

Print Student Name: ShaToria Parks

Clinical Week # 1-4th

3

Unit: SICU 4E

Clinical Preceptorship Attendance Policy

LVN-RN Track CSON

You must complete **192 hours** with your preceptors. The goal is to transition from the student nurse to the RN role by working **12-hour shifts**.

- The time prior to the shift starting and the time after does NOT count extra. **0645-1915 is simply a 12-hour shift**. If circumstances arise where you are staying later than 30 minutes, please let your faculty advisor know.
- Schedules must be submitted to your assigned **faculty advisor** via LMS drop box, LMS email, or text to your faculty advisor. Notify faculty advisor by text message or phone call of ANY changes to schedule, illness or getting pulled to a different unit. Promptness is expected so faculty is aware of your presence on the unit. **Failure to notify faculty will result in a clinical absence.**
- **Do not** pre-fill your Record of Precepted Clinical Experiences. You need to document your actual time after each shift and have your preceptor sign it.
- Submit a copy of your Record of Precepted Clinical Experiences with both your midterm and final evaluation.

Student Signature: _____

ShaToria Parks

Date: _____

1/28/22

Print Student Name: Shatoria Parks
Unit: SICU 4E

Clinical Week # 1-4³

LVN-RN Preceptor Appraisal of Student Performance
(Preceptor Completes and Reviews with Student)

1. Please reflect on the student's clinical performance during the capstone preceptorship and rate the following: **[Place a √ in the appropriate box]**

(Graduate Competency-GC)	Below Average Performance Needs Significant Guidance	Satisfactory Performance Needs Average Guidance	Outstanding Performance Needs Minimal Guidance
Student uses the Nursing Process to provide comprehensive, evidence-based nursing practice. (GC 1)		✓	
Student coordinates and develops a plan of care using time management and prioritization. (GC 1 & 3)		✓	
Student makes safe clinical decisions. (GC 3)			✓
Student advocates for patient/family rights and quality nursing practice. (GC 4)			✓
Student uses professional, assertive, and collaborative communication. (GC 2, 5, & 6)			✓
Student documents according to agency/unit standards. (GC 2)		✓	
Student develops teaching/learning strategies to meet patient/family needs. (GS 3 & 7)		✓	
Student assumes a leadership role in clinical practice. (GC 6)			✓
Student is self-directed and demonstrates an interest in learning. (GC 8)			✓

2. What do you think are the student's personal strengths?

Willingness to learn, great communication skills with patients, staff and physicians, skills, safety

3. What have you identified as an opportunity for improvement for the student?

Time management, drip titration

Preceptor Print & Sign: Chelby Wood Chelby Wood Date: 1/28/22
Student signature: Shatoria Parks Date: 1/28/22

Print Student Name: Shatoria Parks
Unit: SICU 4E

Clinical Week # 1-4³

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Student is self-directed and demonstrates an interest in learning. (GC 8)			✓

2. What do you think are the student's personal strengths?

Willingness to learn, great communication skills with patients, staff and physicians, skills, safety

3. What have you identified as an opportunity for improvement for the student?

Time management, drip titration

Preceptor Print & Sign: Chelby Wood Chelby Wood Date: 1/28/22
Student signature: Shatoria Parks Date: 1/28/22

Print Student Name: Shatoria Parks
Unit: SICU 4E

Clinical Week # 1-4³

LVN-RN PRECEPTORSHIP: STUDENT SELF-EVALUATION

1. Please reflect on your performance during the LVN-RN preceptorship and rate yourself on the following:

[Place a \checkmark in the appropriate box]

(Graduate Competency-GC)	I need significant guidance.	I need average guidance.	I need minimal guidance.
I use the Nursing Process to provide comprehensive, evidence-based nursing practice. (GC 1)		\checkmark	
I coordinate and develop a plan of care using time management and prioritization. (GC 1 & 3)		\checkmark	
I make safe clinical decisions. (GC 3)			\checkmark
I advocate for patient/family rights and quality nursing practice. (GC 4)			\checkmark
I use professional, assertive, and collaborative communication. (GC 2, 5, & 6)			\checkmark
I document according to agency/unit standards. (GC 2)			\checkmark
I develop teaching/learning strategies to meet patient/family needs. (GC 3 & 7)			\checkmark
I assume a leadership role in clinical practice. (GC 6)			\checkmark
I am self-directed and demonstrate an interest in learning. (GC 8)			\checkmark

2. What do you think are your personal strengths?
I catch on fast. Always willing to learn and be hands on w/ patient care.

3. What have you identified as a personal opportunity for improvement?
Time management, grouping task together.

Student Signature: Shatoria Parks

Date: 1/28/22

Print Student Name: Shatoria Parks
Unit: SICU 4E

Clinical Week # 3
1-4/22

EVALUATION OF PRECEPTOR BY STUDENT

Name of Preceptor: Chelby Wood Clinical Unit: SICU 4E

Please rate your preceptor on each statement 1=Never/Poor 2=Seldom/Mediocre 3=Sometimes/Good 4=Often/Very Good 5=Always/Superb	Rating Please circle one				
	1	2	3	4	5
Establishes a good learning environment (approachable, nonthreatening, enthusiastic, etc.)					5
Stimulates me to learn independently					5
Allows me autonomy appropriate to my level/experience/competence					5
Organizes time to allow for both teaching and care giving				4	5
Offers regular feedback (both positive and negative)				4	5
Clearly specifies what I am expected to know and do during the training period					5
Adjusts teaching to my needs (experience, competence, interest, etc.)					5
Asks questions that promote learning (clarifications, probes, socratic questions, reflective questions, etc.)					5
Give clear explanations/reasons for opinions, advice, or actions					5
Adjusts teaching to divers settings (bedside, charting, nurses station, etc.)					5
Coaches me on my clinical/technical skills (patient history, assessment, procedural, charting)				4	5
Incorporates research data and/or practice guidelines into teaching				4	5
Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)					5
Teaches effective patient and/or family communication skills					5
Teaches principles of cost-appropriate care (resource utilization, etc.)					5

1. What did you like best about your preceptor?

I like that she questioned ~~be~~ me, ~~show~~ she was very helpful and walked me through anything I did not know how to do or understand. she also was very consistant w/ letting me be hands on w/ all procedures and patient care.

2. Do you have any suggestions for your preceptor to consider when working with future students?

No I do not, she was a great educator.

Student Signature: Shatoria Parks Date: 1/28/22

Student Name: Shatoria Parks

Rotation	How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?	What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc...
Block/Week: 1-1/3 Dates: 1/16/22 Unit: SICU Assigned Preceptor: Cheryl Wood Other Preceptor:	2 patients patient 1 and 2 are same patients from previous day. Both patients have same thing going on as before.	<ul style="list-style-type: none"> • Drew blood from PICC line • BS • Medication administration (PICC, PO, subQ) • Lab draw stick, R lower fore arm. x3 • V/S • NAK patients • PICC line dressing change
Block/Week: 1-1/3 Dates: 1/28/22 Unit: SICU Assigned Preceptor: Cheryl Wood Other Preceptor:	2 patients 1. 53y.o. Male. Sepsis, AMS, status epilepticus. Monitored on ventilator. 2. 77y.o. Male. ABD pain, N → Calculus of bile duct; perforation. Monitoring pain.	<ul style="list-style-type: none"> • Drew blood from PICC line • BS • DIC ART line • Watched exubation • V/S • Mobile lab • Medication administration (Peggy/IN) • DIC Foley catheter • Bed/linen Δ • Bedbath

Student Name: Shatoria Parks

Date: 1/15/22

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology- Hypercholesterolemia Coronary artery disease (CAD). Also known as ischemic heart disease, one of the most common types of heart vascular cardiovascular arteriosclerotic diseases. CAD is caused by a narrowing and/or blockage to the heart. There is a build up of plaque (arteries). The arteries are what supplies the "oxygen rich blood" to the heart.</p>	<p>2. Factors for the Development of the Disease/Acute Illness-</p> <ul style="list-style-type: none">• Physical inactivity• Unhealthy eating• HTN• Diabetes• Stress (wones)• Hyperlipidemia• CAD• Cardioiac cath	<p>3. Signs and Symptoms-</p> <ul style="list-style-type: none">• Fatigue• Pain (chest) - Angina• SOB• Indigestion• Weakness• HTN• Dyspnea
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <p>LAB drawn: complete blood count (CBC) - looking at electrolytes.</p> <ul style="list-style-type: none">• Electrocardiogram (ECG)• Echocardiogram• Blood test: triglycerides, cholesterol, -enol, lipoprotein, C-reactive protein, glucose, HbA1c.• Exercise test• CT coronary angiogram	<p>5. Lab Values that may be affected-</p> <p>LDL: high (increased) HDL: low (decreased) Triglycerides: high (increased) CRP: high (above 2.0) (increased) (sign ↑ risk for heart disease) Lipoprotein (a): high (in heart) BNP: high (protein in heart) Troponin T: high (determines protein in heart muscle) HbA1c: high (increased) because uncontrolled</p>	<p>6. Current Treatment- Coronary artery bypass (graft). (CABG) X3 ~ Aortic coronary bypass: LIMA to LAD (left internal mammary artery) and left anterior descending artery, SVG to diagonal (saphenous vein graft), and SVG to OM (saphenous vein graft) to obtuse marginal arteries arteries. After CABG - patient currently: mediastinal/pleural CT to water seal (air and fluid drain from cavity). CXR: check check placement, and pneumothorax.</p>

Student Name: Shatoria Parks

Date: 1/15/22

<p>7. Focused Nursing Diagnosis:</p> <p>Decreased Cardiac Output</p> <p>8. Related to (r/t): anoxia abnormal high concentration of fats/lipids in the blood.</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Provide supplemental oxygen as needed. (mid flow nasal cannula 15L)</p> <p>Evidenced Based Practice: Reduced Cardiac Output can cause reduced delivery oxygen in circulation.</p> <p>2. Educate on use incentive spirometry use</p>	<p>12. Patient Teaching:</p> <p>1. Describe signs and symptoms of decreased cardiac output, and ways to increase it.</p> <p>2. Teach patient how to turn cough deep breathe.</p> <p>3. Educate patient on heart healthy foods - cardiac diet.</p>
<p>9. As evidenced by (aeb):</p> <p>Fatigue, hypotension, restlessness, and dyspnea</p>	<p>Evidenced Based Practice: Device will help maximize ventilation. ↑ lung volume, flow and alveolar inflation.</p> <p>3. Walk patient twice per shift. Minimum 100 ft.</p> <p>Evidenced Based Practice: Improving physical mobility decreases risk for after surgery decreases risk for atelectasis, and inadequate gas exchange.</p>	<p>13. Discharge Planning/Community Resources:</p> <p>1. Teach patient how to exercise at home - simple activities. Walking, gardening.</p> <p>2. Teach client signs and symptoms of decreased cardiac output normal pain, and pain that needs a call to your doctor.</p> <p>3. Teach signs of worsen heart failure — sudden weight gain 2lbs in 1 day / 5lbs in 1 week.</p>
<p>10. Desired patient outcome:</p> <p>Patient will present within normal range oxygen levels, upon discharge (>95%)</p>		

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)		Circle IVF Type		Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications	
N/A		<input type="checkbox"/> Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic		NA	NA	NA	
Student Name: ShaToria Parks Unit: SICU Date: 1/15/22 Allergies: N/A							
Generic Name	Pharmacologic Classification	Therapeutic Reason	Patient Initials:	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessments, Teaching, Interventions (Precautions/Contraindications, Etc.)
TRICOR (Fenofibrate)	Antilipemic	↓ cholesterol levels and low-density lipoproteins ↓ pruritus	O.R.	Yes	/	N/V, PE, Fatigue, weakness, Angina, vertigo	1. Liver function test 2. Report GI symptoms 3. Teach risk factors (smoking, diet, high fat, alcohol consumption) 4. Monitor lipid levels
LOVENOX (Enoxaparin)	Anticoagulant Antithrombotic	Prevention of DVT		Yes	/	Hemorrhage, Fever, hematoma, osteoporosis, Eosinophilia	1. Avoid OTC 2. Use soft bristled toothbrush 3. Report any signs of bleeding 4. Monitor blood studies
MORPHINE	Opioid analgesic	↓ pain		Yes	Over 4-5 minutes dilute w/ atleast 5ml of NS.	BRADYCARDIA, DROWSINESS, SNOCK, HA, CONFUSION, resp. depression	1. Assess pain 2. Monitor I/O 3. Monitor CNS Δ's 4. TX overdose = Narcan (naloxone)
ZOFRAN (ondansetron)	Antiemetic	Control N/V		Yes	Dilute single dose in 50ml of NS. NACH over 15 minutes 4mg can be given undiluted	HA, EPS, dizziness, bronchospasm, -sm, DIC, Fatigue, dry mouth	1. Assess for EPS 2. Teach reasoning for medication 3. Assess for N/V 4. Report diarrhea

Adult/Geriatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Student Name: SHATORIA PANKS		Unit: SICU	Patient Initials: O.R.		Date: 1/15/22	Allergies: NKA
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP - List diluent solution, volume, and rate of administration IVPB - List concentration and rate of administration	Adverse Effects
Coreg (Carvedilol)	Antihypertensive	↓ BP in HTN	12.5mg PO BID	Yes	/	PG, CHF, insomnia, fatigue, depression, dizziness, HA, weakness, fatigue, vertigo, nausea, tinnitus.
Glucophage (Metformin)	Antidiabetic	Blood glucose at normal levels	2,000mg PO BID	Yes	/	1. TEACH SX of hypoglycemia 2. TEACH self monitoring regularly. 3. Take w/ meals 4. wear medical bracelet.
Colace (Docusate Sodium)	Laxative	prevent dry hard stools, softened stool/fecal impaction	100mg PO BID	Yes	/	1. Take w/ full glass of water 2. Assess for cramping 3. May take up to 3 days to soften up stool 4.
Lipitor (Atorvastatin)	Antilipidemic	↓ cholesterol levels and LDLs ↑ HDLs	20mg PO QHS	Yes	/	1. tx takes several years 2. monitor renal studies 3. Stay out of sun, protective clothing 4. monitor renal/liver studies
Singular (Montelukast)	Broncho-dilator	Ability to breathe w/ ease	10mg PO QHS	Yes	/	1. Avoid hazardous activities 2. Not to be used w/ acute asthma attacks - teach 3. Monitor CBC, blood studies 4. Monitor for behavior dx, suicide.
Humalog Admelog (Lispro)	Antidiabetic	↓ blood glucose levels in DM. (Rapid acting)	sliding scale SUBQ Q2HR	Yes	/	1. Give 15 minutes before meals. No longer any mouth. 2. Teach sx of ketoacidosis 3. Teach sx of hypohyperglycemia

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Student Name: Shatoria Parks		Unit: SICU	Patient Initials: O.R.		Date: 1/15/22	Allergies: NKA	Appropriate Nursing Assessment, Teaching Interventions (Precautions/Contraindications, Etc.)
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	
Zestril (Lisinopril)	Antihypertensive ACE Inhibitor	↓ B/P in HTN & preloads, deterioration in CHF	20mg PO DAILY	Yes		vertigo, N/V, depression, stroke, myoD -fusion, anorexia	1. HOLD FOR SBP < 110 mmHg 2. ASSES blood studies 3. MONITOR B/P before q1 - ven medication 4. CHECK Kt levels
Adalat CC (Nifedipine ER)	Calcium Channel Blocker	↓ angina pectoris, ↓ B/P in HTN.	90mg PO DAILY	Yes		ANXIETY, HA, TREMORS, INSOMNIA, WEARINESS, DYSRHYTHMIA	1. TAKE ON EMPTY STOMACH 2. DO NOT CRUSH OR CHEW 3. HOLD FOR SBP < 110 mmHg 4. limit caffeine consumption
ECOTRIN (ASPIRIN)	NONOPLOIDIC analgesic	↑ pain, inflammation, absence of MI, transient ischemic attacks	325mg PO DAILY	Yes		GI bleeding, ulcers, N/V, COMA, CONFUSION, PLANNING LOSS	1. TAKE w/ 8oz of water 2. OVERDOSE GI BLEEDING → LAVERGE, ACTIVATED CHARCOAL 3. MONITOR CBCs liver studies 4. ASSESS hepatotoxicity.
Miralax (polyethylene glycol 3350)	ALOE		17grams PO DAILY	Yes		DIC	1. 2. 3. 4.
PROTONIX (PANTOPRAZOLE)	Proton Pump Inhibitor	Absence of epigastric fullness, pain, burping	40mg PO DAILY	Yes		HA, INSOMNIA, PANCREATITIS, DIARRHEA, WEIGHT Δ's, DNE, myalgia	1. DO NOT CRUSH OR CHEW 2. MONITOR hepatic enzymes 3. AVOID alcohol/moradours activities 4. REPORT severe diarrhea.