

## Instructional Module 4 – Adult M/S 2

Competency	Outcomes	Secondary Outcomes	Give examples of how you met each outcome
<b>Assessment &amp; Intervention</b>	Implement a plan of care that integrates adult patient-related data and evidence-based practice.	<ul style="list-style-type: none"> <li>- Define plan of care for specific health impairment</li> <li>- Identify signs/symptoms of health impairment</li> <li>- Select &amp; implement proper interventions for specific health impairment</li> <li>- Evaluate effectiveness of interventions</li> </ul>	<p>1. I had a patient that was a diabetic with many other underlying conditions which is why she came in. When the patient was admitted the nurse realized she had a wound on her foot. The patient knew about the wound and was telling the nurse she was taking care of it. The nurse then asked the patient how she was taking care of it. How she was taking care of it was not the right way for a patient with diabetes to take care of their feet. The nurse then explained the proper way to do wound care on her foot. The nurse also demonstrated how to do it. Another thing the nurse did was teach the patient how to assess their feet every day to make sure that the patient did not develop any more foot wounds.</p> <p>2. I had a patient one week who was legally blind. Which made things a little tricky. The patient stated to the nurse that they lived alone and did not have any problems getting around if they knew where things were. The nurse and me then showed the patient around the room telling her where everything was. We had to be extra careful in this room not to leave anything on the floor or in the way of where the patient would be walking since they could not see it. This also came into effect when we were giving meds because we had to place the cup into the patient's hand and tell her when we were about to touch them. In order not to startle them.</p>
<b>Communication</b>	Communicate effectively with members of the healthcare team.	<ul style="list-style-type: none"> <li>- Identify health care team members &amp; their purpose</li> <li>- Interact appropriately with health care team.</li> <li>- Utilize proper SBAR, TEAM Steps, etc.</li> <li>- Evaluate outcomes of communication process</li> </ul>	<p>1. I had a patient one week who was having bad dysphagia. The patient was already on minced soft food and was asking if she could get something else. The nurse told the patient that she would consult with dietary. After we left the room, we went to the nurse's station and the nurse called dietary. She told them the situation and what the patient was requesting, and they said they would get her on a pureed diet.</p> <p>2. One of my patients had had a gastric sleeve surgery in the summer of 2021 he then got septic from the surgery and had been in the hospital for a while. He had agreed before the diet to be on a bariatric soft diet. The patient and family had been complaining for a while to the nurses and doctors about the diet and how they would like to get it changed. The nurse and doctor talked about a plan of action to get the patient and family to agree to the diet that is most beneficial to the patient. After speaking with the doctor, the nurse went and explained why the bariatric soft diet was still the diet the patient was on. The patient and family ended up agreeing to the diet.</p>
<b>Critical Thinking</b>	Apply evidence based research in nursing interventions.	<ul style="list-style-type: none"> <li>- Analyze pertinent data (subjective, objective)</li> <li>- Identify evidence based practice (EBP) resources</li> <li>- Distinguish EBP nursing interventions</li> <li>- Apply EBP nursing interventions</li> <li>- Document resources &amp; interventions</li> </ul>	<p>1. One of my patients had a J tube and a G tube. The patient's family called up in about the J tube leaking. The nurse and me went in and evaluated the situation. After the nurse had gone and got the supplies needed to fix the situation, we went to clean the patient up. As the nurse was fixing the tube, I noticed that it was pulling very tight to where it was attached to. What we learned when inserting catheters was that the tubing did not need to pull. It could cause the patient pain and irritate the skin where the sticker was attached. The nurse noticed it as well and removed the attachment device and repositioned it so that it wasn't so tight</p>

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			<p>2. I also gave lovenox many times this module. So, I got a lot of practice on the right way to administer this medication. There is a lot of evidence-based practice on how to administer and you must do it in a right way. You must do it not to close to the umbilicus. It is administered in the love handles. You bunch the skin and inject at a 90-degree angle unless the patient is thin then do it at a 45-degree angle. You inject the medication slowly. You should also warn the patient that there will be some burning with this medication but that it should only happen for a minute.</p>
<b>Caring and Human Relationships</b>	Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.	<ul style="list-style-type: none"> <li>- Explain need for nursing &amp; health care standards</li> <li>- Apply standards to patient care (HIPAA, QSEN, NPSG)</li> <li>- Communicate concerns regarding hazards/errors in patient care</li> </ul>	<p>1. We had a patient on day that had come in from a nursing home with a broken hip. They were meant to go to surgery that same day. The doctor found out they were on blood thinners so they had to push back the surgery a couple days so there was no worry about excess bleeding. The patient’s family had not come to visit them at all and that is all the patient asked for was when is my family going to be here or has my family called. The nurse finally decided to call the patients family and ask if they would come up to see her and keep her company while she was waiting so she did not have to be by herself for at least 3 days. After the nurse called the family they explained that they did not know the patient was in the hospital and that they were on their way to see her. When we told the patient you could see the difference immediately. Knowing the nurse did not have to call the family but was doing what was best for the patient and what was going to help them get better the quickest.</p> <p>2. I was with a nurse one day who did a great job teaching me the second day, but the first day she scared me a little. We were passing meds the first day and the nurse had one patient ask for pain meds and another ask for nausea meds. The nurse went to the med room pulled both medications and then just put them in their pocket. I knew that was not correct but was nervous to say anything. We got into one of the patient’s room and the nurse handed me on bottle and I noticed it was Zofran and the nurse was about to give the pain medications to the wrong patient. The nurse did not scan the medication so there was no way for them to know it was a different one. I quickly told the nurse that it was the wrong medication, and they were like oh my goodness. They then proceeded to do the correct steps of scanning the wrist band and the medication to make sure it was the correct one, but it could have been a big error if the nurse would have been alone and just given the medication. After the incident the nurse did everything by the book.</p>
<b>Management</b>	Recommend resources most relevant in the care of patients with health impairments.	<ul style="list-style-type: none"> <li>- Assess patient needs during acute care to promote positive outcomes.</li> <li>- Assimilate co-morbidities into plan of care</li> <li>- Identify appropriate resources</li> <li>- Initiate discharge plan</li> </ul>	<p>1. We had a patient one time who was on oxygen, TPN, and a wound vac. The patient was fully capable of walking but with all those tubes and wires attached it was somewhat dangerous for them to walk to the bathroom. The nurse and I decided it would be best if we taught the patient how to use a bedside commode so he could still have his independence, but they did not have to risk walking all the way to the bathroom. We taught them the proper way of using it and helped them position it so it would be easy with no risk of tripping over wires or tubing.</p> <p>2. We had a patient with Type 1 diabetes who stated that their blood sugar was normally well under control at home. The patient was in the hospital with an infection. With them having diabetes and an infection her sugars were much higher</p>

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			<p>than normal. The nurse explained to them that their sugars were higher due to the infection. We had to start monitoring her sugars more often so we could treat the hyperglycemia so it would not cause more problems.</p>
<b>Leadership</b>	Participate in the development of interprofessional plans of care.	<ul style="list-style-type: none"> <li>- Identify/define interprofessional plan of care</li> <li>- Integrate contributions of health care team to achieve goals</li> <li>- Implement interprofessional plan of care</li> </ul>	<ol style="list-style-type: none"> <li>1. We worked with a patient who wanted to go home very badly. They had come in to just get something fixed but ended up having a lot more complications. The doctors would not discharge her until they were all solved. She didn't understand why they wouldn't just let her go because she felt fine, and the main problem was fix. The nurse went and explained to her why they were not letting her leave and how they wanted to make sure she was completely well before discharge, so she did not have to return.</li> <li>2. We had a patient one week who had BPH. The patient was struggling from urinary retention. The patient did not want a TURP, so he was being discharged. Then nurse then consulted case management about getting the patient a appointment with a urologist. So that when the patient left, they could discuss other procedures to help with the urinary retention.</li> </ol>
<b>Teaching</b>	Evaluate the effectiveness of teaching plans implemented during patient care.	<ul style="list-style-type: none"> <li>- Identify/define teaching plan</li> <li>- Implement teaching plan</li> <li>- Identify appropriate evaluation tools</li> <li>- Appraise patient outcomes</li> </ul>	<ol style="list-style-type: none"> <li>1. One of my patients was in for a COPD exacerbation and the oxygen level was at 90 on RA. The patient stated to me that she was feeling much better and wanted to go home. The nurse had told me that she had to be at least 92 on RA before she could be discharged. So, I explained why she had to stay in the hospital for a little while longer and the importance of using her IS since she was not very mobile.</li> <li>2. One patient I had was being given Lasix and he started asking why he was having to go to the bathroom so much. So, I explained to him the purpose of Lasix and how it was removing excess fluid from his body which is why he was going to the bathroom so much. He didn't understand why he needed it, so I explained why him having renal failure was causing him to retain more fluid.</li> </ol>
<b>Knowledge Integration</b>	Deliver effective nursing care to patients with multiple healthcare deficits.	<ul style="list-style-type: none"> <li>- Identify patient health deficits</li> <li>- Prioritize care appropriately</li> <li>- Adjust plan of care based on patient need</li> <li>- Identify system barriers</li> <li>- Modify health care deficits identified</li> </ul>	<ol style="list-style-type: none"> <li>1. We had a patient one on the first weeks of clinicals who did not speak any English. It was very hard for us to communicate with them. On Tuesday the nurse I was with spoke some Spanish which made it easier. The second day the nurse I was with did not speak any Spanish, so we had to involve a translator to communicate effectively with the patient. The patient would just shake his head and say yes to whatever we were saying before the translator came. After we got the translator, you could feel the environment change the patient and the family were much more comfortable because they knew what was going on.</li> <li>2. We had a patient one day that we were about to go deliver meds to. When we walked in the room the patient looked very uncomfortable and stated that he was at a level 10 pain. The nurse proceeded to evaluate the patient and where his pain was coming from. This was the first patient we were giving meds to and the nurse was already behind. Instead of just giving the meds she had and then doing the other patients before coming back to check on the patient we were with, she went and got him pain meds. She prioritized the patients pain above the need to be on time with the other meds.</li> </ol>