

1301 Clinical Report

Student Name: Sam Savage

Rotation	How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?	What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc..
Block/Week: <u>2 1</u> Dates: <u>1-30-2022</u> Unit: <u>LTACH</u> Assigned Preceptor: <u>Sang</u> Other-Preceptor: <u>NA</u>	<u>3 pts</u> <u>68F Trach/VENT p Covid ± HemoDialy M/F.</u> <u>PMA DM2, Encephalopathy, GIBleed, Covid, HTN, EndStageRenal</u> <u>65M Trach/VENT p Covid GCS 15</u> <u>PMH Covid, AKI</u>	<u>Push meds through G-Tubes,</u> <u>use a medicine to dissolve clog + long wire</u> <u>to clear break up the clog.</u> <u>V/S,</u> <u>Monitor and handle a pt needing</u> <u>Constant Attention.</u>
	<u>43M Resp Fail, Trach/Vent,</u> <u>PMH: DMI, MultiDruguse, Pneumonia, Sitter, Wrist restraints</u> <u>All pts have tube feedings. I learned the protocol for clearing a G-tube.</u>	<u>Taught preceptor a way to break pills</u> <u>that didn't involve slamming the</u> <u>tool on counter.</u> <u>Q6 BG</u> <u>Help turns</u> <u>Trach Care</u>
Block/Week: <u>2 2</u> Dates: <u>1-31-2022</u> Unit: <u>LTACH</u> Assigned Preceptor: <u>Sang</u> Other-Preceptor: <u>NA</u>	<u>*Same pts as above *</u> <u>43M has a physical person in room helping calm him.</u> <u>pt request I stay out</u>	<u>Push G-Tube meds.</u> <u>Trach care.</u> <u>Help turn</u> <u>V/S</u> <u>Q6 BG</u>

Please fill this clinical report out for each rotation and email it to your advisor at the end of each 3-week block along with your critical think tool, medication sheet, & your five-page student-preceptor evaluation packet.

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Block/Week: 2 3 Dates: 2-6-2022 Unit: LTACH Assigned Preceptor: Sang Other Preceptor: NA	66M RespFail, Trach Vent, Renal Failure, Allergy PCN PMH: Pneumonia, Non English Speaking 57F RespFail, HFNC (70-80%), PMH: CHF 58M RespFail, Trach, HD PMH: CKD III I practiced dealing w family and checking how well they are performing tasks that usg doesn't need to do.	Push G-tube Med V/S, Assess ✓ Foley Turns Q6 BG Put on Multi Pad Body LL
Block/Week: 2 4 Dates: 2-14-2022 Unit: LTACH Assigned Preceptor: Sang Other Preceptor: NA	54M Sepsis! CAP @ HS PMH: Pneumonia 64M RespFail, Trach Vent NG Tube PMH: DM2 63F RespFail, PCovid & HFNC PMH: DM	Check V/S. Assessment ✓ Check Charts Push Meds Q6 BG ✓ Float Heels Along Abx

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Adult/Geriatric Critical Thinking Worksheet

1. Disease Process & Brief Pathophysiology- Pt is Resp Failure w Covid Trach dependent.	2. Factors for the Development of the Disease/Acute Illness- Covid virus destroyed lung tissue decreasing her Air Exchange	3. Signs and Symptoms- Oxygen Saturation below Tolerable levels Increased respiratory Effort SaCO ₂ Increased $\pm$ Vent
4. Diagnostic Tests pertinent or confirming of diagnosis- - Arterial Blood Gas: High CO₂ Low PaO₂ High Ph - Lung Images for lung Damage - Spirometry/Lung Capacity - Bronchoscope	5. Lab Values that may be affected- ABGs Cultures if Infection is the Cause CBC / Infection or Cancer	6. Current Treatment- Ventilator dependent. Several Attempts to wean off Vent have failed. Breathing Tx

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7. Focused Nursing Diagnosis: Risk for Infection	11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Staff will demo meticulous hand washing	12. Patient Teaching: 1. Teach pt how to call for help when needing Trach suctioning
8. Related to (r/t): excessive pooling of secretions + bypassing upper respiratory defenses	Evidenced Based Practice: Hand washing greatly reduces the chance of spreading infection. 2. pt family will describe 2 methods of transmission of infection by DC	2. Educate pt on necessity for regular oral care. 3. Teach pt how to suction & clean their own mouth.
9. As evidenced by (aeb): pt having a tracheostomy & increased secretions	Evidenced Based Practice: Noticing bad practices can help reduce risk for infection. 3. Nurse will keep stoma free from debris or mucous buildup as needed	13. Discharge Planning/Community Resources: 1. Monitor Trach site for infection & debris. 2. S/S of infection and when who to notify.
10. Desired patient outcome: pt will report risk factors associated w infection. pt will remain free of infection to her airway.	Evidenced Based Practice: Debris + mucous are an environment that lead to the growth of bacteria.	3. Discharge facility has resources for taking Tracheostomy pts.