Lauren Dare

PRIORITY Patient Activity

Part I: Who does the nurse see first?

		
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
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✓ Management of Care	17-23%	✓
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Part I-Patient Care Scenarios

You are the RN on a busy medical-surgical/telemetry floor at Anytown General Hospital. Each nurse on your unit typically cares for 3-5 patients.

You have just arrived for your day shift and are receiving nurse-to-nurse reports from three different night shift nurses. After you receive reports, you will have an opportunity to review the current orders for each of your patients.

NOC Nurse Report
Patient #1: Herbie Saunders

Patient Report:	What Do You Notice?	Clinical Significance:
"Herbie Saunders is a 62-year-old male who came in last night for a CHF exacerbation. His doctor is Dr. Davis and he's a full code. He's alert and oriented and can make his needs known. He's on tele, normal sinus rhythm with occasional PVCs. His pressures are fine, heart rate is in the 70s. Lungs are clear in the uppers with crackles in the bases. He's coughing up a small amount of white frothy secretions. He's been on room air since he arrived, oxygen sats are in the low-mid 90s. He got 40 mg IV Lasix last night in the ED; I think you might have something scheduled during your shift but I haven't given anything overnight. He has a 20 gauge in his right forearm. I'm not sure how he gets around since he's been in bed since he got here."	92% RA -crackles @ bases -A+O -Lasix 40mg	He is oxygenating well. crackles are expected ∈ CHF pt. -pull fluid off, crackles= pulm edema
Most Recent Vital Signs @ 0357	**What Do You Notice?**	**Clinical Significance:**
T: 98.6° F *(oral)* **P:** 76 **R:** 20 **BP:** 128/87 *(MAP 101 mmHg)* **O_2 sat:** 92% *on room air* **Pain:** denies **Admission Weight:** 196 lb *(89.1 kg)*	92% O_2 sat	A little low, but still stable

In one sentence, describe the ESSENCE of the patient scenario that will guide your plan of care?

Pt's respiratory status could rapidly decline d/t fluid excess.

What questions do you have for the nurse?

allergies? medical hx?
at home O_2? have we been monitoring k+?

Review Current Orders
Patient #1: Herbie Saunders

Vital Signs:	Q4H with telemetry and continuous pulse oximetry	
Weight:	Daily	
I&O:	Strict I&O Q8H	
General Orders:	Supplemental oxygen to keeps sats >90% Fingerstick blood glucose QID Hypoglycemia protocol (includes PRN orders for glucose and dextrose) Activity: ad lib Diet: 2gm Na Notify MD if temp >100.4, HR <40 or >120, RR <8 or >26, BP <90 or >180 or O_2 <90% sustained with supplemental oxygen	
Medications:	0800	insulin aspart per sliding scale subq TID with meals
	0900	aspirin 81 mg PO daily
		lisinopril 5 mg PO daily
		metoprolol 25 mg PO BID
		insulin glargine 20 units subq daily
		furosemide 40 mg IV push BID
	1200	insulin aspart per sliding scale subq TID with meals
	1300	saline flush 10 ml IV TID
		furosemide 40 mg IV push BID
Diagnostics:	Echocardiogram, on-call BMP + Mg, drawn but not yet resulted	

Complete Blood Count (CBC) – Yesterday @1730

WBC	HGB	Hct	PLTs
7.9	13.4	45	186

Basic Metabolic Panel (BMP) + Mg – Yesterday @ 1730

Na	K	Cl	CO2	BUN	Creat.	Gluc	Mg
141	3.6	103	26	16	1.1	132	2.0

Basic Metabolic Panel (BMP) + Mg – Today @ 0530

Na	K	Cl	CO2	BUN	Creat.	Gluc	Mg
collected	collected	collected	collected	collected	collected	collected	collected

NOC Nurse Report

Patient #2: David Mueller

Patient Report:	What Do You Notice?	Clinical Significance:
"David Mueller is 72 years old, here for a right BKA. He is Dr. Snyder's patient. Vitals are fine, he's not on telemetry. Lungs are clear, he's on room air. I think he still has an 18 gauge in his left a/c but I didn't get a chance to flush it because he was sleeping most of the night. His finger sticks have been in the high 200s and he gets a sliding scale. That's really all I have for him. I was so busy last night with a new admission and another patient who was on the call light all night long."	(R) BKA BG = 200's SSI	When was Sx? could be fresh post-op - need to look @ DSG DM? Need pt medical hx
Most Recent Vital Signs @ 0412	**What Do You Notice?**	**Clinical Significance:**
T: 98.9° F *(oral)* **P:** 96 **R:** 16 **BP:** 110/82 *(MAP 91 mmHg)* **O_2 sat:** 95% *on room air* **Pain:** 2/10 **Admission Weight:** 202 lbs *(91.8 kg)*	VSS & pain is controlled	pt is recovering well from surgery

In one sentence, describe the ESSENCE of the patient scenario that will guide your plan of care?

Pt's VS are stable, and he is having 2/10 pain, so he will be assessed last.

What questions do you have for the nurse?

medical hx?
Drug allergies?
Did you give insulin?

Review Current Orders

Patient #2: David Mueller

Vital Signs:	Q8H, does not require telemetry or continuous oximetry	
Weight:	n/a	
I&O:	n/a	
General Orders:	Fingerstick blood glucose QID Hypoglycemia protocol (includes PRN orders for glucose and dextrose) Dressing change to be completed by orthopedic surgery team. If dressing is saturated, reinforce and notify attending or on-call surgeon after hours. Elevate right leg Activity: with assistance, out of bed for meals Diet: Diabetic 2 gm na Notify MD if temp >100.4, HR <40 or >120, RR <8 or >26, BP <90 or >180 or O_2 <90% sustained with supplemental oxygen	
Medications:	0800	insulin aspart per sliding scale, subq TID with meals
	0900	acetaminophen 650 mg PO QID
		amlodipine 10 mg PO daily
		fluoxetine 20 mg PO daily
		gabapentin 300 mg PO TID
	1200	insulin aspart per sliding scale, subq TID with meals
	1300	acetaminophen 650 mg PO QID
		gabapentin 300 mg PO TID
		saline flush 10 ml IV TID
	PRN	oxycodone 5 mg Q6H PRN for pain,
Diagnostics:	No new labs ordered today	
Appointments:	Physical Therapy at 0930 Occupational Therapy at 1400	

Complete Blood Count (CBC) – Yesterday @0530

WBC	HGB	Hct	PLTs
9.8	13.2	47	165

Basic Metabolic Panel (BMP) + Mg – Yesterday @ 0530

Na	K	Cl	CO2	BUN	Creat.	Gluc	Mg
140	4.1	104	28	10	0.9	224	2.1

NOC Nurse Report

Patient #3: Gladys Parker

Patient Report:	What Do You Notice?	Clinical Significance:
"Gladys Parker is a sweet little 92-year-old lady. She's here because she had a fall at her nursing home that they think was due to dehydration and weakness. She was admitted by the night float but Dr. Howard will probably be her attending. She's DNR/DNI. Alert to self and place, but definitely disoriented to time and situation. She's really forgetful and doesn't seem to want to bother anyone so she hasn't used her call light all night. I'd guess she's at least an assist of one for transfers.	DNR/DNI pt is disoriented & won't use call light	Affects interventions pt is fall risk & needs to be checked frequently; won't express her needs
She's on telemetry because her electrolytes were off when she arrived. EKG showed Afib with a heart rate in the 90s. Blood pressures are pretty soft, her systolic blood pressures were in the low 90s for me. Lungs are clear, she's on room air. They put her on a mechanical soft diet. She takes her pills whole in pudding or applesauce. The nursing home said her last bowel movement was 3 days ago and that she's incontinent of both bowel and bladder.	Electrolytes "off" pt has A-fib	worried about kt
Her urine seems really concentrated and has a strong odor. I noticed that there is still an outstanding order to collect a UA but I couldn't get one since she was incontinent all night. Maybe you can address that with the doctor today if they still want it. She's got a 22 gauge in her left wrist with LR running at 100 mls/hr for a total of one liter. I started that at 0200."	incontinent & urine concentrated & foul odor + needing a UA	worried about skin breakdown & UTI; may consider cath

Most Recent Vital Signs @0425	What Do You Notice?	Clinical Significance:
T: 97.2° F *(oral)* **P:** 92 **R:** 18 **BP:** 94/63 *(MAP 73 mmHg)* **O_2 sat:** 95% *on room air* **Pain:** denies **Admission Weight:** 117 lbs *(53.2 kg)*	BP-94/63 P-92	Not great - dehydration? pulse is normal, but slightly elevated

In one sentence, describe the ESSENCE of the patient scenario that will guide your plan of care?

Pt is confused, which is a risk for pt safety.

What questions do you have for the nurse?

Drug allergies? Pertanent medical hx

Is pt close to nurses station? Are we monitoring her electrolytes?

Review Current Orders

Patient #3: Gladys Parker

Vital Signs:	Q4H with telemetry, does not require continuous oximetry	
Weight:	upon admission	
I&O:	n/a	
General Orders:	Activity: with assistance, out of bed for meals Notify MD if temp >100.4, HR <40 or >120, RR <8 or >26, BP <90 or >180 or O_2 <90% sustained with supplemental oxygen	
Medications:	0900	cholecalciferol 2000 units PO daily -vit D docusate/senna 50/8.8 mg PO BID donepezil 5 mg PO daily metoprolol 12.5 mg PO BID - hold?
	1300	saline flush 10 ml IV TID
	Infusion	Lactated Ringer's IV at 100 ml/hr for a total of one liter
Diagnostics:	No new labs ordered today Urinalysis/Urine Culture was ordered in ED but has not been collected Physical Therapy consult pending Occupational Therapy consult pending Speech Therapy consult pending due to difficulty swallowing Nutrition consult pending	

Complete Blood Count (CBC) – Yesterday @2125

WBC	HGB	Hct	PLTs
10.1	12.9	37	225

Basic Metabolic Panel (BMP) + Mg – Yesterday @ 2125

Na	K	Cl	CO2	BUN	Creat.	Gluc	Mg
144	3.3 ↓	103	23	19	1.4	93	1.5

Priority Setting: Who Do You See First?

What order are you going to see/assess your patients? Why?

Order of Priority:	Rationale:
Herbie Saunders	- Fluid excess c crackles in LL - worried about resp status
Gladys Parker	-she's confused -K+ is low -A fib -we're worried about UTI/skin breakdown
David Mueller	-Post-op BKA - STABLE VS, pain is controlled

What body system(s) will you assess most thoroughly based on the primary/priority problem? Identify top three priority/focused assessments.

Patient #1: Herbie S.	
PRIORITY Body System(s):	**PRIORITY Nursing Assessments:**
cardiac + respiratory	- heart + lungs -Assess WOB, SpO2, RR - Monitor K+ (furosemide + insulin)

Patient #2: Gladys	
PRIORITY Body System(s):	**PRIORITY Nursing Assessments:**
-NEURO -cardiac	-neurological -monitor electrolytes -cardiac -GU >SKIN!

Patient #3: David M.	
PRIORITY Body System(s):	**PRIORITY Nursing Assessments:**
Peripheral-neurovascular	-checking pulses in amputation leg -checking BSG

What order are you going to administer medications? Why?

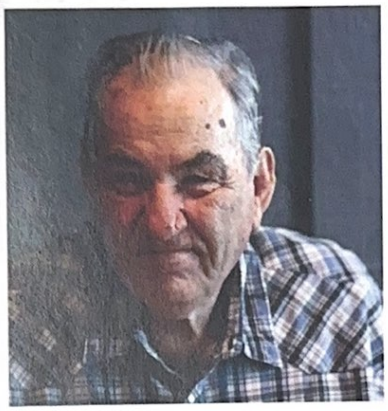
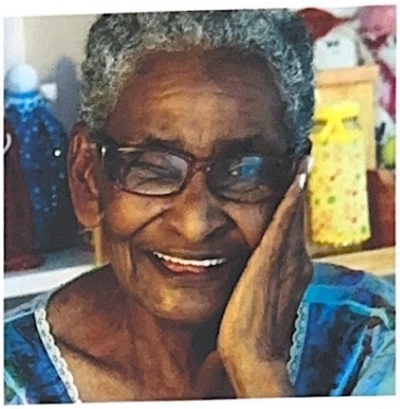
Order of Priority:	Rationale:
Herbie Saunders	-Furosemide - fluid overload -insulin - elevated BG
David Mueller	BG ↑ - insulin c̄ breakfast
Gladys	She's having dysphagia, and all of her meds are PO - might be holding several

Your facility's window for medication passes is within one hour of the scheduled time. Can you combine any medication administrations to reduce the number of separate medication passes?

I can combine all of my pt's meds to be given at once, unless contraindicated.

PRIORITY Patient Activity

Part II: Initial Assessment/Interprofessional Communication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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:
T: 98.4° F *(oral)* **P:** 110 **R:** 24 **BP:** 132/78 *(MAP 96 mmHg)* **O_2 sat:** 91% *on room air* **Pain:** denies **Daily Weight:** 198.4 lb *(90.2 kg)* **Fingerstick:** 147	↑ PR ↓ O_2 Sat ↑ RR ↓ BG	Fluid overload causing decline in VS + resp status

Focused Patient Assessment:	What Do You Notice?	Clinical Significance:
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.	SOB, 87% RA	He's not oxygenating well, & having resp distress d/t fluid

Before you continue with your assessment, what nursing interventions need to be implemented right away?

pt needs O_2 & resp assessment. His HOB also needs to be elevated ≥30° (semi/high fowler's)

Focused Patient Assessment Continued:	What Do You Notice?	Clinical Significance:
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. 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.	↑ RR, O2 Sat + crackles 3+ pitting edema	ALL indicative of excess fluid

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?

CHF exac c FLUID BUILD UP (pulmonary edema)

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

- Kt is LOW from insulin + furosemide
- will likely order Kt supplement

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

Furosemide

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

- 3-5 min
- ototoxicity → deaf, ringing & lethal dysrhythmias

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

- Metoprolol
- Lisinopril

Initial Assessment
Patient #3: Gladys Parker

Vital Signs @ 0719	What Do You Notice?	Clinical Significance:
T: 96.9° F *(oral)* **P:** 95 **R:** 16 **BP:** 98/65 *(MAP 76 mmHg)* **O_2 sat:** 96% *on room air* **Pain:** denies	VSS	Pt is stable
Focused Patient Assessment:	**What Do You Notice?**	**Clinical Significance:**
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.	pt has alt LOC	impaired neuro status- UTI?
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.	good - neuro intact	confusion likely d/t illness
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.		
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."		

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

- Not immediately
- have US/aid call for tray

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

They can wait

Initial Assessment
Patient #2: David Mueller

Vital Signs @ 0723	What Do You Notice?	Clinical Significance:
T: 99.9° F *(oral)* **P:** 101 **R:** 18 **BP:** 101/81 *(MAP 88 mmHg)* **O_2 sat:** 93% *on room air* **Pain:** 5/10 **Fingerstick:** 287	↑ HR ↑ pain ↑ BG	all of these could be d/t pain
Focused Patient Assessment:	**What Do You Notice?**	**Clinical Significance:**
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. 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." 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."	pt is in pain dsg changed by surgeon ACTIVE bowel sounds!	-expected but needs to be controlled 1st dressing was changed, RN can change others pt can start to be given more soft foods

What concerns do you have about this patient?

PAIN, and he feels like he's unable to have a BM

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

Yes- pt is experiencing 5/10 pain- will admin tylenol + neurontan first

Interprofessional Communication

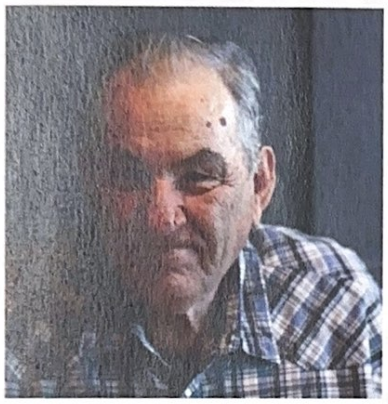
You have completed a focused assessment for each of your patients and passed medications for Mr. Saunders. You decide to send updates to each of your patients' providers before you continue with medication passes for your remaining two patients.

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	Pt had SOB and was 88% RA, so RN administered O_2 @ 2L/NC. ↑ crackles heard in both bases. Furosemide given, but pt does have Kt of 3.4 and is taking Furosemide + insulin - will need Kt replacement
David Mueller	Mr. Mueller had increased drainage on dressing. Has active bowel sounds, but states he feels uncomfortable & can't have bowel mvmt.
Gladys Parker	Mrs. Parker is disoriented to place, time, & situation. Recommened a cath d/t possible UTI & incontinence

PRIORITY Patient Activity

Part III: New Orders/Evaluation/Problem Recognition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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?

NO

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?

NO

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. ✓	pt is sitting well, not SOB, and is more comfortable	interventions worked
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?

- Educate pt on O_2 safety - no smoking or petroleum products
- constant SpO_2 monitoring?

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.	NO excess draining	none- continue to monitor
You ask Mr. Muller to rate his pain and he states it is about 2/10.	2/10	improvement of pain after meds
You recheck his temperature and it is 99.0° F *(oral)*.	99°F temp	NO fever
As it has only been about an hour since you administered PRN bowel medications; the patient has not yet had a bowel movement.	NO BM	not yet expected- have to wait for laxatives to work

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

↑ Fluid intake, ↑ fiber, getting up/moving around (Ā help)

Understanding Pathophysiology/Anticipating Complications

Patient #1: Herbie Saunders

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:
pulmonary edema	Fluid build-up in the lungs, causing crackles & ↓ O_2 sats, ↑ SOB

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

Worst Possible/Most Likely Complication to Anticipate:	Resp distress / arrest	
Nursing Interventions to PREVENT this Complication:	**Assessments to Identify Problem EARLY:**	**Nursing Interventions to Rescue:**
admin Furosemide	- Respiratory - auscultate, RR, SpO_2	- Raise HOB - Admin O_2

Patient #2: David Mueller

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:
-constipation	- pt is 2DPO from BKA Sx. Due to paralytic agents and ↓ movement and PO intake, pt is at risk for constipation, or a decrease in peristalsis

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

Worst Possible/Most Likely Complication to Anticipate:	impaction, blockage	
Nursing Interventions to PREVENT this Complication:	**Assessments to Identify Problem EARLY:**	**Nursing Interventions to Rescue:**
- encourage fluids - admin laxatives ordered - encourage movement	- GI	- Laxatives - Educate on how to ↑ peristalsis

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.	IV infiltration	Tissue damage, infection

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

- IV infiltrated
- needs to be REMOVED

Patient #3: Gladys Parker

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:
IV infiltration	The IV is no longer in the vein, so it is infusing into the surrounding tissues

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

Worst Possible/Most Likely Complication to Anticipate:	infection / tissue damage	
Nursing Interventions to PREVENT this Complication:	**Assessments to Identify Problem EARLY:**	**Nursing Interventions to Rescue:**
- monitor site - check patency frequently	- IV site assessment ↓ skin assessment	Remove IV

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?
- identifying which patients to see first - recognizing what needs to be relayed to HCP about patient	- Medications to be clustered - Types of meds / what they're indicated for
What did you learn?	**How will you apply learning caring for future patients?**
- How to better prioritize	- understanding / recognizing important cues my pts are giving me