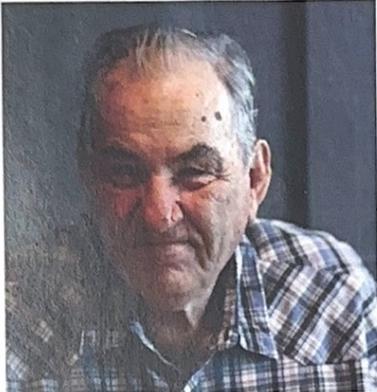
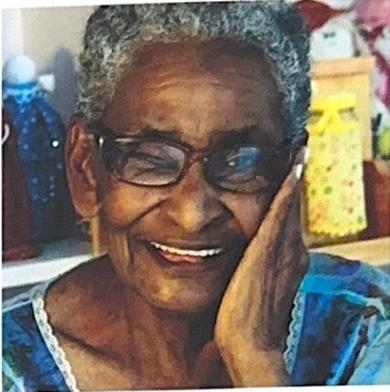


PRIORITY Patient Activity

Part II: Initial Assessment/Interprofessional Communication

| | | |
|--|--|---|
|  |  |  |
| Herbie Saunders, 62 years old CHF Exacerbation | David Mueller, 71 years old Below-the-Knee Amputation | Gladys Parker, 92 years old Weakness and Falls |

| NCLEX Client Need Categories | Percentage of Items from Each Category/Subcategory | Covered in Case Study |
|--|--|-----------------------|
| Safe and Effective Care Environment | | |
| ✓ Management of Care | 17-23% | ✓ |
| ✓ Safety and Infection Control | 9-15% | |
| Health Promotion and Maintenance | 6-12% | ✓ |
| Psychosocial Integrity | 6-12% | |
| Physiological Integrity | | |
| ✓ Basic Care and Comfort | 6-12% | |
| ✓ Pharmacological and Parenteral Therapies | 12-18% | |
| ✓ Reduction of Risk Potential | 9-15% | ✓ |
| ✓ Physiological Adaptation | 11-17% | ✓ |

It is now 7:45 am. You have received reports for each of your three patients on the med-surg unit of Anytown General Hospital, reviewed their charts, and are ready to begin your day.

You have elected to assess them in the following order based on the information you were given from the overnight nurses:

- 1) Herbie Saunders
- 2) Gladys Parker
- 3) David Mueller

Initial Assessment

Initial Assessment Patient #1: Herbie Saunders

| Vital Signs @ 0715 | What Do You Notice? | Clinical Significance: |
|---|---------------------|------------------------|
| <p>T: 98.4° F (oral)</p> <p>P: 110</p> <p>R: 24</p> <p>BP: 132/78 (MAP 96 mmHg)</p> <p>O₂ sat: 91% on room air</p> <p>Pain: denies</p> <p>Daily Weight: 198.4 lb (90.2 kg)</p> <p>Fingerstick: 147</p> | | |
| Focused Patient Assessment: | What Do You Notice? | Clinical Significance: |
| <p>As you enter the room, Mr. Saunders is sitting in the recliner breathing heavily. He states, with some difficulty, "I can't....believe.....how winded....I am right now. I just....had....to go....to the bathroom." Respirations are 28 and his continuous oxygen monitor reads 87%. He is on room air.</p> | | |
| <p>Before you continue with your assessment, what nursing interventions need to be implemented right away?</p> | | |

| Focused Patient Assessment Continued: | What Do You Notice? | Clinical Significance: |
|---|---------------------|------------------------|
| <p>Mr. Saunders' oxygen saturation increases to 91% on 2 lpm oxygen via nasal cannula. Now that he has been resting for a bit, his respiratory rate has decreased to 22 and he is able to speak in full sentences. You listen to his lungs and hear crackles bilaterally in the bases.</p> <p>Mr. Saunders tells you that he tried to lay down earlier but that it was too hard to breathe so he had to sit up instead. You notice 3+ pitting edema to both ankles and Mr. Saunders tells you that this is much worse than it normally is at home. Pulses are present and palpable. Heart sounds are normal. Capillary refill < 3 seconds. You see that his 0530 lab results are now available in the patient's chart.</p> | | |

| Basic Metabolic Panel (BMP) + Mg – Today @ 0530 | | | | | | | |
|---|-----|-----|-----|-----|--------|------|-----|
| Na | K | Cl | CO2 | BUN | Creat. | Gluc | Mg |
| 138 | 3.4 | 106 | 24 | 11 | 1.1 | 143 | 2.0 |

What do you think is causing this patient's respiratory symptoms?

Why do you think his K+ is low? What do you anticipate the doctor will order based on this result?

What medication does Mr. Saunders have ordered that should be administered right away?

Over how many minutes should the nurse push furosemide 40 mg? What adverse effects could occur if administered too quickly?

What other scheduled medications can you give while you are in the room?

Initial Assessment Patient #3: Gladys Parker

| Vital Signs @ 0719 | What Do You Notice? | Clinical Significance: |
|--|---------------------|------------------------|
| <p>T: 96.9° F (oral)</p> <p>P: 95</p> <p>R: 16</p> <p>BP: 98/65 (MAP 76 mmHg)</p> <p>O₂ sat: 96% on room air</p> <p>Pain: denies</p> | | |
| Focused Patient Assessment: | What Do You Notice? | Clinical Significance: |
| <p>Ms. Parker is sleeping, but she wakes up when you open the door all the way. She correctly states that she is in the hospital when you assess her orientation. She is unable to correctly state the year and tells you that Ronald Reagan is the president. She is unable to tell you why she is in the hospital and she cannot recall that she fell at her nursing home yesterday.</p> <p>Her pupils are round, equal, and reactive to light. Her grip strength is 5/5 in both hands, her lower extremity strength is 4/5 bilaterally. She denies numbness or tingling in her extremities. She denies dizziness. Her speech is clear and her face appears symmetrical.</p> <p>There is a bag of Lactated Ringer's infusing at 100 ml/hr and the bag is a little over half empty. Her IV dressing is clean/dry/intact. No redness or swelling at the site. Ms. Parker's call light is in bed next to her and the bed is in the lowest position. You notice that the bed alarm has been activated.</p> <p>When you ask her if she needs anything right away, Ms. Parker states, "I'm doing just fine except I sure would like some breakfast."</p> | | |

Is there anything that needs to be done for this patient immediately? Can you delegate anything to a nursing assistant?

Did your focused/priority assessment data change the order you planned to give your existing medications?

Is it necessary to administer Ms. Parker's medications right away, or can they wait until you have seen your third patient?

Initial Assessment Patient #2: David Mueller

| Vital Signs @ 0723 | What Do You Notice? | Clinical Significance: |
|---|---------------------|------------------------|
| <p>T: 99.9° F (oral)</p> <p>P: 101</p> <p>R: 18</p> <p>BP: 101/81 (MAP 88 mmHg)</p> <p>O₂ sat: 93% on room air</p> <p>Pain: 5/10</p> <p>Fingerstick: 287</p> | | |
| Focused Patient Assessment: | What Do You Notice? | Clinical Significance: |
| <p>Mr. Mueller is awake and up in the recliner when you enter the room. He tells you that his surgical site hurts more today than it did yesterday and he wants to know when he can have his next pain medication.</p> <p>He rates his pain at 5/10. You can see some strikethrough serosanguinous drainage on the stump bandage but it is not saturated to the point that it requires changing. Patient states, "The surgeon was here about an hour ago and he changed the dressing."</p> <p>You ask Mr. Mueller about his last bowel movement and he says that his last bowel movement was the day before surgery. It is now POD #2. He states he is passing gas and bowel sounds are present and active in all four quadrants. He denies abdominal pain, but states, "I'm a little uncomfortable. I feel like I need to go, but I haven't been able to yet."</p> | | |

What concerns do you have about this patient?

Did your focused/priority assessment data change the order you planned to give your morning medications? Why or why not?

Interprofessional Communication

You have completed a focused assessment for each of your patients and passed medications for Mr. Saunders. You decide to send updates to each of your patients' providers before you continue with medication passes for your remaining two patients.

What information needs to be communicated to the providers? Your facility utilizes a messaging system to page physicians. Briefly describe what information should be communicated with the provider.

| Patient: | Important Information/Orders Needed: |
|-----------------|--------------------------------------|
| Herbie Saunders | |
| David Mueller | |
| Gladys Parker | |