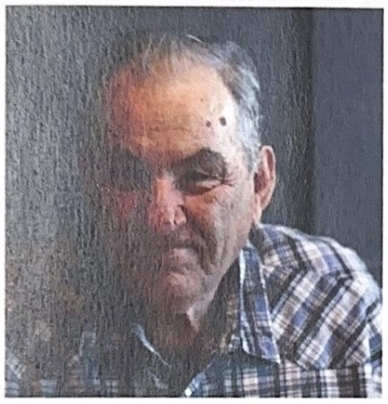
PRIORITY Patient Activity

Part III: New Orders/Evaluation/Problem Recognition

		
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%	✓

You have completed your initial assessments for each of your three patients. You noticed that Herbie Saunders was experiencing increased shortness of breath due to fluid overload and you appropriately administered his morning medications without delay.

You sent pages to each of your patients' providers with order requests and pertinent updates. Before you begin medication passes for David Mueller and Gladys Parker, you see that you have new orders for your patients.

New Primary Care Provider Orders

New Orders

Patient #2: David Mueller

Medications:	PRN	polyethylene glycol, 17g, PO QDAY PRN for constipation docusate/senna 50/8.8 mg PO BID PRN for constipation bisacodyl 10 mg PR QDAY PRN for constipation
Diagnostics:	CBC, now	
Nursing Orders:	Reinforce surgical dressing, call surgeon if wound continues to drain through	

Based on these new orders, is there anything you would do differently for your 0900 medication pass?

New Orders

Patient #3: Gladys Parker

Diagnostics:	Basic metabolic panel + Mg, now
Nursing Orders:	Straight cath once for urine sample collection

Based on these new orders, is there anything you would do differently for your 0900 medication pass?

You have completed your morning medication pass for each of your patients, collected the urine for Ms. Parker, charted your assessments, ensured that labs have been drawn and you are now ready to round on each of your patients again.

Evaluation of Patient Care

Patient #1: Herbie Saunders

Current Assessment:	What Do You Notice?	Clinical Significance:
Mr. Saunders is resting comfortably watching TV with the HOB at 30 degrees. His respiratory rate is 20, telemetry shows his HR is 94 and his O_2 sats are 98% on the 2 lpm. He states that his breathing feels easier and it does not feel as difficult for him to talk.		

What action should be taken with respect to this patient's use of supplemental oxygen?

Patient #2: David Mueller

Current Assessment:	What Do You Notice?	Clinical Significance:
Mr. Mueller is resting comfortably in bed. You assess the dressing to the right stump and note that is relatively unchanged since your initial assessment. You ask Mr. Muller to rate his pain and he states it is about 2/10. You recheck his temperature and it is 99.0° F *(oral)*. As it has only been about an hour since you administered PRN bowel medications; the patient has not yet had a bowel movement.		

What additional non-pharmacological interventions can you suggest for Mr. Mueller to help avoid constipation?

Understanding Pathophysiology/Anticipating Complications

Patient #1: Herbie Saunders

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:

What is the worst possible/most likely complication(s) to anticipate based on the primary problem?

Worst Possible/Most Likely Complication to Anticipate:		
Nursing Interventions to PREVENT this Complication:	**Assessments to Identify Problem EARLY:**	**Nursing Interventions to Rescue:**

Patient #2: David Mueller

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:

What is the worst possible/most likely complication(s) to anticipate based on the primary problem?

Worst Possible/Most Likely Complication to Anticipate:		
Nursing Interventions to PREVENT this Complication:	**Assessments to Identify Problem EARLY:**	**Nursing Interventions to Rescue:**

Patient #3: Gladys Parker

Current Assessment:	What Do You Notice?	Clinical Significance:
Ms. Granger is awake and greets you with a smile. She asks you how much longer she has to be hooked up to "this thing" as she points to the bag of IV fluids. You estimate that there are approximately 300 mls left in the bag and you tell her that it will be about 3 more hours before the infusion is complete. She states, "I was hoping it would be done sooner because this thing in my arm is a little uncomfortable." Upon closer inspection, you notice that the area immediately surrounding her IV is puffy and cool to the touch.		

What do you think happened to her IV? What is the first action you should take?

Patient #3: Gladys Parker

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:

What is the worst possible/most likely complication(s) to anticipate based on the primary problem?

Worst Possible/Most Likely Complication to Anticipate:		
Nursing Interventions to PREVENT this Complication:	Assessments to Identify Problem EARLY:	Nursing Interventions to Rescue:

Reflect on Your Thinking to Develop Clinical Judgment

To develop clinical judgment, reflect on your thinking that was used to complete this case study by answering the following questions:

What did you do well in this case study?	What knowledge gaps did you identify?
What did you learn?	**How will you apply learning caring for future patients?**