

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 	<ol style="list-style-type: none"> 1. One of my patient's had been told the previous day that she would be discharged the following morning, but in the middle of the night, she was short of breath and the night nurse decided to bump her oxygen up to 5 L/min. Once we got there in the morning, the charge nurse told my nurse and myself that for her to leave, she needed to be on 3 L/min or less. So, we went into the room and bumped her down to 4 L/min and explained the situation. My nurse left and I stayed to assess the patient, I gave her the incentive spirometer and explained to her why it may help her breath better to use it. She ended up using it a lot over the next few hours and became stable on 3 L/min and she was discharged. 2. One morning, while I was assessing one of my patients, she mentioned that she thought her JP drain was full. Before I left the room, I took it out of her gown and saw that it wasn't full but rather empty and full of air. I had never really seen a JP drain so I asked my nurse how to fix the drain. She talked me through it and let me squish it and close the valve. Later, the drain was actually full, and I got to empty it and document the amount and color of the fluid.
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. One morning, I went into my patient's room to get their vital signs. My patient's blood pressure was low (100/60), especially for him, and his heart rate was very high (125 bpm). I let the nurse know and the aid charted the vitals for me. When it came time to give his medications, we held both blood pressure medications and called the doctor. This patient had a history of going septic and so we wanted to make sure that wasn't the case this time. The doctor came and assessed him and determined that all was well for now. We then continued to monitor his vital signs and for other symptoms of sepsis. 2. Each clinical day, I would meet with the aid on my side of the hallway to determine which patients I would need to obtain blood glucose levels on. I would also communicate to he/she which patients were going to be my responsibility for midday vitals. I would do this each day to avoid miscommunications and so that the aid knew what would be taken care of for her/him.
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 was taking care of a post-op patient who was having trouble keeping her oxygen up to a safe percentage. This patient was young and had no other comorbidities yet was on 3 liters of oxygen and had a consistent O2 sat at 85%. My nurse and I were trying to come up with ways we could help improve her oxygen saturation. We encouraged the incentive spirometer every time we entered the room, and we decided to get the patient up and walking. Evidence based practice tells us that these are two ways we can improve patient outcome. We also sat her up in the chair for part of the afternoon as well. 2. My patient had a very high morning blood pressure, so my nurse and I administered her morning medications, which included 5 different blood pressure meds. We then knew we need to reassess for an improvement in her condition. We waited about 45 minutes and then retook the blood pressure. At this point, it was still very high, so we had to call the doctor to obtain orders for a stronger IV medication to help bring down that blood pressure. As nurses we are taught to implement the interventions within our scope, reassess, and maybe call for help if necessary. Ultimately, the IV medication we gave her helped her blood pressure

Instructional Module 4 – Adult M/S 2

<p>Caring and Human Relationships</p>	<p>Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.</p>	<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>tremendously.</p> <ol style="list-style-type: none"> 1. My patient went to have a stomach scope of some kind and when she woke up, she was told that her condition had worsened. She was brought back up to the floor and when I entered the room, she was crying. I asked her if there was anything I could do for her and she stated “No, I didn’t get good news and now they’re going to keep me here forever.” I told her that I would pray for quick healing for her, and she thanked me. We chatted for a while longer before I left the room. Checking on her and praying for her were ways that I could provide holistic care for this patient. 2. One of my patients early in the module was having a very hard time. While I was chatting with her, she began to cry because her daughter was a nurse and had sustained a back injury that ruined her career. I sat with her and listened about her daughter and her husband. The following day, she continued to bring up that story and she would cry every time. I made a point to go and check on her every hour to two hours to make sure she was still doing okay. I felt like maybe she just needed someone to listen to her. This is an example of QSEN competencies of patient centered care.
<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 	<ol style="list-style-type: none"> 1. One of my patients was being prepared for discharge. The discharge nurse had done his paperwork and we were planning to pull his IV line soon. The nurse aid and I were getting the patient dressed and gathering his belongings. The discharge nurse came in while we were dressing him and was asking questions about his situation at home. She noticed that we were having to assist a lot while dressing him. She asked how much he had walked since he was admitted, and he said none. The discharge nurse then went and spoke to my nurse and I about keeping him another day to ensure that it was safe for him to return home. We all agreed that it would be best to keep him another day. 2. One of my patients that I had for multiple clinical days had a stage 2 pressure sore on his coccyx. He was paralyzed from the waist down and sustained the bed sore from being in the same position for so long and not having any feeling in that area. In addition to being paralyzed and having a bed sore, he was also a diabetic. So, when planning his care, we knew that he was going to have more trouble healing than someone who isn’t a diabetic. So, we were really strict on his turn schedule, dressing changes, and making sure he was properly hydrated and getting enough nutrients to help the wound heal.
<p>Leadership</p>	<p>Participate in the development of interprofessional plans of care.</p>	<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. During simulation, my partner and I suspected that our patient had low potassium. We received the lab results which confirmed our suspicion that the potassium was critically low. I knew we needed to call the doctor to let them know. We gave the SBAR and received verbal orders on what to give. In this situation, we were able to make decisions for our patient on which interventions we should perform. 2. During another simulation activity, our patient was quickly declining and their O2 saturation was rapidly dropping. I knew something needed to be done quickly so we called the doctor and got orders to apply a venturi mask. I choose the correct piece to attach it and placed it at the proper liters per minute. The patient’s oxygen saturation went back up into the 90’s. This was another example of my partner and I being able to make decisions for our patient. Simulation was a great experience

Instructional Module 4 – Adult M/S 2

			for me to be able to decide things without a licensed nurse helping me and then having to react to the outcome of those decisions.
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. My patient was being discharged after surgery and the doctor came to do his final checkup and discharge teaching. The patient sat and listened to everything the doctor had to say. After a little while, my nurse and I were in this patient’s room, and we asked him what he remembered from the discharge teaching, and he rattled off everything this doctor told him to do and watch for once he was home. My nurse and I were very impressed that he retained that much of the information so quickly. Needless to say, the teaching was very effective. 2. During Simulation, my patient needed potassium through her IV. My partner and I educated the patient on the potassium by telling her the route, dose, reason, side effects and what to expect. I told the patient that potassium is extremely irritating to the veins and that she should call if it burns. There are tricks we can try to decrease the burning sensation. After the education was over, the patient agreed to receive the medications
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. One of my patients had memory issues that would come and go and seemed to fluctuate throughout the day. While I was administering her medications with my nurse, she asked me what her IV was and held up her arm. She said, “why do I need this thing anyway?” I told her that every patient has one and it allows us to give medications quicker because it goes straight to your bloodstream. She seemed to understand and allowed me to administer her medications. The following day, she didn’t seem to remember why she need the IV and I reminded her why. She then remembered that we had discussed it the day before. Once I caught on to her memory deficits and how it worked, I was able to give her little reminders about conversations we had previously had to help jog her memory. 2. One of my patient’s was bound to the bed and fully blind. We were told this by the night nurse giving report. In order to make sure this patient felt comfortable, I would walk in and let them know who I was and what I was there to do. And then before I would touch the patient, I would let them know specifically what I was going to touch and ask permission. For example, during my assessment, I would say “May I touch your left hand” In a situation with a person of sight I may have just made a broader statement such as “May I assess your hands” because they would be able to see what I was doing. I think for the sake of this patient’s comfort, being very specific was most beneficial.