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.	- 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	1. During clinical, I was performing my assessment on a patient with COPD. While I was listening to his lung sounds, I noticed they sounded a little diminished and it was hard for me to hear breath sounds in certain areas of the lungs. I had the nurse come in to listen as well, and she agreed that his lung sounds were diminished. He was using oxygen but would take it off every once in a while. He eventually agreed to keep it on after informing him of the importance of keeping his oxygen saturation up. After I completed the rest of the assessment, the nurse asked me to help him use the incentive spirometer. He said that he knew how to use it already but had not been using as much as he should've been. I told him that it will strengthen his lungs and help him breathe better. I informed him that if he uses it as ordered, then it could help ween him off of the supplemental oxygen. He agreed to use it, so I watched him do it a few times and he didn't quite reach his goal mark. I told him to use it about 10 times every hour. I went back in his room after lunch and he informed me that he had been using it and was getting closer to his goal. 2. I was taking care of a patient who was experiencing confusion. I noticed this during my full assessment when the patient stated that she thought we were in a war. I decided to do a focused neurologic assessment as well. The patient told me her name and date of birth but did not know where she was at. Her pupil response was round and equal. Her hand grasps, toe wiggles, flexion, and extensions were all equal bilaterally. However, it was difficult to get her to complete certain tasks because she was experiencing confusion. She couldn't tell me who the current president was, and she couldn't answer any other questions I asked. She kept asking me what I was going to do to stop the war and became emotional while talking about it. I continued to try to reorient her and told her she was in the hospital and why she was there. She would be okay for a few minutes and then she would eventually forget what I had told her. I made sure to go in her room throughout the day to reorient her and make her feel more comfortable. Reorienting the patient was about the only intervention I was able to do. I answered any of her questions and when she would get anxious, I would inform her that she is safe and we are only there to help her.
Communication	Communicate effectively with members of the healthcare team.	- Identify health care team members & their purpose - Interact appropriately with health care team. - Utilize proper SBAR, TEAM Steps, etc. - Evaluate outcomes of communication process	1. During clinical, I was asked to assist a nurse transfer a patient to the transport bed. When I arrived in the patient's room, I could tell he was agitated and was not cooperating. During this time, it was just the nurse, the transporter, and me in the patient's room. We tried to move him over, but he was not letting us. We had to go get the charge nurse and other health care workers to come and help us. When they arrived in the room, the nurses told everyone where to stand and what we needed to hold/move during the transfer. The nurse told me to hold the patient's feet so they wouldn't hit the bed and the other student nurse held the catheter bag so it wouldn't pull during the transfer. The charge nurse told us we were all going to have to work together to be able to transfer him, since he was starting to get violent. Once we were all in our positions, the nurse counted down from three and we all helped to move the patient. After he was on the bed, he was starting to move around. The nurse told me to raise the side rail so he wouldn't fall off. If we

			wouldn't have been communicating as a team the patient could've been injured. Everyone remained calm and communicated professional during this situation. 2. On the last week of clinical, I took care of a patient with hypertension. When the patient first came in his blood pressure was around 200/100. He was taking metoprolol since he was admitted. The nurse said that since he had been taking it, his blood pressure had remained around 140/90. Since he was my primary patient, I asked the nurse aide if I could take his vitals throughout the day and report them back to her. His morning vitals were 190/98. I went to tell the nurse first so she could administer his blood pressure medication. Then I went and reported them to the nurse aide so she could document. About twenty minutes later I went to reassess the blood pressure. It was 149/88. I reported this to nurse, so she knew the medication was working. Throughout the day I checked his vitals and informed the nurse of any changes. Doing this taught me the importance of communication and if healthcare workers don't communicate, then the patients' health could be harmed.
Critical Thinking	Apply evidence based research in nursing interventions.	- Analyze pertinent data (subjective, objective) - Identify evidence based practice (EBP) resources - Distinguish EBP nursing interventions - Apply EBP nursing interventions - Document resources & interventions	1. During sim lab, my partner and I took care of a patient with lung cancer and hypokalemia. We had to critically think about what we needed to do to provide the best care for our patient. We had orders from the doctor, but we had to decide what to administer and what to hold. We decided to give the patient two liters of oxygen to raise the oxygen saturation. We also check the patients mouth for oral sores that could be caused by the cancer treatment. The patient was experiencing nausea and vomiting, so we decided to administer Zofran. On the orders, Zofran was a PO med, so we called the doctor and recommend switching it to an IVP medication. We sat the head of the bed up as well, to prevent aspiration due to the vomiting. After we got the patients current lab results back, we noticed the potassium was too low. We had to get the potassium protocol sheet and administer and IVPB of potassium. This simulation requiring a lot of critical thinking and was very similar to what nurses experience every day. 2. During clinicals, I was administering medications for my primary patient with the nurse I was following that day. Since it was my primary patient, she allowed me to pull all the medications. The patient was receiving some PO medication as well as an enoxaparin injection. I know that when giving enoxaparin, the platelets must be above 100,000 or you have to hold the medication. In the patient's room, the nurse allowed me to scan all the medications and complete any pop ups on the computer. As I scanned enoxaparin, the pop ups for the platelet counts showed up. The recall value showed that the platelets were below 100,000. I showed the nurse that it stated that the platelets were too low to receive the injection. She agreed that we should hold the medication and return it to the pyxis. We explained to the patient that they would not be receiving that medication and that labs would be drawn again soon.
Caring and Human Relationships	Incorporate nursing and healthcare standards with dignity	- Explain need for nursing & health care standards - Apply standards to patient care (HIPAA, QSEN, NPSG)	1. During shift change, I was listening to the night nurse give the nurse I was following report. They were giving report on a patient that interested me, so I decided to choose that patient as my primary. I was interested in the disease

	and respect when providing nursing care.	- Communicate concerns regarding hazards/errors in patient care	process and wanted to do my paperwork over that patient so I could learn more about it. As we walked into the room to administer medication, the patient seemed very agitated. The nurse needed to check the patient's blood pressure and the patient would not let her. She was yelling at her to leave her alone and get out of the room. The patient had schizophrenia and bipolar disorder, so that could've been why she was reacting the way she was. The nurse eventually was able to get her blood pressure. As I was going to scan her wristband so we could administer her medication, she told me to get out of her room and that she didn't want me in there since I was just a student. I was upset since I have never been asked to leave a room before, but I had to respect the patient's wishes. I had to switch my primary patient since I wasn't going to go back into that room for the rest of the day. The patient had a right to refuse any type of care from me, so me or the nurse did not force her to let me in the room. 2. During report, the night shift nurse was telling the day nurse about a patient who was experiencing confusion throughout the night and refused all her medications. The night shift nurse said the patient was very irritated and refused most of the care the nurse tried to offer. When we went in there, the patient was completely different that the night shift described. She had asked if she received her medication throughout the night and the nurse told her that she refused it. The patient did not remember this and said that next time she says she refuses to take it, to just make her take it anyway. We explained that even if she is confused throughout the night and refuses her medication that, then there is nothing we can do after that since the patient has a right to refuse care.
Management	Recommend resources most relevant in the care of patients with health impairments.	- Assess patient needs during acute care to promote positive outcomes. - Assimilate co-morbidities into plan of care - Identify appropriate resources - Initiate discharge plan	1. I took care of a patient who had diabetes and was also struggling with obesity. The patient stated that he had a difficult time controlling his blood sugar. When the patient was first admitted, his blood sugar was very high. While he was in the hospital, they were able to lower it. The nurse educated him on insulin and gave him information on where to get insulin and how to use it. She explained if he is able to get his diabetes under control, he might be able to control his weight as well. She explained to him about talking to a nutritionist who could help him get on an appropriate diet. It seemed that he was not very educated about how to control his diabetes. She included information about insulin in his discharge papers. She also recommended that he get an appropriate amount of exercise each week as tolerate. This can help both his diabetes and obesity. 2. During clinical, my primary patient had pancreatitis and hypertension. These were both caused by drinking excess amount of alcohol for a long amount of time. He had lost his wife a few months back, so this could've triggered the alcoholism. We explained to him that in order to help both his pancreatitis and hypertension he needs to cut out all alcohol intake. The nurse recommended he try a support group for his alcoholism and that he finds someone to talk to about the loss of his wife. She explained to him that he needs to eat a diet that is low in fat but eat plenty of protein and carbohydrates. She also explained that eating smaller, frequent meals may be helpful. She informed him that he was going to be sent home with medication for his hypertension. She explained to him how to take it and what to

			avoid while taking this medication.
Leadership	Participate in the development of interprofessional plans of care.	- Identify/define interprofessional plan of care - Integrate contributions of health care team to achieve goals - Implement interprofessional plan of care	1. During clinical, I was on the orthopedic floor, so I saw many fractures and amputations. Most of the patients I took care of were seen by physical therapy, occupational therapy, and case management. The pt's and ot's help the patient regain strength and mobility. I was able to assist in moving patients from bed to chairs and helping them use a walker. I was able to watch physical therapy get patients up to ambulate the first time after their surgery. I also got to see how the abductor pillow was used and a few other of devices that pt and ot used on the patients. Case management helped the patients get any possible devices that they might need when they get discharged. Many of the older patient's get sent home with a walker or some type of walking assistive device. These teams are very important in assisting the patients with their activities of daily living. 2. During clinical, I got to see the pomologist come in and assess a patient with COPD. She came into the patient's room while we were administering medications and asked if she was able to listen to the patient's lung sounds. She had the patient sit up and just listened to the patient breath normally at first. She did this on the patients front and back. After that she asked the patient to breath as deep as she was able to. The doctor said that the patient sounded much better than she did before. The patient was also off of supplemental oxygen and was maintaining an oxygen saturation between 95%-98% on room air. The doctor then informed the patient that she thought she would be able to discharge the patient either later that afternoon or the next morning. The doctor told the nurse that the patient was sounding much better and that she would be in contact with the care facility the patient was going to. She informed the patient to continue the incentive spirometer and that she would be sent home with one to use.
Teaching	Evaluate the effectiveness of teaching plans implemented during patient care.	- Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes	1. During clinical, I took care of another patient with COPD. He was admitted due to a fracture and was recovering from surgery. He was on 3 liters of 02, but he didn't like to wear his nasal cannula. Without the supplement oxygen, his O2 was staying at about 92%. When we would ask him to put his oxygen back on, his O2 would get up to 97-98%. I explained to him that wearing his oxygen will increase the amount of oxygen that flows in the lungs and bloodstream. If he has more oxygen, he will be able to breathe better, which could also help him feel better. I also explained that oxygen supply to the tissues will help his surgical incision heal faster. After hearing why he needed to use the oxygen, he was more compliant with wearing his oxygen. 2. I cared for a patient that had a below the knee amputation. His incision was held together with sutures. The patient was being discharged to a care facility. I went in the room with the nurse so she could teach him about wound/surgical care for his incision. The nurse performed a dressing change and the patient observed. She went through each step and made sure the patient understood how to do it. She had the patient verbalize back the steps she had just performed. The nurse brought in a bag of supplies with plenty of dressing and wraps for the patient to take with him. She should the patient each of the supplies she brought and told him they should last about a week. The nurse told the patient the facility should have plenty

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			of supplies as well. The nurse also informed the patient about the follow up appointment that she had made for him. She told him it was very important that he attends the appointment. She then asked the patient if he had any questions before we left the room.
Knowledge Integration	Deliver effective nursing care to patients with multiple healthcare deficits.	- Identify patient health deficits - Prioritize care appropriately - Adjust plan of care based on patient need - Identify system barriers - Modify health care deficits identified	1. I took care of a patient who was experiencing confusion, hypertension, as well as nausea and vomiting. We went in to administer medications and noticed the patient was vomiting. We had an oral medication to give him but decided to wait and call the doctor to see if we could get an IVP medication instead. We also noticed that Zofran was not in his orders. The nurse called the doctor and was able to get an order for Zofran IVP. I was able to administer that medication to the patient and it seemed to help him. The doctor also put the patient on an NPO diet until we were able to find out what was causing all the nausea and vomiting. Throughout the day, the patient's vomiting subsided, and he stated that he was feeling a little better. 2. During sim lab, our patient had hypokalemia and lung cancer. We had to figure out with assessments and interventions were a priority to be complete first. When we entered the room, we gave the patient the emesis bag because they stated they felt like they were going to throw up. Since they were vomiting, were called the doctor and had them change the PO medication to an IVP. WE went ahead and administered the Zofran before doing anything else, so we could get the vomiting under control. While we were asking the patient questions, it was a little hard to understand them because they were continuously throwing up. This could've been caused by the chemotherapy or the hypokalemia. Later we administered the potassium to raise their lab value since they were very low. We made sure to explain everything to the patient as well as the visitor in the room, so they were both aware of why the patient was feeling this way. After a few minutes, the patient stop vomiting and our simulation was completed.