

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. One my patients came in with a UTI at 11 weeks pregnant. The patient was young, carrying their first pregnancy, and fighting an infection that had begun to affect their kidneys. I came into their room to perform my initial head-to-toe assessment. Running through my routine assessment, everything seemed normal, until I made it down to the patient's toes and asked them to wiggle them. They quickly told me that they couldn't wiggle them and in fact, they couldn't even move their leg or even their arm. The patient had been experiencing right-sided paralysis since the night before and wasn't aware that it was an abnormal finding. The patient assumed that because they had an IV in that arm, that the paralysis must have been a normal side effect. After the patient explained everything to me, I proceeded to educate them on the importance of speaking up and advocating for themselves, especially once noticing something that's not normal to them. After educating the patient and ensuring they understood the events that were going to follow, I notified my nurse of the possibility of my patient having a prior stroke. After this, communication ran up the chain of command and the patient's plan of care completely changed from that point forward. After everything started moving in the right direction, I noticed the patient began speaking up for themselves a bit more throughout the day than they initially had.</p> <p>2. A patient on the floor called saying they needed to go to the bathroom. I was the one that happened to answer the call, so I went into the room. After laying eyes on the patient, I went out into the hall to find the nurse and verify what the patient's mobility status was. The nurse told me that the patient was unable to ambulate and that they would need to use a bedpan. I went back to the room and told the patient that I could get them on a bedpan so they could use the bathroom and they insisted that they wouldn't be able to go in the bed. After talking to the patient, a little more, I realized they were having a difficult time using the bedpan because it made them feel like they were going to mess up their bed. I completely understood the patient's concerns because using the bathroom in bed isn't what one would normally do, its different and out of our comfort zone. I spoke with the patient about their concerns and explained to them that everything was okay. That they had a pan under them and that their linens shouldn't get dirty, but that if they did, it would be okay because I would help them get cleaned up right then and there. After some convincing and after I calmed them down, they were finally able to go and felt much more comfortable and at ease afterwards.</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. Once it was time to perform the 11 o'clock vitals for the floor, my fellow nursing students and I set out to obtain our patient's vitals. Before doing so however, I went and found the CNA to ensure that they knew which patient's I would be doing vitals on so that they wouldn't have to worry about them later on. After getting through two of my patient's another student who had the same nurse as I did came and found me to ask which patients had I done, I told them that I was working through our patient's. They had been off taking care of another patient at the time, so they weren't sure where they needed to start. So, after communicating with each other, we were able to develop a plan and they proceeded to get our other</p>

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			<p>two patient's vitals. After we finished, we met back with the CNA to ensure they knew which patients had been taken care of and to ensure they didn't need any other help from us before we left for lunch.</p> <p>2. The nurse I had been assigned to for the day also happened to be precepting another nurse. They were trying to ensure that not only I was taken care of, but that also the nurse that was in training was also being taken care of. Being that I was unable to pass medications with the nurse in training, I communicated to my nurses that I would instead be able to either pass medications with the nurse precepting or even my instructor. After discussing the patients in depth and devising a plan, we decided the nurse and their trainee would go and cover three of our other patients, while my instructor and I covered our last patient. After my instructor and I completed our med pass, I then circled back to my nurses and we discussed what tasks we would each complete from that point forward and in doing that, we were able to ensure that each patient was taken care of and that all necessary tasks had been completed in a timely manner.</p>
<p>Critical Thinking</p>	<p>Apply evidence-based research in nursing interventions.</p>	<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. One of my patient's had been having a difficult time breathing. Their oxygen saturation was ranging anywhere from 94%-98%, but they were just feeling as though they couldn't catch their breath. The patient also happened to be fighting an infection due to pneumonia and they just couldn't understand why they weren't feeling better. The first thing I thought to do was raise the patients head of the bed, to in hopes open up their airway a bit to aide in perfusion. I then asked if they had been using their incentive spirometer. They said that they had occasionally used it, so I proceeded to ask them if they could show me how they used it. Upon showing me, I was able to re-educate them on how to properly use it and how often they should be using it. I told them that this was important to help facilitate movement of secretions in their body and further help them fight off their infection, so that they could hopefully eventually experience an easier time breathing.</p> <p>2. I noticed one of my patients had been awfully quiet every time anyone would go into their room. I hadn't noticed them having any visitors and when I would walk by their room, their door was always closed. I had an assessment to perform on this patient in particular, so I went in and first asked them if they were okay with me assessing them. After them giving me the go ahead, I proceeded to start my assessment. I asked them questions in regard to their habits and their history, but I noticed they weren't saying a whole lot. So, I decided to stop what I was doing and ask them about their life. The more I asked, the more they started to open up and eventually they were crying. When I noticed that, I panicked, thinking maybe I had done the wrong thing. After asking them what was wrong however, they told me that nothing was wrong, that this had actually been the first time anyone had stopped to take such time with them. It turned out that the patient had actually been in the hospital for close to a month and that they hadn't had any visitors because when they were first admitted, it was due to having COVID. They also didn't have family close by that could come to see them. The patient had been alone in their room for so long, that they had started to become very discouraged</p>

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			<p>about their healing. Once I stopped and intervened however, there was an immediate change in the patient’s personality, and they expressed a newfound hope for their coming days, as well as appreciation for the time I had taken with them.</p>
<p>Caring and Human Relationships</p>	<p>Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.</p>	<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. One of my patients wanted to get out of bed to walk to the bathroom. They were a high fall-risk however, so I had to tell them that we wouldn’t be able to go all the way to the bathroom. They didn’t understand why because they said that’s what they would normally do at home. I told them that because they were so weak, we couldn’t go that far because we didn’t want them to fall. Instead, though, we were able to make use of a gait belt to get them to the bedside commode safely. Doing this got the patient out of their bed and it got them to a commode quickly and safely. After I explained to them why we needed to wait until we could fully assess their strength and their gait before we could have them walking all the way to the bathroom, they understood. Although frustrated over how weak they felt, they were thankful that we were doing our best to keep them safe, while also providing them with the best care that we could under the circumstances.</p> <p>2. One of my patient’s had a Jackson Pratt (JP) Drain in place upon my morning assessment, due to a recent procedure they had underwent. Later that day when I came in to check on them, I found they had pulled out their drain and had it in their hand. The patient didn’t understand why it was a big deal. Once the nurse came in with the doctor to discuss next steps, the doctor informed the patient that they would likely have to go back in to surgically replace the drain. The patient then grabbed the drain and tried to stick it back through the hole it came out of. That’s when the nurse grabbed the drain from the patient, and we explained that they couldn’t just stick it back in like that due to it no longer being sterile and the risk for further infection. In this case, the hazard was the patient and their thought to replace the drain themselves. If they had done that, they likely would’ve introduced other bacteria to their site and potentially caused further complications. So, it was good that the healthcare team could collectively be there to educate and best protect the patient.</p>
<p>Management</p>	<p>Recommend resources most relevant in the care of patients with health impairments.</p>	<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. One of my patients came into the hospital initially with COVID. After being in the hospital for weeks at this point, there were not having any success in being able to maintain oxygen levels without oxygen supplementation. It was discussed that the patient would likely have to go home on oxygen. Although they didn’t like the idea, they understood why it might be necessary and proceeded to ask how we might go about getting that set up for them. After discussing with the patient, my nurse then proceeded to consult case management. This was so that they could ensure that when it came time for the patient’s discharge, they would already have an idea about what might be available to them, so that they could make the best-informed decision on equipment, etc. before being released to go home.</p> <p>2. One of my patient’s had recently been given a new diagnosis of cancer that they and their loved ones were struggling to come to terms with. They didn’t understand why they weren’t getting any better and they also didn’t understand why any of this</p>

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			<p>was happening to them. Upon receiving the new diagnosis, the nurse decided it would be good for pastoral care to be consulted to come and speak with the patient in hopes of bringing them some peace of mind. Resources were also given to the patient regarding next steps to help them establish an oncologist and a treatment plan. Although there was nothing easy about the patient's new diagnosis, they were doing their best to remain positive and were grateful for the support provided to them.</p>
Leadership	<p>Participate in the development of interprofessional plans of care.</p>	<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. As I was in one of my patients' rooms performing my assessment, I noticed that they were acting very reserved and quiet. I brought this information to my nurse, and they stated that they had noticed it to. We then proceeded to go into the room together to further speak with the patient in hopes of figuring out what exactly might be going on. That's when the patient expressed that they felt alone in their room, especially since they hadn't had any visitors. After speaking with the patient about what was going on, the nurse and I stepped out of the room and discussed the potential benefit the patient might receive from having pastoral care come visit with them. After agreeing on this next step, my nurse proceeded to consult pastoral care for the patient, in hopes of helping the patient not feel so alone after having the ability to talk to someone at length.</p> <p>2. One of my patients had come into the hospital when a growth at their scrotum that was later found to be cancerous. The patient had been receiving fluids for some time since being admitted, but after looking at the patients' labs, the nurse noticed that their sodium levels were elevated, and they were being overhydrated. After bringing this to the doctor's attention they agreed that the IV fluids should be discontinued. When going to the patient's room to do this however, the patient refused to have their fluids removed. They said their urine was bright yellow and there was no way they couldn't be dehydrated. They insisted that the fluids were necessary for their healing. After leaving the room to discuss with the nurse, the nurse called the doctor to inform them of the patient's refusal and the fluids were left running, but the nurse was instructed to continue to closely monitor the patients' electrolytes to ensure that nothing got too high.</p>
Teaching	<p>Evaluate the effectiveness of teaching plans implemented during patient care.</p>	<ul style="list-style-type: none"> - Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes 	<p>1. One of my patients had just recently been introduced to using a walker by physical therapy. They had been taught to push off the bed to then grab the walker once getting onto their feet. When it came to getting them up however, they tried to grab the walker to pull themselves up instead. My nurse and I then proceeded to reeducate the patient on the importance of first pushing off the bed. We explained that when they tried pulling themselves up with the walker instead of pushing off something first, they ran the risk of the wheels on the walker slipping out from under them due to the amount of pressure being placed on the back end of the walker. After finally noticing it themselves, they understood how it could potentially cause them to fall. They then began trying to remember to first push themselves up. Although it took a few tries, they eventually figured out how best to accomplish the task, while also remaining safe.</p> <p>2. I walked into one of my patient's rooms to check on them at one point</p>

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			<p>throughout the day and noticed their nasal cannula was off of their face. I asked them if they had it off for a reason and they proceeded to tell me that they were tired of wearing it. They said they didn't wear it at home, so they didn't see why they should wear it at the hospital. After checking their oxygen and showing them that their oxygen saturation was in the 80s and that was why it was necessary for them to keep it on, they then put it back on. I told them they may not have to go home on it, but that for right now, because their body was still healing, they needed that extra supplement. I decided to leave the room and come back later on to ensure they were abiding by the doctors orders and when I came back in they still wearing the nasal cannula this time around.</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. One of my patients was hearing impaired, to the point of where they had hearing aids and had to have them in to properly hear anyone. However, they didn't like wearing the hearing aids because they didn't like how they felt. The patient had been having a hard time breathing and due to this was on 4 liters of oxygen. They needed to be pulled up in bed and have the head of the bed raised, to not only reposition them, but to also hopefully help provide them with an easier time oxygenating. When attempting to communicate this to the patient, they didn't understand, simply because they couldn't hear. So, although the patient told me to yell at them, I decided I would instead try writing on a piece of paper to see if they wouldn't better understand me that way. They quickly were able to follow along and even further, fully understood the need for them sitting up. We were then able to reposition and raise the head of the bed with ease, while also preventing yelling at the patient to get the necessary information across.</p> <p>2. One of my patients had multiple health deficits, some of which included, severe scoliosis, and cerebral palsy. The patient was non-verbal, and they were dealing with contractures causing them to be very stiff. The patient needed to be changed after their family noticed they had saturated their brief. Myself, another student, and the CNA all went in together to help get the patient cleaned up. As we were going along, we tried our best to talk to the patient and explain what we were doing as we were doing it. The family told us as we were doing this however that the patient was unable to communicate and couldn't understand what we were saying anyway. We proceeded to do our best to communicate, however. With the patient being nonverbal, it can definitely be difficult to accurately assess what they can or can not understand. In some cases, this can be virtually impossible, but its due to this that's its so important that we continue to communicate with the patient. After finishing cleaning, the patient, we then directed our attention towards the patient's family to ensure that they didn't need anything. They had just been given a difficult diagnosis involving the patient, so we waited to see if they needed any support. After bringing them what we could and helping as best as we could, we proceeded to step out of the room.</p>