

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.	<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. We implemented a plan of care for a patient that was experiencing impaired swallowing. This patient had suffered a stroke and as a result the patient was not able to speak, and she was also not able to swallow without difficulty. This was an obstacle that would affect the way the patient was able to take her medication. The patient still had medications by mouth, but we needed to take a different approach than just taking the pills with water. On my assessment I found that the patient's family would play an important role in the patient's care given the state they were in. We included the family in teaching about the medications so that we could provide the best care. We then crushed the medication and provided it in ice cream to deliver the medication safely. We gave each medication one at a time so that we didn't mix them all together. This process took a little time, but it was necessary for this patient.</p> <p>2. We had a patient that needed ambulation with assistance. The patient had not been out of bed and so we had assessed that it was time to get the patient to get some steps in. Another obstacle that we faced was the fact that the patient was disoriented. This made the ambulation difficult as the patient was not readily following simple commands. The patient was using a walker as we assisted the patient out of bed and in the best position for ambulation. This process did take significant time as it was difficult for the patient to understand our instructions. However, we took our time to promote patient safety. The patient was able to take steps slowly. We got the patient from the bed to the doorway of his room. It was at this point that we decided it was best to turn around and take the patient back to his bed. We didn't get him all the way to the hallway but decided that we did enough with the situation of the patient.</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. We had a patient that was scheduled to get a procedure done during my clinical day. This patient had an altered mental status and was not oriented. I was standing at the nurse's station filling out my assessment when the patient's family came out to ask about this operation. Their nurse was momentarily occupied in another patient's room. They wanted to know when he would be going down for the procedure and if he was able to eat something in the meantime. I did not know these answers so I said I would ask the nurse and get back to them. I found the nurse when she left the other patient's room and she provided me with this information. She had to into the chart just to double check the information. Once we got it all cleared up, I was able to go back to the patient's family and provide them with this information to clear up their concerns.</p> <p>2. We had a day where we were helping in getting vital signs for the patients. There was a shortage of staff that day so we helped where we could. Each of us got the vital signs of the patients that our nurse had. There was still a CNA there that was also getting some vital signs. Once I had gotten all the vital signs for my patients, I went to let the CNA exactly which patients I had gotten the vital signs for. This allowed her to know which ones were still needed. I also communicated with the nurse of any abnormal vital signs with the patients. There were a few patients with</p>

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			<p>experiencing some pain at that moment, so I passed this on to the nurse so that she could plan accordingly. I repeated this process again with the communication for the second round of vital signs we took.</p>
Critical Thinking	Apply evidence based research in nursing interventions.	<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. We had a patient that had a history of hypertension. The CNA called the nurse to let her know that the patient's blood pressure was high. Before the nurse acted, she wanted to make sure that the blood pressure was the correct measurement. She asked the CNA to retake the patient one more time on the other arm to make sure it was correct. After she got it again the CNA let the nurse know that it was again around the same blood pressure reading. We then went to see the patient ourselves. We also took another blood pressure so that we would be able to monitor and see if the medication would bring it down. I was then able to administer the medication as an IV push so that it would have a faster effect for the patient.</p> <p>2. I had a patient that was in the hospital for an infection. She was receiving antibiotics for the infection. As we were administering the patient's medication the patient said that she was starting to feel nauseous. Once she told us this, we then raised the patient up in the bed a little bit more. I also provided the patient with an emesis bag just in case the patient threw up before we could take care of it. The nurse then went to get some medication help with the nausea. While she did this, I went to grab a cool wash rag. I gave it the patient so that she could place it on her head as another measure to help her nausea. We let the patient to know that the medication should help and that if she needed help with anything to make sure and give us a call.</p>
Caring and Human Relationships	Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.	<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. A standard of patient care example that I can use for this is the process of administering IV push medication to a patient. There are standards of care that you must follow when providing medication in this IV. This is the same as any procedure in nursing, especially when giving medications. This process starts by drawing up the correct medication and going through all the steps to keep from making medication errors. I then went on to the process of administering the medication. I took the steps of opening the clam of the IV and then cleaning the hub before starting. I then flushed the catheter with a normal saline syringe. I then cleaned the hub again before connecting the syringe with medication. I then pushed the medication at a slow, constant rate over a few minutes. Once I did this, I then cleaned the hub again and flushed one last time with the normal saline to finish.</p> <p>2. I had a patient that had a JP drain in place. While I was there for clinical, they put an order in to get the JP drain removed. The nurse allowed me to do this skill under her supervision. This was my first time performing this procedure. I began this by first releasing the pressure from this drain. This is important so that the drain does not maintain suction as you are removing it from the patient. It was also important for me to cut the sutures before removing the drain. These are the steps you take to ensure patient safety. Once I completed this I was then ready to pull out the drain. I got the patient to focus on their breathing as I pulled out the drain in a constant, swift movement. I then made sure to cover the hole with gauze to finish</p>

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			this procedure.
Management	Recommend resources most relevant in the care of patients with health impairments.	<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. We had a patient that was not conscious and was receiving feeding through an NG tube. As we went into the patient's room to assess the situation, the patient was not in an ideal position. The patient's family let us know that she would move around a lot even if she was not conscious. This is when we collectively moved the patient up in the bed to have her in the best position to provide her care. We then raised the patient up to make sure she was at the proper angle for the tube feeding. We then checked the patient to see if she needed to be changed and found that she did need to be. These were all the needs that we assessed and addressed for this specific patient and situation.</p> <p>2. We had a patient that was recovering from a gunshot wound to the neck and shoulder. They had been improving and were close to being discharged. They had a tracheostomy in still but were progressing along the way in their diet. The patient had a sister that lived in Florida and wanted to get him into a rehab facility near her. The rehab facility was contacted, and it was close to being set up for this patient. However, one obstacle was with insurance since the patient was going to an out of state facility. This was one the last part needed to address for his discharge plan. The patient was also provided with the proper teaching and resources for his tracheostomy care.</p>
Leadership	Participate in the development of interprofessional plans of care.	<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 was wanting to get up and move around his room as he was tired of sitting down. This was a good sign as it promoted independence and his desire to get better and be involved in his care. I saw the patient walking around his room but only having a limited length he could walk. This was because he was also connected to oxygen, so this restricted his distance. I went to this patient to ask him if he would like an extension for his oxygen so that he could have less restriction. He agreed and so I went to get an extension and connected it. He was thankful that he could move around a bit more and I told him it was encouraging to see him moving around so willingly in terms of his care and goal of leaving the hospital. I let him know to keep this up and to let me know if he needs any assistance at all.</p> <p>2. We had a patient that was needing to ambulate with physical therapy. I was working on getting the medications with the nurse for the patient when physical therapy came to find us for assistance. We let her know that were almost done pulling the medications and would be there shortly. The patient and physical therapy were waiting on us to get started and so we went there to pass medications first, that included pain medication since she was about to work with physical therapy. The patient was also connected to the IV pump, but she was not receiving anything through her IV now. I disconnected her from the pump so that she would have less obstacles working with physical therapy. We then assisted in ambulating the patient together with physical therapy. This whole process was a positive one as was able to work around and with physical therapy to prepare the patient for her care.</p>
Teaching	Evaluate the	- Identify/define teaching plan	1. We had a patient that was not being compliant with his medication regime. This

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	<p>effectiveness of teaching plans implemented during patient care.</p>	<ul style="list-style-type: none"> - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes 	<p>patient was also in restraints The patient was detoxing from alcohol and many drugs. This also made the patient combative at times with his nurses. As I was getting the patient's medications ready, I also grabbed some ice cream to go along. This was needed for when we crushed the medications since the patient was also experiencing impaired swallowing. We went into the patient's room, and I proceeded to give the patient the medication. The patient was refusing the medication since he was in a great deal of pain. We had to teach the patient that the only way we could help the patient was by taking his medication. The patient was persistent in his refusal, but I had to continue the teaching and convincing to provide the proper care. I was finally able to get through to this patient so that I could administer his medication safe and effectively.</p> <p>2. I had a patient that was recovering from knee surgery. She was experiencing impaired mobility as well as pain. For this reason, we did a neurovascular check on her extremities. Our main priority was the comparison of her lower extremities. We taught the patient that this was done to make sure the patient was getting proper perfusion to the affected extremity. We also made sure to check for the rest of the p's so that we could make sure there was no other neurovascular damage. We also taught the patient that she was at greater risk for a blood clot because of her immobility and surgery. This was something we could keep an eye on and check frequently to catch any complications. This was also when we reeducated the patient about the reason for the enoxaparin injection. The patient was asking what precautions could be taken and so we reassured the patient the importance of this specific medication.</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. There was a patient that was in the hospital that was admitted after a traumatic motorcycle crash. The patient had experienced injuries to the entire left side of the body which included multiple broken bones and injuries. The patient also had an external fixator on his left leg. This patient was also on a lot of pain medication because of his injuries. This made him not as alert and a little obstacle when providing care for him. He had surgery on his left jaw and so he could not open his mouth very much. This made it difficult to administer some his medication. We had to continuously communicate and arouse the patient since he was drowsy from his medication. We were able to give him all his medication after a little bit of time and effort. The patient's leg was elevated but while he was asleep, he would move it around frequently. Repositioning this patient's leg throughout the day repeatedly was needed.</p> <p>2. There was a patient that had dementia. He was difficult to help at times as he did not want to cooperate with our nurse for most of the day. The patient had to receive medications, and this became a barrier as the patient was declining to take them. We had made our way around the other patients first as they were oriented, and we were able to complete their care. This patient needed extra measures as we found him not being cooperative to start off. Of course, this was not the patient's fault, but we needed to find a way to get the medication that he needed and the interventions that were needed. The way we were eventually able to deliver the</p>

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			medication was by adding it to some ice cream as the patient had been responding well to it and asking for some ice cream. Finding a way around this obstacle was challenging but we found a way to get creative and administer this necessary care.
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