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 simulation, I was able to identify signs and symptoms (confusion, weakness, sweating, with a hx of type 2 DM) of the patients hypoglycemic episode pretty quickly. I was able to intervene and implement interventions like attempting to give the patient sugar and orange juice. When the patient refused oral attempts, I was able to contact the doctor to be able to implement intravenous hypoglycemic protocol. I was able to effectively teach the patient and was able to evaluate the effectiveness of the D50 and how the patient handled the situation and what happened after. 2. During one of the clinical weeks, I was able to successfully identify the patients signs and symptoms and timing of his vomiting episodes. The patient was having episodes of vomiting sporadically, mostly during the night. During the day however I noticed that the patient was hardly eating and would not want to take his medications. I assisted the patient to try and swallow one pill at a time instead of taking all of them together. With the bigger pills, I noticed the patient was having more difficulty, but it helped when he took them with bigger swigs of water. I was able to help the patient take his vital medications successfully without throwing them up. The patient was grateful in that he did have a moment of not vomiting with his medications. I was able to effectively help this patient.
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 simulation week, I had a patient who was having a severe hypoglycemic episode. During this time I identified the need to get another way to give the patient sugar because of his refusal for sugar intake orally. I called the doctor and utilized SBAR format to explain the situation, background, assess, and my recommendations of another route. After I obtained the orders for the hypoglycemic protocol I called the charge nurse and again utilized SBAR to receive the protocol. I then went to the med room to get the D50,while another nurse stayed with the patient. I administered the D50, I then checked the blood sugar after half of the vial and after completion. Afterwards the sugar was at a reasonable level, I communicated to the family and the patient the importance of monitoring the blood glucose levels. 2. During simulation in one of the scenarios, the patient was rapidly declining and would not stop vomiting. The family member pulled out the NG tube due to lack of knowledge of what it was for. I was able to contact the doctor utilizing SBAR of situation, background, assess, and recommendations. During the call I explained the constant vomiting despite antiemetics being given and the removal of the NG tube by the family member. I received an order to place another NG tube and give another single dose of an antiemetic. I placed the NG tube and attached it to suction and gave the single one time dose. The patient started to feel much better and I explained to the family member the importance of not pulling tubes out of their father and that if it worsens or reoccurs to call the nurses. I explained to the patient the importance of remaining NPO while he could not keep anything down and that the doctor wanted him to not eat anything.
Critical Thinking	Apply evidence based research in nursing interventions.	- Analyze pertinent data (subjective, objective) - Identify evidence based practice (EBP) resources - Distinguish EBP nursing interventions	1. During one of the clinical weeks, I was able to apply a nursing diagnosis of ineffective tissue perfusion following a surgical procedure. I was able to identify the critical interventions like nutrition, fluid intake, and turning schedule off of the

		- Apply EBP nursing interventions - Document resources & interventions	incision. The evidence shows that a turning schedule helps prevent a pressure injury, and nutrition and adequate fluid intake aide in healing of the surgical site. I was able to encourage the patient to eat their meal and refilled their pitcher of water so that they would get adequate intake. I documented the interventions in the clinical paperwork, and was able to implement them during the short time I took care of the patient. 2. During one of the clinical weeks, I was able to identify that my patient has a cute pain, and was having trouble controlling the pain. I was able to ensure he was calling for pain medications before it was excruciating pain and while it was minor. I also encouraged him on repositioning and deep breathing with music to help with the pain. I documented the interventions I was able to apply in the clinical paperwork, and even was able to implement some of them while taking care of this patient.
Caring and Human Relationships	Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.	- Explain need for nursing & health care standards - Apply standards to patient care (HIPAA, QSEN, NPSG) - Communicate concerns regarding hazards/errors in patient care	1. During one of the clinicals I was able to sit with my patient when they started crying. I was able to listen to them as they expressed concerns over pending results. During this time I was able to help them understand that they can only work with the now and the future is yet to come. I communicated concerns to the nurse who was able to see about getting a chaplain involved in the care to also sit and talk with the patient. They seemed really grateful to have someone to talk to that was not busy trying to run around and had time to stay with them. 2. During one of the clinical weeks I was able to see my nurse handle a medication error. It was discovered during our shift that the previous nurse had pulled a pain medication and not document it in meditech. I was able to see how my nurse handled seeing when the last dose was pulled to know what was available and documenting that there was a discrepancy. She also showed me how to document medications properly when the computer is not working in the room by using the next rooms computer to catch any and all mistakes. This was extremely helpful in seeing because technology does not always work and it is better to be safe and use another computer to scan then forgetting to document it manually
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. During one the clinical weeks, my patient was talked to about the possibility of going home. I assisted the nurse in making sure the patient had the necessary equipment to go home. This meaning I ensured the patient was able to obtain a walker with case management and had all the necessary prescriptions from the doctor sent to their pharmacy. I helped the nurse go over this important information with the patient and helped answer questions they had. I helped the patient know when to call the healthcare provider and why they would need to call. Also the importance of keeping their follow-up appointment with the doctor. I also was able to educate the importance of letting steri-strip fall of naturally to the family member and patient, because the family member was talking about cutting them off because of the location. 2. During one of the clinicals I was able to assist with discharge planning for my patient. The patient had just had surgery but was cleared to go home, I was able to help her understand how and when to change dressings. I was able to give her some extras for when she went home. We made sure she knew how to properly change them and cover them to shower. We made sure she had the necessary

			prescriptions to take care of the wound and for the pain medications. We made sure she had a follow-up appointment scheduled and knew when she needed to go. We helped her understand when and why to call the healthcare provider. Also the signs and symptoms of infections and what to watch for. It was extremely helpful seeing how to handle discharge planning and how to implement the discharge teaching for the patients.
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 one of the clinical weeks, I noticed my patient was having difficulty holding in emotions about a pending lab result. I was able to talk with the nurse and see about consulting the chaplain to sit and talk with the patient. The patient seemed extremely grateful to have someone to talk to that had similar faith to her. 2. During one of the clinical weeks, I noticed my patient was having difficulty walking with stamina and general weakness following a stroke. I was able to see about consulting physical therapy and occupational therapy to assist the patient on ways to complete her activities of daily living. The patient was able to get set up with a walker and learn about ways to do rest with activity and how to prioritize activities so that she was able to still do everything she wanted to do.
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 clinicals my patient was wanting to take his hard TLSO brace off and continue sitting up. After administering his medications I had explained to him that without the brace he could only have the head of bead up fifteen degrees maximum. Despite me telling him this he still wanted to take it off. I explained to him that taking it off and sitting up could result in worsening his spinal fracture and cause him more pain and time with a brace. After talking with him about this and teaching him the importance of following the brace guidelines he was comfortable with keeping it on and sitting up. 2. During one of the clinical rotations I answered a call light and was asked by the patient for help to the bathroom. When entering the room I could see the patient in bed. I assisted her to the side of the bed and educated her on ways to get to the edge safely with her new back brace and fractures. After she knew how to get to the edge with minimal pain I assisted her to stand and walk to the bathroom. On the way back into bed I educated her on the best way to remove the brace once back in bed and the importance of not lifting the head of bed to high to avoid worsening the fractures. I helped her take it off and adjust the head of bed to comfort without being to high. The patient was then grateful to understand how to move around without being in intense pain every time.
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. During simulation I was able to prioritize getting my patient assessed and was able to identify that they not only had a serious deficit in knowledge that they stated they did not check blood sugars before or ever taking antidiabetic medications. He also stated he never checks his blood glucose levels, which can be dangerous with diabetics when they have hypoglycemic/hyperglycemic episodes. However they also had a hypoglycemic episode and I was able to prioritize care in checking his blood sugars and calling the doctor to obtain D50 to administer to the patient and raise his critically low blood sugar to a safe level. Afterward I educated the patient on the importance of checking his blood glucose levels before taking medication ad throughout the day like before meals and at bedtime. 2. During one of the clinical weeks, I assisted a patient to the bedside commode.

			After I entered the room and started to get the patient into position to transfer I noticed she was having a deficit of knowledge with the way she was about to transfer. I explained to her how to sit on the side of the bed and ensured she did not feel dizzy or lightheaded. I then helped her stand and told her this time to gather your balance and stand still for a moment until you feel comfortable to move. When she started to move I noticed she was not carrying the walker with her and using it appropriately. I explained to her the importance of using the walker appropriately to avoid falls. I helped her learn how to take smaller steps and into the walker and to not move the walker so far in front of her. After we got to the commode, I explained how to sit and to not just plop back because you can injure yourself. After she sat and completed going to the bathroom I assisted her back into the bed. This time she was more knowledgeable about the walker and ways to not fall, she was more efficient in moving with a walker to prevent falls and hurting the fractured leg.