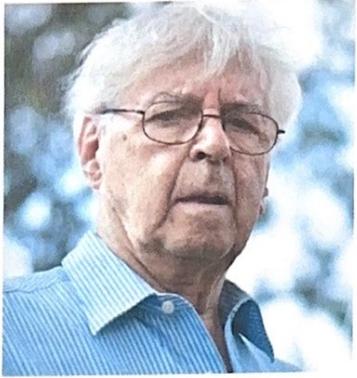
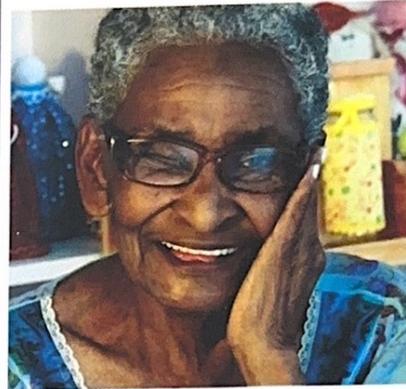


PRIORITY Patient Activity

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
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%	✓

In one sentence, describe the ESSENCE of the patient scenario (this is NOT a question about care)

What questions do you have for the nurse?

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:
<p>"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.</p> <p>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."</p>	<p>Coughing sputum</p> <p>Lungs clear on top with crackles in bases</p> <p>Responsive</p>	<p>Signs and symptoms of COPD</p>
Most Recent Vital Signs @ 0357	What Do You Notice?	Clinical Significance:
<p>T: 98.6° F (oral)</p> <p>P: 76</p> <p>R: 20</p> <p>BP: 128/87 (MAP 101 mmHg)</p> <p>O₂ sat: 92% on room air</p> <p>Pain: denies</p> <p>Admission Weight: 196 lb (89.1 kg)</p>	<p>Normal VS</p> <p>BP - bit high</p>	<p>Continue to watch BP and other V.S but noting it's talking to JCD at this moment</p>

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

Continue to monitor our heart condition but also will be about some of the lung issue want to see if the Lasix help with the fluid in the lungs

What questions do you have for the nurse?

have we established daily weights and started I and O for this patient

Review Current Orders
Patient #1: Herbie Saunders

Vital Signs:	Q4H with telemetry and continuous pulse oximetry						
Weight:	<u>Daily</u>						
I&O:	<u>Strict I&O Q8H</u>						
General Orders:	<u>Supplemental oxygen to keeps sats >90%</u> Fingertstick 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:
<p>"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.</p> <p>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."</p>	<p>no flush on left A/C</p> <p>hyperglycemia</p>	<p>need to assess IV for patency</p> <p>need to have sugars in check before surgery</p>
Most Recent Vital Signs @ 0412	What Do You Notice?	Clinical Significance:
<p>T: 98.9° F (oral)</p> <p>P: 96</p> <p>R: 16</p> <p>BP: 110/82 (MAP 91 mmHg)</p> <p>O₂ sat: 95% on room air</p> <p>Pain: 2/10</p> <p>Admission Weight: 202 lbs (91.8 kg)</p>	<p>Pain 2/10</p>	<p>Assess this pain</p>

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

Continue to monitor glucose levels and pain management

What questions do you have for the nurse?

When is his BKA scheduled for

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:	<p>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 O₂ <90% sustained with supplemental oxygen</p>						
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:
<p>"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 <u>dehydration and weakness</u>. She was admitted by the night float but Dr. Howard will probably be her attending. She's <u>DNR/DNI</u>. Alert to self and place, but definitely disoriented to time and situation. <u>She's really forgetful and doesn't seem to want to bother anyone</u> so she hasn't used her call light all night. I'd guess she's at least an assist of one for transfers.</p> <p>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 <u>blood pressures were in the low 90s for me</u>. Lungs are clear, she's on room air. They put her on a <u>mechanical soft diet</u>. She takes her pills whole in pudding or applesauce. The nursing home said her <u>last bowel movement was 3 days ago and that she's incontinent of both bowel and bladder</u>.</p> <p>Her urine seems really concentrated and has a strong odor. I noticed that there is still an outstanding order to <u>collect a UA but I couldn't get one</u> 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."</p>	<p>For suspected cause was dehydration</p> <p>doesn't use call light</p> <p>Low BP</p>	<p>Assess for S/S of dehydration</p> <p>need to monitor patient closely and possibly have bed alarm</p>
Most Recent Vital Signs @0425	What Do You Notice?	Clinical Significance:
<p>T: 97.2° F (oral)</p> <p>P: 92</p> <p>R: 18</p> <p>BP: 94/63 (MAP 73 mmHg)</p> <p>O₂ sat: 95% on room air</p> <p>Pain: denies</p> <p>Admission Weight: 117 lbs (53.2 kg)</p>	<p>low BP</p>	<p>Hypotension</p>

In one sentence, describe the ESSENCE of the patient scenario that will guide your plan of care?
 going to need to pay close attention to this patient due to her not wanting to bother anyone but having significant problems

What questions do you have for the nurse?
 did she obtain any significant injury from the fall?

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 docusate/senna 50/8.8 mg PO BID donepezil 5 mg PO daily 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 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:
3	due to incontinence and the very low BP I also want to assess the dehydration
1	due to the CHF and multiple ss of lung issues I want to see them 2nd
2	the BKA hasn't happened yet and patient is very stable

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:
kidneys	Dehydration, mobility, neuro

Patient #2:	
PRIORITY Body System(s):	PRIORITY Nursing Assessments:
Circulatory/cerebral	continue to do cardiac/peripheral vascular assessments

Patient #3:	
PRIORITY Body System(s):	PRIORITY Nursing Assessments:
Cardiac Respiratory	Continue telemetry monitoring, Cardiac assessment, Respiratory Assess

What order are you going to administer medications? Why?

Order of Priority:	Rationale:
3	Want to fix our Electrolyte imbalance as fast as possible
1	Want to get that excess fluid out as fast as possible
2	Vs norm just controlling pain that is a 2/10

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?

No possible
 give oral meds in one cup if patient requests to do so and you feel they are able to handle that