



Prioritization and Clinical Reasoning

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Learning Outcomes

- › Perform nursing interventions based on prioritization, independent judgement, and evidence-based practice.
- › Utilize clinical reasoning skills of recognize and analyzing cues, prioritize and generate solutions, and taking action.
- › Identify concepts of alarm fatigue to maintain a safe environment for patients.



Prioritization Guide

- › Emergency: ABCD and V & L (vitals and lab)
- › Actual before potential
- › Systemic before local
- › Acute before chronic
- › Respond to trends -vs- isolated findings
- › Maslow's Hierarchy
- › Time Management/organize workload
- › Infection control issues
- › Unexpected vs expected
- › Least restrictive to most invasive

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3 Levels of Priority Setting

1st - ABCD V and L

2nd - Mental status changes, untreated concerns, acute pain, acute elimination problems, and imminent risks

3rd - Health problems other than those at the first 2 levels such as other long-term issues in health, issues in health education, rest, coping, and so on

Emergency First: A B C D (and Vitals and Lab)

A. AIRWAY

- Assess for patent airway
- Establish airway, if indicated
- 3-5-minute window for oxygenation

B. BREATHING

- Assess breathing and its effectiveness
- Intervene as appropriate

C. CIRCULATION

- Identify circulation concern
- Act as appropriate to reverse circulatory problem

D. DISABILITY

- Assess for disability
- Act to slow down development of disability

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Multiple Choice

The nurse has just received a change-of-shift report about these patients on the coronary step-down unit. Which one will the nurse assess first?

- A 26-year-old patient with heart failure caused by congenital mitral stenosis who is scheduled for balloon valvuloplasty later today
- A 45-year-old patient with constrictive cardiomyopathy who developed acute dyspnea and agitation about 1 hour before the shift change
- A 56-year-old patient who underwent coronary angioplasty and stent placement yesterday and has reported occasional chest pain since the procedure
- A 77-year-old patient who was transferred from the intensive care unit two days ago after coronary artery bypass grafting and has a temperature of 100.6

Multiple Choice

After a nasogastric tube is inserted, which assessment finding is cause for greatest concern?

- The patient reports that the tube is irritating nose and throat feels sore.
- Gastric contents have a coffee-ground appearance.
- The patient demonstrates coughing and cannot speak clearly.
- Gastric fluid is bright red and has small clots.

Multiple Choice

After the nurse receives the change-of-shift report, which patient should be assessed first?

- A 42-year-old patient with carpal tunnel syndrome who reports pain
- A 64-year-old patient with osteoporosis awaiting discharge
- A 28-year-old patient with a fracture who reports the cast is tight
- A 56-year-old patient with a left leg amputation who reports phantom pain



Actual Problem vs. Potential Problem

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Multiple Choice

A patient has urolithiasis and is passing the stones into the lower urinary tract. What is the priority nursing concern for the patient as this time?

- Injury
- Infection
- Pain
- Anxiety



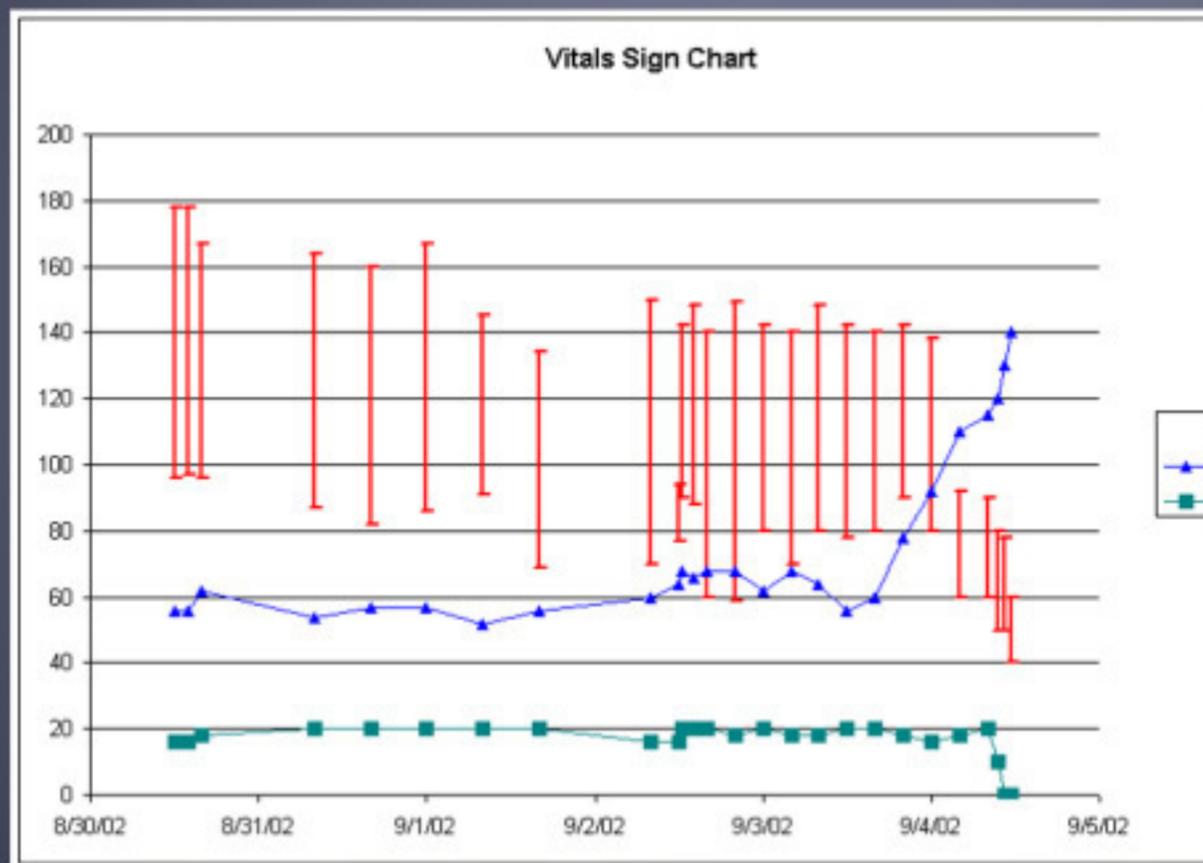
Acute Problem vs. Chronic Problem

Multiple Choice

The nurse is evaluating and assessing a patient with a diagnosis of chronic emphysema. The patient is receiving oxygen at a flow rate of 5 L/min by nasal cannula. Which finding concerns the nurse immediately?

- Fine bibasilar crackles
- Respiratory rate of 8 breaths/min
- Patient sitting up and leaning over the nightstand
- A large barrel chest

Trends vs. Isolated Findings



- > Vital signs
- > Pain scale
- > Level of consciousness
- > Glasgow Coma Scale

Multiple Choice

A patient's spouse comes to the nurse's station and says, "He needs more pain medicine. He is still having a lot of pain." Which response is best?

- "The medication is prescribed to be given every four hours."
- "If medication is given too frequently, there are ill effects."
- "Please tell him that I will be right there to check on him."
- "Let's wait 40 minutes. If he still hurts, I'll call the health care provider."

Systemic vs. Local



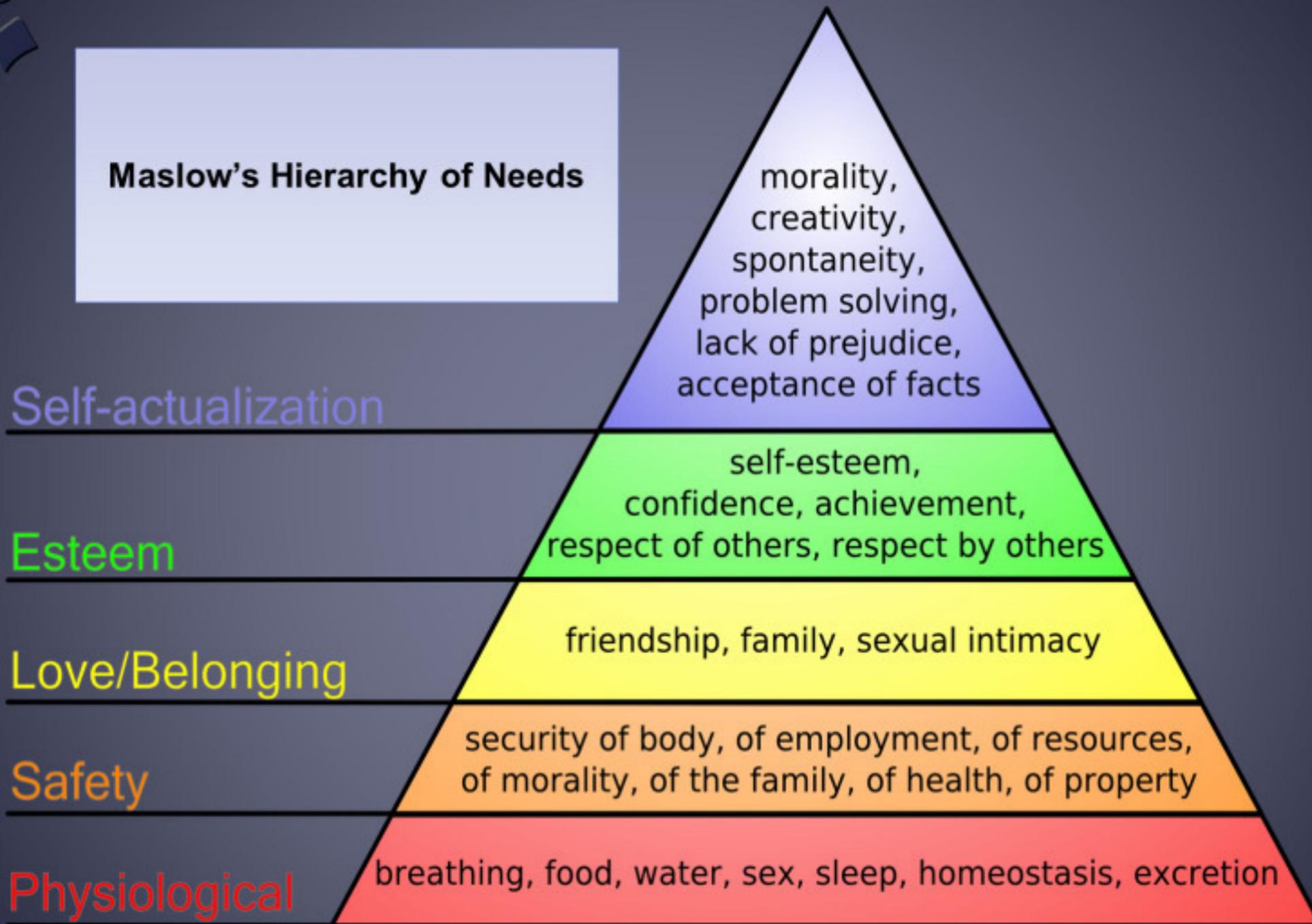
Life

over

Limb

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Maslow's Hierarchy of Needs



Organizing workload

- › Who is the sickest?
- › Separate into categories
 - Is there tasks that are time sensitive
 - What can be delegated or assigned to others
 - What needs to be done first according to the patient's schedule
- › Set time to plan and use nursing process
 - ADPIE (Assess, diagnosis, planning, implementation, evaluation)

Multiple Choice

Which policy implemented by the infection control nurse will most effectively reduce the incidence of catheter-associated urinary tract infections (CAUTIs)?

- Limit the use of indwelling urinary catheters in all hospitalized patients.
- Ensure that patients with catheters have at least a 1500ml fluid intake daily.
- Use urine dipstick testing to screen catheterized patient for asymptomatic bacteria.
- Require the use of antimicrobial/antiseptic impregnated catheters for catheterization.

Prioritization Based on Acuity

- › Identify the problems of each patient
- › Review the active problems and goals
- › Determine which patient problems are most urgent based on basic needs, the patient's changing or unstable status, and complexity of the patient's problems
- › Anticipate the time it may take to care for the priority needs of the patient
- › Cluster care
- › Involve the patient

Developing Clinical Reasoning.....

- › Recognize cues: What matters most?
- › Analyze cues : What could it mean?
- › Prioritize hypothesis: Where do I start?
- › Generate solutions: What can I do?
- › Take action: What will I do?
- › Evaluate outcomes: Did it help?

= Clinical
Judgement

Recognize Cues (Assessment)

- › What do you notice and what is relevant?
 - What is abnormal?
- › What could be the meaning of that?
 - Interpret the meaning



Analyze Cues (Analysis)

- › What is the clinical significance of the cues?
- › What are the problems?
- › What is most important in the problems?
- › Are there any trends/patterns occurring and what is the meaning?
- › What findings have a relationship that can be clustered together?



Prioritize (Planning)

- › Review each problem –what is the nursing priority? (What needs to be done first? Or What is most significant?)
- › What interventions are needed to address problem-
You must know the desired outcome





Take action- (Implementation)

- › Respond to problem by implementing EBP
- › Start with priority and keep going according to plan of care

Evaluation/Reflection

- › Identify a measurable outcome expected after the nursing intervention
- › Determine if the outcome was met and the plan of care was advanced
- › Reassess all clinical data and determine if any clinical cues suggest a possible problem or complication

Clinical Judgement in Patient Teaching

- › Readiness to learn
- › Learning preferences
- › Cognition/language
- › Domains of learning
 - cognitive, affective, psychomotor
- › Barriers to learning

Case Study Practice

- › Mrs. Stacey is a 64-year-old woman who has noted progressive redness and swelling of her left lower leg over the past week. The redness started in her lower leg and has now progressed up to her knee. She has been feeling weaker and not feeling well in the last 24 hours. She became concerned and came to the ER when she began to have a fever at home that started 8 hours ago as well as increasing pain in her left leg.
- › Assessment-102.9 118 20 128/68 95% pain 6/10 . She appears comfortable, fatigued, redness below left leg patella to foot, swelling of +1 pitting edema, alert and oriented normal respiratory patterns within normal limits, HR regular s1s2, Edema noted in unilateral left leg, abdomen within normal limits
- › Lab from BMP & CBC- HGB 12.9 WBC 18.8 Neutrophils 96% Sodium 138, K 3.9, Glucose 348, Creatinine 1.2



Think, Pair, Share

- 
1. What vital signs and assessment data is relevant to the nurse?
 2. What lab/diagnostic results are relevant to the nurse?
 3. What is the primary medical problem?
 4. What is the underlying cause or pathophysiology?
 5. What body system will you thoroughly assess based on the chief complaint?
 6. Based on the data collected, what is your nursing priority?
 7. What interventions will you initiate based on priority nursing concerns?
 8. What is the worst possible complications
 9. What nursing assessments will you initiate if the complication develops?
 10. What is the rationale for the physician's plan of care/new orders?

Develop Her Care Plan

- › What are her problems?
- › What interventions would the nurse implement? Why?
- › Prioritize your interventions. Why is that priority?
- › What other information could possibly be in her plan of care?

Alarm Fatigue



Alarm Fatigue

- › Excessive exposure to alarms causing desensitization
- › Results in delayed or No response to alarms
- › Alarm Safety is the **#1** safety hazard six out of the last eight years by the Economic Cycle Research Institute (ECRI)
- › Alarm fatigue is the **#1** contributor in sentinel events (pulse oximetry, ECG patches)

Alarm Fatigue

- › National Patient Safety Goal NPSG.06.01.01 :
 - Alarm safety for hospitals and critical access hospitals
- › Alarm improvement initiatives
 - change pulse oximetry probe daily or PRN
 - change cardiac electrode pads daily to significantly reduce alarms
 - customize alarm parameters specific to patient (and per policy)
 - remove duplicate alarms
 - assume all alarms require a nursing response

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CEASE

- › C- communication
- › E- electrodes
- › A- appropriate
- › S- set-up
- › E- education

Test Taking Strategies

READ

- Read all instruction & all test questions carefully
- Answer ONLY what is being asked
- Do not read into a question anything beyond what is there
- Pace yourself

KEY WORDS

- What are the key words? Time frame?
- Key words stem should alert you to choose care in choosing an answer
- Answers with key words that limit & qualify potential correct answers

ANSWERING OPTIONS

- Try to answer the question before looking at the answers
- Come up with the answer in your head **before** looking at choices
- Read all the choices
- If all else fails, use an educated guess

Test Taking Strategies

PRIORITY WORDS

- What action takes **priority**?
- What should the nurse do **first**?
- What should the nurse do **initially**?
- What is **essential** for the nurse to do?
- Use Maslow's hierarchy of needs, the ABC's of CPR and the steps of the nursing process

Thank you

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