

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. We implemented a plan of care for a patient that was experiencing impaired swallowing due to a stroke. The stroke caused the patient to have expressive dysphagia and difficulty swallowing. This created a bit of a problem when giving my patient medications. I used the silent knight to crush up his meds and administer them with his favorite, ice cream, along-side my nurse. I assessed him for any difficulties while I was feeding him since he was at a greater risk for aspiration.</p> <p>2. My patient admitted for a hematoma on the skull; she was believed to have been beaten by her husband. She was my primary pt on one of the weeks I had her. The morning of the first day I had her I did an assessment on her and had taken notice on her verbal communicate. She was able to communicate using words by mouth (speaking). About one hour later she was barely able to communicate and had to use a pen/paper and then by lunch time neither of those worked and we had to turn to the use of a patient communication board. Throughout the time I was there I verbalized this to my nurse and intervened by changing the communicate route.</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. My pt had a fractured and bruised bone in her hip and lumbar region. She only spoke Spanish so when the physical therapist arrived to check on the patient, I was able to work with the patient and physical therapist to translate in Spanish and teach patient ROM and sitting techniques for the patient that the physical therapist was instructing. We worked together to give good care on the day of discharge.</p> <p>2. In SIM our patient had T2DM, when we entered the room patient started showing signs of hypoglycemia. We went back to the medication room to get Dextrose or something similar that was maybe on the EMAR for him but nothing came up. We called the Physician and used the SBAR method to communicate the situation. She ordered Dextrose and we were therefor, then able to safely help the patient get to a better blood glucose level.</p>
Critical Thinking	Apply evidence based research in nursing interventions.	<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. My patient was admitted for a lower lumbar fracture and bruised bone. She was Spanish speaking only and had declined one of her suppository medications of the two she was scheduled for. The following day during my initial assessment I found out that she had not had a stool in two days and was also on narcotics for the severe back pain. Upon speaking to the nurse I expressed my concerns and told the pt I would think its in her best interest to take the other suppository so she can produce a stool since narcotics gave her a high chance of making her more constipated. She agreed to the idea and took both of her stool-softner's that day. My critical thinking skills put me to understand that she was uneducated in the manor and by educating her gave her the best possible nursing care. Speaking a different language created language barriers that can make it hard at times to get good care.</p> <p>2. In SIM our patient was admitted for T2DM and infected sacral wound. We entered the room and found the pt throwing up and complaining of chills, sweaty and confused. We started to question the pt further to find out that he had skipped his dinner even along with taking insulin and has no eaten since. We then used</p>

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			critical thinking skills to come up with the idea that he was in a hypoglycemic shock. To confirm our suspicions we took his blood sugar and sure enough they were at 38. We called the physician to get an order of Dextrose and helped the pt blood glucose get back to normal.
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. My patient was admitted for a hematoma on the skull. She was believed to have been beaten up by her husband. There was a lot of emotions going on with her during her stay for those 3 weeks, I which assisted in her care 4 of those days was there to see her go through a rollercoaster of emotions along with her health. On one of the days I noticed her crying, she was almost completely non-verbal at this point, so me and a fellow student nurse help wipe her tears and stood there giving her comfort. 2. I administered IV push medication following the standard care to give the best patient care. There is a standard of care when administering medications through IV's like antibiotics, using the correct amount of push rate time for this medication and diluting it. All these are done to protect the patient from infection. I Made sure to clean the cap before and after, I flushed the line before and after and pushed the medication slowly for 2 mins.
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 that was not conscious and was recently placed on a peg tube. While assessing the patient and talking to the family in the room we came to the conclusion that the pt was not in an ideal position. As evidence by irritated scabs on the patients elbow. We moved her around in bed, and placed pads under her elbows to alleviate the pressure. 2. I had a pt who was getting discharged within the next few days. She had gotten through extensive injury due to her husband and on-top of that was an alcoholic consuming about 20 beers a day. Upon discharge the patient was going to have to go to a physical rehab facility. We had to work around her insurance situation that would allow her to stay there a week but she would have to remain sober while there. We planned for that along with speaking to the patient to make sure she knew that everyone was working to get her to the right places she just needed to make sure she was doing her part as well in staying sober.
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 	<ol style="list-style-type: none"> 1. A patient of my side of the floor, EMU patient, had a seizure. When they notified all of us that this was going on, everyone took off to the room to assistant the patient. My first instinct was to run like everyone and go help, but as I was passing by a vital sign machine I took it with me to the room. This ended up helping a lot as in no one had thought to bring it and the pt didn't have one in the room. I took leadership in bringin it since it plays a major role when a seizure is going on. 2. My patient who was in the hospital due to a bone fracture was not a candidate for surgery due to age and osteoporosis. The physical therapist worked a lot with the patient to help her be able to get home and work on ROM exercise to help speed up the bone fracture process since that and pain management was the plan of care for the patient. I was able to watch the PT and help do some of those movement and reteach patient throughout my week with her. These included repositioning patient leg, elevating the leg and walking every so often on it.
Teaching	Evaluate the effectiveness of	<ul style="list-style-type: none"> - Identify/define teaching plan - Implement teaching plan 	<ol style="list-style-type: none"> 1. I had a patient come in for a fracture in her hip. While in the room with the patient I heard the physical therapist explain to the patient how important it was to

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	<p>teaching plans implemented during patient care.</p>	<ul style="list-style-type: none"> - Identify appropriate evaluation tools - Appraise patient outcomes 	<p>move around and try to ambulate or even do some ROM to help alleviate further pain and less damage to her osteoporosis condition. She did not understand the language the PT was saying and did not follow commands. A few hours later I went in to check up on her to when she started complaining of pain. I expressed to her again in a language she understood what the therapist had said. I showed her positions to do again and how she needed to move around to get better. She happened to be getting discharged that same day so when her daughter got there who would have been taking her home I explained to her the importance of having her 68 year old mother walk because it will relieve pain and further damage in the long run. This should help her continue her treatment when she's home and hopefully give her more family support to get better sooner.</p> <p>2. I had a pt with a broken neck who has coming back from surgery. She was an elderly women 72 years old. I got her confidence and not long after she was talking to me about her neck injury. Long story short she was putting on her pants when she slipped and hit the back of her neck on her dresser. After she finished telling me her story I told her ways she could put on her pants or any clothing to prevent injury. I had told her for starters it would help if she could get someone to move her dresser to a spot out of the way from where she usually changes and expressed that having her back towards the bed could help to in-case she fell back. She loved the ideas and was very happy I able to listen to her and give her advice.</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. During SIM we had a patient with diabetes and an infected wound. We had medications that were due for the patient related to HTN, insulin and treating the infection. Before we entered the room me and my partner came up with a game plan of what we were going to do so we'd have some guidance. When we entered the room I noticed the pt LOC had changed and he was showing some signs related to that of a very low blood sugar. We then had to change our priority of care for our patient. The patient was very nauseated so we gave him Zofran IV to see if that would help the nausea so he would be able to take the 4oz of apple juice and when that didn't work we gave the pt Dextrose. When that was all situated we were then able to proceed with the pt other medications.</p> <p>2. I had a patient at the hospital who had a heart attack and stroke within the same week of each other. During her stay she had a hard time staying alert and keeping her eyes open. In order to get an appropriate initial assessment done I had to physically open her mouth and eyes myself. I identified the pt health deficits and was able to work around it to give my patient good care.</p>