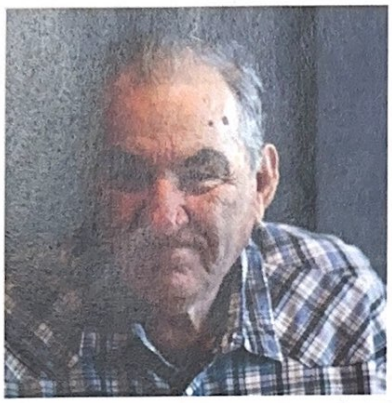
# PRIORITY Patient Activity

## Part I: Who does the nurse see first?

|  |  |  |
|---|---|---|
| **Herbie Saunders, 62 years old**<br>**CHF Exacerbation** | **David Mueller, 71 years old**<br>**Below-the-Knee Amputation** | **Gladys Parker, 92 years old**<br>**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% | ✓ |

## 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.<br><br>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." | - Crackles at base of lung<br>- CHF<br>- Coughing up secretion<br>- Low $O_2$<br>- Lasix | - Fluid in Lungs<br>- poor oxygenation<br>- fluids<br>- abnormal ♡ beat |
| **Most Recent Vital Signs @ 0357** | **What Do You Notice?** | **Clinical Significance:** |
| **T:** 98.6° F *(oral)* ✓<br>**P:** 76 ✓<br>**R:** 20 ✓<br>**BP:** 128/87 *(MAP 101 mmHg)* ✓<br>**$O_2$ sat:** 92% *on room air* –<br>**Pain:** denies<br>**Admission Weight:** 196 lb *(89.1 kg)* | - $O_2$ | - pt not Recieving adequate $O_2$<br>- Resulting from Lungs |

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

- Resp assessment, Cardio assessment

***What questions do you have for the nurse?***

Report, ask about meds, why was it order. Allergies, change in LOC?

# 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%<br>Fingerstick blood glucose QID<br>Hypoglycemia protocol (includes PRN orders for glucose and dextrose)<br>Activity: ad lib<br>Diet: 2gm Na<br>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<br>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.<br>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<br>- BS 200<br>- Ø flushing<br>- pt didn't recieve adequate care | - prone to infection<br>- poor control BS<br>- occluded IV<br>- Ø propercare<br>- no hrly checks |
| **Most Recent Vital Signs @ 0412** | **What Do You Notice?** | **Clinical Significance:** |
| **T:** 98.9° F *(oral)*<br>**P:** 96 ✓<br>**R:** 16<br>**BP:** 110/82 *(MAP 91 mmHg)*<br>**$O_2$ sat:** 95% *on room air*<br>**Pain:** 2/10 ✓<br>**Admission Weight:** 202 lbs *(91.8 kg)* | - pain<br>- wt | - where pt hurting<br>- Type 2??<br>- poor glycemic Control |

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

Focus on BS, HA1C, CBC

***What questions do you have for the nurse?***

Why is his sugar?
What his diet?
why no insulin given?
Why amputation?

# 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<br>Hypoglycemia protocol (includes PRN orders for glucose and dextrose)<br>Dressing change to be completed by orthopedic surgery team. If dressing is saturated, reinforce and notify attending or on-call surgeon after hours.<br>Elevate right leg<br>Activity: with assistance, out of bed for meals<br>Diet: Diabetic 2 gm na<br>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<br>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.<br><br>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.<br><br>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." | -dehydration<br>-Weakness<br>-disorienated<br>-Labs off<br>-A fib<br>-Last BM 3 days ago | -♡ issues<br>-possible bowel upstruction<br>-possible UTI<br>-dehydration |
| **Most Recent Vital Signs @0425** | **What Do You Notice?** | **Clinical Significance:** |
| **T:** 97.2° F *(oral)*<br>**P:** 92<br>**R:** 18<br>**BP:** 94/63 *(MAP 73 mmHg)*<br>**$O_2$ sat:** 95% *on room air*<br>**Pain:** denies<br>**Admission Weight:** 117 lbs *(53.2 kg)* | BP | Low BP bc A fib<br>Ø enough Blood & fluids |

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

-Run Ekg, urineanylasis, fluid Replacement, mirax (stool softeners), CT scan

***What questions do you have for the nurse?***

Was there a decline in LOC, any injuries?

# 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<br>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<br>docusate/senna 50/8.8 mg PO BID<br>donepezil 5 mg PO daily<br>metoprolol 12.5 mg PO BID |
| | 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<br>Urinalysis/Urine Culture was ordered in ED but has not been collected<br>Physical Therapy consult pending<br>Occupational Therapy consult pending<br>Speech Therapy consult pending due to difficulty swallowing<br>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: |
|---|---|
| pt 3 | Change LOC, sumptoms UTI, at Risk Urosepsis |
| pt 1 | -fluid in Lungs & $O_2$ poor perfusion |
| pt 2 | -hyperglycemia |

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

| Patient #1: | |
|---|---|
| **PRIORITY Body System(s):** | **PRIORITY Nursing Assessments:** |
| Resp<br>Cardio | -Listen ♡ & Lungs<br>-$O_2$ stat<br>-Sputum |

| Patient #2: | |
|---|---|
| **PRIORITY Body System(s):** | **PRIORITY Nursing Assessments:** |
| -pancreas/ Liver fxn<br>-amputation | -A1C<br>-pepheral 6's assement<br>-asscess amp |

| Patient #3: | |
|---|---|
| PRIORITY Body System(s): | PRIORITY Nursing Assessments: |
| GI & Kidneys & neuro | - UA<br>- LOC<br>- neuro assesment |

*What order are you going to administer medications? Why?*

| Order of Priority: | Rationale: |
|---|---|
| pt 2 | -pain meds<br>- Cardio meds<br>-antibiotics<br>- give insulin |
| pt 1 | - give diuretics to pull fluid |
| pt 3 | - stool softner for BM<br>- meds for alzhiemers |

***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?***

yes, you combine the patients meds all at once in seprate trays. This helps with organization & meds do not contradict.