

N441 Adult Health III
TEACHING PLAN INSTRUCTIONS AND EVALUATION

STUDENT NAME: Harold S. Henson Date: 10-27-20

Use the format page included for preparing the written component of the teaching plan. Students will be evaluated on the written plan (15 points) and on the presentation of the teaching plan (10 points). Total Points possible = 25 points.

SCORE

I. Evaluation of the **written component**

Assessment of patient/client

(3 points)

Prior knowledge of subject to be taught
Determine patient's motivation to learn content
Health beliefs/values
Psychosocial adaptations/adjustment to illness
Compliance with health care protocols
Assess patient's ability to learn
Developmental level
Physical capabilities/health status
Language skills/literacy
Level of education

Nursing Diagnosis Identified

(1 point)

Planning

(3 points)

State objectives and outcomes: Include at least one from each learning domain:
Cognitive, Affective & Psychomotor

Interventions

(2 points)

List the content to be included in instruction. Be specific and accurate.
Logical sequence.
Simple to complex.
Organized

Methods/Teaching Tools

(2 points)

Instructional methods to be used:
Examples are: Discussion
Question & Answer
Demonstration/Return Demonstration
Strategies to keep patient's attention
Methods to include patient in teaching/participation

Evaluation

(3 points)

Determine achievement of learning objectives based on expected outcomes. Identify strengths/weaknesses, Suggest modifications to plan; i.e. what would have made it better

References Listed in APA format.

(1 point)

TOTAL CONTENT

_____ /15

II. Evaluation of **teaching presentation**

(10 points)

_____ /10

Introduction of content, Patient put at ease, Eye contact,
Clear speech and organized presentation, Environment conducive to learning,
Family included, Accuracy of info, Validation of learning status, Use of teaching aids,
Appropriate non-verbal body language etc.

Date Submitted: _____

Total points

_____/25

**N431 Adult Health II
TEACHING PLAN**

Student Name: Harold S. Henson
complications _____

Subject: Impaired healing due to diarrhea, aspirations, and PEG tube

Nursing Diagnosis: Impaired tissue integrity related to diarrhea and aspirations as evidence by newly placed PEG tube.

Relevant Assessment Data (see instructions)	Patient Outcomes (see instructions re: 3 domains of learning)	Teaching Outline (be specific and use a logical sequence)	Teaching Tools (see instructions)	Evaluation (see instructions)
<p>A 72-year-old Caucasian female was presented to SBL hospital for wound care and having weight loss due to diarrhea soon after Percutaneous Endoscopic Gastrostomy (PEG) surgery. The patient has a long past medical and surgical history and is diagnosed for having laryngeal cancer. She continues to eat a soft diet along with her PEG tube feedings. She easily aspirates and chokes on food. The patient is A&Ox4, no acute distress, and appears stated age. Patient education will consist of risk for aspiration: understanding of techniques to prevent aspiration, aspiration signs & symptoms; safe feeding techniques; and proper oral care. The patient is college educated and is motivated to learn content for proper wound healing. The patient states that she is a Christian and does her best to treat others kindly. The patient wants to spend her time with her family. The patient seems to be having a difficult time adapting to her condition, but she has a positive attitude. The patient asked questions about her general health relating to diet, as well as specific questions about her</p>	<p>Cognitive Objective: The patient to remember, understand and apply the information provided to her about the signs and symptoms of aspiration and PEG tube complications, when to seek emergency care, oral and hand hygiene, and the importance of staying compliant with her daily plan.</p> <p>Cognitive Outcome: The patient verbalizes and demonstrates the understanding of the information provided to her; the patient has PEG tube feedings without complications and shows proper hand hygiene and oral care; the patient swallows and digests oral foods without aspiration.</p> <p>Affective Objective: The patient understands that the information provided is to benefit her quality of life and will demonstrate a definite increase in attitude to learn more about her condition.</p> <p>Affective Outcome: The patient is motivated to learn new material, eager to show new behaviors of what she has learned, and demonstrates a commitment to improving her quality of life.</p> <p>Psychomotor Objective: The patient will show how to perform</p>	<p>After leaving the hospital, the patient will be able to:</p> <ul style="list-style-type: none"> • Perform proper hand hygiene and PEG tube cleaning before and after feedings. To wash with warm soapy water and rinse with plain water (Hinkle & Cheever, 2018). • Explain the differences in gravity feeding versus syringe (bolus) feeding versus pump feeding (Hinkle & Cheever, 2018). • Demonstrate that she will sit up during PEG tube feedings and 30-60 minutes afterward (Hinkle & Cheever, 2018). • Understand to carefully eat and chew soft foods if eating by mouth to prevent aspiration. To sit up at 90 degrees, take small bites, and swallow completely before drinking (Swearingen, 2016). • Demonstrate the feeding procedures (Hinkle & Cheever, 2018). • Show how to check for tube placement. • Verbally explain proper oral care. • Demonstrate proper gastrostomy tube care (Swearingen, 2016). • Stay compliant with a nutritious diet and fluid intake (2-3L/day). • Call the doctor for bleeding that is continuous or excessive; leakage at the site that has become worse; clogging of the tube; pain at the PEG tube site that she would rate 5 or more on a scale of 0-10; and signs of infection at the PEG tube site. Other complications include redness, warmth, swelling, foul-smelling tan or green 	<p>The patient was given a handout that we went over together. After explaining the teaching outline with her, we practiced hand hygiene and cleaned her tube site. I flushed her tube, and we demonstrated a syringe (bolus) feeding together. After the tube feeding, I flushed her tube again. She showed proper hand hygiene and tube cleaning. I had her repeat what she had learned. I answered her questions to the best of my ability. I practiced therapeutic communication techniques with her, and she was cooperative throughout the teaching.</p>	<p>I feel confident that the patient achieved the goals of my teaching objectives. The patient showed and verbalized her understanding of the signs and symptoms of aspiration and PEG tube complications. She explained when to seek emergency care, the practice of proper oral and hand hygiene, and the importance of staying compliant with her daily plan. She also verbalized that staying on a strict diet, fluid, and exercise schedule will help improve her overall health. She seems to feel more comfortable about using the PEG tube at home on her own. Enabling her to explain what we learned from the handout, and guiding her on how to clean and feed, helped build-up her confidence. I believe this to be the strong point of my teaching. Follow-up care will determine the effectiveness of therapy.</p>

<p>treatments. The patient realizes that she has to live with her condition and is willing to take better care of herself. The patient is compliant with health care protocols and cooperates with staff. The patient uses a walker to ambulate at home, and her health status seems to be maintained. The patient's language skills and literacy are age-appropriate, as well as her developmental level. The patient was able to read the information provided to her regarding the procedures for PEG tube feeding and the risks associated with aspiration. Education material consists of hand hygiene, oral hygiene, sitting up during feedings, gravity feeding method, pump feeding method, syringe feeding method, and when to call the provider (Hinkle & Cheever, 2018).</p> <p style="text-align: center;">References</p> <p>Hinkle, J.L., & Cheever, K. H. (2018). <i>Brunner & Suddarth's Textbook of Medical-Surgical Nursing</i> (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.</p>	<p>hand hygiene and cleansing of the PEG tube before and after feedings; explain the differences of gravity feeding versus syringe (bolus) feeding versus pump feeding; demonstrate how she will position herself in a sitting position during PEG tube feedings; demonstrate the feeding procedures; show how to check for tube placement; verbally explain proper oral care; demonstrate proper gastrostomy tube care; and when to call the doctor.</p> <p>Psychomotor Outcome: The patient performs and feels confident of tasks performed at home with no signs or symptoms of infection or complications.</p>	<p>drainage, or fever of 100.5 F that lasts more than 24 hours. (Hinkle & Cheever, 2018).</p> <ul style="list-style-type: none"> Understanding that if the tube falls out, it must be replaced as soon as possible, or the opening will close. Another endoscopy may be needed (Swearingen, 2016). <p style="text-align: center;">References</p> <p>Hinkle, J.L., & Cheever, K. H. (2018). <i>Brunner & Suddarth's Textbook of Medical-Surgical Nursing</i> (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.</p> <p>Swearingen, P. L. (2016). <i>All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, psychiatric nursing care plans</i>. Elsevier/Mosby.</p>		
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Reference(s):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Swearingen, P. L. (2016). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, psychiatric nursing care plans*. Elsevier/Mosby.