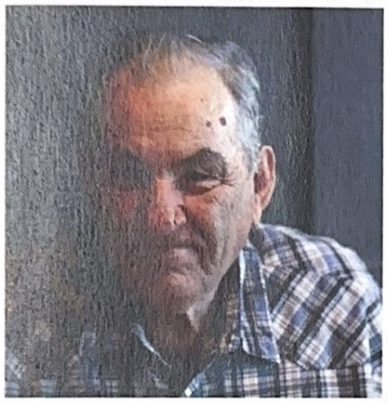
PRIORITY Patient Activity

Part III: New Orders/Evaluation/Problem Recognition

		
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%	✓

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?

With these new orders I would begin my 0900 medication pass by collecting the CBC. I would then administer all of the 0900 medications ordered with polyethylene glycol and the first dose of docusate/senna. I would leave bisacodyl for a later medication pass so that the Pt. has something left for abdominal discomfort that may occur later in the day.

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?

With these new orders I would begin my 0900 medication pass by collecting the urine sample from the strait cath first and then collect a blood sample for the BMP before administering all of the patient's ordered 0900 medications. I do not want to administer any medications before collecting diagnostic samples because I want a sample unaltered from the current medications.

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 Resting Comfortably. Pt. HOB is 30 Degrees.	Pt. is Able to Rest Without Feeling SOB. HOB is Raised. This Will Assist In Pt. Ability to Breathe.
His respiratory rate is 20, telemetry shows his HR is 94 and his O_2 sats are 98% on the 2 lpm.	20 Respirations Per Minute. 94 Pulse Rate. 98% O2 Sat. on 2 Liters of Oxygen.	Pt. Respirations and HR Still Indicate Breathing is Somewhat Labored. Oxygen Therapy Has Been Effective. Continuous Oxygen Therapy Should Be Implemented.
He states that his breathing feels easier and it does not feel as difficult for him to talk.	Pt. Verbalizes Breathing Has Become Easier.	Pt. is Still Not Free of All Complications Regarding Proper Oxygenation.

What action should be taken with respect to this patient's use of supplemental oxygen?

Continuous supplemental oxygenation therapy should be initiated for this Pt. NC set to 1-2 liters per minute should be adequate to maintain an O2 Sat. above 90%. Orders for continuous oxygen therapy should be acquired and Pt. should be educated about the implementation of oxygenation therapy. Consult case management to obtain home oxygenation equipment for discharge.

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.	Mr. Mueller is Comfortably Resting. Site of Surgical Incision Remains Unchanged Since Initial Observation.	Mr. Mueller is Able to Rest Without Significant Discomfort or Pain. This is the Desired Affect and Decreased Pain Will Promote Healing. Incision Site Has Not Developed Further Drainage or Pain. Indicates Pharmacological Interventions Were Effective.
You ask Mr. Muller to rate his pain and he states it is about 2/10. You recheck his temperature and it is 99.0° F *(oral)*.	Mr. Mueller's Pain Has Decreased From a 5/10 to a 2/10. Temp. of 99.0 Degrees Fahrenheit.	Mr. Mueller's Decreased Level of Pain and Temperature of 99.0 Degrees Fahrenheit Are Indicators that Infection is Not Present at Incision Site.
As it has only been about an hour since you administered PRN bowel medications; the patient has not yet had a bowel movement.	Pt. Still Has Not Had a BM.	The Pt. Still Has Not Had a BM, Meaning this Pt. is Still Constipated.

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

To prevent constipation, I would advise Mr. Mueller to increase his dietary intake of fiber and increase his fluid intake.

Understanding Pathophysiology/Anticipating Complications

Patient #1: Herbie Saunders

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:
Heart Failure	Pt. has inadequate cardiac perfusion which inhibits the body's ability to properly circulate oxygen and blood. This has led to edema which will inhibit the patient's ability to move, breath, and fight infection.

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

Worst Possible/Most Likely Complication to Anticipate:	Cessation of Circulation and Cardiac Perfusion	
Nursing Interventions to PREVENT this Complication:	**Assessments to Identify Problem EARLY:**	**Nursing Interventions to Rescue:**
Cardiac medications will be required to maintain proper perfusion and continuous oxygen therapy will be needed to provide proper oxygenation to the body.	Frequent cardiac assessments should be performed to determine the presence of any abnormal heart sounds. Respiratory assessments should be performed to monitor for fluid buildup in the lungs.	Administer aspirin and nitroglycerin. Begin CPR and use an AED.

Patient #2: David Mueller

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:
Constipation	Pt. is unable to pass stool following a BKA. May lead to complications that could require surgical intervention such as a fecal impaction.

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

Worst Possible/Most Likely Complication to Anticipate:	Fecal Impaction	
Nursing Interventions to PREVENT this Complication:	**Assessments to Identify Problem EARLY:**	**Nursing Interventions to Rescue:**
Administer stool softeners and laxatives. Encourage Pt. to increase fluid intake and dietary fibers.	Frequent abdominal assessments should be performed to auscultate bowel sounds, monitor bowel habits, and palpate for tenderness or compaction. The presence of bruits upon auscultation are indicative of an abdominal aortic aneurysm.	Rescue interventions for fecal impaction includes performing an enema or administering large amounts of fluid through a PEG tube.

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.	Pt. Appears Friendly to Staff. Pt. Verbalizes Discomfort at IV Insertion Site. 300 mLs of IV Fluids Remain to be Infused. Puffiness Around IV Insertion Site Visualized. Area Around IV Insertion Site is Cool to Touch.	Pt. Response to the Arrival of the Staff Member Indicates the Pt. is Alert and Oriented. Pt. Verbalization of Discomfort, Visualization of Puffiness, and Coolness to Touch Indicates the Patient's IV Has Infiltrated. 300 mLs of IV Fluids Remain to be Administered. Pt. is Hypovolemic so a New IV Will Need to be Placed.

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

I believe that the patient's IV has infiltrated. IV infiltration is suspected because the Pt. states discomfort at the insertion site, puffiness has been visualized, and skin was cool to touch. The first action to take in this situation is pausing the IV infusion. This will prevent the fluid from infiltrating into the Pt. and causing complications such as tissue damage or third spacing.

Patient #3: Gladys Parker

What is the pathophysiology of the priority problem?

Priority Problem:	Pathophysiology of Problem in OWN Words:
Hypovolemia	The Pt. became dehydrated which led to an altered mental status and fall. Hypovolemia has caused the Pt. to have a decreased extracellular fluid volume due to excessive excretion of fluid. Without a proper fluid balance, the Kidneys will begin to lose functionality.

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

Worst Possible/Most Likely Complication to Anticipate:	Hypovolemic Shock	
Nursing Interventions to PREVENT this Complication:	**Assessments to Identify Problem EARLY:**	**Nursing Interventions to Rescue:**
Provide IV fluids to maintain a proper fluid balance. Place Pt. on strict I&O.	Neurological assessments should be performed frequently to assess LOC. Abdominal assessments should be performed to monitor bowel and bladder habits in the Pt.	IV fluid bolus would be used to rescue the Pt. in a state of emergency. Albumin replacement may be required to restore osmotic pressure.

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?
I believe I excelled at determining underlying complications present in all three patients. I was able to identify significant problems and what kinds of interventions I needed to perform to prevent them from worsening.	I find that my biggest gap in knowledge comes with prioritizing Pt. care. I struggled to determine which order I wanted to assess and provide medications to my patients. I feel that this is something I will have to continuously work at to improve.
What did you learn?	**How will you apply learning caring for future patients?**
After working through this case study, I learned how to decipher areas of concern from large sums of information. I now feel that I have the ability to quickly determine what information is most relevant to my patients' current status and required treatment.	I will apply my learning from this case study to my care of future patients by determining relevant information and using it to better prioritize the order of interventions I must perform to prevent any further complications from arising.