dose within normal range
- Route to be given
- Right time to give it
- Side effects need to watch for
- Patient teaching
- Vital Signs!!!



AM Care

- Bathing
 - Showers are best to get patient the cleanest
 - May be able to use a shower chair to roll patient into shower
 - Bath patients daily
 - Team up to be more efficient
- Brush teeth
- Comb hair
- Change linens



Basics of Delegation

- Nurse Aides/Nursing Assistants are a wonderful help to nurses.
- However, nurses are responsible for ALL patient care, even tasks delegated out to others.
- Do not waste time searching for someone else to do a job you could do on the spot.
- Treat your nurse aides well!! They will be a major help to you!!

Daily activities

- Orders to ambulate
- PT/OT
 - Manage time well.
 - Change linens while they have patient out of bed or ask them to walk them into shower.

Procedures

- Plan well....
 - If I need to change a dressing should I do it before or after a shower?
 - Bring all needed supplies into the room.
 - Bring a helper if anticipate need for assistance
- **ALWAYS bring a licensed person if required.**

RULES TO REMEMBER

- DO NOT JUST SIT AT THE DESK
- GET UP AND ANSWER CALL LIGHTS
- DO NOT LET THE CALL LIGHTS CONTINUE TO GO OFF WHILE YOU SIT AT THE DESK
- DO NOT DO YOUR CLINICAL PAPERWORK DURING CLINICALS

As Lunchtime Approaches...

- Accudatas can be performed 1030-1100
 - Can perform those on your own
- 1100 vitals on floors where required
- Follow-up assessments on floors where required
- Up to chair for lunch
- BE SURE ALL ASSESSMENTS ARE DONE PRIOR TO LUNCH!!!!!!

Student/Instructor Lunchtime

- Usually about 45 minutes
- Will all go down together
 - Your personal time management may affect when your fellow students get to eat.
 - Teamwork may affect when we all get to eat.
- Instructor will tell you when to return to floor.
 - When you get back to floor, go straight to check on your patients.
 - Do not wait for instructor.

Winding up the day...

- Straighten up the room
- Empty trash
- Do a final “hourly rounding” assessment
- Calculate Intake/Output during your time of care and document
- Report off with your nurse

Importance of Diet

- Several different diets.
- Each have their own significance.

No Food No Drink



After Midnight

NPO

- So VERY important to know if patient is NPO
 - For surgery
 - For procedures
 - For testing
 - Due to diagnosis
- PIVOTAL to know if your patient is NPO
 - Giving food or drink can delay treatment and increase hospital length of stay.

NPO

- Often nursing staff will place a sign on the door
- Remind the patient/family
- Make sure the order gets changed in Meditech so tray will not be delivered to patient
- If you get called in to a room of a patient you do not know, ALWAYS ask nurse before providing food or drink.

NPO

- Some exceptions....
 - Most physicians want beta-blockers to be given prior to surgery/test
 - If surgery/test is scheduled later in the day the physician may order clear liquid breakfast
 - May want other specific meds given prior to surgery/test

Diabetic Diets

- Blood glucose levels are often elevated during illness and after injury because of stress.
- Many patients with diabetes come to the hospital with high BG levels, or their BG levels become elevated during hospitalization.
- Certain medications and decreased physical activity during hospital stay contribute to elevated BG levels.

http://www.mc.vanderbilt.edu/root/pdfs/humannutr/Information_for_Unit_Staff_on_Consistent_Carb_Diabetic_Menu.pdf

Diabetic Diets

- The American Diabetes Association recommends that a consistent carbohydrate (CHO) diet be provided to patients with diabetes during hospitalization.
- The Consistent CHO diet doesn't have a specific calorie level. Instead, it provides a specific amount of CHO.
- We used to prescribe, for example 1800 ADA or 2000 ADA
http://www.mc.vanderbilt.edu/root/pdfs/humannutr/Information_for_Unit_Staff_on_Consistent_Carb_Diabetic_Menu.pdf

Diabetic Diets

- The “standard” Consistent CHO Diabetic Diet provides a total of 185 grams of CHO each day.
- The total amount of CHO is limited, since eating extra CHOs, even healthy carbs, can increase BG levels.

Diabetic Diets

- This amount of CHO is distributed throughout the day into 3 meals.
- CHO distribution is the same each day. For the “standard” Consistent CHO Diabetic Diet:
 - Every breakfast has the same amount of CHO ~65 grams.
 - Every lunch has ~60 grams.
 - Every dinner ~60 grams.

Diabetic Diets

- If you don't know the patient, check with the nurse before giving snacks and drinks.
- May have increased need for family education.

Thickened liquids/meals



Dysphagia Diets

- Thickened liquids
- Mechanically altered
- Pureed

Other Special Diets

- Controlled Fat/Heart Healthy
- Bland diets
- Soft Diets
- Full liquid
- Clear liquid

Fluid Restriction

- Seen often in heart and renal patients
- Strict measurement of intake
- Often 1500, 1800, or 2000 ml/day
- Good to put a sign on door and in patient room



- QUESTIONS??