

Patient Preparation Worksheet

Time	Meds/Care Priorities	Labs/Glucose

Initials: _____ Room #: _____ Adm. Date **4/16** Post op day# _____

Diagnosis: **Large Intraparenchymal Hemorrhage**

Current problem: **ICH, HTN, Pneumonia**

Patient Story: **Transfer from Big Springs for ICH. Pt was supposed to meet dad at 8pm but when he did not show dad went to check on him which is when they found him face down in a pool of vomit. Pt was last seen normal at 8pm on 4/15. Intubated in Big Springs**

Allergies: **NKDA**

PRIORITY Body System to Assess: **Neuro, Resp, Cardiac**

	CV	Resp	Neuro	GI	GU	Skin	VS/Pain	Other
Prior Nursing Assessment		A/C vent setting Unlabored breathing Over breathing some	R Pupil 3MM L Pupil Pinpoint		16 F Foley			
Current Nursing Assessment			L & R pupil unresponsive to light, 2MM GSC- 4			Warm, Flushed, Sweating	HR 133 BP 127/65 Map 85 Resp 30	

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	4.26	R/t bleed- indication of anemia- watch for s/s of low RBC (headache, feeling weak, tired)
PT	12.0	R/t bleed- Body is using up clotting factors, taking longer to clot off bleed. Bleeding
Metabolic Panel Labs		
NA	133	Hypo/Hyponatremia can effect the ICP - watch trends to try and keep it balanced. To prevent worsening edema
Albumin	2.9	Possibly r/t to recent liver findings, control symptoms liking fast heart rate, fluid retention.
Misc. Labs		
AST (65) Bilirubin (1.6)	Troponin (202)	AST/Bili r/t ct findings (severe hepatic steatosis, mild hepatomegaly) if pt were to recover we would want to teach diet changes to help prevent further damage.
Lab TRENDS Concerning to Nurse?		
Sodium plays important role in ICP we want this at a happy middle— more high to prevent further swelling.		Troponin- could be indicative of possible MI or heart disease (HTN), echo ordered. RN- maintain HTN control per MD order
		ABG PH- 7.27, CO2 38, Hco3 16.8= Metabolic acidosis partial compensation.

Code Status Full code at this time but plan is to withdraw care

O2 therapy AC Control 70% FIO2

IV site L anterior antecubital 18g, L posterior dorsal hand 20g, Posterior dorsal hand 18g

IV Maintenance NS

IV Drips _____

Tubes 7.5 ET TUBE 25 @ mouth

Activity Bed rest (vent)

Fall Risk/Safety High Fall risk

Diet NPO

Last BM Unknown

Intake: _____

Output: 50mL (I thought I calculated total) Will need to add tomorrow.

Therapies: RT/OT/PT RT

Dressings IV dressing CDI

Notes:

Pharmacology

List each medication you will administer this shift and the PRNs in the last 24 hours.

Medications	Pharm. Class	Mechanism of Action In OWN WORDS	Common Side Effects	Assessments/nursing responsibilities
Famotidine	H2 Blocker	Decreases the amount of acid produced by the stomach	Anxiety, Dizziness, xerostomia (dry mouth)	<ul style="list-style-type: none"> • Fall precautions • Oral care for dry mouth, • Monitor for ineffectiveness, Increase Heartburn
Levetiracetam	Anticonvulsant	Given in ICH to prevent seizures	Psychomotor agitation, Nausea, Chest pain	<ul style="list-style-type: none"> • Seizure precautions & assess for seizure activity (neuro checks) • Monitor fluid balance
Nicardipine	CCB	Lowers BP by relaxing the blood vessels so the heart does not pump as hard	Dizzy, lightheaded, flushing, tiredness, headache	<ul style="list-style-type: none"> • Fall precautions, • close monitoring of BP & HR

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical problem? State the pathophysiology of this problem in your *own* words.

Medical Problem	Pathophysiology of Medical Problem
Intracerebral Hemorrhage	Chronic hypertension leads to the formation of micro aneurysms in small perforating arteries which can rupture causing an intracerebral hemorrhage.

Problem Recognition

To prevent a complication based on the primary medical problem, answer each question in the table below.

Question	Most Likely	Worst Possible
Identify the most likely and worst possible complications.	Worsening neuro deficits requiring patient to be vent dependent	Herniation/Brain death
What interventions can prevent them from developing?	Medical management of symptoms and prevention of new symptoms (keeping head midline, 30 degree elevation of HOB, 1hr Neuro checks.	Medical management of symptoms, if a candidate could put drain in to reduce ICP, Head of bed 30 degrees, midline, and control of HTN.
What clinical data/assessments are needed to identify them early?	Frequent neuro checks, Monitoring labs like ABGs,	Frequent Neuro checks, monitoring labs, if possible monitor ICP levels, Obtain new imaging,
What nursing interventions will the nurse implement if the anticipated complication develops?	Frequent oral care, vent education to pt/family, management of symptoms, ensure adequate oxygenation by monitoring trends in vitals/labs and patient.	Family support, comfort care, tx of symptoms.

Putting it All Together to Provide Safe Patient Care

1. Which findings have you collected that are most important and need to be noticed as clinically significant?

Most Important Assessment Findings	Clinical Significance
<ul style="list-style-type: none"> • If patient has a loss of cough & gag reflex • Change in pupils • Unresponsive to painful stimuli 	<ul style="list-style-type: none"> • Could indicate progression of bleed to the brain stem or herniation.

Medical Management of Care

2. Identify the rationale for each provider order and its expected outcome.

Provider Order	Rationale	Expected Outcome
<ul style="list-style-type: none"> • Management of HTN systolic under 140 • HOB 30 degrees 	<p>Prevent the bleed from worsening or new bleeds starting, takes pressure off heart, decrease demand.</p> <ul style="list-style-type: none"> • Help control ICP, facilitate drainage 	<p>Reduces risk of further cardiovascular damage, Stabilization of current bleed.</p> <ul style="list-style-type: none"> • Decreased ICP

Nursing Management of Care

3. After interpreting clinical data collected, identify the nursing priority goal for your shift and three priority interventions specific for your patient. For each intervention write the rationale and expected outcome.

Nursing Priority	HTN management, Neuro check, Resp care, Comfort care,	
Goal/Outcome	Stabilization of bleed and prevent further neuro deficit or bleeds.	
Priority Intervention(s)	Rationale	Expected Outcome
<ol style="list-style-type: none"> 1. HOB at 30 degree, Head midline 2. Low stim environment/cluster care 3. Family education 	<ol style="list-style-type: none"> 1. Facilitates drainage and reduces pressures 2. Helps decrease ICP & stress on patient 3. Edu. Family on being calm and soothing rather than the assessor and explaining the need for the vent, and neuro checks and what we are assessing for and what we are seeing. Once they met with pal med edu/reinforce next steps and keep them involved in care. 	<ol style="list-style-type: none"> 1. Decrease ICP and/or stabilization of ICP 2. Decreased ICP and stable vitals, reduced workload on patients body 3. Decrease stress (ICP) on patient and family, promotes trust between RN and family, they are able to grieve better and understand What is happening.

4. What interventions/nursing responsibilities could be delegated?

Nursing Tasks/Interventions	Appropriate Delegation to Whom?	Rationale for Delegation
Vitals/baths/ I&Os	UAP	Patient is stable/predictable and pending transition to comfort care.
Suctioning	LPN (if trained)	Within LPN scope if trained. (minus this being a ICU pt)

5. To provide compassionate holistic care for this patient, answer the following questions.

What is the patient likely experiencing/ feeling right now in this situation?	Fear from the unknown, although unconscious patient may still have the ability to hear
What can you do to engage yourself with this patient's experience, and show that they matter to you as a person?	Talk to the patient regardless if they are conscious, nurse out loud so they can hear you and know what's going on. This will help reduce anxiety and fear. Talk to them with compassion and know that you are checking in with them each time you round.

6. Identify the psychosocial/holistic care priority specifically for your patient based on the findings you noticed as most important. List appropriate interventions, rationale, and expected outcomes.

Psychosocial/Holistic Care Priority	Identify cultural beliefs and religion	
Priority Intervention(s)	Rationale	Expected Outcome
<ul style="list-style-type: none"> offer Chaplin services or ask if they have any religious practices they'd like us to honor in his care 	<ul style="list-style-type: none"> Promotes the relationship with family and patient. Many pts call upon their religious beliefs during these difficult times. 	<ul style="list-style-type: none"> Brings comfort and reassurance to the patient and family. Helps with the grieving process

EDUCATION PRIORITIES/DISCHARGE PLANNING

7. Identify three priority educational topics that need to be included in a teaching plan to prevent complications and prepare this patient for discharge.

Teaching About Illness Care	Rationale	How are you going to teach?
<ol style="list-style-type: none"> Resources for the family Explain the death process to the family Encourage if appropriate for them to be at the patients bedside and talking to the patient. 	<ol style="list-style-type: none"> Patient is withdrawing care and transitioning to comfort care. Helps the family understand the process which can aid in the grieving process Allows the family time to speak to the patient, helps with the grieving process and might bring them comfort. 	<ol style="list-style-type: none"> Provide the family with a list of resources for counseling, ask if they would like a Chaplin, ask if we can call anyone to come be with them, Provide the patient with the book given by the hospital <i>Gone from my sight</i>, ask them if they have questions, explain what is normal in the process of death, have pal med speak with them. Teach the family that often times hearing is one of the last senses to go so it is okay to speak to their loved one, provide them space and give comfort as appropriate.

EVALUATION

8. After implementing the plan of care, interpret clinical data at the end of your shift to determine if your patient's condition has improved, has not changed, or has declined. (NCSBN: Step 6 Evaluate outcomes)

Most Important Data	Improved	No Change	Declined
Blood pressure remained below 140 systolic	Yes		

9. Has the patient's *overall* status improved, declined, or remained unchanged during your shift? If the patient has not improved, what other interventions must be considered by the nurse? (NCSBN: Step 6 Evaluate outcomes)

Overall Status	Additional Interventions to Implement	Expected Outcome
Stable considering dx.		

END OF SHIFT: Professional Communication-SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> Name/age Brief summary of primary problem Day of admission/post-op #
Background
<ul style="list-style-type: none"> Primary problem/diagnosis Most important past medical history Most important background data
Assessment
<p>Most important clinical data:</p> <ul style="list-style-type: none"> Vital signs Assessment Diagnostics/lab values <p><i>Trend</i> of most important clinical data (stable-increasing/decreasing)</p> <ul style="list-style-type: none"> How have you advanced the plan of care? Patient response Current status (stable/unstable/worsening)
Recommendation
<ul style="list-style-type: none"> Suggestions to advance plan of care

POST-CLINICAL REFLECTION

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
<p>What feelings did you experience in clinical? Why?</p>	<p>I felt a bit nervous but as the day progressed I become more comfortable. I have always felt that I am a bit slow to warm up around new people. It's something I have been working on. Asides from feeling nervous I was actually felt very engaged and excited to learn with the nurses that I was placed with this week. Kelsey on E3 did such an excellent job in teaching me things that were still a bit fuzzy and she did it in a way that I didn't feel lesser of a person. Dylan on E4 and Kerri from dialysis also did such a good job teaching and explaining things. It just made for a really good day. I learned so much. I left super pleased with the progress I made this clinical.</p>
<p>What did you already know and do well as you provided patient care?</p>	<p>I felt like I did a really good job connecting lecture to clinical practice. I had a patient with a ICH and it just really helped connect the dots. I felt like this helped me care for my patient better for the time I was there because I understood the what and why behind the things I was seeing. This helped me give better education to the family. With my patients prognosis my main focus was family support and keeping the patient comfortable. I felt that I did this well by checking in often and keeping an eye on how my patient looked with vitals and physically as well.</p>
<p>What areas do you need to develop/improve?</p>	<p>Although I felt like this week my communication skills had improved a ton it's definitely something that I can always work on. I found myself asking more questions than I normally do. This is something that I want to continue to do moving forward. I also want to make time to review my skills that I learned back in the beginning of nursing school. I felt that I was a bit rusty.</p>
<p>What did you learn today?</p>	<p>I learned a ton about dialysis which I felt will really help me for this coming Monday. It was nice to see the process and learn to know how to determine if the patient is tolerating the treatment. Tuesday, I found interesting because I was able to connect the dots so easily on what my patient was presenting the way they were. This helped tremendously.</p>
<p>How will you apply what was learned to improve patient care?</p>	<p>Because I was able to watch the dialysis process I better understand it. In the future should I care for a patient on dialysis or a patient that is going to need to start dialysis I can educate them better to help make that process not so scary.</p> <p>I found myself applying the lecture on head injuries to how to properly care for my patient on Tuesday. I knew what to look for and interventions to do. For instance my patients HOB needed to be at 30 degree angle and head midline and because I knew that I was able to correct it. & the next time I have a ICH patient I will do the same to ensure the best outcome possible.</p>