

# Module Report

Tutorial: Real Life RN Medical Surgical 3.0

Module: Urinary Tract Infection



Individual Name: Alyssa Brooks

Institution: Lakeview CON

Program Type: BSN

## Standard Use Time and Score

	Date/Time	Time Use	Score
Urinary Tract Infection	4/9/2022 11:34:18 PM	33 min	Satisfactory

## Reasoning Scenario Details Urinary Tract Infection - Use on 4/9/2022 11:01:23 PM

### Reasoning Scenario Performance Related to Outcomes:

\*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cardiac Output and Tissue Perfusion	66.7%	33.3%	
Cognition and Sensation	100%		
Immunity	100%		
Integument	100%		
Mobility	100%		
Oxygenation	75%	25%	
Regulation and Metabolism	100%		

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care	66.7%	33.3%	
RN Safety and Infection Control	100%		
RN Psychosocial Integrity	100%		
RN Pharmacological and Parenteral Therapies	100%		

RN Physiological Adaptation	87.5%	12.5%	
-----------------------------	-------	-------	--

QSEN	Strong	Satisfactory	Needs Improvement
Safety	100%		
Patient-Centered Care	88.9%	11.1%	
Evidence Based Practice	100%		
Teamwork and Collaboration		100%	

### Decision Log:

<b>Scenario</b>	Question Fill In the Blank Essay (Not Scored)
<b>Question</b>	What additional information would assist Nurse Craig in preparing to care for Mrs. Jordan? List 5 additional pieces of information that should have been included in the report.
<b>Selected Option</b>	The abnormal lab report should have been included. The time the medication was last administered. If cultures have been sent to the lab. What the blood pressure is now that the client had a low blood pressure overnight. Any at home medication that the client is receiving.
<b>Rationale</b>	1. Levofloxacin (Levaquin) – How much was given and when is the next dose? 2. Agitation – The client’s baseline level of orientation. Is this agitation new or getting worse? How do you know she is tired? Did she tell you that or is she sleeping on and off? 3. Probable discharge in next 24 hr – Is there a discharge order or plan? 4. Output – Amount, color and characteristic of urine. 5. IV – The type and amount of IV solution given since arrival in the emergency department. The type and rate of IV solution that is currently infusing. Location of IV site and size of catheter. 6. Vital signs – Range of vital signs, including O2 saturation. Current vital signs. 7. Blood glucose – Results of blood glucose and time obtained. 8. Social status – Any significant others that are with her. Individuals who should be contacted about hospitalization. 9. Medical history – Pre-existing conditions, allergies, and home medications and adherence. 10. Other – Normal level of activity, history of falls, and diet at home.

<b>Scenario</b>	Nurse Craig just entered Mrs. Jordan’s room to do his assessment.
<b>Question</b>	Nurse Craig is assessing Mrs. Jordan. Which of the following actions should the nurse take next?
<b>Selected Option</b>	Auscultate lung sounds.
<b>Rationale</b>	Auscultating the client’s lung sounds is part of the nurse’s assessment related to the client’s respiratory status, but this delays treatment for the client’s condition and is not the first intervention the nurse should take.

### Optimal Decision

<b>Scenario</b>	Nurse Craig just entered Mrs. Jordan’s room after she knocked the call light on the floor trying to reach for the water pitcher.
-----------------	--

<b>Question</b>	Nurse Craig finds Mrs. Jordan with increasing shortness of breath. Based on these findings, which of the following actions should the nurse take next?
<b>Selected Option</b>	Assess skin and nail beds for hypoxia.
<b>Rationale</b>	The first step of the nursing process is assessment. Assessing the client's skin and nail beds for hypoxia is the priority action at this time.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Craig finds Mrs. Jordan restless and having increased difficulty breathing.
<b>Question</b>	Nurse Craig observes that Mrs. Jordan is restless and having increased difficulty breathing. Which of the following assessments is appropriate for Mrs. Jordan's needs at this time?
<b>Selected Option</b>	Reviewing the oxygen saturation trend since admission
<b>Rationale</b>	The client is experiencing an acute episode of dyspnea. Reviewing the oxygen saturation trend since admission will delay the nurse in determining the underlying cause of the dyspnea and will further delay intervention by the nurse. Therefore, this is not the correct assessment at this time.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Craig completes a rapid focused assessment.
<b>Question</b>	Based on the findings from the rapid focused assessment, which of the following actions should Nurse Craig perform first?
<b>Selected Option</b>	Increase oxygen to 4 L/min.
<b>Rationale</b>	The client is demonstrating clinical manifestations of heart failure and hypoxemia. Using the priority-setting framework of ABCs, increasing the rate of oxygen administration is the priority action because this promotes improved oxygenation.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Craig has received a bag of medications from Mrs. Jordan's home.
<b>Question</b>	Nurse Craig has received a bag of medications from Mrs. Jordan's home. He reviews each of the medications. Which of the following is the best action for Nurse Craig to take at this time?
<b>Selected Option</b>	Request medication reconciliation with pharmacy.
<b>Rationale</b>	The client's preadmission medications should be compared to the current medications prescribed by the provider upon admission.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Craig is discussing Mrs. Jordan's medications with the pharmacist.
<b>Question</b>	Nurse Craig has reviewed Mrs. Jordan's medications received from her home. Nurse Craig labels the medication bag and locks the medications in a cabinet. Based on events so far, which of the following best describes Mrs. Jordan's priority underlying medical condition?
<b>Selected Option</b>	Cardiac

<b>Rationale</b>	Based on the client's home medications and the events that have occurred, the client's cardiac condition is the priority at this time. Digoxin (Lanoxin), furosemide (Lasix), potassium chloride, and isosorbide (Imdur) are medications prescribed for heart failure. The client is experiencing shortness of breath and difficulty breathing related to fluid overload.
------------------	---

<b>Scenario</b>	Mrs. Jordan is demonstrating exacerbation of heart failure.
<b>Question</b>	Mrs. Jordan has experienced increased respiratory distress during the past 2 hr. Since admission, she has received 2,550 mL IV and 100 mL orally. Her urinary output since admission to the medical-surgical unit has been 100 mL. Which of the following clinical manifestations indicates exacerbation of heart failure and should be reported to the provider? (Select all that apply.)
<b>Selected Ordering</b>	Dependant pitting edema Bounding peripheral pulses Crackles in the lungs
<b>Rationale</b>	Pitting edema is a clinical manifestation of heart failure. Weak peripheral pulses is a clinical manifestation of heart failure. Dark amber urine is typically seen in a client who has fluid volume deficit. Therefore, this finding does not indicate heart failure. Neck vein distension is a typical clinical manifestation for a client who has heart failure. Crackles in the lungs is a clinical manifestation of heart failure.

<b>Optimal Decision</b>	
<b>Scenario</b>	The provider just explained to Mrs. Jordan that she is not a candidate for surgery and needs to be placed in Buck's traction. Mrs. Jordan is tearful and has a frightened look on face.
<b>Question</b>	The provider has just informed Mrs. Jordan that due to her cardiac condition she is not a candidate for surgery. Mrs. Jordan is tearful and has a frightened look on her face. Which of the following is an appropriate statement by Nurse Craig?
<b>Selected Option</b>	"Tell me about the concerns you have."
<b>Rationale</b>	This is a therapeutic statement by the nurse to the client.

<b>Optimal Decision</b>	
<b>Scenario</b>	Mrs. Jordan is in Buck's traction and needs a bed bath.
<b>Question</b>	Nurse Debbie is preparing to provide a bed bath for Mrs. Jordan, who is in Buck's traction. Which of the following is the appropriate action for Nurse Debbie to take?
<b>Selected Option</b>	Leave the traction in place.
<b>Rationale</b>	Buck's traction is to remain in place to keep the extremity immobilized to decrease muscle spasms until surgery is performed on the fractured hip.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Stephanie has inspected Mrs. Jordan's back for skin breakdown.
<b>Question</b>	Image RN_AMS_UTI_22_stem_800px.png Mrs. Jordan is at risk for skin breakdown due to her age, her cardiac condition and her mobility that is restricted due to the placement of Buck's traction. Nurse Stephanie assesses the client for skin breakdown. Based on the photograph, Nurse Stephanie should classify the skin breakdown as which of the following?

<b>Selected Option</b>	Stage 2
<b>Rationale</b>	In stage 2, there is partial thickness skin loss involving the dermis with a shallow pink ulcer that has a red pink bed without sloughing. It also can appear as an intact blister.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Debbie is planning care for Mrs. Jordan
<b>Question</b>	Which of the following should Nurse Debbie include in the plan of care for Mrs. Jordan, who has a fractured hip and is in Buck's traction?
<b>Selected Option</b>	Monitor Mrs. Jordan's ability to move her toes on the affected leg.
<b>Rationale</b>	The nurse should monitor the client's ability to move her toes on the affected extremity to assess for circulatory compromise.

<b>Optimal Decision</b>	
<b>Scenario</b>	Mrs. Jordan tells Nurse Debbie that she is short of breath. Mrs. Jordan's SaO <sub>2</sub> saturation is 85%. Nurse Debbie increased the oxygen flow rate to 6 L/min.
<b>Question</b>	Mrs. Jordan reports that she is short of breath. Her SaO <sub>2</sub> is 85%, and the oxygen flow rate has been increased to 6 L/min. Nurse Debbie reassesses the client. Which of the following clinical findings is an early indicator of shock?
<b>Selected Option</b>	Restlessness
<b>Rationale</b>	Restlessness is due to decreased cerebral perfusion and can be a clinical finding in the early stages of shock.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Debbie completes an assessment of Mrs. Jordan.
<b>Question</b>	Nurse Debbie assessed Mrs. Jordan and determined that Mrs. Jordan is at risk for shock. Which of the following types of shock is Mrs. Jordan at risk for?
<b>Selected Option</b>	Distributive shock
<b>Rationale</b>	The client is becoming septic. Sepsis is a widespread infection that triggers a whole-body inflammatory response. It leads to distributive shock when infectious micro-organisms are present in the blood.

<b>Optimal Decision</b>	
<b>Scenario</b>	Nurse Debbie has received the laboratory reports.
<b>Question</b>	Nurse Debbie is reviewing the laboratory report. Which of the following arterial blood gases (ABGs) indicate that Mrs. Jordan is experiencing metabolic acidosis?
<b>Selected Option</b>	pH 7.28, PaCO <sub>2</sub> 35, HCO <sub>3</sub> 20
<b>Rationale</b>	The client is at risk for metabolic acidosis. In the presence of metabolic acidosis, the pH is less than 7.35, the HCO <sub>3</sub> is less than 22, and the PaCO <sub>2</sub> is within the expected reference range.

# Score Explanation and Interpretation

## Individual Performance Profile

### REASONING SCENARIO INFORMATION

Reasoning Scenario Information provides the date, time and amount of time use, along with the score earned for each attempt. The percentage of students earning a Scenario Performance of Strong, Satisfactory, or Needs Improvement is provided. In addition, the Scenario Performance for each student is provided, along with date, time, and time use for each attempt. This information is also provided for the Optimal Decision Mode if it has been enabled.

If a detrimental decision is made during a Real Life scenario, the scenario will diverge from the optimal path and potentially end prematurely, in which case an indicator will appear on the score report.

### REASONING SCENARIO PERFORMANCE SCORES

<b>Strong</b>	Exhibits optimal reasoning that results in positive outcomes in the care of clients and resolution of problems.
<b>Satisfactory</b>	Exhibits reasoning that results in mildly helpful or neutral outcomes in the care of clients and resolution of problems.
<b>Needs Improvement</b>	Exhibits reasoning that results in harmful or detrimental outcomes in the care of clients and resolution of problems.

### REASONING SCENARIO PERFORMANCE RELATED TO NURSING COMPETENCY OUTCOMES

A performance indicator is provided for each outcome listed within the nursing competency outcome categories. Percentages are based on the number of questions answered correctly out of the total number of questions that were assigned to the given outcome. Outcomes have varying numbers of questions assigned to them. Also, due to divergent paths within the branching simulation, the outcomes encountered and the number of questions for each outcome can vary. The above factors cause limitations related to comparing scores across students or groups of students.

### NCLEX® CLIENT NEED CATEGORIES

<b>Management of Care</b>	Providing integrated, cost-effective care to clients by coordinating, supervising, and/or collaborating with members of the multi-disciplinary health care team.
<b>Safety and Infection Control</b>	Incorporating preventative safety measures in the provision of client care that provides for the health and well-being of clients, significant others, and members of the health care team.
<b>Health Promotion and Maintenance</b>	Providing and directing nursing care that encourages prevention and early detection of illness, as well as the promotion of health.
<b>Psychosocial Integrity</b>	Promoting mental, emotional, and social well-being of clients and significant others through the provision of nursing care.
<b>Basic Care and Comfort</b>	Promoting comfort while helping clients perform activities of daily living.
<b>Pharmacological and Parenteral Therapies</b>	Providing and directing administration of medication, including parenteral therapy.
<b>Reduction of Risk Potential</b>	Providing nursing care that decreases the risk of clients developing health-related complications.
<b>Physiological Adaptation</b>	Providing and directing nursing care for clients experiencing physical illness.

# Score Explanation and Interpretation

## Individual Performance Profile

### QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN)

<b>Safety</b>	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.
<b>Patient-Centered Care</b>	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values.
<b>Evidence Based Practice</b>	The use of current knowledge from research and other credible sources, upon which clinical judgment and client care are based.
<b>Informatics</b>	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.
<b>Quality Improvement</b>	Care related and organizational processes that involve the development and implementation of a plan to improve health care services and better meet the needs of clients.
<b>Teamwork and Collaboration</b>	The delivery of client care in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.

### BODY FUNCTION

<b>Cardiac Output and Tissue Perfusion</b>	The anatomical structures (heart, blood vessels, and blood) and body functions that support adequate cardiac output and perfusion of body tissues.
<b>Cognition and Sensation</b>	The anatomical structures (brain, central and peripheral nervous systems, eyes and ears) and body functions that support perception, interpretation, and response to internal and external stimuli.
<b>Excretion</b>	The anatomical structures (kidney, ureters, and bladder) and body functions that support filtration and excretion of liquid wastes, regulate fluid and electrolyte and acid-base balance.
<b>Immunity</b>	The anatomic structures (spleen, thymus, bone marrow, and lymphatic system) and body functions related to inflammation, immunity, and cell growth.
<b>Ingestion, Digestion, Absorption, and Elimination</b>	The anatomical structures (mouth, esophagus, stomach, gall bladder, liver, small and large bowel, and rectum) and body functions that support ingestion, digestion, and absorption of food and elimination of solid wastes from the body.
<b>Integument</b>	The anatomical structures (skin, hair, and nails) and body functions related to protecting the inner organs from the external environment and injury.
<b>Mobility</b>	The anatomical structures (bones, joints, and muscles) and body functions that support the body and provide its movement.
<b>Oxygenation</b>	The anatomical structures (nose, pharynx, larynx, trachea, and lungs) and body functions that support adequate oxygenation of tissues and removal of carbon dioxide.
<b>Regulation and Metabolism</b>	The anatomical structures (pituitary, thyroid, parathyroid, pancreas, and adrenal glands) and body functions that regulate the body's internal environment.
<b>Reproduction</b>	The anatomical structures (breasts, ovaries, fallopian tubes, uterus, vagina, vulva, testicles, prostate, scrotum, and penis) and body functions that support reproductive functions.

### DECISION LOG

Information related to each question answered in a scenario attempt is listed in the report. A brief description of the scenario, question, selected option and rationale for that option are provided for each question answered. The words "Optimal Decision" appear next to the question when the most optimal option was selected.

The rationale for each selected option may be used to guide remediation. A variety of learning resources may be used in the review process, including related ATI Review Modules.

If a detrimental decision that could result in grave harm to the client is made during a Real Life scenario, the scenario ends immediately and an indicator that a detrimental decision has been made appears in the score report. A detrimental decision indicates the need to remediate the related topic area to prevent detrimental outcomes in the future.