

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. Sometimes, time gets away from you and assessments are impossible to complete. I experienced this one day due to the fact that all but one of my patients were off the floor, and I still needed to complete an assessment on a secondary patient. Since I had very little time to complete it before lunch and no patients left, I was approved to “borrow” another student’s patient. I chose one that I had interacted with earlier that morning because he was amicable, and we had already established a rapport. When I entered the room, he was very difficult to arouse and had fluttering eye movements. His speech was nearly incomprehensible. I could make out some of what he said- he was oriented to self but every other response I got was garbled. He would respond to my requests such as HGTW after I asked him 4 or 5 times. I assessed everything I could think of including his suprapubic catheter (which had a white precipitate in the tubing), pulse, and coloration. I then went and found his nurse. We assessed his blood pressure together and it was something in the neighborhood of 80/50. His O2 was also low so I assured that his nasal cannula was properly situated. It was at this point that multiple students were sent to grab me for lunch. When I returned the floor, this patient’s nurse let me know that she used my assessment data to call his doctor who would be by shortly to do his own assessments. I went back to reassess him, and he had completely returned to his AAO state. I helped him call his wife and remained in the room to change his linens and observe him. He was even more loquacious than he had been when I first met him. After his phone call, I asked him about the earlier event, and he told me that he “just didn’t know.” He didn’t remember the questions that I had asked him during the assessment, but he assured me he was alright now and thanked me for my help.</p> <p>2. Upon entering a patient room for a head to toe assessment, my patient who had been cheery all morning grimaced. As I began, she asked for pain meds which I at first assumed was related to her admitting diagnosis, post-surgical removal of a device in her lumbar spine that had gotten infected. When I asked her to rate and describe her pain, she let me know that she was having a migraine. I finished my assessment and let her know that I would check with her nurse to see what meds she could take. While she was interested in medicine, I offered her some nonpharmacological interventions that might help provide some relief. I got her a fresh cup of water, closed her door and asked what aggravated her migraines. She let me know that noise wasn’t too bothersome, but light seemed to be the most aggravating. I turned off her lights and offered to angle her blinds in a manner that wouldn’t put the sun directly on her. She excitedly said, “Yes please.” I obliged and asked if that provided any relief, she told me that the migraine was still there but just fixing the blinds gave her a great amount of relief. I then left to see about her medications. My nurse and I called her doctor and got an order for a migraine medication which I was able to administer. Immediately after, I got to start a new IV on her. She confirmed, after I finished, that her migraine was beginning to fade away.</p>
Communication	Communicate	- Identify health care team members & their	1. I once had a respiratory therapist enter a room as I was finishing a follow up

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	<p>effectively with members of the healthcare team.</p>	<p>purpose</p> <ul style="list-style-type: none"> - Interact appropriately with health care team. - Utilize proper SBAR, TEAM Steps, etc. - Evaluate outcomes of communication process 	<p>assessment on one of my patients. I told her that I was done but needed to clean him up a little since he had crust on his eyes and remnants of his lunch stuck in his beard. As I wiped his face, I repositioned his nasal cannula that he had been pulling out to more comfortably get food into his mouth. I asked the RT if I was in her way, to which she responded “absolutely not. Go right ahead.” As I finished up, she asked me how long his oxygen had been off. I let her know that aside from lunch it had been on his face, however it I had noticed it falling out towards his left side every time I came into the room. I shared his most recent vitals with her and also pointed out that he had redness from the tubing behind his ears. I asked if she thought getting a new set of tubing would stop it from twisting and she told me that she was going to reevaluate him and potentially see if we could discontinue his oxygen supplementation all together.</p> <p>2. Immediately after dressing a patient post-bath, her doctor entered the room. The patient was elderly and AAO but didn’t talk much. She had a fall 6 months ago that caused a fracture in her neck that was not healing. Before the bath, her sons told me she continued to wear her hard neck brace because her prior doctor never told them when to take it off or how to care for her when it wasn’t on. When the doctor came in, he asked if I knew why the patient was wearing the brace, since her current hospital visit had nothing to do with her neck. I passed on the information that the family had given me, he thanked me, and I went to let the patients sons know that the doctor had arrived. When I found them in the hall, I let them know that the doctor wanted to discuss removing the brace and he would answer any questions they had. They thanked me and later let me know that the doctor told them she could keep her hard brace during the day and would be able to use a soft brace during the night.</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. During one of my clinicals, I had a patient with osteomyelitis in her lumbar spine. She was in excruciating pain any time the head of her bed was elevated greater than 30 degrees. Unfortunately, at one point she threw up and needed a bath, new sheets, and a fresh t-shirt to wear under her TLSO brace. When I entered the room, the CNA had her sitting up at nearly 90 degrees in a chair while she changed the linens. I tried to act quickly to get the patient changed but her pain caused her to move quicker than I could and she removed her own shirt which unfortunately dislodged her subclavian dialysis catheter. I was able to apply EBP by quickly making sure there was pressure on the site and getting her back in bed to lay supine.</p> <p>2. I answered a call light with one of my peers. We went to see what this patient, who was one of hers, needed. He had expressive aphasia and she let me know that we likely wouldn’t be able to understand his speech pattern. Though his speech was hurried and stuttering, the real barrier was that he was only using Spanish. My peer let me know that he was speaking in English earlier until his Spanish speaking family visited and now he was using Spanish exclusively, as if he was stuck and could not revert back to English. In the Nursing Diagnosis Handbook, an example of evidence-based practice states that nurses should “use therapeutic communication techniques such as speaking in a well-modulated voice, using simple</p>

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			<p>communication, maintaining eye contact at the client’s level, getting the client’s attention before speaking, and showing concern for the patient- EBN: <i>Effective communication entails involving clients, being sensitive to client needs, and ensuring client understanding (O’Hagan et al, 2014)</i>. This is exactly what I did. Through intensive listening and a vague familiarity of the Spanish language I was able to decipher what he was wanting. In the end, he was upset because he couldn’t get the TV to work the way he wanted. The situation resolved and he was much happier and even said clearly, “¡Gracias! ¡Gracias! ¡Gracias!”</p>
Caring and Human Relationships	Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.	<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. When accompanying a patient to hydrotherapy, my patient became very agitated from the pain. She screamed, cried, swatted at a nurse and said some very hurtful things to one of the nurses. The nurse became very upset, said she didn’t have to put up with this, handed me the supplies and left. The other nurse in the room paused her wound cleaning and came back to the bedside with me. The nurse that remained began to tell the patient that she can refuse the treatment if she wants to, but that is a serious discussion we need to sit down and have. The patient cried silently for a moment. I asked the patient if she wanted to hold my hand. She reached for me and I listened as the nurse explained that no one here is wanting to hurt her and that we only clean her wound to help her. The patient looked at me and I told her that this is the best way to treat her wound. I explained to her that this is a painful procedure, but it is needed to clean the wound and remove dead tissue. I reminded her that the wound will not heal properly if we do not keep it clean and moist. She said a quick prayer and did the sign of the cross and let us know that she was ready to continue. She apologized for using harsh words with the nurse. The nurse that remained reminded her that the quicker we push through, the quicker she will be able to return to her room and rest. She once more grabbed my hand and I helped her through breathing and counting exercises.</p> <p>2. I helped care for one of my peer’s patients. This particular patient had brain tumors that she would soon be leaving the floor to begin preparations for surgery. I came into her room where she told me she knew that she had maxed out her meds but just couldn’t get comfortable. She told me that the only thing that helped her was when her mom or sister gave her a massage. I offered to stay with her and give her a massage until her family arrived. This went on for probably about 10 minutes before her mother and sister showed up. I was able to listen to her concerns and see photos and stories about her grandchildren. I introduced myself to the family, who were incredibly kind and expressed gratitude for my help, her mother then continued the massage and left to give them some private family time. Not too long after, we noticed her heart rate was very low on the monitor. My peer and I rushed into the room to check on her, where she told us she was alright, just more relaxed than she had ever been before, as her mother continued to rub her back.</p>
Management	Recommend resources most relevant in the care of patients with health impairments.	<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. One of my patients was admitted to the floor for monitoring before being released after his prostatectomy. I assessed him and made small talk. He asked me questions about the blood in his catheter and let me know that he was very excited to learn catheter care and to teach it to his girlfriend when he got home. I asked him to teach back to me what he had learned so far and provided him with answers</p>

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			<p>regarding any concerns that he had, which were mostly related to showering and again, the blood in his catheter. I helped him make a list of things to remember such as high fiber diet and OTC laxatives to prevent straining when having a BM- to decrease pressure on his incision. We talked about the importance of his follow-up appointment and what issues he should talk to his doctor about at that appointment, should they arise.</p> <p>2. I had a patient return to the floor from a scan later in the day. I remembered earlier in the day that this patient had seizure pads on her bed rails because it was the first time I had ever seen them put on. When she left the room, the pads were removed to make sliding her over to the stretcher easier for transportation purposes. Once she returned and we slid her back into bed, everyone turned around and left the room. As my nurse was leaving, I waited and asked, “don’t we need to put her seizure pads back on?” She blinked for a minute and said:” Oh my gosh I am so glad you remembered, it totally slipped my mind.” She walked over to the patients closet and pulled the pads back out. We placed them back where they belonged, made sure the patient seemed comfortable, and left the room.</p>
<p>Leadership</p>	<p>Participate in the development of interprofessional plans of care.</p>	<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. I once got the opportunity to remove a JP drain. I clipped the suture and drain fell out immediately after the patient repositioned himself slightly. My nurse immediately became panicked and asked if I had cut through the drain instead of the suture. While I was sure I had not and the nurse had been watching the whole time, she was still worried and let us all know that the drain should not have been that close to the surface of the skin. I went and got the charge nurse who came into the room to assess. She told us that there did not appear to be any tubing left inside the patient, but we should probably contact the doctor that placed the drain. I placed the tubing in a biohazard bag and kept it for the physician to assess. When he arrived he compared the measurement of the tube to the measurement he had taken before placing it. All was accounted for. He surmised that it had been sutured in too close to the surface and it was his mistake. The reason behind discontinuing the drain was the lack of drainage. Upon this discovery the doctor, my nurse, and myself discussed what should happen next with the patient and his wife. The doctor decided that we would have to place a new drain and let us know that he would insure the tubing was fully inserted and correctly sutured this time.</p> <p>2. While performing my head to toe assessment on one of my patients, her doctor entered the room. I stepped back and asked if they would like me to step out. The patient shook her head no and the doctor told me to stay and let my nurse know what she was about to tell the patient. I waited while the doctor did a quick assessment and let the patient know that she was improving and would likely be released in the next few days, pending the improvement of her activity tolerance. After discussing with the patient, the doctor pulled me aside and asked me to please help the patient out of bed and to make sure she was able to stand on her own. She then told me that if the patient tolerated this, to help her ambulate around the room. She told me that PT would be around later to help the patient walk up and down the hall which I would be welcome to help with- but for now it</p>

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			would be helpful for me to walk with her if the patient felt up to it. The doctor also told me to encourage the patient to have more fluids and asked that I get a fresh pitcher of water. This was the first time a doctor had directly addressed me or asked for my help and entrusted me with advancing the patients activity and fluid intake.
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. One of my patients was a type II diabetic with a severe case of white coat syndrome. It was very difficult to even get an accurate blood pressure because she was so nervous around her nurses and doctors. She questioned every med and every assessment, so I had a lot of practice providing education to her and her mother. Since she was a type II diabetic, she only took oral medications at home. She asked me why she had to be on insulin in the hospital since she never needed it in her day to day life. I told her that since her body was under the stress of illness and pain it was releasing more cortisol. That paired with her anxiety around health care professionals raised her stress levels beyond her usual amount and that stress increases glucose in the blood. I let her know that the insulin will be used to manage these sugars until she is better, when her body isn't under so much stress anymore it is very likely that her sugars will return to their normal levels, and she will no longer have to get insulin injections. I let her know that this is a relatively common phenomenon in the hospital and does not mean that her diabetes is worsening. She was very pleased with this answer and thanked me for my help.</p> <p>2. One of my elderly patients was having issues with hypokalemia. When I went to administer medications with my instructor, my nurse asked me to give the patient the effervescent potassium replacement mixed with water. When I prepared it and handed it to the patient she told me that she had been taking the oral potassium replacement tablet and asked why she needed to drink this one. I let her know that her potassium labs were improving slightly with the tablet, but her labs had just come back and were still too low. I let her know that doctor told us to increase her fluid intake so the main reason she was taking this form was to get more water into her system. She also asked me to teach her good sources of potassium she could get in her diet. I let her know that bananas have a reputation for being an excellent source of potassium but there are options out there that that will provide even more potassium. I taught her that potatoes and sweet potatoes were both an excellent source. I also told her she could try to eat more salmon or tomatoes. She liked all of these options and even asked me later in the day to repeat this list for her family when they visited, so that she could have her daughter add them to her grocery list.</p>
Knowledge Integration	Deliver effective nursing care to patients with multiple healthcare deficits.	<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. During my sim lab experience, in the scenario in which I played the nurse began, my partner and I entered the room to introduce ourselves to the patient. After introductions and hand hygiene we started with some quick basic questions and thought it best to begin with some physical assessments. Since our patient had lung cancer and was reported to be occasionally struggling with her orientation, we thought a few questions along with a neurological assessment would be a good place to begin. Further, the patient was also controlling her pain with a PCA pump. We anticipated that her altered LOC may lead to difficulty utilizing the pump. At the</p>

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			<p>beginning of our assessments, the patient began to complain of nausea- I briefly checked our orders for antiemetics while my partner continued physical assessments, including a respiratory assessment. Despite the patient verbalizing her nausea at least 3 times, we thought it best to continue the assessments before acquiring any meds or calling the doctor for new orders regarding her lab values. This led to the patient throwing up into a provided emesis bag, and quite possibly on my partner. After we witnessed the patient vomiting, we did go ahead and call her doctor to see if we could get an order for IV potassium bolus, as she was not able to tolerate the PO potassium. Once we administered it, her nausea immediately began to resolve.</p> <p>2. One of my patients left early in the morning for dialysis. I had only gotten to interact with her a few times before she left. She spoke mainly Spanish, but we were still able to understand each other relatively well. Since lunch had been served while she was off the floor, I had a tray ready for her when she returned. I have cared for a good amount of dialysis patients, so I knew that they usually want to eat once they are back or that they just want to be left alone, and can sometimes be agitated or grumpy. To try and ease her back onto the floor, I made sure her favorite- strawberry ice-cream- was available. It seems like a small intervention, and could easily be overlooked because it is not technically medical but it is what she needed at the moment. Care is a very broad term and that just so happened to be the care she needed most at the time.</p>
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