

Instructional Module 4 – Adult M/S 2 -Destiny Perez

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 	<ol style="list-style-type: none"> 1. I was about to hand out medications with the nurse and I was asking name, date of birth, and allergies. The patient was demonstrating slurred speech, confusion, and was not responding. The nurse and myself were thinking a possible stroke with the signs and symptoms the patient was exhibiting. The nurse immediately told the charge nurse and got a CT scan within 15 min. I was able to go down and watch the CT scan and it was clear. There was no stroke, but it was better to be on the safe side and get it checked out. The doctor was called up and did another assessment on the patient. The daughter was thinking he could have had a UTI and wanted to get that checked. I left before I could get results on what was going on with the patient. 2. I was doing a head-to-toe assessment on a patient and the nurse was in the room watching me. I was asking the patient questions and she was very slow to respond and would fall asleep very quickly. The patient made a comment about her going to the dentist and in that moment, it did not make sense. The nurse told me to do a neurological assessment do check for any changes in the level of consciousness. The patient ended up being alert and oriented x4. The patient's son was in the room and he confirmed that yes, they went to the dentist before she came to the hospital and she was explaining what they did to her mouth. There were no neurological deficits present. The patient was just drowsy. We continued to monitor the patient until they weren't to surgery.
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 	<ol style="list-style-type: none"> 1. During a head-to-toe assessment. I was checking the dressings on this patient since they did go to surgery as well as their central line. As I was checking I noticed the central line dressing was not dry and intact. An infection at that site could be deadly so I made sure to tell the nurse about the dressing immediately. We were able to clean the site and change the dressing. 2. I was checking vital signs on a patient and noticed their blood pressure was high 150/90. I then passed this information to the nurse. High blood pressure can lead to many problems so I was glad to catch it. We went to get a blood pressure medication that was on the patients eMAR and administered it. We checked the blood pressure again after we administered the medication as well.
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 	<ol style="list-style-type: none"> 1. I went to check on a patient to do an assessment. I couldn't check the pulse because of a wrap and brace on the patient's foot. This is vital in a peripheral neurovascular assessment for the patient especially having a brace and wrapped up foot. I checked the capillary refill because this is another way to check for blood perfusion. The capillary refill was 2-3 seconds. Everything ended up being good and I learned that was a new way to assess at the foot. 2. I couldn't feel a pulse while I was doing an assessment. This is an orthopedic floor so; peripheral neurovascular assessment is vital. This was a concern so I asked my instructor to come and check the pulse out and she found it. She taught and helped me use a doppler. I have never used a doppler before so that was a great learning experience and I was able to hear it.
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. I made sure to follow a standard or nursing care when administering an IV medication. I started with drawing up the correct medication and going through all the steps to keep from making medication errors. I then went on to the process of administering the medication. I took the stop of opening the clam of the IV and cleaning the hub before starting. I then flushed the catheter with a normal saline syringe. I then cleaned the hub again before connecting the syringe with medication. I then pushed the medication at a slow constant rate over a few minutes. Once I did this, I then cleaned the hub again and flushed on last time with the normal saline to finish. 2. During medication administration I was struggling to open a pill packet, but I eventually got

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			the pill out. The second opening of a pill packet it flew on the ground. This would have been a safety violation. The pill was then contaminated and would not be safe to give the patient. I alerted the nurse and we went to get a new pill and finish giving the medications.
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. The patient was immobile and unable to ambulate at the moment. A concern was the patient not fully taking deep breaths. Without breathing properly this could lead to other problems the patient did not come in with. The nurse brought an Incentive Spirometer for the patient. The use of this device promotes actively deep breathing. This will help the patient avoid problems while they are unable to ambulate. 2. The patient had diabetes prior before coming into the hospital. This was a big thing to considered in the plan of care for this patient as well as the nutrition. The patient was placed on a specific diet during the stay. They did have neuropathy in the feet so monitoring for any bed sores and the healing process.
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. Upon assessment the patient had a low O2 Sat even when given a nasal cannula on the highest setting. The nurse tried using other interventions and the O2 was not going up at all. The nurse then called the charge nurse and they were working together to come up with a plan for this patient and help raise the O2. Eventually a rapid was called because all of the interventions prior did not work and they were able to figure it out. They were able to get an accurate number and said it was just due to poor perfusion on the hands. 2. The patient wanted to get out of bed and move. Moving helps with expanding their lungs and perfusion all over their body. Physical Therapy came up and I was able to help them get her moving. I was more than happy to get them out of bed and walk with them down the hall and back. Moving more than 20ft was a goal and it was achieved through out the walking session that day.
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 	<ol style="list-style-type: none"> 1. The patient was in the hospital after a motor vehicle accident and had broken a rib. This was causing sever chest pain especially making it hard to take deep breaths. I taught how to use the Incentive Spirometer while they were going to be in bed. I was comforting the patient while they were in pain but, I explained how this will prevent complications such as pneumonia or atelectasis. I explained the importance to be deep breathing to avoid complications. 2. The patient was in the hospital for pneumonia with history of COPD and on the hand off report the previous nurse stated they had a nasal cannula on. I went to check on the patient and they had a big jar of Petroleum jelly at their bedside. I went to clean if off their face and I taught how dangerous the product with oxygen can be. I stated that the products could cause a reaction leading to shortness of breath or a chemical reaction that could cause a burn on the face. I then listed all the products the patient was able to use such as water base products with no alcohol or petroleum products.
Knowledge Integration	Deliver effective nursing care to patients with multiple healthcare deficits.	<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 	<ol style="list-style-type: none"> 1. The patient was hard of hearing and we needed to ask their pain level. I was not aware of this at first and I kept asking in a low and slow voice but still, he could not hear me. This was a communication barrier at first but then I decided to use my resources and used the Wong-baker pain scale that is displayed on the wall to communicate. He then understood what I was asking and gave me a rating based on the faces. This was a good experience to use the resources I had in the room. We were then able to address the pain with some pain medications. 2. The patient did not speak English. I am not fluent, but I know a lot of little words to get me by. The nurse did not know Spanish so there was a language barrier. As we were giving the medications, she was not wanting to take a pill. She then started talking in Spanish addressing why she would not, the nurse did not understand her. I was able to translate for the patient she

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			stated "the pill is too big and my throat hurts". This was a great experience knowing I was able to break that barrier and help translate the patients needs at that moment.
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