

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. A patient of mine was admitted with Cellulitis with a spiked temperature. This is an infection with skin breakdown that allows bacteria to enter the skin. As I was in the room with my patient, I noticed during my head-to-toe assessment that the patient bandages were not intact. Due to this reason, I began to ask the patient some questions about the reason for this diagnosis. The reason for the Cellulitis is because of poor hygiene practices. When an injury occurs, she never cleans her wounds. I began to ask if her bandages have been changed recently and she stated, “yes.” With more detailed questioning, I asked if she noticed that her bandages were not intact. She explained that when she ambulates the bandages begin to fall off. She does not want to bother the nursing staff since they just put them on. I provided the patient with information about the importance of keeping the dressing intact. I also explained that I am a patient advocate and the details of what it means. After some detailed teaching, the nurse and I applied new bandages and a shower shoe to keep the new dressings intact. The result of this intervention was successful. A few days later, the patients’ skin integrity increased as well as a decreased body temperature. The patient was discharged with improved wound healing and knowledge about proper hygiene.</p> <p>2. One of my patients was admitted for COPD that contributed to her low oxygen saturation. As I entered the room, the patient was crying and stated, “I cannot breathe.” In the moment, I started to put the patient from Supine position to Fowler’s position. The next intervention was to find the nasal cannula to put on the patient, and she did not have one. I ran out of the room and grabbed a nurse and a pulse oximeter. I explained to the nurse about the situation, and she went ahead and grabbed a nasal cannula. I went straight back into the room with the pulse oximeter and her SPO_2 was 82%. As the nurse entered the room, she put the nasal cannula on the patient with 2L of oxygen. As few minutes went by, while explaining to the patient to take deep breaths through the nose and out the mouth, her SPO_2 began to increase to 89%. This patient was newly admitted for a chronic cough and no shortness of breath. Her diagnosis was presented to her a couple hours after this incident. During this event, I provided the patient with some teaching about the importance of oxygen and how vital the nasal cannula is. I could not provide a reason why this was happening, but I did provide some reassurance that she would be taken care of. I sat in the room until the doctor came by to give the results. The patient is now using the nasal cannula effectively and with my time on the floor there was no reoccurring event.</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. During clinicals, I was a few seconds away from using SBAR when calling a provider. Sadly, I was not able to. During this time, I was on the patients’ chart to gather information about the medication I was going to administer with my instructor. Clicking through the medications, I noticed that one medication was not compatible with the primary fluids running. Communicating with the nurse that was assigned to me, I explained that we needed to get an order of Normal Saline. The</p>

			<p>Lactated Ringers that are running are not compatible with the antibiotic that was going to be administered. The nurse and her purpose were to call the doctor and use SBAR effectively to get the order for the patient. As my instructor overheard the conversation, she explained why this was the perfect time to use SBAR. A lightbulb clicked and I was ready to proceed with the call. As I turned around the nurse already maintained to get the order in, and I missed my opportunity. During the communication process, I should have elaborated more effectively that I had the knowledge and skill to perform this task on my own with supervision. This was the perfect opportunity to utilize proper SBAR. Due to the lack of communication within the team, I was not able to perform this skill. I can use this example in the future to better my communication within the health care team.</p> <p>2. In a situation with one of my patients, I notice that the patient was frightened. The patient was newly admitted and needed to get an IV start for the upcoming orders that were provided. Using my TeamSTEEPS, I started to do some situation monitoring. This allowed me to see exactly why the patient was frightened and see how their facial expressions were portraying. During this time the nurse was calm and collective, but the patient seemed overwhelmed. As the nurse told the patient that she would try again later he suddenly agreed. She was giving the patient some space and started to walk out. I began to grab a chair and sit down with the patient. I wanted to build a relationship with the patient and provide my communication skills. During this time, I learned more about the patient than I thought. After providing some comfort he asked me to do his IV start. I wanted to be honest with the patient about being a student and how I have done very few. He responded that since I was caring and listened to his concerns in depth, he believed that I could perform the skill. I went ahead and grabbed the nurse and explained the situation. She was very proud of me and said that I had great leadership which would contribute to my performance. We gathered the supplies and went back into the patient room. She decided to follow my lead and communicate with the patient just like I did. I began to be successful with the IV start. Throughout this situation we all learned that efficient communication, mutual support, leadership, and situational monitoring can lead to a positive outcome.</p>
<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. The patient that was admitted with Acute Crohn Disease was newly diagnosed. In the patient room, I was performing my head-to-toe assessment when dietary came by. Her eyes began to become bug eyed. Using the body language skills that I have learned, I started to get some negative feedback from the patient. As I was completing my assessment, I wanted to gather more information about the patient to see if my judgement was correct. As I was grabbing the tray and placing it on the bedside table, I began to say, “Doesn’t this look tasty? I really enjoy the turkey that they provide here.” She remained quiet and then stated, “I just get really sick after eating solid foods. I like to mash it all up and walk to the bathroom toilet to flush it so the nurses think I ate all my food.” This statement made me feel like the patient had a knowledge deficit, but the priority for this patient was that she was getting imbalanced nutrition. During this time, I was able to teach the patient about how she can communicate with her nurse about participating in her dietary plan. This</p>

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<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. Within the patient care we need to have nursing and health care standards. The main purpose of professional standards is to direct and maintain safe and clinically competent nursing practice. One of the main concerns is patient confidentiality. This is related to HIPAA. During my time at clinicals, I did notice some patient concerns relating to HIPAA. The enforcement of this standard of practice is to protect our patients. As a student, I feel there are some things I cannot address.</p>

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<p>Management</p>	<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. My patient that has diabetes, depression, and anxiety was admitted into the hospital for DKA, diabetic ketoacidosis. As I began to take care of this patient throughout the day, the patient seems to withdraw from health care team. I decided to use my resources to provide the patient with the best care possible. My focus was to teach about the importance of taking the medication provided every single day. The first medication is insulin. Insulin is important for this patient because we can prevent the other issues from occurring. As further teaching needs to be implemented, I provided the patient with a case manager. This will get the patient all the resources needed before being discharged. The discharge planning is always initiated at the beginning of admission. After further teaching this patient will need all the resources that can be provided. The diabetes can be managed more appropriately and can improve the depression and anxiety.</p> <p>2. My patient that has diabetes and an infection on his left foot was admitted for diabetic neuropathy. As a student nurse, I want to provide a positive outcome for this patient. During my medication administration, I was teaching the patient about insulin. I was injecting the insulin on the right arm, and this is when the patient got</p>

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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 improved over the last couple weeks and started to be discharged. My patient was admitted for broken bones from a car accident. This is very important when it comes to the interprofessional team. The physical therapist is a vital part of this patient care. As I entered the room, the physical therapist was completing a final assessment for this patient. The goal was to see if the patient was physically able to complete actions of daily living. Examples include walking and lifting. This contributes to the health care team by achieve goals that are specific to the patient. Our goal is to improve the patients' quality of life.</p> <p>2. One of my patients would always request a chaplain to improve her emotional and spiritual well-being. I want to provide the patient with this request. At first, I had no idea on how to accomplish this task, but her nurse was able to assist. This was important to the patient because of her religion. I am thankful I was able to implement the interprofessional team into her plan of care. The amount of success and goals that are achieve come from other team members. This improved the patient outcome and spiritual connection within her plan of care.</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. My patient that has been in the hospital for the last month and a half has liver failure. The number of medications provided to this patient was extensive. The priority for my patient was providing education about the medications. Before I administered the medication, I would write down each medication that is given. I would use the effective tool on the patients EMR to provide accurate information to the patient. After I taught about medication administration, I decided to have the family teach back the information. For the weeks the patient was there, the patient and family understood each medication that was administered. This improved the patient outcomes to know how each medication effected his body. This would include the effectiveness of the medication and what the signs and symptoms are for the patient. The patient is being discharged to a nursing facility in a couple days.</p>

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<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. Within the care of my patient, his first language was not English. The patient was only fluent in Spanish. This can become a barrier within the care because the patient may only have a piece of understanding. We want all our patients to understand the entire process to promote a positive outcome. The patient was admitted because of a car accident which led to broken bones in the arms, legs, and a perforated bowel. The patient seemed confused each time I was in the room. There are co-morbidities within the patient that need to be addressed into a plan of care. One of them is the broken bones. We do not want the patient to have the language barrier because of the possible complications the bones can have. Due to the language barrier the patient may not realize he has broken legs. The pain and adrenaline can be so intense that he may want to get out of bed. The second is the bowel perforation. The patient may need to use the restroom when a colostomy/ostomy bag is provided. The resources that can be included in his care is providing an interpreter. This will allow the patient to understand his care and be involved in his care. This will prevent further complications and have an increase in the healing process. When initiating discharge planning, I will provide the patient with community services and contact numbers. I will also include the patient with an understand of the transfer of a rehabilitation center. A social worker that can translate will be the best option for this patient. We want to provide this patient with maximal function and enhance his quality of life.</p> <p>2. My patient that has liver failure, ascites, and edema needs effective nursing care. This includes proper medication administration from the multiple medications, intensive amount of dressing changes, and the secondary complications from the disease process. The care is addressed by the highest priority. One morning it would be pain and the next would be different. As the stay became longer the nurses and I were able to provide the patient with a specific schedule. The night nurse would have a care plan that was detail specific. The barriers within the patient care included the discharge planning. Due to the extensive amount of health issues, the wife did not know where to begin. A case manager would be able to provide his knowledge and skills for the patient and the family. I was able to deliver effective nursing care to my patient with the assistance from my nurse and the case manager.</p>