

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. I had a patient who was an elderly woman. She was not awake most of the time but needed to take her medications. I was nervous that she was not going to stay up while giving her medication. She was admitted for a UTI and was experiencing confusion. She was from a nursing home here in Lubbock and went in frequently for UTIs. The medications she had were PO meds and one enoxaparin. While I was explaining the medications to her and what they did she was falling asleep. It was difficult to keep her awake, so I knew giving PO was going to be a challenge. Mrs. Heinrich was present while I was giving the meds and she taught me a trick to help get the PO meds down. There was one big pill that was just stuck at the back of her tongue, and we tried over and over to give her water to wash it down, but it was not working. Mrs. Heinrich then gave her some food and orange juice and it went down. Later I told the nurse I was following that she had trouble swallowing the pill so the nurse called the pharmacy to make sure she can crush the pill for the next time she gave that pill. Then next time she gave that med she crushed it and our patient was able to swallow the medication with out trouble.</p> <p>2. I had a patient that went in with pyelonephritis. She had already two kidney transplants years ago. She was a little older and was able to get up and take her own shower and feed herself. She was very independent and had family to help her at home. I was concerned about her because she already had two kidney transplant and had infections on her kidneys. I asked her about her diet at home and if she was a smoker or like to drink alcohol often. She is a Hispanic woman, so I knew she was at risk for becoming a diabetic. She told me she did not do drugs or smoke or drink. Then I thought to myself then it must be her diet at home and home life that may have given her a uti and later pyelonephritis. I told her that increasing her fluids can help her prevent a uti and I also told her that going to the bathroom when she feels the sensation can help also. She does watch her grandkids for her daughter, and I know that when you are busy you usually forget to use the bathroom. After I explained how to prevent a uti I explained to her how the bacteria can move up to the kidneys and that is when you want to worry a little more. To know that she understood how to prevent a uti and what it can lead to I had the patient teach back. She told me that increasing fluids and going to the bathroom frequently would help prevent a uti and then she explained to me that pyelonephritis is a serious condition, and she would need to seek medical treatment. By having the patient teach back it let me know that she understood what I was saying, and she was educated on her condition.</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. During clinical I was following a nurse who had a patient that just had surgery on her jaw. She was able to speak a little and her jaw was swollen, and she had a little pain. This patient had an NG tube to feed her and give her medications. While my nurse was giving her medications, she accidently sprayed some normal saline solution on her bandage that she had around her face to keep her jaw stable. The patient was complaining of a burning sensation because of the normal saline incident. The patient said it was hurting her and wanted to take off the bandage to help with that burning sensation. The nurse and the charge nurse said we could not</p> |

Instructional Module 4 – Adult M/S 2

| | | | |
|---------------------------------|--|--|---|
| | | | <p>do anything until we have a physician’s orders to take the bandage off. My nurse finished giving meds then she was called to another room. She was very busy that day. When we left the room, the patient kept calling us and was taking her bandage off herself. We then communicated to the physician to put in orders to take off the bandage. He did not answer my nurse so we then we asked the charge nurse if she could call him. He responded to the charge nurse, and we were able to take off the bandage and had an order to put ointment on her jaw. The patient felt so much better.</p> <p>2. In clinical during the morning shift change I had a good experience listening to report with my nurse. I like that the nurses are doing bed side report because it gives the patient the ability to listen to their care plan and it also gives the patient their time to ask questions when listening to the nurses. My Patient was an elderly man who had an amputation on his left lower extremity. He had been in the hospital for a very long time and was very anxious about going back into surgery. He had family there that had so many questions for the physician. While my nurse was getting report the patient was awake and asked the nurses why they physician had not said anything about going back into surgery. The nurses asked him what he was concerned about, and the night nurse told my nurse that he was feeling anxious. With this information our nurse told the physician that he wanted to know if he had to go back into surgery and when she got that information he told the patient and it helped the patient with his anxiety of not knowing what was going to happen with him.</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. In clinical my nurse was not that busy, so I found a nurse that had a patient with a murphy drip. I was so interested in the post care for this patient so I asked my nurse and the nurse that had this patient if I could go follow her into this patient’s room. During the nurse’s assessment she found that a small amount of blood was coming out of this patient’s penis but was not a big concern to call the physician. To the patient was still bothered about the blood coming out so our nurse came up with a plan to help control the little bit of blood that was coming out. She told me to get some gauze and she wrapped it around the patient’s penis. She wrapped it lightly so that we did not constrict any blood flow. This help put the patients mind at ease about some of the blood that was coming out and also, we can measure with the gauze how much blood was coming out and relay that to the physician.</p> <p>2. Mrs. Heinrich was giving meds with me and asked me what the medications were for and if the patient needed the medications. I have never been asked about what the patient’s medications were for or if they needed it. I looked up the medications and what they are for and there were two medications that were for high blood pressure. Mrs. Heinrich then had me look at my patient’s chart to see what the blood pressure was doing and the trend that was following. Since my patient had two blood pressure medications Mrs. Heinrich asked me if I should give both blood pressure medications to my patient. At first I said no because her blood pressure was around 150/78 but then I looked at the past week and what her blood pressure was doing and decided it would be in the best interest for my patient to take both</p> |

Instructional Module 4 – Adult M/S 2

| | | | |
|---------------------------------------|--|--|---|
| | | | blood pressure medications because the trend showed that her blood pressure kept going up. I had to use my own clinical judgment to give my patient her medications. |
| Caring and Human Relationships | Incorporate nursing and healthcare standards with dignity and respect when providing nursing care. | <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. While I was walking down the hallway of our floor, I like to look in patients' rooms just to make sure patients are ok or if they need anything. As I was walking down the hallway, I noticed a patient eating lunch and staring out of his room. His face looked like he was confused. He was not smiling just eating and starrng. Well, when I saw him, I also noticed that this patient was exposed. He was in a gown and was sitting up with his legs wide open. We also had other patients ambulating and family members visiting loved ones that can see this patient exposed. I asked Mrs. Heinrich if I should close the door and she told me yes. When I went to go ask him if I could close the door, I noticed he was swaying back and forth so I asked for some help to get him back in the bed. Although our patients sometimes are "out of it" we still need to preserve their dignity and treat them like we would want to be treated in the hospital 2. One of my patients in clinical was paralyzed on the right side. She also had dysphagia. She was having trouble communicating with the health care team. While I was helping the aide take this patient a bed bath it was difficult because if she was in pain when we moved her extremities all she could do was yell or make a grunting sound. If we asked her where her pain was, she would just grunt and move her eyes around. On one of the occasions, I walked in, and I notice she was leaning more to the leaning more on the left side and since she was paralyzed on her right, she had no way of adjusting her position. I also notice that she did not have her call light in reach of her unaffected side. I asked the aid to help me adjust her position and before I left the room, I made sure to place the call light in her unaffected side so that she did not have to experience being uncomfortable and not able to call for help. |
| Management | Recommend resources most relevant in the care of patients with health impairments. | <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 come in with an infection to her abdomen. She had surgery prior to coming in and when she got home it became infected. She was a young woman in her 30s and she had family who was very helpful in her recovery. One of her and her family concerns were developing a DVT. I asked if they had been consulted with physical therapy and I told them how physical therapy can help with ambulating and how that can help prevent a DVT. The family wanted to speak to some one about getting this patient help with physical therapy. I asked my nurse and the nurse told me that I can educate the patient and the family about doing exercises on their own to help prevent DVT. I educated the patient on some toe stretches and told them if they feel like this is not working, I can tell my nurse to consult with PT. 2. While in clinical I had a patient that was admitted to the hospital for alcoholism. He was ready to get long term help. He was detoxing. Every time we went into his room, he would talk about having bad anxiety and I asked him how it feels to have anxiety and what he does to manage his anxiety at home. He told me at home he smokes marijuana and drinks beer and liquor to help manage his anxiety. He also told me that his anxiety makes him feel like he needs to do something constantly with his body. He was shaking and seemed so worried about having low potassium. |

Instructional Module 4 – Adult M/S 2

| | | | |
|-------------------|---|--|--|
| | | | <p>I asked my nurse if we should consult with a case manager to help with consulting. The nurse told me they found a facility to help with counseling and ways to deal with stress and anxiety. So, in the hospital they were just helping with detox and then once a bed opened up for rehab, they would send him there.</p> |
| Leadership | Participate in the development of interprofessional plans of care. | <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. In clinical we had a patient who really did not get up. She was had just been laying in bed and really didn't bother my nurse so much about pain or anything else. The only time my nurse went in the room was to give medication and then she would just leave. She did not ask the patient if she had any pain or assess her back for skin break down. I knew since my patient was just laying there and my nurse did not bother to ask or assess this patient that she was at risk for pressure ulcers. I took the initiative to ask the aid if I could assist in taking this patient a bed bath so that I can assess her bottom and back. When we turned her over to wash her back side, I notice this patient was at a stage one pressure ulcer. Her skin was unblanchable and red. I rubbed her back because I just wanted to stimulate some blood flow and I knew it would feel good to my patient. After her bed bath I went to my nurse and told her what I saw, and the aid and I put pillows to try and keep pressure off her bottom.</p> <p>2. I had a patient who was there with a murphy drip and had not taken a shower in a day. He just did not feel the need to take a shower or be clean. The nurse asked me and another nursing student if we could assist him in a bed bath. I was excited about taking this patient a bed bath because I know I had to convince him first. I love a challenge! I asked if he would like a shower cap and he was hesitant at first. I explained how important it is to have clean skin and how that could help prevent infection. He was still a little apprehensive about having a shower cap so then I told him that the shower cap is heated, and I would be willing to give him a head massage and that it would feel so amazing. Finally, he agreed to have a shower cap. He was able to assist in his own cleaning also. I gave him a head massage and after we cleaned him up, he thanked us and felt so much better. I took the leader role in persuading this patient to take a bath and educating him on how important it is to keep your skin clean to avoid further infections.</p> |
| Teaching | Evaluate the effectiveness of teaching plans implemented during patient care. | <ul style="list-style-type: none"> - Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes | <p>1. I had a patient come in with infection on his foot that was amputated. This man was also experiencing constipation. I felt so bad for this man because he had not used a bm in over a week. He also had family that was willing to help him. I assessed him and found that his abdominal area was not distended, or he was not in any pain due to constipation. I should have educated him on foods that can help him have a BM. He really could not ambulate, but I know if I had educated him and his family about how nutrition could help him have a bowel movement they could have gone through with nutrition at home.</p> <p>2. After I had that day when I did not educate my patient about nutrition to help have a BM the next day my goal was to have patient education. One of the patients that I came across was suffering from diabetes. This patient was an older Hispanic male who did not really understand this disease. He did not know the nutrition that could help lower sugar. I explained to him that fruits and veggies with brown rice and fish could help him lose weight and promote a healthier lifestyle. He explained to me that all he really knew was to check his blood sugar and take his insulin but</p> |

Instructional Module 4 – Adult M/S 2

| | | | |
|-------------------------------------|--|--|--|
| | | | <p>didn't know any more details. It is good to know how to take your medication but if that is all you know then you need more education on understanding your disease.</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. I have learned so much of what is it to be a nurse. Nurses are so much more than just passing meds and talking with the physicians and patients. I have notice that during the patient's hospital stay they come in with a diagnosis and then begin to find other complications such as depression. Being in the hospital will make anyone miss their home and family and start to feel lonely. The patient with the pyelonephritis started to feel lonely and missing her grandchildren very much. She came in with pyelonephritis and then was feeling depressed. While I was doing a head-to-toe assessment, we began to talk about how she was feeling while being in the hospital. She was telling me that she is used to taking care of herself and helping her daughter with the grandchildren and how she wanted to get out of the hospital to take care of her family. So not only was she sick she started to develop depression and by me talking to her and listening to her she felt heard and that everything is going to be ok.</p> <p>2. During clinicals I had a patient come in with confusion and was a fall risk. She was a heavy-set woman who really could not even sit up. I tried to help PT with sitting her up and she would not use any muscle to help herself. This patient was so weak she could not keep her eyes open. I noticed when I was walking past her room during lunch her tray was just sitting there and then the aid came in to feed her. In the morning I noticed she did not eat very much and for lunch she didn't eat very much either. My concern for this patient is now proper nutrition. Because she is an older patient the healing process may be slower than a healthy young person, so nutrition is very important for her. We kept trying to wake her up for her medication and to eat but she was just having so much trouble with staying awake for most of the morning. To try to help her stay up we kept the light on and kept her door open. I would frequently check on her and rub her head or rub her hand to try and stimulate her. The nurse aid also cut her foods in small pieces and would give her enough rest in between each bite. This was a little hard for the aid because the aid had two feeders that she tried to help. Many patients come in with one main issue but because most of these issues affect many other systems that the body needs to feel better such as nutrition.</p> |