

Chapter 12 Online Assignment- Case Study

1. The team members that are involved in their scenario include Thomas and Anna, both RN's, Dr. Payne, the unit coordinator, the x-ray department, and a Spanish-speaking interpreter.
2. In the first part of the scenario, when Dr. Payne was done rounding, he wrote an order for the patient (Sofia) and handed it to the unit coordinator. The doctor did not communicate directly with Sofia's nurse, Thomas. Also, the unit coordinator did not read the order correctly and did not communicate with Sofia's nurse, Thomas, about the order for D50. When the nurse Anna came to relieve Thomas for lunch, he did not know Sofia was experiencing a hypoglycemic episode, nor that there was an order for D50. Also, he did not try to get an interpreter for Anna and just said she does not speak. This leaves the nurse taking over, Anna left in the dark without much information on Sofia as a patient. When Sofia went down for an X-ray, she did not have an armband on, which should have been put on during admission to identify the patient. Also, while down in the x-ray, she was speaking in Spanish, which they were not told was her known language, so they had to get an interpreter down immediately. Lastly, when Sofia got back to the room, Anna then saw the order in the chart for D50, which was very late and should have been caught and administered before to treat her hypoglycemic episode.
3. The doctor did write a note to treat Sofia's hypoglycemia, but completed the order and just handed the chart to the unit coordinator without any verbal communication. Thomas gave his relief nurse Anna a report of the patient, but did not include all the information necessary for her care. The unit coordinator did report the order for an X-ray, but did not communicate the order for D50. The x-ray department was able to identify that Sofia did not have an armband on and that she was speaking Spanish and would need an interpreter. Lastly, when Sofia returned from x-ray, Anna did catch the new order for D50 even though it was late to be administered.
4. If I were Thomas, I would have assessed my patient more efficiently. I would have ensured she had an armband on and checked for an order from the doctor for her blood sugar of 42. I would have checked on my patient before going to lunch and ensured no new orders were put in. If I saw the doctor, I would have asked him about his assessment of my patient, or if I saw him talking to the unit coordinator, I would have

asked about any further orders he wrote. Lastly, I would have investigated more into Sofia “not speaking” to then figure out she is Spanish speaking and needed an interpreter.

5. If I were Anna, I would have gone directly to the chart after getting a report from Thomas to look at more patient information and any new orders. Also, I would have liked to have eyes on the patient and assess them myself before they went down for an X-ray.
6. In the healthcare setting, doctors must communicate efficiently with the nurses. Nurses must communicate with the patients, family members, doctors, and almost all other staff for patient care. The pharmacy must communicate with doctors and nurses about patients' prescriptions. Many others must communicate, including physical therapy, occupational therapy, speech therapy, interpreters, lab, dietary, etc Everybody must communicate to provide adequate and safe patient care.
7. When communicating with others, you should ensure that you are clear, concise, professional, and respectful. A calm tone should be used to avoid any misinterpretation of feelings. You should not assume that somebody knows something, so it should always be communicated. Information should be shared promptly to prevent delays in patient care. There should be no interruptions, if possible, during communication to ensure no errors occur in patient care. Understanding should be ensured before handing off a patient. These should all be implemented into communication, especially in healthcare, to avoid errors and increase patient care and satisfaction.