

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. One of the patients had a cast on their ankle. They only had a folded blanket underneath their leg to support it. The blanket was too flat, and patient was in pain. The patient was even trying to support their leg with their other leg underneath it to try to support it. I went to go look for a pillow in the clean item rooms and found out that there was a pillow shortage. I did not give up, when I heard we could get a pillow from another patient's room if they weren't using it at all I went to look for one. Luckily there was a patient that was very friendly and had a pillow still in a bag where they weren't using at all and allowed me to take it. I then took the pillow to the patient and was able to elevate their leg in a more comfortable position. The patient was finally able to get rest now that they felt comfort on their ankle.</p> <p>2. While checking on my nurse's patients during breakfast I noticed one of the patients was just laying with the head of the bed up and plate of food was just sitting there. I tried speaking with the patient, but patient was very quiet. I tried to figure out why the patient wasn't eating. I then thought since they were elderly and didn't have many teeth maybe it would help if I helped them cut their food in smaller pieces. I asked the patient if it was ok, and they nodded their head yes. I then cut their food into smaller pieces and assisted the patient in holding the fork to eat. The patient started eating and was enjoying their food. When I came back to check on the patient, the patient had finished their food.</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. I got to withdraw blood both days of clinical. Both times were through different access. The first one was through a dialysis port and second one I had to peripherally withdraw the blood. For the first blood withdraw my patient had received blood within 4hrs and had just got back from dialysis. We went ahead and withdrew blood to see how the patient's labs were doing as well as getting vital signs. The patient was calm and relaxed. As I withdrew blood the patient was in no pain. The nurse walked me through the process. I cleansed the port, flushed the port, and withdrew blood for waste. I then applied the clean syringe and withdrew 5mL. Once I withdrew the blood into the syringe, I flushed the port. I applied a blunt fill needle to the syringe and transferred it to the vacuum tube. I was able to remove the blunt fill needle from the vacuum tube without splashing droplets of blood. For the second patient blood labs were needed due to the patient going into surgery. The nurse walked me through it and the patient allowed me to remove blood. Patient seemed to have no pain during the process. I applied the tourniquet, looked for a good vein, disinfected the area with an alcohol wipe and at the first poke I was able to fill the tube necessary for labs.</p> <p>2. This week I was able to assist a nurse that was really busy in their schedule for the day. My classmates and I assisted the nurse in transferring another patient to another floor. It was quite a challenge to move the patient around in a bed. As far as fitting in the elevator and turning many corners. I can't see how someone would be able to do it on their own. It's possible just challenging. After we got back to the floor, we also helped do a wound dressing change. It was on a patient that needed it done on both arms. My classmate and I got an arm each and started the wound change as we followed the nurse's instructions. We were able to get it done within minutes. I am glad we all worked together to help the nurse because of how behind the nurse was due to a busy schedule.</p>

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<p>Critical Thinking</p>	<p>Apply evidence-based research in nursing interventions.</p>	<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 been diagnosed with Pneumonia. When I went to go check on my patient, they were feeling ill, with pain, and SOB. I noticed my patient’s head of the bed was lower than it should be. I thought to myself of ways I could help the patient. I then explained to the patient the benefits for the head of the bed to be upright. I positioned the patient’s head of the bed in a semi-fowlers position as tolerated. As evidenced by upright or semi-Fowler’s position allows increased thoracic capacity, total descent of the diaphragm, and increased lung expansion preventing the abdominal contents from crowding.</p> <p>2. When I went to check my patients’ vital signs in the morning one of my patients SpO2 was in the 80% - 85% range. I noticed the patient’s nasal cannula had been off and lying on the upright corner of the bed. I asked the patient if they were supposed to have it on. The patient responded that they were told they didn’t need to wear it anymore. I then repositioned the pulse Ox and even tried on a different finger. I also took respiration rate, and it was also low. I went to look for my nurse and gave the nurse the vital signs and explained the situation. The nurse was unaware of patient having their nasal cannula off. The nurse explained to me that the patient is supposed to have the nasal cannula on. We then went back to the patient’s room and the nurse explained to the patient that they needed to have it on. We then stayed in the room until the patients SpO2 went up to the 90% range. Afterwards every time I checked on the patient the patient had their nasal cannula on and a SpO2 of 95%.</p>
<p>Caring and Human Relationships</p>	<p>Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.</p>	<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 I walked in the room, I was feeling anxious. The patient was showing signs of pain by grimacing and moaning. As the nurse spoke to patient and patient’s family, they seem to only be nodding their heads and made me wonder if they were understanding. I didn’t want to intervene without knowing for sure if it was okay to translate. Until the patient looked at me and asked me if I spoke that certain language, as they did. I said I do and started translating what the nurse had said. Before I left the room the patient and family were very grateful that I was able to help them better understand. It seemed like the patient and patient’s family had been struggling to understand since their stay. They told me they were grateful someone could finally help them. This made me feel proud of being able to make a positive impact in their lives. Not only was I able to help with communication, but the patient’s pain also was finally able to get under control with medication the nurse provided due to better communication.</p> <p>2. During one of my clinicals I was following my nurse assigned and at the moment we were passing medications to patients. Once we entered one of my patient’s room, I was able to pass medication with my nurse. I asked the patient for name and date of birth, I then scanned armband, and asked for allergies. I started scanning the medications and the nurse and I explained the medications to patient. I then started opening the medications. During the time I was opening the medications a pill dropped on the floor. Even though I was really embarrassed I let my nurse know since the nurse didn’t see it happen because in that moment the nurse was talking to the patient. I continued to open the medications and give patient the medication with my nurse. I then heard the nurse mention we were now giving the medication, I had dropped. I told my nurse that, that was the one I dropped. The nurse still wanted me to give the medication even though it had fell on the floor. I told the nurse politely</p>

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			that I couldn't give the patient the medication because it had fell on the floor not to mention the floor was dirty and wet. The nurse understood and went ahead and disposed of the pill in the medication room and brought a new one to the patient. We ended up not giving the medication because the patient started showing signs of confusion and the medication would've made it worse.
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. After conversating with one of my patients I realized they were in need for assistance with groceries at home for the patient and spouse. They had just moved to Lubbock couple of months ago and were still getting comfortable with the city since they were from a small town. I told the patient about a couple of food banks around here that they could go to. I gave them some names such as South plains food bank, Lubbock dream center, and Lubbock impact. The patient wrote them down and told me they would look into it and see which one would be best for them. I also went ahead and told my nurse about it to further assist them.</p> <p>2. One of my patient was going to be discharged and I was able to follow and observe my nurse follow the discharge procedure. We started a follow up appointment for the patient. We talked to the patient about their follow up. The patient agreed to it. We then had to search up the office their appointment would take place. The nurse called the office and created the patient's appointment. We got everything prepared for the patient and talked to the patient about the transportation since that was one of the patient's concern. The patient was able to find a family member that would give them a ride to their appointment.</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. One of my patients needed a brief change. I asked one of my classmates to assist me. We gathered all the materials necessary. My classmate assisted me in positioning my patient. First, I put the bed at a good height for our backs. I then explained to my classmate at the count of three we would position the patient on their side. Once the patient was on their side my classmate was holding the patient keeping the patient safe holding patient towards them. We cleaned patient and put a new brief. We made the patient comfortable and repositioned the patient's blankets. The patient thanked us for changing their brief and getting them cozy in their blankets.</p> <p>2. My nurse was helping another nurse with their patient. While my nurse was providing care to the patient and assisting them to the restroom, I noticed the patients bed was soiled. I went ahead and let my nurse know I would change the sheets. I then went to the supply room and got everything necessary. When I came back to the room the patient's parent was being kind and offered to make the bed and I politely told them I would go ahead and do it for them. The patient was now able to lay in a clean bed.</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. During clinicals I noticed since my patient wasn't able to ambulate due to a fracture, they had an incentive spirometer. I did not see patient use it at all and I asked the patient if they had been using it and they responded with no, because they felt it was annoying. I explained to the patient that this technique promotes deep inspiration, which increases oxygenation. It also produces coughing which loosens</p>

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			<p>up the mucus and helps clear the lungs. I explained since they weren't ambulating that this would help them lower risk for pneumonia. I even encouraged the patient to use it at every commercial since they had been watching tv. The patient then realized how beneficial it was. Before I left the room the patient had been using the incentive spirometer as recommended using the commercials method.</p> <p>2. When giving medication with my nurse for one of the patients we were going to give enoxaparin. Before I had a chance to explain to the patient what it was for, the patient had seen the packaging and responded upset that they were going to receive a shot. They said they were tired of getting poked everyday with it. After talking with the patient, it seemed they didn't know what it was really for. I then explained to the patient that since they were not moving around so much it was going to lower the risk for blood clots. After educating the patient of what enoxaparin was for, the patient was more comfortable with receiving the shot now that they knew the benefits.</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. One of the patients my nurse was caring for was diagnosed with diabetes mellitus type one. The patient still wasn't certain of many things. The nurse clarified any uncertainty the patient had. I was able to assist and demonstrated the patient how to administer insulin injection by teaching the patient how to administer, sites best to administer. Also, key points as to inject at a 90-degree angle and to not rub site of injection.</p> <p>2. My patient that had a fracture to their leg and had just came from surgery had a foley. The doctor had put orders for my patient to get the patient's catheter removed. My nurse allowed me to remove it. I explained to the patient the process of removing the catheter. I told the patient I was going to remove the liquid in the balloon, remove the syringe, and for them to take a deep breath as I remove the catheter. I was able to remove the catheter successfully without causing the patient pain.</p>