

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 	<ol style="list-style-type: none"> 1. I had a patient who was very confused. I had found out that he had dementia from his granddaughter. After learning about different neurological issues, I applied my knowledge and knew that I can not reorient a dementia patient. Only delirium. This patient was trying to be violent so I stayed there and held his hand to calm him down because the nurses were trying to put in an IV. It did work and my intervention was to stay with him and keep him calm while reassuring he was okay and safe. 2. I had an older women who had just come back from surgery and she did not realize she was in the hospital. I realized she was a bit confused so i went ahead and told her exactly where she was and why she was here. She thought she was in a nursing home, but I opened up her blinds and let her know that she was on the orthopedic floor at Covenant hospital on the 6th floor. She seemed more at peace to know where she was at. I stayed with her for a while to make sure she was okay. My intervention was to kind of reorient her back to where she was and why she was there.
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 	<ol style="list-style-type: none"> 1. I had a patient who was very young and very distraught about her pain and how much she did not want to be there. She was about to start physical therapy. The therapists asks if they should go in and they were looking for the nurse. I had just given her medications with the nurse, so I let them know that they should be working for her soon. The PT understood and they went in when the pain subsided. 2. In SIM lab, I had a patient who's blood pressure was dropping very rapidly due to bleeding. I was not sure what to do so I took initiative to call the pharmacist to ask if it was okay to give a pain med because my patient was in pain still and there was one due. Then I went ahead and called the "doctor" to finalize and order and their order helped the patient as well. This was effective communication and teamwork to give proper care to the patient.

Instructional Module 4 – Adult M/S 2

<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 	<ol style="list-style-type: none"> 1. According to the CDC, we have to use one needle when we are doing blood draws. One flush syringe, one access, one time. The reason for this is, that whatever is going into the patients body, especially vein, we want it to be completely sterile due to infection risks. When I had to draw blood, the pt was a very hard stick. With every single stick we could not get, I ran back to the supply room to get another one. I ended up getting 5 different needles because I remembered how crucial it was to not stick a patient with a dirty needle. Even if it is their own vein. 2. Kind of the same as my first statement, I was trying to keep sterility as best as i could while doing an IVP. According to the NII's, page 67, there are certain protocols to follow when you are pushing a medication. You must always clean the hub, and all around it for 15 seconds, to assure that there is no bacteria going into the hub that can potentially cause an infection. every time after a flush, every time after the med and again after the second flush. While I was giving an IVP, I was looking for an alcohol pad, the nurse said it is okay to go ahead and push it. I asked again for alcohol pad because I really did not want to push without cleaning it. She proceeded to give me a couple and I pushed the medication.
<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 	<ol style="list-style-type: none"> 1. I had a patient who was speaking to me about how she knows someone who works at CSON. Well the person that she knows happens to be a very good family friend so my family would know who this patient was. Because I was thinking of HIPAA, I knew that I should not mention anything about this patient being related to our family friends. 2. I also had another patient who happened to work at the covenant school of nursing. She was speaking to me and peer about how much she loved it and what her role was at the school. Due to HIPAA, I have not mentioned it to anyone other than my clinical group in a small room sealed with confidentiality.
<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 	<ol style="list-style-type: none"> 1. I had a patient who had a stroke and could not move the right side of her body. She was was always having a tough time swallowing. I saw that she was having a lot of trouble due to this stroke, however, if I was her primary care nurse, I would recommend PT obviously. OT to help her eat effectively once again. I would also recommend speech therapy to help her with that swallowing. This is extremely important for eating to avoid choking. 2. In SIM, my patient was grieving the loss of their wife who had passed only a few months prior. My first priority was to obviously fix the patient's low blood sugar. After we were done with all of his medical treatment, I checked his 4Ps and red rules. Making sure he was comfortable, I asked him how he was doing emotionally rather than physically. I Asked if he needed a pastor since I looked on his chart that he was baptist. I let him know that there are many resources out there that help him with his grieving process. Such as counseling or support groups. Like my instructor said, emotional and mental health are huge keys to physical health.

Instructional Module 4 – Adult M/S 2

<p>Leadership</p>	<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 	<ol style="list-style-type: none"> 1. In SIM lab, as soon as we started our scenario, I went ahead and set the roles for me and my partner. I asked her to go ahead and assess the patient while I took the patients blood glucose since they were diabetic. It made everything go by smoother in order to realize that their blood sugar was getting lower and lower. The quicker we assessed, the quicker we could have cared for that patient. 2. I had a patient who needed a few people to help her get to the bathroom. She was a larger patient so I asked a couple of my peers. I helped the patient to the bathroom. While I was walking her, I asked my classmates to go ahead and change her bed pad because it was bloody due to her sacral wounds. I think that I took charge in that situation to effectively help that patient in her comfort. After we were all done with our tasks, my classmates helped me get her back in bed with clean linens.
<p>Teaching</p>	<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 	<ol style="list-style-type: none"> 1. I had a patient who had just gotten diagnosed with type 2 diabetes and I had mentioned that one of my close family members also had it and was fairly recently diagnosed too. They had asked me what he did to control his diabetes and told her. I taught her good ways to keep her glucose in a healthy range. I mentioned that being active was a huge part of diabetes management. I taught her different foods she could substitute for her favorites and low intensity exercise she could incorporate into her daily living. 2. I had a patient who was post operative. From my knowledge of post op care, I told her that it could be very beneficial to her to use an incentive spirometer. I took it step by step and then she could do it. I also taught her daughter that she could also remind her mother to do it so that she could feel involved in her care as well. I taught her why we would do it and that she can do it every hour at a commercial break. I came back in the room an hour later and she had said that she already did the IS once. That validated that my teaching was effective.

Instructional Module 4 – Adult M/S 2

Knowledge Integration	Deliver effective nursing care to patients with multiple healthcare deficits.	<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. I had another patient who was hard of hearing, and we needed to give him medications. Of course for medication administration, it is crucial for the patients to know exactly what they're taking and why they are taking it. It is extremely hard to do it with masks because he could not read my lips. I tried my best to make it seem like I was not yelling at him so I let him read the labels and I pointed to the area that it would be helping. So if it was a blood pressure medication, I would point to his heart and then point to the blood pressure cuff. If the medication was for urination, I would point around his groin region and then do a water flow motion with my hands. With this, he knew exactly what he was taking and there were no issues.</p> <p>2. I had a patient who did not speak English at all. She was my secondary patient so I had to do an assessment on her. I took the time to look up certain things I would say and ask so she could tell me exactly what was hurting and how she was feeling. With the help of her hand motions and her granddaughter, I was able to get my assessment while also helping her feel better that someone was trying to communicate with her in the way she knows.</p>
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