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. One of my first patients in this module is a patient with a bone scan. I did not choose him as one of my primary patients, but I can certainly remember him because he was very reluctant and tired when we spoke about leaving his bed. One of the topics I remembered in nursing school was the importance of moving your extremities to prevent DVT. It was a day since his bone fluid scan when I met him. With the permission of the physical therapist, I asked him to do more movements such as moving to sit on his chair. I also asked him that he start doing foot pumps, too. Whenever I'm not answering call lights or filling up paperwork, I always stop by his room to remind him on moving his arms and legs. I would even offer to move his legs for him to perform passive range of motion. 2. Since the nurses were having a terrible time transitioning to EPIC, my classmates and I have been tasked on taking vital signs, giving baths and answering call lights. During the morning turn-over, the nurse said that she's lethargic. When it was time for us to get her vital signs, I performed a neurologic assessment on her. I asked her and she was oriented x3. She also had a blood pressure was on the 90's. I decided that the least I could do is give her some food and have a conversation to keep her awake. I told her that she at least take her boost, her yoghurt, and the orange juice to at least get her blood pressure moving. I thought I had done enough, but her blood pressure steadily declined and she was sent to the ICU.
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. After performing an assessment, the patient stated that he wore glasses before he got admitted to the floor. After asking some details, we traced that he came from the emergency department prior to getting admitted. Together with my instructor, I used the SBAR method while speaking to the emergency department. After telling the details such as what floor I was on and who the patient is, the emergency department said that they would give a call back as soon as they got news about the glasses. I immediately relayed the details of the call to the patient and it delighted them. 2. While answering call lights, I tended care to a patient with C. diff. He's a fall risk and he needed help to enter the bathroom. Knowing he's a contact precaution, I donned my PPE and proceeded to assist him. While he was in the bathroom, I checked his sheets and it was very soiled. I decided to fully change his sheets while he was moving bowels, but there were no new sheets, no diapers, and no blue bags available in his room. Since I am in a PPE and I have a fall risk patient in the bathroom, I decided to use the call light to obtain supplies. I also utilized the SBAR; saying my name, the room, and the materials I needed. A few minutes passed and a CNA arrived with the complete materials. I was able to change the patient's bed, placed him in a new set of diapers, placed his empty food tray on a brown bag, and replaced the full bag of used PPE's in his room. I was able to do this without leaving my patient's room and wasting a set of PPE because I communicated what I needed through the SBAR method.
Critical Thinking	Apply evidence based research in nursing	- Analyze pertinent data (subjective, objective) - Identify evidence based practice (EBP) resources	1. During the morning turn-over, I listened to the night nurse give report to one of my patients. The patient wears a high-flow and is on C. diff isolation. When we met

	interventions.	- Distinguish EBP nursing interventions - Apply EBP nursing interventions - Document resources & interventions	the patient, the nurses didn't enter the room. They only opened the door to greet the patient. I heard the patient say "I think the flow is too low." The nurses reassured him that his flow is okay and enough for him. My mind immediately said to check on him because its an oxygenation concern plus he was slipping low on his bed. I checked his O2 saturation and it read an 82. I raised his bed higher and told him to take deep breaths only to increase it to 86. I used the patient's call light to get respiratory on the floor for assistance. Respiratory changed his high flow from 80 L to 90 L, upping his saturation to 92. 2. When going over a patient's medication, my nurse and I had a our patient wanting to get morphine. His recent blood pressure was 96/52. He would not take his medication unless he got his morphine. The nurse and I thought of ways to give his medication. She said that she would give the morphine but only do half of what was recommended. I argued that we should wait until his blood pressure goes up and give him his medication, considering that the patient was lethargic when we visited him. It would only make his situation worse. I also went to the patient's room and explained the situation, convincing him to at least take his albumin to get his blood pressure up. He agreed, we checked his blood pressure and it went to 104/68, and finally gave him his morphine with his morning medication.
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. While giving my patient a bad bath, she was crying and constantly said "I don't want to die. This surgery will kill me." This worried me a lot and after giving her a bed bath, I combed her hair and asked her what she fears might happen. I spent a long time listening to her concerns, including her upcoming surgery failing and her family leaving her. When I left the room, I spoke to my nurse if she could her family come over to talk to her. The nurse was able to contact the patient's daughter come over for lunch and spend it with her. 2. One of my elderly patients has a risk for aspiration. She complained that her mouth is so dry and would love to have some water. I went to grab my patient a lip balm and used it generously on her lips. Luckily, her doctor came by while I was in her room and said that we can give her ice chips but only a small amount at a time. I had a pleasant conversation with her experiences abroad in the Philippines while I handed her some ice.
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. One of the patients I had has cellulitis on her left arm. When she called, I went into her room to ask her concerns. She stated that her arm was hurting with a pain level of 3. I told her to keep her affected arm elevated on the bed rail and soaked a clean wash cloth in her room with cold water, and applied it on the area that was hurting. Afterwards, I asked the patient's pain level and said that its down to a 1. I reached out to her nurse regarding her pain. The nurse took over and proceeded to give her pain meds. 2. Since my nurse was away getting breakfast, I decided to proceed on doing my assessments first. One of the patients I assessed has a said that he wasn't able to sleep well the night before. As soon as my nurse arrived, I asked her of we could bundle all our meds and procedures so that he can get some rest. My nurse agreed

			and we proceeded to perform everything we had to do on him before 0900. Before leaving his room, I told him that we can close the blinds and turn the TV to the calm music channel to make him more calm.
Leadership	Participate in the development of interprofessional plans of care.	- Identify/define interprofessional plan of care - Integrate contributions of health care team to achieve goals - Implement interprofessional plan of care	1. While answering call lights, one of my classmates' patients wanted to use the bedpan. I told her that her patient wanted to void on the pan, which she quickly attended to. I walked by to check in on her only to find out that she has not placed a bedpan on a patient before. I took some time and taught her how to: letting the patient turn on one side, placing the bed pan on the middle, and giving the patient some privacy as they do their business. Not only was the patient able to void on time, I also helped a peer expand her knowledge. 2. While answering another set of call lights, I answered a call from a lady who said that she might have wet her bed because of her incontinence. I referred the concern to my classmate who has that problem. She asked for help and I agreed to help her out. When we visited the patient's room, her sheets were drenched. My classmate did the peri-work and I prepared the sheets. It turns out that she doesn't know how to change a sheet with a patient on the bed. I took over the bed change and spent some time to teach her on making the bed: rolling the patient on one side, roll the soiled sheets under the patient while attaching the new sheets under her. This made the patient feel more comfortable.
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. One of my patients is had a corrective surgery for a Haital hernia. After helping pass my nurse pass meds, I spent time with my patient while changing his bed. The patient asked me how to use an incentive spirometer. I immediately recognized that a post-op patient needed to use the spirometer in order to prevent ateclactasis. I spent a few minutes teaching him how to use it; how to hold and read it, how to take a deep breath and holding it for at least 10 seconds, and resting afterwards. I asked him to demonstrate the use of it while I watched him and he did it wonderfully. I told him to use it during commercial breaks and reminded him that using it would keep his lungs in optimal condition. I expected him to utilize it, even until discharge. When I returned to his room after an hour to perform an assessment, I saw him using it correctly. He stated that he was using it after I told him what it was for. 2. One of the discharging patients had one of her family pick up some medication from the pharmacy. He wanted to know how to administer an Enoxaparin shot. He stated that it was his first time getting one because it was new on his prescription. As I passed medication with my nurse, I asked the nurse to oversee me teach the patient how to inject the shot. I taught him the process step by step as I administered the hospital-prescribed dose. Pinch the love handles, clean site with a swap, inject at a 90-degree angle, remove the needle, and the pinch. I also taught him to check his check his platelet counts, to rotate the sites, and not to rub it. With my nurse guiding me, I was able to teach a patient how to do a subcutaneous injection.
Knowledge Integration	Deliver effective nursing care to patients	- Identify patient health deficits - Prioritize care appropriately	1. On the first clinical week, I encountered a patient that complained that he could not breathe properly. The morning report on her has it noted that she's on 8 L post-

	with multiple healthcare deficits.	- Adjust plan of care based on patient need - Identify system barriers - Modify health care deficits identified	op. I immediately went to her room and took her oxygen saturation. She was satting at 86. I immediately raised the head of the bed and asked her to do deep breathing. I also told her to not think about anything else, just take a good inhale. I also followed the oxygen line and found out she was partially sitting on it. I asked her to move for a bit to loosen it. After a few, deep inhales, and a relieving pressure on the oxygen line, her saturation went back to 94. I told her that she was correct in using the call light. 2. There was a patient that wanted to go to he bathroom. I answered his call light and helped him. He's a fall risk but he wanted to move anyways. He was also newly admitted. I asked him that I can bring the bed pan to him so he doesn't have to stand and move. He insisted that he can't go until it's a toilet seat. He wouldn't accept a commode either. So I told him that I can help him but he needs to wear his socks and he'll need to move with his walker and a gait belt on him. I taught him how to move with a walker and explained why a gait belt is necessary for fall prevention. He agreed and we had a smooth transition to the bathroom and back.