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. My patient was on potassium protocol orders due to low potassium. He experienced diarrhea, vomiting, and hematuria. The diarrhea and vomiting were most likely the cause of the fluid and electrolyte imbalance he was experiencing. I assessed the patient and made sure to measure urine and encourage fluids. My nurse allowed me to draw blood to check the potassium levels as well. As the patient became more hydrated and the vomiting and diarrhea stopped, potassium levels started to rise. 2. My patient was post-appendectomy surgery and was in pain. The nurse and I asked if he would like his prescribed narcotic pain medication and he refused. I performed a pain assessment and a head-to-toe, and this is where I found out that the narcotic pain medication made the patient feel nauseous with abdominal pain. He requested something less strong in hopes it would not upset his stomach. The nurse fulfilled his request and overall made the patient more comfortable.
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. My nurse delegated me to do vitals for her patients. One of her patients presented with a very low blood pressure reading. I let her know immediately and she decided that she would notify the charge nurse. The charge nurse worked through the issue with us and verified that the patient is in decline and a DNR. The family also wished for us to not perform care on the patient since she normally lives in a nursing home on hospice. Gong through the chain of command gave us the confirmation we needed regarding care of a patient. 2. My nurse and I had to call the physician and ask about discharge instructions for a patient with a JP drain. My nurse asked how often it should be flushed at home and for how long and the physician provided the information. My nurse and I then gathered supplies for the patient to take home and to last the duration noted by the physician. My nurse explained how to use the supplies and gave the patient a piece of paper for documentation of intake, output, and color of drainage. Calling the physician and asking for instructions allowed for my nurse to give adequate discharge teaching.
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. During SIM, we had a patient with potassium deficiency. My partner and I remembered to call the physician when this happened, and we received potassium protocol orders. When the patient started to vomit, we sat them up, provided an emesis bag, and cleaned them up afterwards. The evidence-based practice of sitting the patient up to prevent aspiration helped my patient to not choke on vomit. 2. I always make sure to scrub the hub with an alcohol pad before administering an IV push medication. This evidence-based practice ensures that bacteria will not enter the patient's IV line and eventually cause infection in the patient. By scrubbing the hub between each connection this ensures maximum safety for the patient.
Caring and Human Relationships	Incorporate nursing and healthcare standards with dignity	- Explain need for nursing & health care standards - Apply standards to patient care (HIPAA, QSEN, NPSG)	1. An elderly patient of mine was hard of hearing. The nurse I had was not very compassionate of that, but I made sure to do what I know is right. I explained everything I was doing for the patient and even tried writing on paper so they could

	and respect when providing nursing care.	- Communicate concerns regarding hazards/errors in patient care	read instead. I think doing this provides more comfort for the patient and improves patient care. The patient's deficit can be a hazard to patient care because it can cause the patient to be fearful of the nurses and physicians. 2. My patient was a younger woman who needed help getting off the bedpan and getting cleaned up. We got her off and proceeded to clean her when she expressed a feeling of embarrassment. I reassured her that this was just part of the tasks I'm expected to do every day and there was absolutely no judgement coming from me. I comforted her and she seemed relieved afterwards. Communication like this is important to patient care because we want patients to feel as safe and comfortable as possible when receiving care from us.
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. My patient was post-cholecystectomy surgery and had a drain. During my assessment I was asking if they were having any difficulty breathing and his response was "it was expected after surgery, but it is getting better." Later in the morning, I was able to take a moment and encourage my patient to do the incentive spirometer. This helps to prevent pneumonia and other post-op complications. We were able to begin discharge for the patient, and he was able to take it home and practice more with it. 2. My patient was admitted to the emergency room due to a hepatic artery bleed. She was still there due to other complications. Her issue with the hepatic artery bleed was resolved, but hypertension and hyperglycemia were some issues that still needed stabilization before discharge. I assessed my patient and took some vitals, and she had an elevated heart rate, blood pressure, and respirations. I gave this information to my nurse, and we assessed together. She knew that this patient was running high on her vital signs due to her other issues and illnesses but still reassessed with me. This patient ended up being fine and was discharged shortly after with her son who was a nurse, so he was well informed about how to take care of his mother and we made sure of that.
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. My post-bariatric surgery patient tried to walk with help from nurses and physical therapy. This was important because the patient was admitted due to a deep vein thrombosis post-op complication. My nurse was uncomfortable trying to stand the patient up and help him walk on her own, so we had an entire group of people helping as well. Activity is very important to prevent deep vein thrombosis and other post-op complications. My nurse requested help when she needed it and led the activity, along with physical therapy. 2. A nurse on our unit was assigned to do admissions and discharges for the floor. We had a discharge for her to complete and within a short amount of time she reported to my nurse that the patient had been educated, paperwork was completed, and that she just needed a wheelchair for him. I admire her leadership and her drive to complete tasks. The discharge order was in the patient's plan of care and had been completed in a timely manner.
Teaching	Evaluate the effectiveness of	- Identify/define teaching plan - Implement teaching plan	1. My patient had low potassium and my nurse and I had to educate them about potassium-rich foods and the reason why we were drawing blood multiple times

	teaching plans implemented during patient care.	- Identify appropriate evaluation tools - Appraise patient outcomes	during a shift. The patient was very understanding during teaching. My nurse also taught about the signs and symptoms of low and high potassium and encouraged him to report them. The patient was very receptive and helped us record intake and output measurements as well. 2. My patient was had pancreatitis and asked the nurse why he had to eat chicken broth for his meal. The nurse educated him about pancreatitis and that when you have it the gastrointestinal system needs to rest. He was not very happy about it but ultimately understood. The nurse did a great job explaining disease processes in a patient-friendly way, while also relaying important information that is vital to their care.
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. My patient was post-covid pneumonia and needed to be transferred to a facility. We encouraged him to continue with use of the incentive spirometer and promoted activity with him. He had been waiting for almost a month to be transferred to a facility so at this point we were trying to build back strength and lung function. He understood the importance of activity and incentive spirometer use. The barrier to care with this patient was with the delayed transfer but we adjusted his plan of care accordingly. 2. My Spanish speaking patient did not receive the care necessary because of the language barrier. The nurses on the previous shift assumed the patient was confused due to his slurred speech and unrecognizable language. I told the nurse that the patient was saying some words in Spanish, but it was very slurred. She got another Spanish-speaking nurse to come in and see if she could pick out words and she did. This was a learning moment for my nurse because he was not getting the care he needed due to a language barrier and now she and I will know what to do for these patients in the future.