

Module Report

Tutorial: Real Life RN Medical Surgical 3.0

Module: GI Bleed



Individual Name: Angelina Thomas

Institution: Lakeview CON

Program Type: BSN

Standard Use Time and Score

	Date/Time	Time Use	Score
GI Bleed	3/19/2023 7:52:38 PM	4 min	Needs Improvement
This attempt ended prematurely due to a detrimental decision or a series of missteps.			

Reasoning Scenario Details

GI Bleed - Use on 3/19/2023 7:48:46 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	40%	40%	20%
Ingestion, Digestion, Absorption & Elimination	33.3%	66.7%	
Regulation and Metabolism			100%

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care		100%	
RN Pharmacological and Parenteral Therapies	50%		50%
RN Reduction of Risk Potential			100%
RN Physiological Adaptation	40%	60%	

QSEN	Strong	Satisfactory	Needs Improvement
Safety	50%	25%	25%

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

Decision Log:

Scenario	Nurse Esther listens to bowel sounds.
Question	Nurse Esther listens to Ms. Lieberman's abdomen in all four quadrants and determines Ms. Lieberman's bowel sounds are hyperactive. Listen to the four audio clips. Which of the following sounds is an expected finding for Ms. Lieberman?
Selected Option	Option B: Bowel sounds heard 10 times in 1 min.
Rationale	Bowel sounds are clicks and gurgles heard in the abdomen. Bowel sounds within the expected reference range are irregular sounds that occur five to 35 times a minute. This finding indicates bowel sounds within the expected reference range. Therefore, this is not an expected finding for this client.

Scenario	Ms. Lieberman reports she feels lightheaded and dizzy.
Question	Ms. Lieberman states she is feeling lightheaded and dizzy. Her skin color is pale. Which of the following should be Nurse Esther's priority action?
Selected Option	Initiate oxygen at 2 L/min via nasal cannula.
Rationale	While initiating oxygen is important, it is not the priority action the nurse should take. The nurse needs to assess the vital signs and SaO2 prior to initiating oxygen therapy.

Optimal Decision	
Scenario	Nurse Esther obtains Ms. Lieberman's vital signs after she reports feeling faint.
Question	Ms. Lieberman reports feeling worse and her vital signs are: BP 94/56 mm Hg, pulse 110/min, respirations 26/min, and SaO2 94%. Nurse Esther starts oxygen at 2 L/min. Which of the following should be Nurse Esther's priority action?
Selected Option	Lower the head of the bed.
Rationale	Using the ABC priority-setting framework, the priority response is to promote improved circulation by lowering the head of the bed and elevating the client's feet. This action can prevent hypovolemic shock until adequate blood volume is restored.

Scenario	The unit of packed RBCs for Ms. Lieberman arrives on the unit.
Question	Nurse Esther is preparing to administer a unit of packed RBCs to Ms. Lieberman. Which of the following actions should Nurse Esther perform prior to administering the blood?
Selected Option	Ensure Ms. Lieberman's sister signs the consent form.

Rationale	Clients have the right to make decisions about their care based on complete information about the procedure, which includes the benefits and risks. Therefore, it is important for the nurse to make sure the consent form is signed by the client prior to initiating the blood administration. The client is alert and oriented. Therefore, her sister does not have the legal authority to sign the consent form for her.
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Scenario	Nurse Esther is ready to administer the first unit of packed RBCs.
Question	Identify the correct sequence of actions for blood administration after Nurse Esther performs hand hygiene and applies gloves. (Reorder the steps by dragging them into the desired sequence.)
Selected Ordering	Turn off the 0.9% sodium chloride solution.Spike and prime the Y-set tubing with the 0.9% sodium chloride solution.Gently rotate the bag of packed RBCs.Attach the tubing to the IV catheter and begin to infuse the 0.9% sodium chloride solution.Attach the packed RBCs bag to the Y-set tubing.Begin to infuse the packed RBCs.
Rationale	The first action the nurse should do is insert one of the spikes of the Y-set into the 0.9% sodium chloride solution bag, prime the tubing with the 0.9% sodium chloride solution, and start slowly infusing the solution into the client's IV. Next, the nurse should gently rotate the bag to mix the blood cells with the plasma. Then, the nurse should spike the blood bag with the remaining spike on the Y-set tubing and turn off the 0.9% sodium chloride solution by closing the clamp. Lastly, the nurse needs to open the clamp to allow the blood to infuse.

Optimal Decision	
Scenario	Ms. Lieberman is restless, her face is flushed, and she reports having a headache.
Question	Nurse Esther notes Ms. Lieberman is restless, her face is flushed, and she reports having a headache. Her vital signs include: temperature 38.8° C (101.8° F), pulse 96/min, respirations 22/min, and BP 103/60 mm Hg. Which of the following is an appropriate action for Nurse Esther to take?
Selected Option	Stop the blood transfusion.
Rationale	In the presence of a febrile reaction, the client's blood is sensitive to some component of the donor's blood. To prevent further exposure to the sensitizing component, the transfusion should be stopped immediately.

Scenario	Using an SBAR format, write the information Nurse Esther should give to Ms. Lieberman's provider when calling about her response to the blood. Refer to the EMR documents for needed information.
Question	Using an SBAR format, write the information Nurse Esther should give to Ms. Lieberman's provider when calling about her response to the blood. Refer to the EMR documents for needed information. (Enter your response, then click on the submit button at the bottom of the screen. Compare your response to the one provided.)
Selected Option	n/a

Rationale	The following information should be shared with Ms. Lieberman's provider when calling about her response to the blood. Situation: Dr. McGuire, this is Esther - RN. I am taking care of Ms. Lieberman in room 5206. She is a 36-year-old client admitted from the ED today for a GI bleed. She's had one unit of packed RBCs and part of the second unit of blood. I stopped the second unit because I believe she is having a transfusion reaction. Her baseline temperature was 98.6 and is now 101.8. Ms. Lieberman reports having a headache, chills, and is restless. She does not have any evidence of a rash at this time. Background: Ms. Lieberman has a history of Crohn's disease and intermittent gastritis. Six months ago she had an ileostomy and started on infliximab IV every 8 weeks. Her last infusion was 7 weeks ago. Assessment: Her hemoglobin was 7 g/dL and her hematocrit was 21% in the ED. When she arrived to the medical surgical unit, her BP was 94/56 and her pulse 110, but now her BP is 110/70 and her pulse is 110. At this time, her respirations are 26, her SaO2 is 97%, and her temperature is 101.8. I have discontinued the second unit of blood and plan to send both the bags of blood to the lab per protocol. I hung a new bag of 0.9% sodium chloride to keep the line open. Recommendations: Ms. Lieberman is requesting ibuprofen for her headache, which would also bring her fever down. Could I have an prescription for an antipyretic, and do you want to continue the IV infusion of 0.9% sodium chloride at 150 mL/hr?
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Scenario	Dr. March tells Ms. Lieberman that he recommends an endoscopy. Ms. Lieberman is informed about the procedure. She agrees to the procedure and signs the consent form.
Question	Nurse Esther is reinforcing teaching with Ms. Lieberman, who is scheduled for an endoscopy in the morning. Which of the following should Nurse Esther include in the teaching?
Selected Option	"You will be placed on your right side during the procedure."
Rationale	To facilitate visualization of the gastrointestinal structures, a client is placed in the left lateral position during the procedure. Additionally, a lateral position promotes clearance of pulmonary secretions.

Optimal Decision	
Scenario	Nurse Esther is calculating the number of milliliters of morphine sulfate to administer.
Question	Nurse Esther is preparing to administer morphine 4 mg IV. Available is morphine 8 mg/mL. How many mL should the nurse administer? (Round the answer to the nearest tenth.).
Selected Option	0.5

Rationale	Follow these steps for the Ratio and Proportion method of calculation: Step 1: What is the unit of measurement the nurse should calculate? mL Step 2: What is the dose the nurse should administer? Dose to administer = Desired 4 mg Step 3: What is the dose available? Dose available = Have 8 mg Step 4: Should the nurse convert the units of measurement? No Step 5: What is the quantity of the dose available? 1 mL Step 6: Set up an equation and solve for X. $\frac{\text{Have}}{\text{Desired}} = \frac{\text{Quantity}}{X} \Rightarrow \frac{8 \text{ mg}}{4 \text{ mg}} = \frac{1 \text{ mL}}{X \text{ mL}}$ $X \text{ mL} = 0.5 \text{ mL}$ Step 7: Round if necessary. Step 8: Determine whether the amount to administer makes sense. If there are 8 mg/mL and the prescription reads 4 mg, it makes sense to administer 0.5 mL. The nurse should administer morphine 0.5 mL IV. Follow these steps for the Desired Over Have method of calculation: Step 1: What is the unit of measurement the nurse should calculate? mL Step 2: What is the dose the nurse should administer? Dose to administer = Desired 4 mg Step 3: What is the dose available? Dose available = Have 8 mg Step 4: Should the nurse convert the units of measurement? No Step 5: What is the quantity of the dose available? 1 mL Step 6: Set up an equation and solve for X. $\frac{\text{Desired} \times \text{Quantity}}{\text{Have}} = \frac{4 \text{ mg} \times 1 \text{ mL}}{8 \text{ mg}} = \frac{0.5 \text{ mL}}{X \text{ mL}}$ $X \text{ mL} = 0.5 \text{ mL}$ Step 7: Round if necessary. Step 8: Determine whether the amount to administer makes sense. If there are 8 mg/mL and the prescription reads 4 mg, it makes sense to administer 0.5 mL. The nurse should administer morphine 0.5 mL IV. Follow these steps for 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.) $X \text{ mL} =$ 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.) $1 \text{ mL} \times \frac{8 \text{ mg}}{4 \text{ mg}} = 2 \text{ mL}$ 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. $1 \text{ mL} \times \frac{8 \text{ mg}}{4 \text{ mg}} = 2 \text{ mL}$ Step 4: Solve for X. $X \text{ mL} = 0.5 \text{ mL}$ Step 5: Round if necessary. Step 6: Determine whether the amount to administer makes sense. If there are 8 mg/mL and the prescription reads 4 mg, it makes sense to administer 0.5 mL. The nurse should administer morphine 0.5 mL IV.
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Scenario	Nursing considerations Nurse Esther takes when administering morphine.
Question	Nurse Esther is preparing to administer 4 mg of morphine IV bolus to Ms. Lieberman. Which of the following actions should Nurse Esther take?
Selected Option	Dilute the medication in at least 2 mL of sterile water.

Rationale	The medication should be diluted in 4 to 5 mL of sterile water.
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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.

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