PRIORITY Patient Activity **Part I:** Who does the nurse see first?

		
Herbie Saunders, 62 years old	**David Mueller, 71 years old**	**Gladys Parker, 92 years old**
CHF Exacerbation	**Below-the-Knee Amputation**	**Weakness and Falls**

NCLEX Client Need Categories	Percentage of Items from Each Category/Subcategory	Covered in Case Study
Safe and Effective Care Environment		
✓ Management of Care	17-23%	✓
✓ Safety and Infection Control	9-15%	
Health Promotion and Maintenance	6-12%	✓
Psychosocial Integrity	6-12%	
Physiological Integrity		
✓ Basic Care and Comfort	6-12%	
✓ Pharmacological and Parenteral Therapies	12-18%	
✓ Reduction of Risk Potential	9-15%	✓
✓ Physiological Adaptation	11-17%	✓

Part I-Patient Care Scenarios

You are the RN on a busy medical-surgical/telemetry floor at Anytown General Hospital. Each nurse on your unit typically cares for 3-5 patients.

You have just arrived for your day shift and are receiving nurse-to-nurse reports from three different night shift nurses. After you receive reports, you will have an opportunity to review the current orders for each of your patients.

NOC Nurse Report
Patient #1: Herbie Saunders

Patient Report:	**What Do You Notice?**	**Clinical Significance:**
"Herbie Saunders is a 62-year-old male who came in last night for a CHF exacerbation. His doctor is Dr. Davis and he's a full code. He's alert and oriented and can make his needs known. He's on tele, normal sinus rhythm with occasional PVCs. His pressures are fine, heart rate is in the 70s. Lungs are clear in the uppers with crackles in the bases. He's coughing up a small amount of white frothy secretions. He's been on room air since he arrived, oxygen sats are in the low-mid 90s. He got 40 mg IV Lasix last night in the ED; I think you might have something scheduled during your shift but I haven't given anything overnight. He has a 20 gauge in his right forearm. I'm not sure how he gets around since he's been in bed since he got here."	1. Occassional PVC's. 2. Crackles in the lower bases. 3. Frothy sputum 4. 20 gauge IV 5. Pt. received Lasix 6. Pt. has been in bed	1. This is an expected finding for heart failure. 2. Expected finding for left sided heart failure. 3. Expected finding for left sided heart failure. 4. Important for administering meds. 5. Helps remove the fluid. 6. Pt should have the bed elevated, not flat.
	What Do You Notice?	**Clinical Significance:**
T: 98.6° F *(oral)* **P:** 76 **R:** 20 **BP:** 128/87 *(MAP 101 mmHg)* **O_2 sat:** 92% *on room air* **Pain:** denies **Admission Weight:** 196 lb *(89.1 kg)*	*1. Respitations are on the high side* *2. Blood pressure is elevated* *3. O2 sat is low*	*1. Pt. may have slightly labored breathing.* *2. Pressure is elevated due to workload of the heart due to CHF.* *3. Heart is not receiving oxygen rich blood.*

In one sentence, describe the ESSENCE of the patient scenario that will guide your plan of care?

The nurse should promote physical activity with rest, I and O documentation, and medication adherences.

What questions do you have for the nurse?

When was the last time the patient was weighted? Is I and O being counted for this patient.

Review Current Orders
Patient #1: Herbie Saunders

Vital Signs:	Q4H with telemetry and continuous pulse oximetry	
Weight:	Daily	
I&O:	Strict I&O Q8H	
General Orders:	Supplemental oxygen to keeps sats >90% Fingerstick blood glucose QID Hypoglycemia protocol (includes PRN orders for glucose and dextrose) Activity: ad lib Diet: 2gm Na Notify MD if temp >100.4, HR <40 or >120, RR <8 or >26, BP <90 or >180 or O_2 <90% sustained with supplemental oxygen	
Medications:	0800	insulin aspart per sliding scale subq TID with meals
	0900	aspirin 81 mg PO daily
		lisinopril 5 mg PO daily
		metoprolol 25 mg PO BID
		insulin glargine 20 units subq daily
		furosemide 40 mg IV push BID
	1200	insulin aspart per sliding scale subq TID with meals
	1300	saline flush 10 ml IV TID
		furosemide 40 mg IV push BID

Diagnostics:	Echocardiogram, on-call BMP + Mg, drawn but not yet resulted

Complete Blood Count (CBC) – Yesterday @1730			
WBC	HGB	Hct	PLTs
7.9	13.4	45	186

Basic Metabolic Panel (BMP) + Mg – Yesterday @ 1730							
Na	K	Cl	CO2	BUN	Creat.	Gluc	Mg
141	3.6	103	26	16	1.1	132	2.0

Basic Metabolic Panel (BMP) + Mg – Today @ 0530							
Na	K	Cl	CO2	BUN	Creat.	Gluc	Mg
collected	collected	collected	collected	collected	collected	collected	collected

NOC Nurse Report
Patient #2: David Mueller

Patient Report:	**What Do You Notice?**	**Clinical Significance:**
"David Mueller is 72 years old, here for a right BKA. He is Dr. Snyder's patient. Vitals are fine, he's not on telemetry. Lungs are clear, he's on room air. I think he still has an 18 gauge in his left a/c but I didn't get a chance to flush it because he was sleeping most of the night. His finger sticks have been in the high 200s and he gets a sliding scale. That's really all I have for him. I was so busy last night with a new admission and another patient who was on the call light all night long."	1. The Pt. has uncontrolled blood sugar. 2. Iv has not been flushed	1. The patient does not have diabetes under control and is at risk for poor healing. 2. This can cause infiltration if the patent is not still there.
Most Recent Vital Signs @ 0412	**What Do You Notice?**	**Clinical Significance:**

T: 98.9° F *(oral)* **P:** 96 **R:** 16 **BP:** 110/82 *(MAP 91 mmHg)* **O_2 sat:** 95% *on room air* **Pain:** 2/10 **Admission Weight:** 202 lbs *(91.8 kg)*	1. *Pt. reports minimal pain.* 2. *Pt. is overweight*	1. *The pt pain level should be assessed frequently.* 2. *The pt. Does not follow a healthy diet or exercises.*

In one sentence, describe the ESSENCE of the patient scenario that will guide your plan of care?

The nurse should assess the patient's Blood sugar, wound, and pain.

What questions do you have for the nurse?

When was the amputation site last looked at and when was the wound dressing changed? Is the

client eating a diabetic diet?

Review Current Orders

Patient #2: David Mueller

Vital Signs:	Q8H, does not require telemetry or continuous oximetry	
Weight:	n/a	
I&O:	n/a	
General Orders:	Fingerstick blood glucose QID Hypoglycemia protocol (includes PRN orders for glucose and dextrose) Dressing change to be completed by orthopedic surgery team. If dressing is saturated, reinforce and notify attending or on-call surgeon after hours. Elevate right leg Activity: with assistance, out of bed for meals Diet: Diabetic 2 gm na Notify MD if temp >100.4, HR <40 or >120, RR <8 or >26, BP <90 or >180 or O_2 <90% sustained with supplemental oxygen	
Medications:	0800	insulin aspart per sliding scale, subq TID with meals
	0900	acetaminophen 650 mg PO QID
		amlodipine 10 mg PO daily
		fluoxetine 20 mg PO daily
		gabapentin 300 mg PO TID
	1200	insulin aspart per sliding scale, subq TID with meals
	1300	acetaminophen 650 mg PO QID
		gabapentin 300 mg PO TID
		saline flush 10 ml IV TID
	PRN	oxycodone 5 mg Q6H PRN for pain,
Diagnostics:	No new labs ordered today	
Appointments:	Physical Therapy at 0930 Occupational Therapy at 1400	

Complete Blood Count (CBC) – Yesterday @0530

WBC	HGB	Hct	PLTs
9.8	13.2	47	165

Basic Metabolic Panel (BMP) + Mg – Yesterday @ 0530

Na	K	Cl	CO2	BUN	Creat.	Gluc	Mg
140	4.1	104	28	10	0.9	224	2.1

NOC Nurse Report

Patient #3: Gladys Parker

Patient Report:	What Do You Notice?	Clinical Significance:
"Gladys Parker is a sweet little 92-year-old lady. She's here because she had a fall at her nursing home that they think was due to dehydration and weakness. She was admitted by the night float but Dr. Howard will probably be her attending. She's DNR/DNI. Alert to self and place, but definitely disoriented to time and situation. She's really forgetful and doesn't seem to want to bother anyone so she hasn't used her call light all night. I'd guess she's at least an assist of one for transfers. She's on telemetry because her electrolytes were off when she arrived. EKG showed Afib with a heart rate in the 90s. Blood pressures are pretty soft, her systolic blood pressures were in the low 90s for me. Lungs are clear, she's on room air. They put her on a mechanical soft diet. She takes her pills whole in pudding or applesauce. The nursing home said her last bowel movement was 3 days ago and that she's incontinent of both bowel and bladder. Her urine seems really concentrated and has a strong odor. I noticed that there is still an outstanding order to collect a UA but I couldn't get one since she was incontinent all night. Maybe you can address that with the doctor today if they still want it. She's got a 22 gauge in her left wrist with LR running at 100 mls/hr for a total of one liter. I started that at 0200."	1. Pt. has low systolic bp 2. Pt. is dehydrated and has an electrolyte imbalance. 3. Pt. is incontinent and hasnt had a bm 4. Pt is disoriented	1. Bp could be low from dehydration. 2. Dehydration is causing electrolyte imbalances and atrial fibrillation. 3. Incontinence could cause skin break down. 4. The patient could have dementia or could have a UTI.
	What Do You Notice?	**Clinical Significance:**
T: 97.2° F *(oral)* **P:** 92 **R:** 18 **BP:** 94/63 *(MAP 73 mmHg)* **O_2 sat:** 95% *on room air* **Pain:** denies **Admission Weight:** 117 lbs *(53.2 kg)*	*The systolic blood pressure is slightly low.*	*The pt is hypotensive and the pt. Should be assessed for bleeding.*

In one sentence, describe the ESSENCE of the patient scenario that will guide your plan of care?

The patient could have a UTI so the nurse should obtain a UA.

What questions do you have for the nurse?

Is a foley catheter going to be placed? Does the pt. have any skin breakdown?

Review Current Orders

Patient #3: Gladys Parker

Vital Signs:	Q4H with telemetry, does not require continuous oximetry	
Weight:	upon admission	
I&O:	n/a	
General Orders:	Activity: with assistance, out of bed for meals Notify MD if temp >100.4, HR <40 or >120, RR <8 or >26, BP <90 or >180 or O_2 <90% sustained with supplemental oxygen	
Medications:	0900	cholecalciferol 2000 units PO daily docusate/senna 50/8.8 mg PO BID donepezil 5 mg PO daily metoprolol 12.5 mg PO BID
	1300	saline flush 10 ml IV TID
	Infusion	Lactated Ringer's IV at 100 ml/hr for a total of one liter
Diagnostics:	No new labs ordered today Urinalysis/Urine Culture was ordered in ED but has not been collected Physical Therapy consult pending Occupational Therapy consult pending Speech Therapy consult pending due to difficulty swallowing Nutrition consult pending	

Complete Blood Count (CBC) – Yesterday @2125

WBC	HGB	Hct	PLTs
10.1	12.9	37	225

Basic Metabolic Panel (BMP) + Mg – Yesterday @ 2125

Na	K	Cl	CO2	BUN	Creat.	Gluc	Mg
144	3.3	103	23	19	1.4	93	1.5

Priority Setting: Who Do You See First?

What order are you going to see/assess your patients? Why?

Order of Priority:	Rationale:
Herbie should be seen first.	**The patient is the highest priority because of the congestive heart failure causing fluid overload and PVC's.**
Gladys should be seen second.	**This patient should be seen second because her electrolyte levels are abnormal. The patient may also have a Urinary Tract Infection that could be causing her confusion.**
David should be seen last.	**This patient is most stable and should be seen last because he has his pain under control and his vitals are all within normal range except for the blood sugar.**

What body system(s) will you assess most thoroughly based on the primary/priority problem? Identify top three priority/focused assessments.

Patient #1:	
PRIORITY Body System(s):	**PRIORITY Nursing Assessments:**
Heart, lungs, and kidneys should be assessed	**Heart- Auscultate heart sounds for normal rate and rhythm. Palpate pulses and assess for neck vein distention. Capillary refill and skin turgor should be assessed. Assess for peripheral edema.** **Lungs- Auscultation all lung fields bilaterally both anteriorly and posteriorly. Auscultate rate and rhythm of respirations observed for accessory muscle use.** **Kidney- Daily weights first thing in the morning. Monitor intake and output for fluid retention status. Assess diet and maintain a low sodium diet.**

Patient #2:	
PRIORITY Body System(s):	**PRIORITY Nursing Assessments:**
Gladys should have her neurological, kidney, and skin assessed.	**Neurological- Ask if they know who they are, where they are, what day it is, and why they are here?** **Kidney- Monitor I&O, periodic labs and urinalysis** **Skin- Assess for skin breakdown especially in the perineal area.** **Heart- Listen to the five areas of the heart and assess rhythm.**

Patient #3:	
PRIORITY Body System(s):	**PRIORITY Nursing Assessments:**
David should have his wound and blood sugar assessed because diabetes affects the entire body. Pain levels should be assessed.	**The wound should be assessed for signs and symptoms of infection and excessive bleeding.** **Blood sugar should be assessed via fingerstick** **Pain should be assessed frequently to ensure the patient is comfortable.**

What order are you going to administer medications? Why?

Order of Priority:	**Rationale:**
Herbie's medications should be administered first.	**This patient should receive his medication first because he is the least stable. The nurse has to be mindful of when Herbie eats to ensure insulin is being administered before meals.**
The nurse should administer medication to Gladys second.	**Since Gladys has atrial fibrillation due to dehydration she should receive her medication next as well as get iv fluids.**
The nurse should administer medication to David last.	**David is the most stable so he should receive his medication last. The nurse must also be mindful of when he eats to ensure proper insulin administration.**

Your facility's window for medication passes is within one hour of the scheduled time. Can you combine any medication administrations to reduce the number of separate medication passes?

Depending on when David and Herbie eat breakfast and lunch the nurse could combine the 0800 and 0900 meds and administer them at 0830 with breakfast and 1200 and 1300 meds at 1230 with lunch and still be within the 1 hour time frame for all meds.