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. Our patient was admitted for a hip fracture. The patient didn't like to bother nor push the call light when she needed help; she was quiet. So we thought she was doing great. However, the patient was in pain. We found that she was in pain through assessment. The nurse did assessments on the patient before passing scheduled meds, and that's how we were able to know she was in pain. If the nurse did not do her assessment, we wouldn't know the patient's pain. Fortunately, we found out that she was in pain, so we went to the med room and gave her the Acetaminophen, which her physician prescribed. An hour later, we went to the patient to check if she was still in pain or not. The patient stated that her pain level had decreased. 2. One of our patients was admitted for an ankle fracture; he had surgery two days ago and was on non-weight bearing precaution. My nurse and I performed a peripheral neurovascular assessment to check for changes or abnormal findings. The patient's overall condition was excellent. She was not in pain, and no bleeding or drainage was noted on the surgical site. We continued to raise her left ankle slightly and made sure that she was not putting weight on her affected side when moving or standing up. Also, we checked on the patient throughout the day and assisted her when she needed to move around or go to the bathroom.
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 one of my clinical days, my nurse and I tried to administer Enoxaparin on the patient's left side. Before administering it, the nurse was disrupted due to answering the patient's questions, so she tried to administer on the right side. Fortunately, I remember that she was supposed to administer on the left side, so I reminded her of the correct side. Before administering it, we double-checked with EMR, and the correct place to give was left. The nurse then administered the medication on the left side of the patient side. 2. The situational charge nurse notified my nurse that one of her patients would discharge from the hospital. The nurse completed all her interventions and paperwork for her patient to be ready for discharge. After finishing, the nurse went to see the case manager to double-check where the patient was going. Unexpectedly the nurse found out that it was not her patient who was discharged but a different patient. The nurse explained to the case manager that she had already told the patient that he was discharging today. The case manager then apologized to the nurse that it was his fault. The case manager went to the patient's room and apologized to the patient, and the patient accepted it. The nurse communicated with the case manager and prevented discharging the wrong patient.
Critical Thinking	Apply evidence based research in nursing	- Analyze pertinent data (subjective, objective) - Identify evidence based practice (EBP) resources	1. One of my patients asked the nurse for morphine for pain in the hip. Usually, the

	interventions.	- Distinguish EBP nursing interventions - Apply EBP nursing interventions - Document resources & interventions	patient has high blood pressure, but his blood pressure was below the normal range that morning. So, the nurse and I took manual blood pressure to confirm it, and it was low. So, the nurse holds the morphine since it can worsen the patient blood pressure and pulse rate. Then, we went back into the patient and explained or educated him on why he could not receive the medication. 2. On the simulation, I was given a patient who was vomiting, had difficulty breathing, and had a high fever. When I entered the patient room, I saw an emesis bag and the patient lying flat on the bed with nasal cannula unattached. So, the first thing I did was reattached the nasal prongs correctly and raise the head of the bed. After that, I assessed him, asking the patient if he still feels nausea and vomiting. Also, I got his new set of vital signs and found out that the patient had a high temperature. So, I gave him antipyretics and antiemesis medications. Later, I checked the patient, his vital signs were within normal range, and he stated he felt better.
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. One of my patients was admitted for a hip fracture; he has a history of Bipolar, seizures, and other medical issues. He was mentally disoriented and could not communicate effectively. Regardless of the patient's mental status, we involve him in his own care by explaining the care we will provide. For example, the patient needed to sit on the chair for lunch per the doctor's order. The patient was confused at first and didn't want to sit on the chair. However, he agreed after carefully explaining why he must sit on the chair to prevent pressure ulcers and recover faster. After that, we were able to transfer him safely to the chair. 2. During the physical assessment, I asked one of my patients about how the patient got the hip fracture and other questions for the physical evaluation. Unexpectedly, our conversation led to the loss of her two family members. I remember being so busy that day that I didn't have much time to finish my assessments, but I continued to listen to her story. The patient continued to talk about how she lost her husband and son in the same year and how she's been living after her only family members left her. After hearing what the patient went through, I was sad, and I did not know what approach would comfort my patient, but I engaged and actively listened to her throughout the conversation. At the end of the conversation, I hugged her to comfort her and told her that I would pray for her. Also, I told her to let me know if she needed help with anything so I could tell her nurse. I noticed that the patient was glad and comforted after talking to me.
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 patients has several health deficits; his medical issues were severe that doctors believe that he wouldn't make it. The patient has several pressure ulcers in bony prominences, diabetic foot ulcers, bony skin, hepatitis C, and uncontrollable diabetes. The patient has been in and out of the hospital a couple of times, and he's not compliant with the treatment, so it was hard to provide patient

			care. Nevertheless, the nurse provided the patient with the care/treatment just like the rest. The patient continued to receive insulin, wound care, drug therapy, physical therapy, etc. Doctors recommended palliative care based on the patient's overall conditions, and the nurse reported it to the charge nurse to initiate a discharge plan. 2. One of our patients was admitted for an infection on his surgical knee. The patient is overweight, has a history of hypertension, his gait and balance are unsteady, and he needed assistance when standing up. The patient received antibiotics, antihypertensive, wound care, OT, and PT for treatment. Overall, the patient was getting better; his WBC level is starting to fall within normal range, his wounds are healing, and his blood pressure is well maintained. So, the nurse asked if the patient had any plan on which rehab center he wanted to go to for recovery. The patient told his plan to the nurse, and the nurse reported it to the charge nurse to initiate a discharge plan. The nurse then reported back to the patient with the progress of the discharge plan.
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. According to night nurse reports, our patient had problem with swallowing. The patient showed signs of choking. The patient did not have swallowing problems in the past, but the patient's family reported that after getting sick and confused, the patient had difficulty eating. So, the nurse recommended putting the patient on NPO precautions, and the doctor ordered a brain CT scan. Also, the day nurse consulted with a speech pathologist to do a swallow test on the patient to see if she still has a problem with swallowing. After testing, the speech pathologist notified the nurse and told her to give purred meals, ice cream, or thickened liquid during medication administrations and meals. As a result, the patient was no longer NPO and did not show signs of choking during lunch. 2. Reports stated that our patients have been on bed rest for two days after surgery. It was our first day of taking care of the patient, and the nurse received an order from the doctor that her patient must be in a chair for lunch, but the nurse did not know the patient level of mobility. The patient was disoriented to place, time, and situation, so the nurse did not want to put the patient at fall risk by standing and moving around. The nurse collaborated with physical therapy (PT) to plan patient care. The nurse then asked PTs to assess the patient level of mobility. With PTs' help, the nurse was able to find out the level of mobility, which was two assists when moving patients. Also, we were able to put a patient on the chair without any difficulty.
Teaching	Evaluate the effectiveness of teaching plans implemented during	- Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes	1. During simulation, I caught my patient having a cigarette in his mouth while he was on 2 liters of oxygen. I immediately took his cigarette from his mouth and told him not to smoke. Then, I reinforce him by teaching him that smoking, using petroleum products, and aerosol sprays while on oxygen can cause fire, and he

	patient care.		must not smoke to avoid unwanted consequences. The patient understood the teaching, and he told me that he would no longer smoke when he is on oxygen. 2. One of my simulation patients was on a low sodium diet. While I returned from getting his medications, I saw him eating salty crackers. The patient ate half of the crackers, so I asked him if he was aware that he was on a low sodium diet or not. Unfortunately, the patient was unaware, so I reminded him and taught him that he could only eat a certain amount of sodium per day and that he should follow a strict diet plan to recover from his condition. The patient then understood my teaching and tied his cracker bag and put it away.
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. One of our patients was admitted for multiple health deficits like infection, pressure ulcers, diabetes, etc. One of his health deficits was that the patient took Lisinopril for high blood pressure. His blood pressures were high in the past, but the nurse aide reported that his blood pressure was low on that morning. So, we took manual blood pressure to confirm it, and it was below his trend. The blood pressure was below the normal range; both systolic and diastolic were low, so we held the Lisinopril instead of administering it. We continued to monitor his blood pressure throughout the day, and it was still low, so we did not give him the medication. 2. One of our patients has several health deficits. The patient had a mental disorder, aphasia, and other medical issues. His speech was slurred and incoherent that we could not understand, so we didn't know his concerns and needs. In the beginning, we had a hard time with communicating him. Later the nurse tried to communicate through rewording what he said and using closed-ended questions instead of open-ended questions. It was hard for him to speak full sentences and hard for us to understand his speech, so we continued to communicate with him using closed-ended questions and gave him the pain med for his pain in the leg.