

Jones – Prioritization Case Study ANSWERS:

You are the leader of a team caring for patients on a medical-surgical unit. Your team includes yourself (an RN), a newly-graduated RN who has recently completed hospital orientation, and a UAP. Your patients are as follows:

- Mr. L, a 35-year-old man with a history of kidney stones, reports severe back and right-sided flank pain intermittently (rating of 3 to 8 on a scale of 10). The night shift nurse reports episodic nausea and vomiting with hematuria and dysuria. Mr. L was admitted through the ED at 2200. He is using a PCA pump. **Pain/GU**
- Mr. O, an 18-year-old man, sustained a right tibia-fibula fracture in a motorcycle accident 7 hours ago with a new cast in place. Although obvious chest and abdominal trauma were ruled out in the ED, he is being monitored for occult trauma. He is receiving an analgesia via PCA pump. **Internal Bleeding/Per.NeuroV.**
- Mr. H, a 28-year-old man, is currently in the OR for an inguinal hernia repair. He should return from the OR later in the shift. **Not here....**
- Ms. J, a 65-year-old woman with end-stage multiple myeloma, is receiving palliative pain management. The family is considering hospice care. She has been on the unit for 2 weeks. Her physician signed the DNR order 3 days ago. **Comfort/Education**
- Mr. A, a 55-year-old man, has been on the unit for 3 weeks. He is receiving IV antibiotics for bacterial pneumonia. He has a history of IV drug abuse and chronic back pain and has tested positive for HIV infection. Mr. A's oxygen saturation was decreasing during the night shift. **O2/Resp/Breathing**

1. You decide to do a brief round of all the patients before shift report, to ensure safety and to help determine acuity and assignments. List the order in which you should briefly check in on these patients.

Mr. A	Mr. O	Mr. L	Ms. J	Mr. H
_____	_____	_____	_____	_____

2. You cannot find any documentation that shows the time of Mr. L's (kidney stone) last dose of pain medication. What action should occur first?

- a. Report the discrepancy to the nurse manager.
- b. Ask the night nurse when she gave the medication last.
- c. Speak to the night shift nurse about the documentation.
- d. Ask Mr. L when he last had his pain medication

*Correct answer – B – if there is an issue or something is unclear, you should talk to the person involved before going to anyone else. Your current problem is not knowing when a medication was given, so your goal is finding out this information first. It would be important to first find out about when the medication was given before attempting to address a potential documentation issue.

3. During your shift, the following events occur at the same time. Prioritize the order for addressing these problems.
- a. Mr. L is yelling about right-sided flank pain caused by his kidney stone. **Pain**
 - b. Mr. O is calling, "My pain pump tipped over and it's broken." **No medication – pain/TOO MUCH medication - respiratory**
 - c. Another nurse needs opioids wastage witnessed.
 - d. Mr. A is urinating in the trash can in the corner of his room. **Confused?Low O2?Not want to walk to the bathroom?**

 B
 A
 D
 C

*When prioritizing, you prioritize in this order: **safety issues, actual problems, potential problems and then everything else after.**

B – this is a **safety** issue that can result in an **actual** problem; if the pain pump is broken, the patient may be getting either too much pain medication (aka...possible OD with **respiratory depression**) or too little pain medication (aka...**pain uncontrolled**)

A – this is an **actual** problem; if a patient is yelling, that's an active problem and needs to be addressed

D – this is a **potential** problem; this COULD be the patient is confused (aka...possibly **low O2 saturation**) or this COULD be the patient thought it was more convenient to urinate in the trash can or couldn't make it to the bathroom

C – this is not a safety issue or a problem; this nurse can get another nurse to witness or can wait for you to finish addressing your patients

4. Mr. L calls for pain medication. He describes the pain caused by his kidney stone as excruciating. He is crying, diaphoretic, and pacing around the room. What is your priority action?
- a. Instruct Mr. L to do deep breathing exercises.
 - b. Remind Mr. L to use the PCA pump when it lights up again.
 - c. Give a PRN IV bolus of pain medication as ordered.
 - d. Call the physician immediately.

*Correct answer is C – the patient's pain pump is not controlling his pain, so a bolus dose of PRN medication should be your next action for pain control. A is incorrect – this is less effective than what he is ALREADY receiving, we don't go backwards with pain control. B is incorrect – if he's pushing it and it isn't working, just continuing to push it won't achieve anything. D is incorrect – the physician has already given you break-through pain meds (see answer choice c).

5. Mr. O has a right tibia-fibula fracture with a new cast in place. Which pain assessment finding would be cause for concern?
- a. Pain described as feeling like "pins and needles"
 - b. Sudden increase in pain when the leg is dependent
 - c. Intense discomfort related to an itching sensation
 - d. Absence of pain despite no recent medication

*Correct answer – A – this is a cardinal symptom of compartment syndrome, which is something you should be monitoring for with any patient if they have a new cast.

6. Mr. O reports an increasing pain in the right abdomen. On physical examination, you note hyperactive bowel sounds, a tense abdomen with guarding, and exquisite tenderness with gentle palpation. What is your priority action?
- a. Give a PRN pain medication.
 - b. Notify the physician of your findings.
 - c. Take a complete set of vital signs.
 - d. Assist him to change positions.

*Correct answer is C – these are cardinal symptoms of blood in the abdomen. You will need to call the physician, but he will need more information to make a decision on what to do...such as vital signs.

7. Mr. H returns from the OR following a hernia repair. He says that he is “afraid to walk because it will make the pain really bad.” What will you explain as being the best option?
- a. Pain medication every 4 hours if he needs it.
 - b. Medication 45 minutes before ambulation or dressing changes.**
 - c. Around-the-clock pain medication even if he has no report of pain.
 - d. Talking to the physician for reassurance about the treatment plan.

*Correct answer is B – the patient’s concern is pain with ambulation, so this answer best addresses the patient’s concern. C is incorrect – you don’t want to just medicate if there is no pain, that means you may not have pain medication options if you do end up having pain.

8. Mr. A has a single-lumen PICC and has the following scheduled medications that need to be given now:
- vancomycin (Vancocin) 1.5 G in 250 mL of dextrose 5% over 90 minutes
 - levofloxacin (Levaquin) 750 mg in 150 mL of NS over 90 minutes
 - D5W and 0.45% NS 1000 mL with 20 mEq of K+ at 125 mL/hr
 - Bolus of morphine sulfate 3 mg IV

What is your priority action?

- a. Call the physician and ask if the medication times can be staggered.
- b. Call the pharmacy and ask about compatibility of medications.**
- c. Give the bolus dose of morphine.
- d. Establish an additional peripheral IV site.

*Correct answer is B – before you call the physician or stick the patient again, check and see what medications can be infused together. C is incorrect, you would not do this first, you might do this next.

9. Ms. J is receiving long-term opiates to control her pain caused by end-stage multiple myeloma. Which side effect is the major concern for this patient?

- a. Constipation
- b. Respiratory depression
- c. Nausea and vomiting
- d. Sedation

*Correct answer is A – with long-term opiate use, your patient will develop a tolerance to all of the above side effects EXCEPT constipation. So for THIS patient, constipation is her biggest issue right now.