

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. At clinicals during medication pass with my nurse, we were assessing INT IVs to ensure they were working properly and causing no harm to the patients. However, as I was assessing two of my patient's IV's one was causing harm to my patient and my other patient's IV was no longer in the vein it was just leaking in the dressing. I was able to take out both IV's, so that my nurse and I can start brand new working ones. Without a properly working IV this can lead to various health impairments such as infiltration and extravasation since one of my patient's was going to surgery the same day. On my first patient my nurse allowed me to attempt to start a new working IV, but I was unsuccessful in my attempt. However, in the second patient my nurse still allowed me to attempt a new IV placement and I was successful which allowed for the effectiveness of allowing medications to pass.</p> <p>2. During SIM week I was able to practice my nursing skills by assessing my patient and planning an intervention to improve the health status of my patient. Upon a reassessment of my patient post-hip surgery through ORIF, my patient's blood pressure was dropping, had symptoms of paleness and coolness, and their surgical incision was no longer clean, dry, or intact as it was saturated in blood. These signs and symptoms prove that my patient was going into hypovolemic shock, and my intervention was calling the doctor using a proper SBAR communication on what to do to bring my patient's blood pressure up. The order was to start Lactated Ringers at 500mL running over 30 minutes. After I intervened, I saw the effectiveness as my patient's blood pressure began rising within normal limits.</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. Every week at clinicals I was able to practice my communication skills between health care team members. First, I communicate to my nurse's CNA's that I will obtain the patient's vital signs and blood sugar before lunch. Then I communicate to my CNA's what the vital signs were for all patients since I am not able to document on my own, and they are able to document the patient's vital signs into the computer. However, when it comes to the blood sugar levels, I communicate this level to my nurse rather than the CNA's. I communicate this level to my nurse so they can appropriately draw up the correct units of insulin needed to administer to patients on the SSI.</p> <p>2. Throughout my time at clinicals I have noticed communication tools that many nurses implement to allow for effective communication between multiple health care team members. Many patients have questions that most of the time nurses cannot answer. What I have seen nurses do and what I have implemented to do as well is writing questions on the whiteboard available in the room so that when other health care team members go into the room the patient's questions are answered. For example, when I have patients persistently requesting pain medications, I like to update the whiteboard with the next time their pain medication will be available to them. This allows for communication between the patient and nurses as well as communication across the patient's health care team.</p>
Critical Thinking	Apply evidence-based research in nursing	<ul style="list-style-type: none"> - Analyze pertinent data (subjective, objective) - Identify evidence-based practice (EBP) resources 	<p>1. During SIM week I was looking through my provider's orders prior to assessing my patient, and I noted the order "apply 4L nasal cannula if oxygen drops below</p>

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	interventions.	<ul style="list-style-type: none"> - Distinguish EBP nursing interventions - Apply EBP nursing interventions - Document resources & interventions 	<p>93%”. As I was assessing my patient when they were going into hypovolemic shock, I noticed that her oxygen saturation had dropped to 90%. Although I was in a high stress situation because I have never been the main nurse and made decisions on my own, I still used my critical thinking by putting oxygen with humidification on my patient to improve their oxygen saturation level rather than calling the physician since there was ordered already in place.</p> <p>2. My first week at clinicals I was caring for a stroke patient who was incontinent and having multiple bowel movements. This patient could not get out of bed due to hemiparesis to the right side. My patient also could not communicate with her words because of her history of stroke. I was able to use my critical thinking skills and identify when my patient was trying to communicate that she needed to be cleaned. I asked my fellow classmates to assist me in cleaning my patient as needed, and I would apply a barrier cream to her bottom. This proves that I used my critical thinking skills by being able to effectively communicate with patient and applying barrier cream to prevent any skin breakdown in the perineal area due to the incontinence and multiple bowel movements my patient was experiencing.</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. During clinicals I had an encounter with a patient who has truly stuck with me because I was able to show how a nurse cares while still providing dignity and respect to my patient. I went into a patient’s room to obtain vital signs, and I noticed that my patient’s eyes were teary. I decided to stop what I was doing to take a moment out of my day to ask my patient what was wrong and sit their quietly to provide comfort and care. After helping console my patient he stated he appreciated me being there for him, and he left me obtain his vital signs after.</p> <p>2. While assisting a CNA provide a paraplegic patient a bed bath, I tried to incorporate dignity and respect to my patient since he was nonverbal and was unable to communicate. I do not appreciate when I see people providing bed baths and expose the patients purposefully. When assisting with this bed bath I ensured to cover my patient’s private area until we needed to clean it to provide dignity and respect even when my patient cannot express his emotions. As we were halfway done with the bed bath our patient began throwing up and my patient started tearing up. Firstly, I helped the CNA clean up the throw up on the patient, and then I took a moment to clean the tears from my patient’s eyes and talk to him letting him know that everything was going to be okay. From this point we provided another bed bath as well as provide a new set of sheets to prevent any skin breakdown.</p>
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 	<p>1. I believe during the first week of clinicals I had a post-op patient who was getting his small bowel obstruction repaired. This patient was an older gentleman and we wanted to implement any plan to prevent his stay from being longer than it needed to be. For example, it was stated in his chart that he can be independent and ambulate to use the restroom when he needs to go. He had a urinary catheter placed since he had surgery, but to provide a positive outcome my nurse and I followed the provider’s orders to discontinue the catheter. This will begin to promote independence in the patient as well as prevent catheter associated urinary</p>

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			<p>tract infections. This was also a step to getting this patient discharged and sent home if he was able to urinate on his own within the next couple of hours.</p> <p>2. I had a patient who came into the hospital with a pressure foot ulcer on the bottom of her left heel, and my nurse and I needed to implement a plan to promote a positive outcome. We would try different things to promote the healing of this sore as well as prevent further deterioration. We would place two to three pillows under her knees to elevate her heel off the bed, we would ensure to properly provide wound dressing change every day, and although she did not like it we would place her foot in one of those boots that help prevent foot drop but also has a hole where the heel is placed again to help prevent further tissue pressure injury. Providing her different methods on how to keep her heel off the bed will allow her for proper healing after discharge.</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. I have always appreciated when the instructors are excited to show us students interesting things, and at clinicals one-week students from Mrs. Morenos' clinical floor came to my floor to see three murphy drips we had. Two of the murphy drip patients were mine and my nurses' patients. My nurse suggested to take this opportunity to provide leadership to my fellow classmates. She told me to go into the rooms with my patients and classmates to show them how the murphy drip is set up and to show them how to properly drain and how to document. It was also time to hang up a new bag of fluid which again I was able to be a leader and have one of my classmates set it up as I talked them through how to do it.</p> <p>2. At clinical's one week I was partnered with a fellow classmate, and it was time to obtain vital signs and blood sugar levels. My classmate expressed to me that she's always had a difficult time understanding how to work the accudatas as well as obtaining blood sugar levels. I decided to take this opportunity to provide leadership and assist my classmate in showing her how to work the accudatas and how to efficiently obtain blood glucose levels by having all the equipment prepared. I demonstrated to my classmate how I can perform these tasks, and from there she was able to achieve her goal of properly obtaining blood sugar levels which she will be able to use in her career moving forward.</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. At clinical's I was given the opportunity to pass medications with my nurse. I had two patients on the same day that were receiving enoxaparin, and that they both had asked me what the purpose of this medication was for. I identified the need for teaching my patients what the purpose of this medication was that they were receiving every day. Prior to administration I told my patients that this injection is an anti-coagulant that will prevent blood clots from occurring since they have been bed bound, and we want to intervene in patient's care to prevent further health deterioration. After I discussed this with my patient's I asked them to repeat back what I just told them, and my patients were successfully able to tell me the purpose of their medication.</p> <p>2. There was a time during clinicals and SIM that I was able to practice teaching to my patients. My patients were needing to use the incentive spirometry because</p>

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			<p>they were post-surgery, but they were not effectively using it. I decided this was a perfect opportunity to teach these patients how to use the IS and why it is used. I started by telling these patients that the IS needs to be done 10 times in an hour or to use it once a commercial when they're watching TV by placing their lips firmly around the IS and breathing deeply. I then told my patients that the purpose of the IS is to prevent pneumonia and atelectasis which they are at risk for because they are post-op patients. Before leaving the room, I ensured that the patient effectively demonstrated how to use the incentive spirometry.</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. At clinical's one week my nurse and I needed to prioritize care between multiple patients with health care deficits. This week my nurse was given two patients that both had murphy drips, a patient going to surgery, and two other patients needing new IVs. At bedside report we needed to prioritize care to our patients with Murphy Drips to ensure the nurses before us left us with an empty catheter for us to start properly documenting output. Throughout this week I prioritized my patients with Murphy Drips to properly document output amount and color as well as assessing the catheter site. Between these two patients I also had to prioritize which one to assess first, but I ultimately decided to care for the patient who just came from having a murphy drip put in place since his catheter site was still bleeding and his drainage was still dark red compared to my other patient's drainage that was light pink.</p> <p>2. During one week at clinicals I needed to prioritize care between two patients both with health care deficits. One of my patients was admitted with leukocytosis and it was time to administer antibiotics via IVPB and I was also asked by my nurse's CNA to help with a bed bath for a paraplegic patient. I prioritized my patient who needed his antibiotic treatment because I understood it would only take a short amount of time to provide antibiotics IVPB compared to providing a bed bath, and that my patient needed his antibiotics because his white blood cell count has been fluctuating throughout his entire hospital stay.</p>