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. During clinical, I implemented a plan of care and was able to aid in my patient's immobility as seen in his loss of muscle mass and balance issues. I chose to implement walking with my patient to the nurse's station, 20 feet there and back, with a walker. My plan of care was to provide assistance in my patient's muscle and bone strength as well as to improve my patient's balance. I was able to identify a problem, utilize his background of a history of falls, Assess my patient's strength, balance in gait, and recommend for him to take a walk two times a day challenging himself to get further and set goals of achievement. I was able to re-assess whether my patient's strength and balance were improving by the next shift, which it had. He enjoyed walking and stated he feels he's "getting stronger and better at walking with the walker". He also enjoyed seeing the hall and other people as an added bonus. I was glad I was able to help him get one step closer to recovery and discharge. 2. I defined a plan of care during SIM simulation clinical when I was able to identify that my patient was becoming hypoglycemic, as seen by her stating feeling cold, confused, and losing consciousness, and also checking a blood sugar that read as 32. I was able to implement the need to call the doctor immediately as her status was declining and she was unable to drink orange juice. I was able to use situation, background, assessment, and recommendation (SBAR) to inform the doctor of the patient's current status and what led up to the situation. I was calling for recommendations and orders. The doctor ordered D50, I was able to administer the D50 and the patient's consciousness returned and she became alert. I reassessed the blood sugar with the glucose monitor and it had come up to 87. The effectiveness of my call and the doctor's order allowed me to assess and provide interventions necessary to revive my patient.
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. In clinical practice I was able to identify the need for my patient's diabetes to be better monitored with a glucose monitor for his home. I was able to communicate with case management the importance of getting the doctor to prescribe a glucose monitor for a patient that has had diabetes for 2 years. I was able to use professionalism by using SBAR when explaining the reason for my patients admittance of hypoglycemia, his health history, and currently being discharged with an unsafe discharge. I used Team STEPPS in the form of a huddle with the case manager and charge nurse as well as with my nurse to identify the ultimate risk of re-admittance of hypoglycemia if we do not provide him the necessary equipment to improve his health and safety lies on our care plan. The outcome of the communication process allowed the huddled team to agree that he needs a glucose monitor in order to provide a safe discharge from the hospital. Learning about how the ladder of command works for you. 2. During clinical I was able to be a part of a code blue for a patient. I was able to interact fully with doctors, charge nurse, and other nurses to attempt to revive the

			patient. I was able to be aware that Team STEPPS practices such as debriefing occurs not only at the student nurse to instructor level but also to the entire unit staff in regards to how they feel the code went, what they could improve on, and how to provide better life resuscitation. By doing so the unit was able to evaluate in the future codes, thinking quicker, and faster will improve because the unit as a whole has identified tasks, roles, equipment and communication forms that need to be present in order to have the best outcome for the patient's life during a code. We as students even had our own briefing after to discuss the good and bad we saw during the code. I was even able to be applauded by my peers on a job well done.
Critical Thinking	Apply evidence based research in nursing interventions.	- Analyze pertinent data (subjective, objective) - Identify evidence based practice (EBP) resources - Distinguish EBP nursing interventions - Apply EBP nursing interventions - Document resources & interventions	1. When me and my nurse were hanging acetaminophen as a secondary, I had the opportunity to make sure to verify my patients seven rights (Right patient, medication, dose, route, time, reason, documentation). I was able to verify the compatibility and hanging the secondary with a primary per hospital policy anytime you are administering a secondary using the pump. I was before going to the patient room able to prime my tube so to avoid air embolisms or loss of medication per policy of The Joint Commission. Lastly I ensured that my primary solution was hanging below my secondary and that when administering the medication I verified my patient allergies and compared the order with the patient's EMAR. Set the pump to the right rate, ensured to clean the hub as prevention and checked for any other safety measure's that could harm or injure my patient. 2. My second favorite tasks that I was able to utilize critical thinking is by preforming a lab draw. During this process I put on gloves and I also made sure to follow the policy of one needle, one syringe, and one time. I gathered my Luer-Lok vacutainer sleeve, the lab tubes necessary, alcohol swabs to clean the site before sticking and a tourniquet the to ensure finding a a good vein, before entering the room, as well and bringing all other supplies, like labels for the patient and hazard bags to stick my patient labs in to go down to laboratory for testing. In addition, I also made sure to bring extra supplies in the case that I needed to re-stick my patient sticking the one needle, one syringe, one time. Lastly after gaining access to the vein and getting return, I placed the tubing in slowly so to prevent hemolysis of the blood sample and ensured to cover up with a cotton swab and band-aid to ensure prevention of infections or risk to the now broken skin site. I placed the lab in the bag and ensured a safe delivery. I rechecked if the lab had been received for testing and cultures.
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. In clinical, nursing and health care standards were seen by providing my patient privacy while charting. HIPAA is highly seen in epic charting in the fact that you can no longer pull up the entire unit like MEDITECH used to, but instead prior to even pulling patients over it is important that you only access the patients for which you are caring for. The concerns that we were informed of prior to clinical and accessing charting is that it is a violation of the patients rights as well as illegal to access patients for which I was not caring for. I also found it interesting that when I asked

			the charge nurse why the names were no longer visible like the previous care board at the nurses station, she informed me that it used to provide more secure care and privacy for people that could be walking by the nurses station and seeing who is all on the unit. 2. In clinical, quality and safety education for nurses (QSEN) was seen all over the unit. The safety concern for falls is not only a priority unit specific, but also hospital wide. The implementations, education and information during huddle is seen daily on the unit before the shift is started. After huddling, these fall precaution practices are seen on unit doors, in patient's wrists and even by the attire and footwear that a patient wears in order to prevent falls. By implementing these precautions and practices, we are striving to create a better patient environment and allowing the patient to have their freedom of ambulating but also providing a subtle way of saying they need assistance with walking and be precautious if you see them walking alone. I was able to provide this caring relationship by checking easily that if I assessed or asked if they were concerned about balance and safe walking that I placed yellow socks on their feet and updated the practices of attire and wrist banding to ensure that QSEN practices are being upheld.
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. During clinical I had a patient that was being discharged home that lived alone and that had denied home health. I assessed his safety conditions living alone through conversation and reminded him that with having uncontrolled diabetes and hypoglycemia that is it important that we follow up with his discharge by knowing that he is understanding how to maintain a good blood sugar level as well as removing or suggesting safety implementations that he could consider such as scatter rugs, appropriate lighting, removing cords and wires so by doing so we avoid his neighbors finding him laying on the floor from a fall or hypoglycemic episode. The resources I used from case management as well as notes and information I was able to obtain from physical and occupational therapists informed me of better allowed me to initiate a better discharge plan for him for his safety and well-being with diabetes and a history of falls. 2. During clinical as mentioned my patient who was diagnosed with type 2 diabetes 2 years prior was going home for the first time with a new walker and a glucose monitor. I took the opportunity with the nurse to consider his co-morbidity of diabetes spoke to case management about getting him a glucose monitor and waiting for the doctors order and the arrival of his new glucose monitor I took the opportunity the next couple of times to educate him on how to properly check his blood sugar and has him provide to me teach back by telling me what to do as I checked his last blood sugar before my clinical day was over. I was able to identify his need for a glucose monitor and use the appropriate resources like case management. Initiating a discharge plan to ensure that he had the understanding gave me peace of mind as he correctly educated me on how to properly check his blood sugar and where to dispose of the material needed to do so.

Leadership	Participate in the development of inter-professional plans of care.	- Identify/define inter-professional plan of care - Integrate contributions of health care team to achieve goals - Implement inter-professional plan of care	1. During clinical the inter-professional plan of care was seen when the chaplain came to visit my patient and his family as they considered hospice at home. This inter-professional team provides the means and comfort as the patient decides to remove aggressive care and who aids in the administration of medicine, and helps with activities of daily living. The family considered his age and condition as well as spoke to him about his wishes and although they had a difficult time accepting his wishes they respected him and when seeing them cry about it, I knew that I needed to suggest to my nurse that Chaplin may be a good idea for the family and patient as they grieve what is to come. After the chaplain visited with the family I could see signs of peace and acceptance as they loved their dad and knew he was happy. 2. During clinical another inter-professional plan of care team was seen when wound care was consulted for a patient that had been admitted for an abdominal abscess. Later that abscess was debrided by a physician and was needing daily dressing changes as the wound began the healing process. I was able to assist and watch the dressing change and impaction of gauze with Vashe and she performed the dressing change. She showed me the importance of measuring the site with a q-tip and packing it not fully but enough to provide protection to the wound as it heals. I was able to ask questions and find wound care nurses a pretty interesting job and now I will be working with wound care nurses in the future of bedside as many of our patients sadly need treatment for wound healing.
Teaching	Evaluate the effectiveness of teaching plans implemented during patient care.	- Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes	1. During clinical practice I was able to integrate my knowledge of alcoholism and the effects it had on my patient that was admitted for hypoglycemia. I was able to provide him with education through verbal conversation on how to best maintain his blood glucose being a diabetic and informing him that alcohol worsens by blocking the liver to make new glucose. He seemed surprised to now know this information and stated that he would consider limiting his consumption of alcohol so that he does not get admitted to the hospital for hypoglycemia. After we had our discussion about controlling his glucose. I asked him again later in the day if he remembered what I had informed him on to which he replied “I will limit my drinking because it makes my sugar go low”. I thanked him for remembering and reminded him that we just care about his well being and want to see him out and about rather than stuck in here. 2.During clinical I had many teaching opportunities but one of my favorites was informing my elderly malnourished patient the importance of eating a good healthy meal and that although eating can get exhausting it should be enjoyable and that he can even consider breaking up his breakfast and lunch trays into small meals every 2 hours. By doing so he will not become overwhelmed and associate eating with exhaustion. I was able to implement this by assisting him with breaking up his tray’s meals and also bringing him a snack from the bedside table. It made him feel like he was getting his nutrition but not being intimidated by a full tray of food. After informing him of these ways in which he can get meals in, I noticed he was taking small snack sized bites. When reevaluating my teaching to see whether he

			liked my suggestion or had anything that I could learn from him so that I can teach others he thanked me for teaching him something so simple that he had not considered.
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. During clinical practice my patient was admitted for abdominal mass. Although, I had his morning medications. He was ready to get up and sit at the bedside to eat breakfast and work with physical therapy. I was able to prioritize that although I had his medications and Enoxaparin, the priority of treatment was to get my patient his pain medication as the pain medication would aide in his ability to sit at the side of the bed more comfortably but, also to assist it him by giving him a comfortable state of being when working and ambulating with physical therapy. By doing so I also remembered to administer his Ondansetron to ensure that he does not have vomiting and he is able to keep onto the nutrition that will aid him in his recovery. 2. During clinical I was able to assess and identify that my patients heart rate was weak and thready and that his blood pressure was low. During the morning report I had received that the patient's blood pressure was low last checked at three in the morning. I was able to check his blood pressure for myself and identified the blood pressure finding still low. By gathering this data when pulling his morning medications I was able to quickly realize that he did not need for his Metoprolol Succinate as it would decrease his already low blood pressure and place him in a worse condition. Although I had to override the medication with my nurse in the medication room I would have much rather done the override than to have given the medication and had his blood pressure plummet. After holding the Metoprolol I rechecked his blood pressure frequently to identify worsening or improvement of his blood pressure.