

Module Report

Tutorial: Real Life RN Nursing Care of Children 3.0

Module: Gastroenteritis and Dehydration



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Program Type: BSN

Standard Use Time and Score

	Date/Time	Time Use	Score
Gastroenteritis and Dehydration	3/19/2023 9:19:55 AM	18 min	Needs Improvement !

! This attempt ended prematurely due to a detrimental decision or a series of missteps.

Reasoning Scenario Details Gastroenteritis and Dehydration - Use on 3/19/2023 9:02:03 AM

Reasoning Scenario Performance Related to Outcomes:

*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Ingestion, Digestion, Absorption & Elimination	75%	25%	
Regulation and Metabolism		50%	50%

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care		100%	
RN Safety and Infection Control	100%		
RN Pharmacological and Parenteral Therapies	50%	50%	
RN Reduction of Risk Potential			100%
RN Physiological Adaptation	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	50%	50%	

Patient-Centered Care	100%		
Evidence Based Practice	50%		50%
Informatics		100%	

Decision Log:

Optimal Decision	
Scenario	Nurse Susan is reviewing the isolation prescription for Matthew.
Question	Nurse Susan is reviewing the isolation prescription for Matthew. Which of the following types of isolation precautions should Susan implement?
Selected Option	Contact
Rationale	The nurse should use contact precautions for clients who have a known or anticipated illness that is transmitted through contact with gastrointestinal secretions or drainage from skin or wound infections. The client's condition warrants contact precautions until laboratory findings are available.

Scenario	Nurse Susan received a report from Nurse Mary.
Question	Nurse Mary gave a report to Nurse Susan. Using the SBAR format, place the information from the report in the appropriate category. (Fill in the blank and click on the Submit button when you finish.)
Selected Option	A 4-year, 2-month-old Caucasian male came into the ED with vomiting and diarrhea for 2 days. He weighs 15.3 kg. and is 105.9 cm in height. He has no known allergies. Patient was doing okay 3 days prior to admission and oral intake exacerbates his vomiting. PMH child was full-term at 40 weeks, mom denied ETOH, OTC-medication use or any other illicit drugs while pregnant. Patient was previously treated for otitis media with antibiotic without any adverse reactions. Breastfed for 5 weeks and toilet trained at 28 months. Speaks 5-6 words, maintains eye-contact. Able to dress himself. No solid foods for 2 days and unable to tolerate liquids. Contributing factors unknown. Has a fungal infection in diaper area. Will admit for further evaluation.
Rationale	<p>SBAR:</p> <p>S = Situation – A 4-year-2-month-old male client, with parent, admitted with dehydration</p> <p>B = Background – The client came to the clinic this morning after having diarrhea for 2 days. He has a poor appetite and has only had sips of fluid for more than 1 day. He is crying and reports abdominal pain. He attends day care full time and is potty trained, but is wearing diaper briefs because of the diarrhea.</p> <p>A = Assessment – The client has an elevated T of 38.0° C, P of 120/min, and R 30/min. He has clear lung sounds, no murmurs, and hyperactive bowel sounds. He is crying and has a pain level of 3 on the FACES scale.</p> <p>R = Recommendations/Request – Admitting prescriptions for the hospital are in the computer.</p>

Optimal Decision

Scenario	Nurse Susan completes the admission assessment of Matthew.
Question	Nurse Susan completes the admission assessment of Matthew. Which of the following is the priority action based on the assessment?
Selected Option	Initiate IV access.
Rationale	Rehydration is the primary goal for a client who is dehydrated. Oral replacement is not an option for the client because of vomiting.

Scenario	Nurse Susan is gathering supplies to insert an IV catheter for a saline lock.
Question	Nurse Susan is gathering supplies to insert an IV catheter for a saline lock. The IV start kit contains a tourniquet, antiseptic pads, 1-inch paper tape, and a transparent dressing. Which of the following images includes the additional supplies she should obtain?
Selected Option	Image C: Incorrect supplies.
Rationale	This image includes supplies that are incorrect for inserting an IV catheter with a saline lock. The nurse should not wear sterile gloves to insert an IV catheter; the 8 inch x 15 inch arm board is too large; and the 20 g x 1 inch IV catheter is not an appropriate gauge for a child.

Optimal Decision	
Scenario	Nurse Susan calculates the rate of flow for the IV infusion.
Question	Nurse Susan is caring for Matthew who is to receive IV fluids using an infusion pump. Which of the following is the correct rate of flow for the IV solution? (Round the answer to the nearest whole number.)
Selected Option	133 mL/hr
Rationale	<p>S</p> <p>Follow these steps to calculate the infusion rate using the Ratio and Proportion method of calculation:</p> <p>Step 1: What is the unit of measurement the nurse should calculate? mL/hr</p> <p>Step 2: What is the volume the nurse should infuse? 200 mL</p> <p>Step 3: What is the total infusion time? 90 min</p> <p>Step 4: Should the nurse convert the units of measurement? Yes (min does not equal hr)</p> $60 \text{ min} \over 90 \text{ min} = 1 \text{ hr} \over X$ $X = 1.5 \text{ hr}$ <p>Step 5: Set up an equation and solve for X.</p> $\text{Volume (mL)} \over \text{Time (hr)} = \text{mL/hr}$ $200 \text{ mL} \over 1.5 \text{ hr} = \text{mL/hr}$ $X \text{ mL/hr} = 133.33 \text{ mL/hr}$ <p>Step 6: Round if necessary. 133.33 mL/hr = 133 mL/hr</p> <p>Step 7: Determine whether the amount to administer makes sense. If the prescription reads 200 mL to infuse over 90 min, it makes sense to administer 133 mL/hr. The nurse should set the IV pump to deliver 0.9% sodium chloride at 133 mL/hr.</p> <p>Follow these steps to calculate the infusion rate using the Desired Over Have method of calculation:</p> <p>Step 1: What is the unit of measurement the nurse should calculate? mL/hr</p> <p>Step 2: What is the volume the nurse should infuse? 200 mL</p> <p>Step 3: What is the total infusion time? 90 min</p> <p>Step 4: Should the nurse convert the units of measurement? Yes (min does not</p>

equal hr)
 $90 \text{ min} \times 1 \text{ hr} \div 60 \text{ min} = 1.5 \text{ hr}$
 $X \text{ hr} = 1.5 \text{ hr}$
 Step 5: Set up an equation and solve for X.
 $\text{Volume (mL)} \div \text{Time (hr)} = \text{mL/hr}$
 $200 \text{ mL} \div 1.5 \text{ hr} = 133.33 \text{ mL/hr}$
 $X \text{ mL/hr} = 133.33 \text{ mL/hr}$
 Step 6: Round if necessary. $133.33 \text{ mL/hr} = 133 \text{ mL/hr}$
 Step 7: Determine whether the amount to administer makes sense. If the prescription reads 200 mL to infuse over 90 min, it makes sense to administer 133 mL/hr. The nurse should set the IV pump to deliver 0.9% sodium chloride at 133 mL/hr.

Follow these steps to calculate the infusion rate using the Dimensional Analysis method of calculation:

Step 1: What is the unit of measurement the nurse should calculate? (Place the unit of measure being calculated on the left side of the equation.)
 $X \text{ mL/hr} =$

Step 2: Determine the ratio that contains the same unit as the unit being calculated. (Place the ratio on the right side of the equation, ensuring that the unit in the numerator matches the unit being calculated.)
 $200 \text{ mL} \div 90 \text{ min} =$

Step 3: Place any remaining ratios that are relevant to the item on the right side of the equation, along with any needed conversion factors, to cancel out unwanted units of measurement.
 $200 \text{ mL} \div 90 \text{ min} \times 60 \text{ min} \div 1 \text{ hr} =$

Step 4: Solve for X.
 $X \text{ mL/hr} = 133.33 \text{ mL/hr}$

Step 5: Round if necessary. $133.33 \text{ mL/hr} = 133 \text{ mL/hr}$
 Step 6: Determine whether the amount to administer makes sense. If the prescription reads 200 mL to infuse over 90 min, it makes sense to administer 133 mL/hr. The nurse should set the IV pump to deliver 0.9% sodium chloride at 133 mL/hr.

Scenario	Nurse Susan selects appropriate documentation of intake and output.
Question	Nurse Susan documents Matthew's intake and output. Which of the following flow sheets indicates the correct documentation?
Selected Option	Image B: Inaccurate I and O documentation.
Rationale	This is not an example of correct documentation of intake and output because it includes inaccurate documentation of both intake and output.

Scenario	Nurse Susan chooses a priority action based on her assessment and Matthew's laboratory findings.
Question	Based on Matthew's laboratory findings and Nurse Susan's assessment, which of the following is the priority action for Susan to take?
Selected Option	Recheck Matthew's temperature.
Rationale	The nurse should monitor the client's low-grade temperature. However, this is not the priority action.

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

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

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

Score Explanation and Interpretation

Individual Performance Profile

QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN)

Safety	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.
Patient-Centered Care	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.
Evidence Based Practice	The use of current knowledge from research and other credible sources, upon which clinical judgment and client care are based.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.
Quality Improvement	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.
Teamwork and Collaboration	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

Cardiac Output and Tissue Perfusion	The anatomical structures (heart, blood vessels, and blood) and body functions that support adequate cardiac output and perfusion of body tissues.
Cognition and Sensation	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.
Excretion	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.
Immunity	The anatomic structures (spleen, thymus, bone marrow, and lymphatic system) and body functions related to inflammation, immunity, and cell growth.
Ingestion, Digestion, Absorption, and Elimination	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.
Integument	The anatomical structures (skin, hair, and nails) and body functions related to protecting the inner organs from the external environment and injury.
Mobility	The anatomical structures (bones, joints, and muscles) and body functions that support the body and provide its movement.
Oxygenation	The anatomical structures (nose, pharynx, larynx, trachea, and lungs) and body functions that support adequate oxygenation of tissues and removal of carbon dioxide.
Regulation and Metabolism	The anatomical structures (pituitary, thyroid, parathyroid, pancreas, and adrenal glands) and body functions that regulate the body's internal environment.
Reproduction	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.