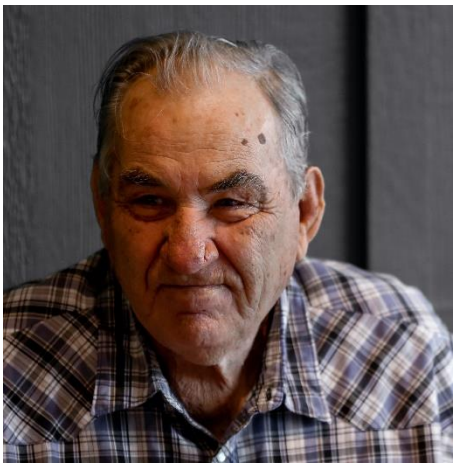
PRIORITY Patient Activity

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%	✓

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN

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."	The patient is a full code, has occasional PVC's, white frothy secretions, abnormal lung sounds, and had a CHF exacerbation. The patient has a 20 gauge intravenous line and is receiving 40mg of IV Lasix.	The patient has congestive heart failure which can cause pulmonary edema. The lasix is for the accumulation of fluids heard from the crackles within the patient's chest.
Most Recent Vital Signs @ 0357	**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)*	The patient's vital signs are within normal range although the patient's O2 is 92% but thats to be expected considering the patoent's history of COPD.	The vital signs are within normal limits. The vital signs do not seem to pose a significant risk to this patient at this time.

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

The plan of care could be to provide the patient with some oxygen to help his breathing and make him more comfortable.

What questions do you have for the nurse?

What are the patient's diet orders? When does he need his next set of vitals? What is the patient's output after receiving lasix?

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN

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

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN

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."	The patient has a right BKA, 18 gauge intravenous line, and has high 200s for blood sugar.	The patient's blood sugar can affect his healing process and his IV site needs to be checked.
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)*	The patienmt's vital signs are stable and within the said normal limits.	The patient's vital signs are stable and pose no significant health risk at this time.

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

The plan of care for this patient would be to lower and control the patients blood sugar levels while controling and monitoring the patient's level of pain and comfort.

What questions do you have for the nurse?

What medications is the patient recieving? How often is the patient's blood glucose checked per orders? Did you assess the patient's affected leg? When is the last time you checked on the patient?

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN

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

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN

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."	The patient had a fall, possible dehydration and weakness, has a DNR/DNI, disoriented, does not use call light, telemetry monitor, A-fib, heart rate still normal but in the higher range of normal, electrolyte imbalances, systolic blood presure is low, mechanical soft diet, incontinent, and has not had a bowel movement recently. The patient also needs a urinalysis collected for possible UTI.	The patient is at risk for further falls resulting in injury. The patient is a risk to herself since she is disoriented and can not remember to ask for help. The patient is dehydrated, weak, and has an electrolyte imbalance. The patient is also at risk of further complications due to not having a bowel movement for three days,
Most Recent Vital Signs @0425	**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 patient's systolic blood pressure is low.	Monitor the patient's blood pressure as it is low.

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

The patient plan of care would include fluids for hydration, medication for constipation, and close monitoring to ensure no more falls take place.

What questions do you have for the nurse?

What medications can be given for constipation? Do you have any order for a straight cath to obtain the UA? IS the patient on blood pressure medications thats causing the low systolic?

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN

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

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN

Priority Setting: Who Do You See First?

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

Order of Priority:	Rationale:
Herbie Saunders	The patient has COPD and has an oxygen level of 92%. The patient expereinced an exacerbation and is recieving oxygen. This includes the patient's airway which takes priority.
David Mueller	The patient is overall stable but just needs some help controlling his blood sugar because it will make the healing process move much more quickly and smoothly with his BKA. The patient is also at risk of DKA with his uncontroled blood sugars.
Gladys Parker	The patient is disoriented and weak. The patient is at risk to herself for further injury with a history of falls. The patient also has a low systolic blood pressure but could be a result of the metropolol.

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:**
Respiratory Cardiovascular Circulatory Herbie Saunders	check the patient's lung sounds, resiprations, and O2 levels, administer O2 as needed per orders, ausculate heart sounds, check the patient's apical pulse, and monitor the patient's fluid volume, edema, capillary refil, skin turgor, heart rate and rhythm

Patient #2:	David Mueller
PRIORITY Body System(s):	**PRIORITY Nursing Assessments:**
Cardiovascular genitourinary pulmonary	I/O, vital signs, skin color, heart sounds, heart rate and rhythm, capillary refills, skin turgor, pulses in affected extremity, glucose level, pain level

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN

Patient #3:	Gladys Parker
PRIORITY Body System(s):	**PRIORITY Nursing Assessments:**
neurolgy cardiovascular urinary	Assess the patients mental status, motor function and balance, reflexes, blood pressure, capillry refill, ausculate heart sounds, assess urination and bowel history along with any s/s, edema, skin turgor, skin color

What order are you going to administer medications? Why?

Order of Priority:	**Rationale:**
Herbie 0800 - insulin aspart 0900 - aspirin, lisinopril, metoprolol, insulin glargine, furosemide 1200 - insulin aspart	Herbie Saunders has fluid overload with crackles, diabetes, and heart failure. The patient will need all of his medications as they are crucial for his diagnoses. If he does not receive his medications it can affect his prognosis. Therefore, they are priority. Although his aspirin and metorpolol cannot be given together because aspirin decreases the effects of metoprolol.
David 0800 - insulin aspart 0900 acetaminophen, amlodipine, fluoxetine, gabapentin 1200 - insulin aspart	David's medications are important because they will help decrease his blood sugar keeping him from going into a DKA. His medications can be given together. The medications will also help keep him comfortable and his pain level under control.
Gladys 0900 - cholecalciferol, docusate/senna, donepezil, metoprolol 1300 - saline flush lactated ringers infusion	Glady's medications can be given last because her medications are not a priority as none of them will change her current status. The metroprolol will likely be held because the patient's systolic blood pressure is already low.

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?

Aspirin cannot be given with metorpolol for Herbie as the aspirin willl decrease the effects of metoprolol. I beleive all other r

© 2020 KeithRN LLC. All rights reserved. No part of this case study may be reproduced, stored in retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of KeithRN