

# A Day in the Life of a Camp Nurse

## Community Health Reasoning and Priority Setting

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### INTRODUCTORY INFORMATION FOR PRIORITY-SETTING CASE STUDY

**Purpose of Case Study:** This is an exercise in setting priorities and delegation in the context of community health. Nurses can influence the health care of a community by serving in many roles that include:

- Home health
- School nurse
- Camp nurse
- Occupational health

A Registered Nurse must be able to think like a nurse in different contexts and understand the scope of practice in these unique settings.

**Setting:** You are the nurse responsible for the care of 300 teenage campers and staff at a summer camp located on an island in a rural location. Most of the campers are healthy, but some have chronic health conditions such as asthma and diabetes and require daily assessment and medications. You are in the health center preparing to administer medications during lunch in the dining hall, which is not air-conditioned. It is a great day to be in the lake because it is currently hot, humid and 95 degrees F (35 C).

#### **Resources in Community:**

- Urgent care center (30-minute drive time)
- Small community hospital emergency department is located 50 minutes away
- Doctor's office in small town is a ten-minute walk from the ferry dock.

Since the island is privately owned, the nurse is responsible for getting patients to the mainland where an ambulance will meet the patient and nurse in case of a medical emergency. A ten-minute ferry ride transports campers from the island every hour. The camp has a van that can transport campers from the mainland to healthcare facilities as needed.

#### **Camp Healthcare Staffing:**

- John, an 18-year-old high school graduate who just completed a basic first aid class
- Wendy, a 24-year old who is an EMT and first responder who oversees camper activities in case injuries occur
- You, the RN who just passed the NCLEX and thought it would be fun to volunteer over the summer before applying for a full-time nursing position. Remember that according to state law, the RN is responsible for assessments and delegating appropriately to the crew on duty.

**Geography:** The camp health center is a five-minute walk from the dining hall where medications will be administered during lunch. The meds are transported in boxes using a golf cart to the dining hall and can transport a driver and a single passenger. There are "island minivans" to transport campers on the mile-long island as needed down "Cardiac Hill" (a large hill appropriately named by the campers) to the ferry.

**Timing related to patient care issues:** This case study represents one afternoon during summer camp when the nurse faces multiple campers with healthcare needs and must prioritize care appropriately. Use what you have learned to this point as a nursing student to make the best decisions possible given the limited data available. You are responsible for administering daily medications at 12 noon in the dining hall to 30 campers.

Five campers come to the camp health center unexpectedly seeking health care services as you begin preparing your medications between 11:45 a.m. and 1:30 p.m. when you experience trouble in paradise!

<b>Primary Concept</b>
<b>Health Promotion</b>
<b>Interrelated Concepts (In order of emphasis)</b>
<ul style="list-style-type: none"><li>• Collaboration</li><li>• Communication</li><li>• Clinical Judgment</li><li>• Professional Practice Issues</li><li>• Safety</li></ul>

# 11:45 am...Tony, 14 years old/Camper #1

## 1. What clinical data do you NOTICE that is RELEVANT and why is it clinically significant?

(Reduction of Risk Potential/Health Promotion and Maintenance)

Primary Problem/Story:	What Do You Notice? Clinical Significance:		
<p>Tony, 14-year-old male, presents to the health center with his counselor with a bleeding full skin thickness laceration to his right knee.</p> <p>Tony stated, "I fell on a rock yesterday while playing paint ball and it gashed my knee." The counselor said Tony told his counselor that, "it was taken care of..." and he assumed Tony was seen at the health center when another counselor was covering for his day off. Tony said he has not been treated at the health center and washed the laceration out and applied a Band-Aid himself. He ran out of Band-Aids today when the laceration began to bleed again and came for treatment at this time.</p>			
Past Medical History:	What Do You Notice? Clinical Significance:		
<p>Healthy with no chronic medical problems. Camp physical form indicates his last tetanus booster was nine years ago.</p>			
Social History/Concerns:	What Do You Notice? Clinical Significance:		
<p>Camp history form states to call his mother with any change in medical status. Her cell phone and work phone number are provided.</p>			
Vital Signs:	What Do You Notice? Clinical Significance:		
<p><b>T:</b> 97.1 F/36.2 C (oral)</p>			
<p><b>P:</b> 72 (reg)</p>			
<p><b>R:</b> 16 (reg)</p>			
<p><b>BP:</b> 110/70</p>			
<p><b>O2 sat:</b> 96% room air</p>			
P-Q-R-S-T Pain Assessment:	What Do You Notice? Clinical Significance:		
<table border="1" data-bbox="107 1356 776 1388"> <tr> <td><b>Provoking/Palliative:</b></td> <td>Moving knee</td> </tr> </table>	<b>Provoking/Palliative:</b>	Moving knee	
<b>Provoking/Palliative:</b>	Moving knee		
<table border="1" data-bbox="107 1388 776 1419"> <tr> <td><b>Quality:</b></td> <td>Sore</td> </tr> </table>	<b>Quality:</b>	Sore	
<b>Quality:</b>	Sore		
<table border="1" data-bbox="107 1419 776 1451"> <tr> <td><b>Region/Radiation:</b></td> <td>None</td> </tr> </table>	<b>Region/Radiation:</b>	None	
<b>Region/Radiation:</b>	None		
<table border="1" data-bbox="107 1451 776 1482"> <tr> <td><b>Severity:</b></td> <td>4/10</td> </tr> </table>	<b>Severity:</b>	4/10	
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<table border="1" data-bbox="107 1482 776 1608"> <tr> <td><b>Timing:</b></td> <td>With initial injury and knee action</td> </tr> </table>	<b>Timing:</b>	With initial injury and knee action	
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Initial Nursing Assessment:	What Do You Notice? Clinical Significance:		
<p>On exam, the laceration to the right knee is 1.5 inches (3.8 cm) long and 3/8 inches (0.9 cm) deep and gaping 0.25 inches (0.6 cm). Frank bloody drainage on knee and borders of laceration are slightly reddened.</p>			

<b>Focused Nursing Assessment:</b>	<b>What Do You Notice? Clinical Significance:</b>
GENERAL APPEARANCE: Ambulates with a limp, has an arm around the shoulder of counselor for support, not able to fully bear weight on right leg, wearing flip-flops.	
RESP: Nonlabored	
CARDIAC: Color pink	
NEURO: Alert and oriented, able to move all four extremities.	
SKIN: Right knee wound without dressing and moist laceration with fresh bloody drainage apparent.	

**1. Identify the problem(s) impacting wellness in this setting. Interpreting relevant clinical data, what caused the problem? (Management of Care/Physiologic Adaptation)**

<b>Problem:</b>	<b>Cause:</b>

**2. What nursing priority (ies) will guide your plan of care? (Management of Care)**

<b>Nursing PRIORITY:</b>		
<b>PRIORITY Nursing Interventions:</b>	<b>Rationale:</b>	<b>Expected Outcome:</b>

**3. What is the most likely complication(s) to anticipate based on the primary problem? What is the most important next step that the nurse needs to implement? (Reduction of Risk Potential/Physiologic Adaptation)**

<b>Most Likely Complication:</b>	<b>Nurses Next Step:</b>

## 11:50 am...Nancy, 15 years old/Camper #2:

<b>Primary Problem/Story:</b>		<b>What Do You Notice? Clinical Significance:</b>
John, the basic first aid-trained responder, radioed the nurse to report that a camper was on the "slip-and-slide" and fell, hurting her back outside the dining room. The mechanism of injury was that after she fell, another person on the slip-and-slide collided into her, causing an apparent back injury. She immediately got up, walked and complains of lower back pain and holding her lower right lower buttock area.		
<b>Past Medical History:</b>		<b>What Do You Notice? Clinical Significance:</b>
Healthy with no chronic medical problems.		
<b>Social History/Concerns:</b>		<b>What Do You Notice? Clinical Significance:</b>
Camp history form indicated to call either parent for communication. Cell and work phone numbers are available to the nurse		
<b>Vital Signs:</b>		<b>What Do You Notice? Clinical Significance:</b>
<b>T:</b> 97.3 F/36.3 C (oral)		
<b>P:</b> 86 (reg)		
<b>R:</b> 20 (reg)		
<b>BP:</b> 122/80		
<b>O2 sat:</b> 96%		
<b>P-Q-R-S-T Pain Assessment:</b>		<b>What Do You Notice? Clinical Significance:</b>
<b>Provoking/Palliative:</b>	Increases with movement	
<b>Quality:</b>	Sharp	
<b>Region/Radiation:</b>	Lower back and right buttocks	
<b>Severity:</b>	6/10	
<b>Timing:</b>	Continuous since injury	
<b>Initial Nursing Assessment:</b>		<b>What Do You Notice? Clinical Significance:</b>
Moving both legs and can stand. She denies any tingling or numbness in lower extremities.		
<b>Focused Nursing Assessment:</b>		<b>What Do You Notice? Clinical Significance:</b>
<b>GENERAL APPEARANCE:</b> Sitting on a rock		
<b>RESP:</b> Nonlabored		
<b>CARDIAC:</b> Pink		

NEURO: Patient able to ambulate. Point tenderness to right buttock and lumbar region over the spine, is continent of bowel and bladder, no numbness, weakness, tingling in lower extremities.	<i>Expected findings with the mechanism of injury. Ability to ambulate is a positive sign that there is no significant injury</i>
SKIN: Abrasion to the lumbar area. Skin reddened and vague indication of a bruise to the lower back.	

**1. Identify the problem(s) impacting wellness in this setting. Interpreting relevant clinical data, what caused the problem? (Management of Care/Physiologic Adaptation)**

<b>Problem:</b>	<b>Cause/Pathophysiology:</b>

**2. What nursing priority (ies) will guide your plan of care? (Management of Care)**

<b>Nursing PRIORITY:</b>		
<b>PRIORITY Nursing Interventions:</b>	<b>Rationale:</b>	<b>Expected Outcome:</b>

**3. What is the most likely complication(s) to anticipate based on the primary problem? What is the most important next step that the nurse needs to implement? (Reduction of Risk Potential/Physiologic Adaptation)**

<b>Most Likely Complication:</b>	<b>Nurses Next Step:</b>

# 11:55 am...John, 17 years old/Camper #3

<b>Primary Problem/Story:</b>	<b>What Do You Notice? Clinical Significance:</b>
<p>Arrived at the health center with a laceration of the right foot incurred while swimming in the lake.</p> <p>Patient hopped into the health center on one foot with no shoe on the injured foot, dripping blood.</p> <p>“I don’t know what I cut it on because I was in the lake at the beach swimming area.” The event occurred within the last hour. He states his last tetanus was three years ago.</p>	
<b>Past Medical History:</b>	<b>What Do You Notice? Clinical Significance:</b>
John is a 17-year-old volunteer kitchen worker who is in good health. His last recorded tetanus was five years ago.	
<b>Social History/Concerns:</b>	<b>What Do You Notice? Clinical Significance:</b>
Camp history form indicates to call either parent for communication. Cell and work phone numbers are available to the nurse.	
<b>Vital Signs:</b>	<b>What Do You Notice? Clinical Significance:</b>
<b>T:</b> 98.2F/36.8 C (oral)	
<b>P:</b> 92 (reg)	
<b>R:</b> 20 (reg)	
<b>BP:</b> 148/84	
<b>O2 sat:</b> 96% room air	
<b>P-Q-R-S-T Pain Assessment:</b>	<b>What Do You Notice? Clinical Significance:</b>
<b>Provoking/Palliative:</b> Onset with injury	
<b>Quality:</b> Sharp	
<b>Region/Radiation:</b> Localized at right foot laceration	
<b>Severity:</b> 7/10	
<b>Timing:</b> Occurred with injury	
<b>Initial Nursing Assessment:</b>	<b>What Do You Notice? Clinical Significance:</b>
Flap laceration of the right plantar surface of the foot on the ball of the foot. It is actively oozing a small amount of blood. ½ inch (1.3 cm) x ¾ inch (1.9 cm) x 1/8 inch (0.3 cm) and is a full thickness laceration through calloused skin on foot.	

Complete Nursing Assessment:	What Do You Notice? Clinical Significance:
GENERAL APPEARANCE: Patient hopped into the health center on one foot with assistance.	
RESP: Slightly labored	
NEURO: Alert & oriented, moves all four extremities	
SKIN: Flap laceration of the right plantar surface of the foot on the ball of the foot. It is actively oozing a small amount of blood. 1/2" x 3/4" x 1/8" and is through the calloused skin.	

1. *Identify the problem(s) impacting wellness in this setting. Interpreting relevant clinical data, what caused the problem? (Management of Care/Physiologic Adaptation)*

Problem:	Cause/Pathophysiology:

2. *What nursing priority (ies) will guide your plan of care? (Management of Care)*

Nursing PRIORITY:	Cleanse wound to prevent infection	
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:

3. *What is the most likely complication(s) to anticipate based on the primary problem? What is the most important next step that the nurse needs to implement? (Reduction of Risk Potential/Physiologic Adaptation)*

Most Likely Complication:	Nurses Next Step:

## 12:45 pm...Katie, 18 years old/Camper #4

<b>Primary Problem/Story:</b>		<b>What Do You Notice? Clinical Significance:</b>
<p>Katie is a grounds worker who walked down the ramp of the food truck with a box of food when her leg went through a hole on the ramp. She reports twisting her left hip with a sudden onset of pain.</p> <p>Katie limped into the health center and told the nurse, "My left hip hurts. I can move it, but it hurts a lot."</p>		
<b>Past Medical History:</b>		<b>What Do You Notice? Clinical Significance:</b>
Katie is a healthy 18-year old with no prior history of back or hip injuries.		
<b>Social History/Concerns:</b>		<b>What Do You Notice? Clinical Significance:</b>
None to contribute to the current situation		
<b>Vital Signs:</b>		<b>What Do You Notice? Clinical Significance:</b>
<b>T:</b> Not taken		
<b>P:</b> 82 (reg)		
<b>R:</b> 22 (reg)		
<b>BP:</b> not taken		
<b>O2 sat:</b> not taken		
<b>P-Q-R-S-T Pain Assessment:</b>		<b>What Do You Notice? Clinical Significance:</b>
<b>Provoking/Palliative:</b>	Onset with injury	
<b>Quality:</b>	Constant	
<b>Region/Radiation:</b>	Left hip and leg	
<b>Severity:</b>	8/10	
<b>Timing:</b>	Constant and began with injury	
<b>Initial Nursing Assessment:</b>		<b>What Do You Notice? Clinical Significance:</b>
Patient unable to bear weight while walking on left leg. The range of motion of left hip decreased.		
<b>Focused Nursing Assessment:</b>		<b>What Do You Notice? Clinical Significance:</b>
<b>GENERAL APPEARANCE:</b> Limped to find a nurse in the dining hall.		
<b>RESP:</b> Nonlabored resp. effort		
<b>CARDIAC:</b> Pedal and post-tibial pulses equal, 2+, lower extremities pink, warm		
<b>NEURO:</b> Alert and oriented. Moves all four extremities. Denies numbness, weakness, and tingling in lower extremities		

1. *Identify the problem(s) impacting wellness in this setting. Interpreting relevant clinical data, what caused the problem? (Management of Care/Physiologic Adaptation)*

Problem:	Cause/Pathophysiology:

2. *What nursing priority (ies) will guide your plan of care? (Management of Care)*

Nursing PRIORITY:		
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:

3. *What is the most likely complication(s) to anticipate based on the primary problem? What is the most important next step that the nurse needs to implement? (Reduction of Risk Potential/Physiologic Adaptation)*

Most Likely Complication:	Nurses Next Step:

# 1:00 pm...Andy, 24 years old/Camper #5

<b>Primary Problem/Story:</b>	<b>What Do You Notice? Clinical Significance:</b>
<p>You are leaving the dining hall when you hear one of the kitchen workers call out, "Nurse, nurse, a guy passed out in the kitchen!"</p> <p><i>Patient status:</i> His respirations are rapid and labored. His hands are numb, and he is now awake but lethargic.</p> <p><i>Subjective Data:</i> The patient can barely speak or follow commands due to his compromised state. He was observed "fainting" by others.</p>	
<b>Past Medical History:</b>	<b>What Do You Notice? Clinical Significance:</b>
Andy is 24 years old and a kitchen worker. No health history is available.	
<b>Social History/Concerns:</b>	<b>What Do You Notice? Clinical Significance:</b>
None available	
<b>Vital Signs:</b>	<b>What Do You Notice? Clinical Significance:</b>
<b>T:</b> 99.2 F/37.3 C (oral)	
<b>P:</b> 122 (reg)	
<b>R:</b> 34 (reg)	
<b>BP:</b> 88/46	
<b>O2 sat:</b> 97% room air	
<b>P-Q-R-S-T Pain Assessment:</b>	<b>What Do You Notice? Clinical Significance:</b>
<b>Provoking/Palliative:</b> <i>Denies pain</i>	
<b>Quality:</b>	
<b>Region/Radiation:</b>	
<b>Severity:</b>	
<b>Timing:</b>	
<b>Focused Nursing Assessment:</b>	<b>What Do You Notice? Clinical Significance:</b>
Andy is confused but able to follow commands when the nurse arrives. He is sweating profusely and complains of generalized muscle cramps	

<b>Complete Nursing Assessment:</b>	<b>What Do You Notice? Clinical Significance:</b>
GENERAL APPEARANCE: Patient lying on the floor in food line area, able to communicate, but disoriented to the day of the week	
RESP: Shallow, labored resp, breath sounds clear with equal aeration bilaterally	
CARDIAC: sweating profusely. Denies chest pain.	
NEURO: Complaining of fingers is tingling. Moving all four extremities. The patient knows his name and where he is but does not know the day of the week — no focal neuro deficits.	
GU: Does not remember when he last voided today	
SKIN: Color pale, lips, oral mucosa and tongue dry	

**1. Identify the problem(s) impacting wellness in this setting. Interpreting relevant clinical data, what caused the problem? (Management of Care/Physiologic Adaptation)**

<b>Problem:</b>	<b>Cause/Pathophysiology:</b>

**2. What nursing priority (ies) will guide your plan of care? (Management of Care)**

<b>Nursing PRIORITY:</b>		
<b>PRIORITY Nursing Interventions:</b>	<b>Rationale:</b>	<b>Expected Outcome:</b>

**3. What is the most likely complication(s) to anticipate based on the primary problem? What is the most important next step that the nurse needs to implement? (Reduction of Risk Potential/Physiologic Adaptation)**

<b>Most Likely Complication:</b>	<b>Nurses Next Step:</b>



**Secondary Prevention Level:**

Detect and treat existing disease or injuries. (Screen and treat)

**Tertiary Prevention Level:**

Reduce the disease or injury to the lowest level to minimize disability (Rehabilitation).

**High Incidence Problems in Camp Population:**

What problems are most frequently seen in a camp population?