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. I had a nurse multiple times that was very good about creating a plan for her patients that day. We had a patient that told the night shift and previous shifts she could not get out of the bed and would just use a brief and be changed. My nurse that day said nope our goal today is to get to the bedside commode. That's exactly what we did that day. Got this patient up and ambulating to the bed side commode. This was a great plan of care that we were actually able to implement throughout the day and help prevent this patient from getting raw in her perineal area from sitting in a brief. 2. I had a young patient who had recently suffered a CVA. Resulting from that he was now nonverbal and right-side deficit. I was giving medications with my instructor and was unsure how to communicate my seven medication rights. This was an awesome learning opportunity. I was taught to put my questions into a yes or no format that way I could properly give medications to this nonverbal patient. It was better to ask, "Is your name….?" so he could just nod yes or no.
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. I had a patient one afternoon get admitted to us from the ED. He was not going to be with us long but was asking for some water. The only twist is he was a cancer patient currently on chemo treatments and could not drink out of Styrofoam cups without getting sick. I was unsure what to do, but the nurse told me to contact dietary and order him some water bottles. I went to the desk and found the number for dietary. Then used SBAR to communicate with dietary about getting the patient what he needed. I used my name, location, patients name, room number and the reason for my order. 2. We had an elderly patient already on a soft diet. During morning medications, the patient told us she wanted to try a puree diet instead. She had sores in her mouth that were very painful for even soft foods to chew. After we left her room, my nurse was quick to get on the phone with dietary and order her a new tray with puree foods. He called and used the SBAR very well telling them his name, location, the patients name & room number, then telling them the patients concern and that we had already spoken to the doctor about changing her diet. Dietary was quick to bring up a new tray and the patient was happy she could eat a little bit easier.
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. I had this patient two days in a row with two separate nurses. For this patient we had to crush his medications and give to him in applesauce. He was contracted times four and also on a dysphagia diet. Day one nurse had me crush the medications individually and give individually in a bite of applesauce. There were a couple medications that we are not allowed to crush due to the enteric coating and the way they are metabolized. My day two nurse began crushing medications in a hurry to get it done. In the med room I stopped her and told her there were some pills the day before we were not able to crush. This slowed her down to make sure we were giving medications properly according to the evidence-based practices. 2. Lovenox was a medication that I was able to even to nearly every patient I had during my time at clinicals. This is a medication that we get a lot of evidence based

			knowledge taught to us in earlier modules. Must be given 4 inches away from the umbilicus, Into the love handles. Also, given at a 90-degree angle unless the patient is thin, then it can be given at a 45. I had practice with bot angles giving Lovenox. I had a very thin patient where a 90-degree angle might have gone all the way through. Also, we teach the patient that this medication is to prevent blood clots and that it might burn or hurt but to not rub it.
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. I had a nurse that showed human relationship so well. We had a patient who we had seen a couple times that morning, but no family was with her just yet. Finally, her husband showed up. My nurse went into the room sat on the couch next to him and just started talking to him about life and asking if he had any questions. It was very nice to see a nurse acknowledging the family as well as the patient. 2. I had a young lady who had down syndrome. Me and a fellow student were taking care of her. She was the cutest thing. The other student and I took just minutes out of our day to talk to this sweet girl. We talked about her favorite colors and favorite movies. Even when we were in the room to give meds or change her, we were always keeping fun conversation with her to keep her comfortable and not afraid. My registered nurse was also awesome with her showing her his son who was also down syndrome and talking about how much alike they were. It was such a fun day working with her!
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. One of my last days at clinicals I had an older patient who was very thin, slouched in the bed to one side, and slightly confused. He had a couple wounds in different spots on his body. One on his left great toe and then main one on his spine about mid-back. The one on the back was the worst especially because he laid on his back majority of the time. He wanted lots of foam padding to help with the pain in this area. My instructor who was with me mentioned a great idea about getting this patient a waffle mattress and maybe that would help distribute some of the pain he was having in his back. This mattress could help heal some of the wounds on this patient and control his pain level. 2. We had an older patient in a nursing home come to us with an injury to her lower leg. This injury occurred at her current nursing facility, her leg had gotten caught in a side rail and she fell, according to the note. After talking to the husband and case management they were able to get this patient into hopefully a better nursing facility that way an injury like this could possibly be better prevented. The husband voiced many concerns about the nursing facility she was at and that he did not care how much it cost he just wanted her to be taken care of better.
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. I had a patient that was ordered by the physician to ambulate during the day. With the night shift she refused to get out of bed, but during the day we were able to work with her to get her onto the bedside commode. Also, when Physical therapy came by, I was able to speak to them about the patients concerns with ambulating and that we had gotten her up to the bedside commode. I also was able to work with physical therapy and help them ambulate this patient down the hall while pushing their chair right behind them. 2. I had a patient that was headed downstairs for an abdominal X-ray. I was able to work with transport and some fellow nurses to help get this patient safely

			transferred from their bed to the transport stretcher. Using the draw sheet under the patient and two people on each side and one at the feet. We coordinated and got the patient moved very effectively and safely. With transport I was able to communicate with them how we should prepare and to make sure their stretcher was at the lowest position and oxygen tank was available for this patient.
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. I had a patient that was on a bed alarm that did not call when she needed to move. She was constantly setting off the alarm. I was able to explain to her why she needed to use her call light every time to call us when she needed to get up. She was a post op patient, so she was a fall risk. 2. I had a patient who was recently on 2L nasal cannula oxygen. My nurse that morning set a goal of getting him off the nasal cannula. We took him off and he was stating good. My nurse told me to go get an incentive spirometer and go teach the patient how to use it to prevent pneumonia and strengthen his lungs. I was able to go in the room teach the patient how to use it and how many times he needed to be doing it. Great teaching moment with this gentleman and I was also able to follow up with him throughout the day.
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've probably mentioned this patient above, but I had an older lady who came from a nursing home with a leg injury, and she also had dementia. Her husband was in the room during morning rounds and was very sweet. After our morning rounds, I went back into her room to help her eat. She just needed some assistance cutting up the food and using her utensils. I was able to sit in her room while feeding her and talk to her and her husband about their lives together and how she loved to play the piano. We got to relating about our children and I spoke about my daughter. This patient seemed so calm just being about to talk about her life. I believe it took the stress that sometimes hospitals can bring especially to a patient who may forget where they are and why they are there. The husband thanked me for being so patient and talking with them. I did not mind. Anything I could do to make her just a little more comfortable. 2. I had a patient again that I previously stated before that was young and just suffered a CVA. He was now nonverbal and right-side deficit. Being his age and not being able to communicate what he needed was very hard for this patient. I went into his room one day to round on him and he needed something. He kept pointing and I could tell he was getting frustrated and so was I because I kept guessing the wrong thing. I was finally able to get what he needed and felt so relieved, but I could only imagine how he felt if I felt so flustered. This was a huge deficit for him. My nurse brought him a clip board with a letter chart to point at the letters, but he refused to use it. His plan of care had to be slightly adjusted to make sure he understood what was happening and we could get him what he needed.