

Anxiety/Spiritual Distress

1. Which findings from the *present problem* are **most important** and noticed by the nurse as clinically significant?

Most Important Findings	Clinical Significance
lost over 1000 mL bleeding graft site and almost died clinically stable	<ul style="list-style-type: none"> hypovolemia, weakness, have trouble breathing risk for bleeding, experience a near death recovering well and leaving the ICU

2. Which data from the *social history* is **most important** and noticed by the nurse as clinically significant?

Most Important Findings	Clinical Significance
wife died six months ago live alone not active in church frustrated by technology	<ul style="list-style-type: none"> lost his partner and could still be grieving lonely, has no one to go home to has no connection with his religion not open to new things

3. What findings identify economic and/or social conditions that can adversely impact the patient's physical health, well-being, and quality of life?

Most Important Findings	Clinical Significance
Very isolated lives on the 4th floor no social activities	<ul style="list-style-type: none"> keeps to himself and doesn't enjoy life can get tired easy or have shortness of breath, fall doesn't get out to distract himself always lonely

4. Which findings from the *contextual factors* are **most important** and noticed by the nurse as clinically significant?

Most Important Findings	Clinical Significance
Fear and anxiety rosary nurse questioning religion and spirituality	<ul style="list-style-type: none"> fear of dying still has some connection with his faith the nurse thought can hurt the patient's beliefs

Practice Dilemma

5. Which findings are **most important** and noticed by the nurse as clinically significant?

Most Important Findings	Clinical Significance
SOB and anxious Respiratory rate 20/min Feels like a panic attack He believe in a god that allow such horrible things	<ul style="list-style-type: none"> frightening sensation / chest tightness hyperventilating fear of dying and questioning his faith doubt, not coping well with his near death experience.

6. To provide compassionate, holistic care for this patient, answer the following questions.

What is the patient likely experiencing/feeling right now in this situation?	impaired religiosity, Felt helpless he couldn't save his friends he experiences a lot of death while in war and can't believe in a God that allowed horrible things to happen
What can you do to engage yourself with this patient's experience and show that they matter to you as a person?	listen to him, letting him vent to the nurse. empathy and compassion with him encourage him to talk to the chaplain

Resolving the Dilemma

7. What additional information is needed by the nurse to clarify and identify the current practice dilemma?

Additional Information	Rationale
Religion Preferences Why does he think God allowed that	so we know who to contact so we know where he is coming from

8. Describe the essence of the current practice dilemma in your own words.

Current Dilemma/Problem
having trouble dealing with his near death experience and is not connected to God.

9. What aspects of the American Nurses Association (ANA) Code of Ethics can the nurse use to clarify how to best respond to this dilemma?

ANA Code of Ethics	Rationale
Planning health care with consideration to patients religious beliefs	if they need a bible in the room ask the chaplain to bring one

10. What additional healthcare team members are needed to collaborate with the nurse to resolve this dilemma?

Healthcare Team Members	Rationale
Chaplain Social worker Case management	help him get connect back with his religion • refer him to a psychologist • get him help with his apartment situation

11. What nursing priority will guide how the nurse responds to resolve this dilemma? List three priority interventions and the expected outcome.

Nursing Priority		
Priority Intervention(s)	Rationale	Expected Outcome
<ul style="list-style-type: none"> • implementing interventions to support their spiritual well being • listen to patient concerns without going into the nurse own personal thought • have the patient get involve in social activities 	<ul style="list-style-type: none"> ask them if they want to talk to the chaplain or have hisson come over • Don't involve your own thought about your spirituality • help him connect with others 	<ul style="list-style-type: none"> hoping he gets a connect back to his religion • Ask openend questions so they open up to the nurse • he is not lonely and get to enjoy life

12. What types of therapeutic communication can be used by the nurse to promote the physical and emotional well-being of the patient?

Therapeutic Communication	Rationale
<ul style="list-style-type: none"> Empathy Active listening repeat information use silence 	<ul style="list-style-type: none"> • try to understand and accept their feeling • open posture, get to eye level • Clarification on what you heard • let the patient work through their emotions or thoughts

13. Which findings are expected if the nursing interventions and therapeutic communication approaches were effective?

Expected Findings
Patient has less panic attacks and gets in touch with his religion / spirituality

Documentation

Write a concise nurse's note to document what was most important in the medical record at the end of your shift.

Pt vital signs within normal limits with respirations slightly elevated at 20bpm. Patient stated "feels like a panic attack". Help patient calm down and stated "Before the war, I could not even kill a cat or a dog. In Vietnam, I killed so many people. How can I be forgiven for what I have done?" Patient was able to express his concerns and have case manager on board and called the chaplain to visit with Patient.

Nurse Reflection

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
As you worked through this simulation, how did it make you feel?	I felt abit unprepared because I have not been able to experience a similar situation. Not knowing what to say.
What did you already know and do well on this simulation?	listening to the patient concern trying to get other healthcare team involved
What areas do you need to develop/improve?	therapeutic communication how to approach a patient dealing with a neardeath experience.
What did you learn? How will you apply what was learned to improve patient care?	It gives me an idea on what to expect when I take care of a pt facing a similar situation
Are there systemic or structural issues that impede optimal care that need to be addressed with policies, procedures, or legislation	Not that I know of.