

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 was helping one of my classmates with giving an elderly patient a shower. We made sure it was okay for him to take a full shower and made sure to cover up his IV site to keep it from getting wet. As we were helping the man shower, he felt the need to stand up and pee but then immediately sat down on the toilet as he used the bathroom. You could tell he had a very upset stomach. He would apologize as he was using the restroom, and I reassured him it was okay. To take the time he needed. I placed a towel around him to make sure he didn't get cold since he was wet from the shower. Once he was done, we started to give him his shower all over again. I could tell that he was a lot weaker at that point and figured he had used up a lot of his strength while using the restroom. At one point he started to lean forward in shower chair and was using the handrail to help him himself up. At this point I told my classmate it was best she went and notified her nurse that the patient was very weak and starting to be short of breath. I quickly rinsed him off, placed towels on him and asked him to lean back against me, resting his head on me. Asked him questions such as "did you get too hot? How are you feeling?" Gave him a chance to catch his breath and talked him into taking deep breathes and out slow. Taking deep breathes and letting him know it was okay to relax for a little. Once my classmate and the nurse made it back into room, the nurse grabbed the vital machine and we checked him making sure his vitals were okay. His oxygen was low but after a few more breathes, his oxygen started to go back up into the 90's. We rolled his hospital recliner into the shower and helped him get dressed in there as best as we could without him exerting anymore energy. Rolled him back out of the shower and the patient was not short of breath anymore and was able to start answering questions. The nurse took over from there as I left to go back to my patients.</p> <p>2. One of the patients had come back after lunch for a procedure they were doing in the morning. When I went to check on the patient, I noticed they no longer had their yellow gown on from earlier in the day but had a green one. The patient asked to get up and go to the restroom, so as I helped the patient go to the restroom I mentioned where his yellow gown had gone? He commented on how they had to change his gown and the nurse gave him a green gown. Once I sat him down in his chair, I made sure he was sitting in a safe position and left to double check with the nurse. I confirmed he was still considered a fall risk patient and grabbed a yellow gown. Got the patient dressed and played it off as explaining we needed to make sure he was in the correct attire now that he was back on the floor, and the patient made the joke that he looked better in yellow than in green anyways.</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. I was able to communicate with physical therapy about one of the patients who was suffering from left sided weakness due to a possible stroke. Using the SBAR I gave the PT an updated version of what was going on with the patient. The nurse walked in afterwards and informed the PT about what was going on with the patient as well. After the nurse left the PT asked me if I had witnessed the patient move from the chair to the bed and I let him know that I hadn't prior to walking into the room. I was able to help the PT move the patient from the bed to the chair.</p>

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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. One of my first patients was admitted for having a stroke, and I had to investigate what was written in her data supporting that she had indeed suffered a stroke. Once I gathered my information and had done my assessment, I looked up different nursing interventions. The nursing diagnosis was mobility impaired due to left side weakness, that my nursing intervention were schedule activities around rest periods, passive ROM, and encouraging the patient to do as much as they can. When I helped the patient take a full body shower, I allowed and encouraged the patient while she herself scrubbed her body with a rag using her right hand. She even held the shower head in between her legs while she scrubbed, making sure I helped when she needed me to, but still giving her some independence. These resources and interventions were added to my critical thinking worksheets.</p> <p>2. I had a patient with an admitting diagnosis of hypertension. They have had a history of hypertension and were now having stroke-like symptoms. After looking at the data, I came up with a nursing diagnosis of ineffective peripheral tissue perfusion. The patient at the time of the assessment stated that they couldn't feel my hand when touching their lower left leg and was not able to move his leg. Some of the evidence-based practices that I found were drinking lots of water, wearing compression socks, exercising, and learning how to manage stress. One of the nursing interventions that I implemented was teaching him how wearing compressions socks could help. He didn't like wearing the non-slip socks either but said he would ask his wife to buy some compression socks on her way back to the hospital. I documented my interventions and resources on my critical thinking worksheet.</p>
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 	<p>1. One of our patients was brutally beaten by her husband that left her in a very unstable health condition. Causing her to have a brain hemorrhage. Despite how bad she had been abused; the patient made the decision not to press charges on the husband. Of course, in still trying to maintain the patients' right under HIPAA, case workers were still trying to find ways to work against her husband. Giving the patient a chance to heal and not put her life at risk again. I was able to be part of</p>

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			<p>the nurse and doctor conversation about what else we could do for the patient since she wasn't willing to press charges. I can see how the nurse is building a relationship with the patient in hopes of also advising the patient to seek help from family members in order to prevent the patient from going back to an abusive relationship. The care that is being given to this patient not only health wise, but in ways of compassion and care is admirable among all the health teams working with this patient.</p> <p>2. We had a patient who was getting ready to go down for a procedure being done. As I was in the room helping the patient with a few things, I noticed her band said she had a birthdate in June. I got excited and asked, "you have a birthday coming up?" I was excited because I was thinking her birthday was a day before mine, but the patient just shook their head and said no? The patient and her friend commented that her birthday was in January. I was confused and didn't want to confuse the patient or make the patient even more nervous as she was waiting to be transferred to her procedure. I left the room to go ask my nurse. While I didn't find her, I double checked the patient's birthday on her file, and it did say her birthday was in January! At that time the patient's friends walked up to the desk and asked if her correct birthday was on file, and I confirmed that it was. When I finally saw my nurse, she already was aware of it, and they were working on getting the patient a new patient band with the correct birthdate before they picked her up for the procedure. It was a crazy busy day, but I am glad we caught the error.</p>
<p>Management</p>	<p>Recommend resources most relevant in the care of patients with health impairments.</p>	<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 	<p>1. I was able to help my nurse with starting the process of our patient getting ready to discharged and ready to go home. The set back was the doctor was wanting to see the patient one more time and the patient had to have one more bowel movement before getting released. The time came for the patient to finally have bowel movement, and he was happy to know that he was in fact getting to go home that same day. He mentioned how he would have liked to have been gone since lunch time, but as long as it was the same day, he was happy with it. The nurse showed me on the computer what all needed to be looked at and make sure that future appointments were also listed in the discharge papers. It was a step-by-step routine on the computer, and when everything looked to be in order, we printed the papers out. I wen to the front desk and grabbed a folder to put the discharge papers in. With all the paperwork, the nurse and I went into the patient's room and discussed what the papers said as far as care plans for his incision, what to look for, what to expect, and confirmed follow up appointments. The patient and his wife started to gather up the rest of their personal belongings while I went to grab a wheelchair for the patient. I was also able to help with transporting the patient downstairs and wait with the patient while he waited for his wife to drive up at the entrance. As soon as the wife drove up, I helped load the patient into the truck, and off they went!</p> <p>2. We had a patient who had a craniotomy procedure done and was left with severe left side paralysis. This patient was a newly diagnosed cancer patient in stage 4 and was going through many changes in just two weeks while in the</p>

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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. One of the patients was having abdominal pain and was uncomfortable due to not having a bowel movement in a few days. They had tried starting MiraLAX for a few days now and tried to get the patient to drink plenty of fluids. The doctor talked with the nurse about the possibility of needing a suppository next if the patient didn't have a bowel movement soon. I talked to the nurse about maybe getting the patient to move around by switching her bed positions while in bed and getting her to sit in a chair with the help of other students. The patient did not like moving around because they wanted to stay in bed. I explained to the patient if we could get them to move around a bit more, it could possibly help move things around enough for her to have a bowel movement. Next when the patient received her lunch tray, I encouraged the patient to eat as much of her fruit as she could and maybe that could also help with a bowel movement. Before my shift ended, the patient had had a small bowel movement, but it was a start! I went to the nurse and notified her that the patient was starting to have small bowel movements and passing gas.</p> <p>2. I was able to see how a health care team worked together to with a seizure patient. There was a nurse monitoring the patients' EEG from an EMU station, the nurse caring for the patient, the doctors who were visiting the patient, and a case worker who was helping the patient with financial resources. The goal was to see what type of seizures the patient was having, what was triggering them, and depending on what the results were, what type of care plan was going to be suggested for the patient.</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. The patient was concerned about not being able to wash her hair and was talking to me about how "stinky" they felt since they weren't able to take a full shower in a couple of days now. The patient had had a craniotomy done six days ago and has an incision running from the top of her head down to the back of her head. I explained to the patient that we needed to make sure the wound was healing properly before we risked washing her hair around the incision. After we were told it was okay for the patient to receive a full body shower, we placed her in a sitting chair in the shower and went through the steps on how to wash her hair carefully, while also making sure she took precaution with her incision. We carefully washed her hair around the incision and talked through the steps on how to care of the wound during showers. The patient stated she understood not to soak or scrub the wound in water, and how to gently wash the area with warm, soapy water, and pat dry.</p>

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			<p>We gently patted the wound dry with a clean fresh towel and talked about not using any rubbing alcohol on the wound, hair products, or lotions on the wound because it could lead to risk of infection or slow wound healing down. After the shower the patient stated how much better they felt, and I was able to brush her hair out while being careful around her wound.</p> <p>2. There was a patient who was completely scared of needles. He stated, “this is why I hate coming to the hospital.” He was being observed for seizures due to past head trauma in his life. When going over what medication he was being given while his stay in the hospital, he was not happy about the suggestion about getting the Enoxaparin shot. The patient raised his arms above his head and continued to share his fear of vaccines and how much he hates them. I explained to him since he will be lying in bed during most of his stay, and limited to how much he would be mobile, the Enoxaparin is helpful in preventing blood clots from happening. The patient asked for me to give him his shot first so he could quickly get it over with. I did that both days when giving his meds because he said he would rather get it done and over with quick! I also informed him about not rubbing the site as it could cause bruising.</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. In SIM I had a patient with lung cancer, who also had hypertension and nausea and vomiting. While in the hospital she kept complaining about stomach pain and how much she kept throwing up. At first, we tried to figure how long ago her last chemotherapy treatment was, to see if that was related to the nausea and vomiting. After we discovered that that wasn’t the cause, we moved on and decided to first focus on the patient’s pain and to ease her nausea. Her stomach was hurting, and she couldn’t eat or keep any food down. We knew to check the labs and figured she had an electrolyte imbalance. Since her potassium was low, we called the doctor to confirm a potassium IVPB over a potassium tablet, since both orders were in the Pyxis. We were able to prioritize our care by addressing the low potassium, nausea, and pain.</p> <p>2. We had a patient who was having many health deficits due to a big injury. It started off with a hematoma in the brain, to the patient not being able to verbally communicate, leading up to a craniotomy, which then the patient was starting to be immobile, not eating, and a NG tube placed to help with nutrition. This patient had so many health deficits due to the trauma she encountered in her injury. I feel like this patient, out of all my other patients, had the most adjustments in her plan of care to accommodate what was needed based on what the patient was needing at that time or day. This patient also had a big health care team working together. There were the nurses providing the care, different doctors who suggested a craniotomy, doctors modifying her nutritional needs, occupational therapy, physical therapy, speech therapy, wound care, and even case workers with an investigator working on this patients’ case.</p>