

Student Name: Melanie Inman

Date: 2/13/22

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology- Alcohol intoxication desire for detox. Sz & detox in the past Substance abuse Symptoms of alcohol withdrawal occur because alcohol is a CNS depressant. In the pt. ethanol dependence, only the constant presence of ethanol preserves homeostasis.</p>	<p>2. Factors for the Development of the Disease/Acute Illness- Risk factors for alcoholism include social, genetic, environmental and cultural factors. Dysfunctional families with marital problems, financial problems, often produce a disproportionate number of alcoholics. Individuals who suffer from depression, bipolar disorder and social anxiety are much more likely to develop alcoholism</p>	<p>3. Signs and Symptoms- Belligerent Restless, anxious Staggering gait Slurred speech Decrease in inhibitions</p>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis- Cocaine (+) EtOH - 486 Blood alcohol level</p>	<p>5. Lab Values that may be affected- Electrolytes, Liver function tests Vitamin B, Thiamine Glucose</p>	<p>6. Current Treatment- Civa scale assessment Monitor for seizure activity and initiate seizure precautions Banana Bag - Bolus then 100ml 0.5, 100mg Thiamine @ 4ml/hr 1mg folic acid, 1mg magnesium, Vitamin deraepam 2mg-1MPg 2' prn Protonix 40mg BID</p>

<p>7. Focused Nursing Diagnosis: Anxiety/Fear related to perceived threat of harm Risk for injury</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Assess the possible cause of anxiety or fear Re-examine the patient's anxiety level now & then - estimate seizure precautions. Evidenced Based Practice: During acute withdrawal frequently monitor patients when the acute withdrawal phase it is important to observe for the development of H+H. The increase in BP & HR can be caused by extreme hyperactivity. Evidenced Based Practice: Administer the required fluids and electrolytes as prescribed. Administer alcohol abuse diagnosis and electrolyte imbalance. 3. The patient to fluid balance and electrolyte imbalance. Evaluate & monitor lab results support the patient during ambulatory and self-care activities to prevent patient. Evidenced Based Practice: from falling ensure the patient's environment is secure and safe. To promote patient's safety & wellness especially if there is poor hand-eye coordination</p>	<p>12. Patient Teaching: 1. Educate the patient on the consequences of alcohol withdrawal. Educating the patient would lead to awareness of the situation giving her a sense of control. 2. Include the patient in the planning process to reduce stress and anxiety. importance of social support and strategies to obtain it. 3. relaxation techniques to minimize stress.</p>
<p>8. Related to (r/t): Alcohol withdrawal Impaired motor and sensory function</p>		
<p>9. As evidenced by (aeb): hypotension Panic attacks, increased BP and heart rate Staggering staggering gait Confusion</p>		<p>13. Discharge Planning/Community Resources: 1. Social Services consult re: possible long term Rehab placement. 2. 3.</p>
<p>10. Desired patient outcome: The patient will verbalize her fear and anxiety and effectively express control over her own life. The patient will not be subject to harm or physical injury.</p>		

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complication
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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	Appropriate Nursing Assessment, Tea Interventions (Precautions/Contraindications)
Student Name: <i>Melanie Lerner</i>		Unit: <i>AED</i>	Patient Initials: <i>C. H.</i>	Date: <i>2/13/22</i>			
<i>Banana bag</i>	<i>IV fluids</i>	<i>nutritional deficiencies</i>	<i>1/1 Botoc x 1 bag then @ 42ml/hr</i>	<i>Yes</i>	<i>Banana bag NS, folic acid, thiamine, multi vitamin, magnesium</i>		<i>Monitor vit (IV) for infiltration</i>
<i>Lorazepam</i>	<i>Benzodiazepines</i>	<i>anti anxiety, sedative, hypnotic</i>	<i>1/1 P/N 2mg q 20 P/N</i>	<i>Yes</i>	<i>/</i>	<i>dizziness, drowsiness, lethargy, HN, slurred speech</i>	<i>Assess degree and manifestations of anxiety and mental status,</i>
<i> pantoprazole</i>	<i>Proton pump inhibitor</i>	<i>anti ulcers agent</i>	<i>40mg 1 tab BID</i>	<i>Yes</i>	<i>/</i>	<i>Headache, abdominal pain, flatulence, diarrhea</i>	<i>Assess pt, routinely for epigastric or occult blood in stool, assess for gastric appropriate</i>

Print Student Name: Melanie Inman
Unit: AED

Clinical Week # 4, 5, 6

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]**

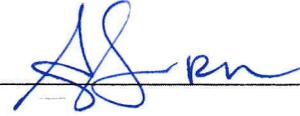
(Graduate Competency-GC)	Below Average Performance Needs Significant Guidance	Satisfactory Performance Needs Average Guidance	Outstanding Performance Needs Minimal Guidance
Student uses the Nursing Process to provide comprehensive, evidence-based nursing practice. (GC 1)			✓
Student coordinates and develops 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?

Being a LVN for many years has given her the widespread knowledge of how medicine has been and how it is changing which gives her the interest in learning new ways.

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

Being more assertive and taking on a more leadership or independent role.

Preceptor Print & Sign: Amy Gillispie / 

Date: 2/16/22

Student signature: Melanie Inman

Date: 2/16/22

Print Student Name: Melanie Inman
Unit: AED

Clinical Week # 4,5,6

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 ✓ 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)			✓
I coordinate and develop a plan of care using time management and prioritization. (GC 1 & 3)			✓
I make safe clinical decisions. (GC 3)			✓
I advocate for patient/family rights and quality nursing practice. (GC 4)			✓
I use professional, assertive, and collaborative communication. (GC 2, 5, & 6)			✓
I document according to agency/unit standards. (GC 2)			✓
I develop teaching/learning strategies to meet patient/family needs. (GC 3 & 7)			✓
I assume a leadership role in clinical practice. (GC 6)		✓	
I am self-directed and demonstrate an interest in learning. (GC 8)			✓

2. What do you think are your personal strengths? *Compassionate and empathetic regardless of what patient is being admitted for.*

3. What have you identified as a personal opportunity for improvement? *Slowly learning to be a little more assertive, it's not really in my nature, but I'm slowly gaining more confidence*

Student Signature: Melanie Inman

Date: 2/16/22

Print Student Name: Melanie INMAN
 Unit: AED

Clinical Week # 4, 5, 6

Time & Attendance Record of Precepted Clinical Experiences
 (To be filled out daily at the end of each shift.)

Date:	Total Hours:	Location:	Preceptor: Print & Signature (Please print legibly)	
1/31/22	12	AED	Print: .	<u>Amy Gillispie</u>
			Signature:	<u>[Signature]</u>
2/7/22	12	AED	Print:	<u>Amy Gillispie</u>
			Signature:	<u>[Signature]</u>
2/13/22	12	AED	Print:	<u>Amy Gillispie</u>
			Signature:	<u>[Signature]</u>
2/16/22	12	AED	Print:	<u>Amy Gillispie</u>
			Signature:	<u>[Signature]</u>
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****Important to keep up with and submitted to your advisor****

Print Student Name: Melanie Inman

Clinical Week # 4, 5, 6

Unit: AED

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: Melanie Inman

Date: 11/31/2022

Print Student Name: Melanie Inman Clinical Week # 4,5,6
Unit: AED

EVALUATION OF PRECEPTOR BY STUDENT

Name of Preceptor: Amy Gillispie Clinical Unit: AED

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.)	1	2	3	4	5
Stimulates me to learn independently	1	2	3	4	(5)
Allows me autonomy appropriate to my level/experience/competence	1	2	3	4	5
Organizes time to allow for both teaching and care giving	1	2	3	4	(5)
Offers regular feedback (both positive and negative)	1	2	3	4	(5)
Clearly specifies what I am expected to know and do during the training period	1	2	3	(4)	5
Adjusts teaching to my needs (experience, competence, interest, etc.)	1	2	3	4	5
Asks questions that promote learning (clarifications, probes, socratic questions, reflective questions, etc.)	1	2	3	4	(5)
Give clear explanations/reasons for opinions, advice, or actions	1	2	3	(4)	5
Adjusts teaching to divers settings (bedside, charting, nurses station, etc.)	1	2	3	4	(5)
Coaches me on my clinical/technical skills (patient history, assessment, procedural, charting)	1	2	3	4	(5)
Incorporates research data and/or practice guidelines into teaching	1	2	3	4	(5)
Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)	1	2	3	4	(5)
Teaches effective patient and/or family communication skills	1	2	3	4	(5)
Teaches principles of cost-appropriate care (resource utilization, etc.)	1	2	3	(4)	5

1. What did you like best about your preceptor? *Very knowledgeable. Answered all my questions. Allowed me to do many things within my skill set, which helped improve my confidence.*

2. Do you have any suggestions for your preceptor to consider when working with future students?
I thought she was great.

Student Signature: Melanie Inman Date: 2/16/22

Student Name:

Melanie Dorman

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..
<p>Block/Week: 2/5 Dates: 2/13/22 Unit: AED Assigned Preceptor: Amy Other Preceptor:</p>	<p>47 Fe ETH PMHx. Seizures & detox, Bipolar cocaine (+) ETH 486, still drunk, no other belongings, staggering gait, anxious, admitted 36 male PMHx; substance abuse, alert & oriented, dizziness, D/T alcohol of detox. Request discharged observation, anxiety 63 Fe a fib, Tachycardia 160 admitted to telero floor</p>	<p>IV Start @ arm 209/ IV fluids, med admin. 25, UA, Blood work anxiety assessment med administration IV fluids, anxiety assessment teaching Bde IV, discharge teaching social services. IV meds, Blood draw EKG, assist to BR UA, IV fluids</p>
<p>Block/Week: 2/6/22 Dates: 2/16 Unit: AED Assigned Preceptor: Amy Other Preceptor:</p>	<p>68 male SPD by Phobik 5th yr. yest. Penetrative sites now bleeding moderate amounts. - 7 unit blood taken to med, admitted to floor 78 male AMMS, SPD Fall, Confused, Slow to respond. Dr. Moseovic and admitted to hospital 76 Fe Fx, femur, SPD Fall - admitted for surgery in am 85 y.o. male @ femur fx. SPD Fall, Confused oriented to name only</p>	<p>IV Start + Blood work, MET 12 Start 14 injections 1V fluids Foley, fluids, 02, Covid test ur Batus x1 has UA 150, 1000mg 2100ml N5 a 33ml/hr. Blood work Covid test, Foley, ECG, Blood draw</p>

Please fill this out during your rotation and email to your advisor. Look at your clinical grid to see the week of your clinical assignment. If you had a different preceptor other than your assigned one, include their name (first, last), have them also sign your "Record of Precepted Clinical Experiences" sheet, complete an evaluation on your performance, and you complete an evaluation on them also.

Student Name:

Melanie Sumner

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?
Block/Week: <i>2/1</i> Dates: <i>11/31/22</i> Unit: <i>AED</i> Assigned Preceptor: <i>Amy</i> Other Preceptor:	<p><i>66 Fe Chest Pain, telom. admitted</i> <i>Stew test to be done -</i></p> <p><i>36 Fe small Bowel Obstruction</i> <i>lean lig. diet, w/ i nursing assist</i> <i>not w/ Pain - admitted</i></p>	<p><i>US, medication administration</i></p> <p><i>11 medications</i> <i>Trandolapril 15mg, Norgestrel 5mg PRN</i></p>
Block/Week: Dates: <i>2/1</i> Unit: <i>217/122</i> Assigned Preceptor: <i>Amy</i> Other Preceptor:	<p><i>49 Fe SOB, asthma exacerbation, H1b DM</i> <i>Abat. Pain, Biliary colic HTR, H1b</i> <i>anxiety, Depur. or, hemoptysis, Productive</i> <i>SOB x 1 month, worse at night admitted</i></p> <p><i>81 Fe discharge, Anorexia nervosa, AMS</i> <i>40 MIE 3 wks, HD, HTR, Fe, whole body, Hyst, ED</i> <i>Bilat. TFA, V thyroid - admitted</i></p> <p><i>59 male - possible GI Bleed</i></p>	<p><i>11 med, 20 med</i> <i>Blood for 92-225</i> <i>Solu Medrol 125mg, 11P</i> <i>CTD Diet, anxiety assessment</i></p> <p><i>51mg, 20g FA</i> <i>20g FA @ 1500</i></p> <p><i>NG tube placement hooked to suction</i></p>

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