

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 the purpose of case)

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>-Ambulation hasn’t been seen. -Patient was given lasix in the ED. -Productive cough with crackles in lower lungs. -Occasional PVC. -cardiac problems.</p>	<p>-Decreased ambulation is an increase for blood clots. -Nurse is unable to establish if the patient is a fall risk. -With being given lasix their electrolytes need to be monitored. -pt could have a respiratory infection. -tele needs to be monitored constantly. -cardiac assessment</p>
Most Recent Vital Signs @ 0357	What Do You Notice?	Clinical Significance:
<p>T: 98.6° F (oral) P: 76 R: 20 BP: 128/87 (MAP 101 mmHg) O₂ sat: 92% on room air Pain: denies Admission Weight: 196 lb (89.1 kg)</p>	<p>-respirations are on the higher side. -O₂sat is on the lower side.</p>	<p>-the vitals show that the pt could be having respiratory complications. -the nurse should assess those before anything else.</p>

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

His cardiac status puts this pt at a higher risk as well as he respiratory vitals signs

What questions do you have for the nurse?

Has he been tested for any respiratory infections or complained of any symptoms?
Is he on any IV fluids? Has he been seen by the Doctor? What are his bathroom habits like?
What medications is he taking at home? Any drug allergies?

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% 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>	<ul style="list-style-type: none"> -High blood glucose levels - IV needs to be flushed and site needs to be assessed. -Full head to toe assessment since pt was not monitored regularly 	<ul style="list-style-type: none"> - Blood sugar needs to be brought down and kept within normal limits. -Blood sugar needs to be monitored regularly. -Need to know if IV is placed correctly and if still patent. -Its important to gather their baseline to be able to monitor for any decrease in status.
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>	<ul style="list-style-type: none"> -pt is in pain -pulse is on the higher side 	<ul style="list-style-type: none"> -Need to know where the pt's pain is and how severe it is

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

Hyperglycemia can lead to other complications so his BS need to monitored closely and brought under control.

What questions do you have for the nurse?

What medications is he taking? Has the doctor seen him yet? What complications led to amputation? When is surgery? What is he intake statue? Why is he having pain?

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:	Fingertick 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:
<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 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.</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 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.</p> <p>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.”</p>	<ul style="list-style-type: none"> - Pt is A&O x2 - Dehydrated with concentrated urine with strong odor - Forgetfulness -Not wanting to be a bother so not using call light -Hypotension and AFib -Last BM was 3 days ago -Incontinent -Electrolyte imbalance 	<p>-Memory loss could be a sign of dementia or side effect of urinary complications</p> <p>-Is there any out signs of a UTI</p> <p>-is she always confused or has her symptoms intensified the confusion</p> <p>-more frequent visits into her room because she wont use the call light</p> <p>-fall precautions put in place and frequent BP monitoring</p> <p>-abdominal assessment</p> <p>-assess iv site and fluid evaluation</p> <p>- labs need to monitored and drawn accordingly</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>- sign of heart complications causing dizziness or weakness</p> <p>-fall precautions</p>

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

this pt has lots going on that could lead to more complications which makes her high risk and the need to be monitored closely.

What questions do you have for the nurse?

Any current medications? When were her labs drawn last? Any abnormalities in those labs? why was the UA not collected? Has the doctor been by yet?

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:
Gladys	she has more going on compared to the others
David	Sugars too high and could lead to other complications
Herbie	Stable for the most part

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:
Cardiac System Respiratory System	1: Heart rate and rhythm 2: O ₂ sat 3: Capillary refill

Patient #2:	
PRIORITY Body System(s):	PRIORITY Nursing Assessments:
Peripheral neurovascular	Want to make sure affected limb still has sensation, pulse, blood flow, and movement.

Patient #3:	
PRIORITY Body System(s):	PRIORITY Nursing Assessments:
Neuro Cardiac GI GU	Assess LOC Assess heart rate and rythm Assess bowel sounds Assess perinium <input type="text"/>

What order are you going to administer medications? Why?

Order of Priority:	Rationale:
David	with his blood sugar being so high i would go to him first because his high blood sugar can lead to other complications and this pt is the only one who is reporting pain
Gladys	Her antibiotic is imporant so we can see if her confusion is from the suspected UTI or with she is experiacning early signs of demetia
Herbie	this pt denis pain and is stable for the most part

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, it is not wise to combine med admin because there is a higher risk of a med admin error that way.