

Instructional Module 4 – Adult M/S 2

| Competency | Outcomes | Secondary Outcomes | Give examples of how you met each outcome |
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| 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. I had a patient who just had a stroke and who also had dementia. The patient was also on a dysphagia diet. I assessed the patient on how well that they could swallow, and the patient did good. I then decided to feed the patient since the patient was unable to do so because of the stroke. I made sure to watch the patient and make sure that the patient was swallowing their food and not pocketing the food because the patient had a history of pocketing their food. The patient did good, and the patient did not pocket any of their food and the patient was doing a good job at swallowing their food and their water.</p> <p>2. I had a patient who had dementia and who is blind. The nurse and I did not realize that the patient was blind until we went into the room because there was nothing in the chart that said the patient was blind and the nurse that we got report from did not say anything about it. The patient was asking us all the questions and when we would talk to the patient the patient would not look at us like people normally do when you are talking to them. We made sure that every time that we went into the room, we made sure to talk to the patient and let them know what we are doing so that the patient knows. We went into the room to give the patient a bed bath, so we made sure that the patient knew what we were doing, and we would tell the patient before we did anything what we were fixing to do.</p> |
| Communication | Communicate effectively with members of the healthcare team. | <ul style="list-style-type: none"> - Identify health care team members & their purpose - Interact appropriately with health care team. - Utilize proper SBAR, TEAM Steps, etc. - Evaluate outcomes of communication process | <p>1. I had a patient one week that had a PEG tube. The patient was doing four bolus feeding per day. Then that day the patient started to also eat soft foods as well, if the patient could handle it. My nurse and I went into the room and asked the patients wife, who was doing the bolus feeding, what the schedule was for the bolus feedings. Because my nurse was concerned that the patient was getting too many bolus feedings because they were still doing as many bolus feeding as they were when that was the only source of food that the patient was getting. Then patient's wife asked my nurse how many feedings the patient should be getting and what times would be best to give the patient the bolus feedings. When me and my nurse left the room, my nurse called dietary to ask them what the best feeding schedule for my patient would be and how many bolus feeding would be best for the patient. Since they are getting three food trays a day and the patient is eating 80% of the food on the food trays.</p> <p>2. I had a patient in sim that had lung cancer. The patient was asking if they should continue chemotherapy or stop chemotherapy because it is hard on them, and they are older and they did not know what they wanted to do. Me and my fellow classmate told the patient that it was their choice on what they should do, and that we cannot tell them if they should stop chemotherapy or continue chemotherapy. We told the patient that they needed to talk to their family members and talk to their doctor about what they should do. We asked the patient if they would like for us to call a chaplain so that the patient can talk to a chaplain.</p> |

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| <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. I had a patient that was on the EMU monitoring unit. When I went into the room we were talking to the patient and one of their parents. We were asking the patient some questions and the patient said that they were getting up and going to the restroom themselves. So, we told the patient and the patient's parent that the parent needs to be close by and walking the patient to the restroom or the patient can use the call light and that we would go in there and walk the patient to the restroom because it is not safe for the patient to be getting up and walking around by themselves. Since the patient is not on their seizures medications the patient could have a seizure when they are walking to the restroom and fall and hit their head on something.</p> <p>2. I had a patient that was in the hospital for a subdural hematoma. The patient said that their hip/femur was really tender, but the patient was not in any pain. After the patient told me that I grab an extra pillow and placed it under the patient's knee to help elevate the knee to help cushion the patient's knee and femur to help the hip/femur not be tender anymore. After I placed the pillow under the patients knee the patient said that it was helping with the tenderness of the hip/femur.</p> |
| <p>Caring and Human Relationships</p> | <p>Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.</p> | <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. I had a patient that had dementia and who also had a UTI. Since the patient has a UTI one of their side effects from the UTI is that they are even more confused than they normally are. The patient had two children one who lives in another state and the other who was living with the patient. The family member who lives with the patient dropped the patient off in the ER and left. When my nurse found that out, she went into the patient's chart to see if there is a APS case about it and there was. The patient had been in the hospital, and it was day 3 & 4 of them being in the hospital when I was helping take care of the patient. For 3 days that the patient had been in the hospital none of their family members had been there to check on the patient and no one had called the patient or the nurse to see how the patient was doing until day 4 the family member who lived in another state called in to see how the patient was doing.</p> <p>2. I had a patient that had dementia and was needing to go in for a procedure. Since the patient had dementia, they were unable to sign a consent for the procedure. So, my nurse had to look up in the patient's chart to see if there was a family member to call that had medical power of attorney over the patient, so that the nurse could ask permission for this patient to have this procedure. The nurse called the family member and asked if they were going to come up to the hospital in the next hour or so because the patient was needing this procedure today. The family member said no so they did a verbal consent over the phone. My nurse called the charge nurse over because they needed two different RNs to complete the consent and talk to the family member because they both need to know that the family member understands why the patient is needing this procedure and what the procedure is for.</p> |

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| <p>Management</p> | <p>Recommend resources most relevant in the care of patients with health impairments.</p> | <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. I had a patient that came into the hospital and had surgery on their neck. We were getting ready to discharge the patient. So, my nurse did all the discharge paperwork. When she got done with the discharge paperwork, we went into the room to educate the patient on how to take care of their incision when they go home and what medications that they need to take and when they need to take them. We also talked to the patient about getting a home health nurse to come to their house once a week to help take care of the patient’s incision since it was on the upper part of the neck on the back. We told the patient to not do anything that will strain the back of the neck/lower part of the head because it will make the sutures pop open and that would not be good.</p> <p>2. I had a patient that came into the hospital because they had a stroke, and they were recovering from the stroke. The patient asked why they had a stroke, and my nurse and I gave the patient some of the reason why they had a stroke and what they can do in the future to prevent another stroke from happening. The patient was having left sided weakness and was unable to walk to the bathroom so we put a bedside commode by the patients bed and showed the patient how to use it because it would be safer for the patient to use the bedside commode instead of walking all the way to the bathroom.</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 had a patient that had a history of strokes because of drug use the patient came in with all the signs and symptoms of a stroke, but the doctors did scans and ran test, and the patient did not have a stroke. My nurse consulted PT because the patient needed to start to get up and walk and move around so that the patient could be discharged. The patient was going to get discharged to an assisted living place because the parents said that was where the patient needed to go because it was getting too hard for them to take care of the patient. When me and the nurse went into the room when PT was there PT said that the patient was refusing to get up and do the exercises that they have for the patient. So, my nurse and I told the patient that they needed to do what PT was telling them too so that the patient could leave and go to the assistive living place. When me and my nurse left, we were at the nurse’s station and saw our patient up and walking with PT.</p> <p>2. I had a patient that had severe hypertension. When the physician of that patient came to do rounds on their patients my nurse talked to the physician about the patients severe HTN because they were giving the patient all the medications that they could to the patient to help their blood pressure to go down into the normal range, but nothing was working. The nurse asked the physician if there were any other medications that the physician could prescribed the patient, and the physician was just telling the nurse that it was normal and that there weren’t any other medication to give the patient. Since the physician just kind of blown it off about the patients severe HTN, my nurse went and told the charge nurse so that the charge nurse would also be in the loop and knowing what was going on. Because my nurse and I were very concerned about the patient’s blood pressure, The next day I had the same patients and in report we were told that they finally got the patient blood pressure to go down a little bit, but it was still high just not as</p> |

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| <p>Teaching</p> | <p>Evaluate the effectiveness of teaching plans implemented during patient care.</p> | <ul style="list-style-type: none"> - Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes | <p>high at it was.</p> <p>1. I had a patient in sim that their potassium levels were at a 2.9 which is low since the normal value is 3.5-5. The patient was prescribed a potassium supplement and the route was an IVPB. The patient was asking me why they were needing to take this medication and what it was for. I explained to the patient that since there potassium levels were so low that we must give them this medication to help raise their potassium levels into the normal safe range. I also explained to the patient the different side effects they might be having right now since their potassium levels were low. The patient then asked how long they would have to be on this medication, and I told them that after this infusion of the potassium supplements were done, we would check their electrolyte levels again and see where they are at and if they aren't at a 3.5 which is what the doctor wanted them to be at then we would do the infusion again until their potassium levels reached a 3.5.</p> <p>2. I had a patient that had COPD and pneumonia. The patient's O2 level was low, and the patient was coughing a lot and having a difficult time breathing. When I walked into the room, I noticed that the patient did not have their nasal cannula on. So, I placed the nasal cannula on the patient then I explained to the patient why it is important for them to wear their oxygen. I explained to the patient that it will help with their breathing and help their O2 level to go up. Also, that it will help the patient stop coughing.</p> |
| <p>Knowledge Integration</p> | <p>Deliver effective nursing care to patients with multiple healthcare deficits.</p> | <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. I had a patient in sim that when I went into the room, I asked that patient how they were doing. the patient said that they were very nauseous and that they think that they were fixing to throw up. I had the other medications that were prescribed for the patient that they take every day. When they patient told me that they were nauseous I made sure that I had a medication that was for the patient that would help them not be so nauseous and I made sure to give that medication first. I also needed to give the patient a potassium supplement because their potassium levels were low and in my med tray that I had I had pulled the PO form of the supplement. So, I asked the patient if they would be able to take the PO form of the medication and the patient said no because they were so nauseous. I went back to the med room and returned the PO form and grabbed the IVPB form of the medication so that the patient did not have to take the PO form.</p> <p>2. I had a patient that had Alzheimer's and was very confused. I went into the room to do my assessment on the patient. I was halfway through my assessment when My patient said that they needed to use the bathroom. So, I stopped what I was doing and went and grabbed a new brief for the patient. I then helped the patient up and helped them to the bathroom. I waited in the room until the patient was done in the bathroom. I then put a new brief onto the patient and helped the patient back into the chair that they were in. I then finished my assessment and before I left the room, I made sure that the patient was ok, and I asked the patient if they needed anything else before I left and to call me if they did.</p> |