

Prioritization Case Study:

You are the leader of a team caring for patients in 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:

- Ms. R, a 55-year-old woman with RA, underwent shoulder arthroplasty 3 days ago. She reports morning joint stiffness. Swelling is noted in both wrists and proximal interphalangeal joints.
- 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.
- 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 analgesic via PCA pump.
- 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.
- 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.
- 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.

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.

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| 1. Ms. R | 4. Mr. H |
| 2. Mr. L | 5. Ms. J |
| 3. Mr. O | 6. Mr. A |

2. The new nurse tells you that she 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. Help the new nurse look at the chart and medication administration record.
 - b. Tell the new nurse to ask the night nurse before she leaves.
 - c. Speak to the night shift nurse about the documentation.
 - d. Have the new nurse asked Mr. L when he last had medication.

3. During your shift, the following events occur at the same time. Prioritize the order in which to address these problems.
 - a. Mr. L is calling out loudly about right-sided flank pain caused by his kidney stone.
 - b. Mr. O, who was in a motorcycle accident, is calling, "The pump tipped over, and it's broken."
 - c. Another nurse needs to witness opioid wastage.
 - d. Mr. A, with bacterial pneumonia, is urinating in the corner of his room.

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.
 - c. Give Mr. L a PRN IV bolus dose as ordered.
 - d. Call the physician immediately.

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

6. Mr. O reports 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?
- Give a PRN pain medication.
 - Notify the physician of your findings.
 - Take a complete set of vital signs.
 - Assist him in changing positions.
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?
- Pain medication every 4 hours if he needs it.
 - Medication 45 minutes before ambulation or dressing changes.
 - Around-the-clock pain medication, even if he has no report of pain.
 - Talking to the physician for reassurance about the treatment plan.
8. Mr. H has returned from the OR and was just given a dose of pain medication. One hour later, he is anxious and appears uncomfortable and asks, “What’s wrong? Is something wrong? I’m still hurting.” What action should you take first?
- Call the physician for a change in medication or dose.
 - Initiate NPO status in case surgery is needed.
 - Check for bladder distention and last voiding.
 - Reassure the patient that everything is ok and pain is normal.
9. 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
 - dextrose 5% and 0.45% saline 1000 mL with 20 mEq of potassium at 125 mL/hr
 - IV bolus of morphine 3 mg

What is your priority action?

- a. Call the physician and ask if the medication times can be staggered.
- b. Call the pharmacy and enquire about the compatibility of medications and solutions.
- c. Give the bolus dose of morphine, because it will take the least amount of time.
- d. Establish an additional peripheral IV site.

10. Mr. A reports left-sided anterior chest pain. What is your priority action?

- a. Obtain an order for an ECG and continuous telemetry monitoring.
- b. Auscultate the lung fields and compare them to baseline assessments.
- c. Give a PRN pain medication and reevaluate after 30 minutes.
- d. Ask him to describe the pain and get a set of vital signs.

11. 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