

# IM4 Simulation Patient Worksheet

**This section is to be completed prior to Sim Day 1:**

Student Name:  JULIE BOREN

Initials \_\_\_\_\_ Admit Date: \_\_\_\_\_ Post op Date: \_\_\_\_\_

Diagnosis:  LUNG CANCER (METASTATIC)

Current problem:  NV, PAIN

Patient Story: PT PRESENTS WITH NAUSEA, VOMITING, AND PAIN. PT HAS MED HX OF METASTATIC LUNG CANCER. PT HAS OUTPATIENT CHEMOTHERAPY AND RADIATION TREATMENTS.

## 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
NAUSEA, VOMITING	NAUSEA AND VOMITING CAN BE CAUSED BY NERVE OR TISSUE DAMAGE AS A RESULT OF CHEMOTHERAPY AND RADIATION.

## A. Recognize & Analyze Ques – (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.	METASTASIS	RESPIRATORY FAILURE
What interventions can prevent them from developing?	CHEMO / RADIATION / SURGERY / SUPPORTING HEALING WITH NUTRITION, EXERCISE, AND COMPLIANCE.	RESP. ASSESSMENT, O2, SUCTION AT BEDSIDE.
What clinical data/assessments are needed to identify them early?	PET SCANS/CT/-RAY/BLOODWORK	RESP. ASSESSMENT, PULSE OX, SOB, CYANOSIS.
What nursing interventions will the nurse implement if the anticipated complication develops?	RESP. SUPPORT, NUTRITION SUPPORT, PAIN MANAGEMENT, PT EDUCATION.	RESP. SUPPORT (O2, RESP MEDS, SUCTION IF NEEDED, ELEVATE HOB, MONITOR RESP STATUS)

## Pharmacology

List each medication & IV fluids for your patient and any ordered during scenario. Use the CSON medication sheet.

## B. Prioritize Hypothesis & Generate Solutions (Nursing Management of Care)

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.

*Recommend you write in pencil, there may be changes or additions after you review your patient's chart.*

Nursing Priority		
Goal/Outcome		
Priority Intervention(s)	Rationale	Expected Outcome
1. PAIN MANAGEMENT	1. PAIN RELIEF WILL IMPROVE PT OUTCOME.	1. PT WILL BE ABLE TO REST AND HEAL.
2. RELIEF OF NAUSEA / VOMITING	2. VOMITING CAN LEAD TO DEHYDRATION, MALNUTRITION, & ELECTROLYTE IMBALANCE.	2. PREVENT DEHYDRATION.
3. RESPIRATORY SUPPORT	3. LUNG CX CAN AFFECT PT'S ABILITY TO BREATHE DUE TO FLUID, PHYSICAL OBSTRUCTION, OR PE.	3. PT WILL BE ABLE TO REST MORE COMFORTABLY AND BE SAFER.

### Education Priorities / Discharge Plan

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 or Care	Rationale	How are you going to teach?
1. PHYSICAL THERAPY	1. EXERCISE CAN IMPROVE LUNG CAPACITY.	1. Contact physical therapist for consult. Encourage exercise and demonstrate. Teach importance of ambulation.
2. PROPER NUTRITION	3. Proper nutrition is required for the pt to heal.	4. Proper nutrition helps the body heal. Encourage protein and get consult with dietician.
3. PAIN MANAGEMENT	3. Pain management can encourage patient to continue normal activities of daily living.	5. Encourage pt to contact HCP immediately if sudden onset of pain occurs. Work with pt on non-drug methods of managing pain. (breathing exercises, distraction)

**C. Take Actions** - This Section will be completed at Simulation Center when you review the chart before the scenario .

Abnormal Relevant Lab Tests	Current	Clinical Significance
<b>Diagnostic Tests</b>		<b>Result or significance</b>
<b>Lab or Diagnostic Test TRENDS Concerning to Nurse?</b>		

**Assessment** – What info is available from chart. Pick 1-2 priority areas you want to assess in scenario.

	CV	Resp	Neuro	GI	GU	Skin	VS/Pain	Other
<b>Current Nursing Assessment</b>								

#### D. Evaluate Outcomes *After the Scenario*

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

Most Important Assessment Findings	Clinical Significance

**Evaluation** - 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.

Most Important Data	Improved	No Change	Declined

What other interventions must be considered by the nurse?

Overall Status	Additional Interventions to Implement	Expected Outcome

**End of Shift SBAR to oncoming Nurse** (to the observers of your scenario)

<b>Situation</b>
<b>Background</b>
<b>Assessment</b>
<b>Recommendation</b>

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