

Clinical assignment for September 16th

This will be available September 15th at 12 am through September 22 11:59 pm

- Read Chapter 96 Postoperative care in ATI
- Do Swift river Clinical make-up assignment (this will be under the learning tab) Patient Estelle Hatcher. Need 77% and be done completely. I will receive a report if modules are completely done so please make sure they are done in entirety
- As you listen to report fill out swift river report sheet provided
- Fill out active learning template (Provided)
 - Basic Concept
 - Nursing skill
 - Medication
- Medications
 - Fill out active learning template (Provided) Medications
 - D5 ½ NS & Oxycodone
- Do Health assessment modules (screenshot when completed put in drop box)
 - Abdomen
 - Skin
 - Do physical assessment sheet attached
- Skill Module (Screenshot and put in drop box)
 - NG Intubation (I believe this was already an assignment please review)
- Do pharmacology made easy module (Screenshot and put in dropbox)
 - Pain and Inflammation
- Do Video case study (Screenshot and put in dropbox)
 - Client Education

You will submit screen shots to clinical makeup drop box along with templates and answers to questions.

ATI assignments and Swift River have to be done entirely to receive credit for clinical

Questions must be answered completely (at least a paragraph and if you use outside sources please reference the sources)

Discussion Questions

Is the setting appropriate to care for this client? Why or why not?

Yes, because she is in a medical surgical unit for post-op observation and care. There, the nursing team checked on her and managed her care by elevating her pain and incision site and helping educate care for her on care for her incision site.

- What considerations (culture, literacy, religious, diet, economic, education, pronouns, gender identity, etc.) should you address when caring for this client?

She is on an NPO diet that gradually goes from a clear diet to a pureed diet. When communicating with the patient, knowing her pronouns and gender helps us know how to address her and not offend her. It is the same thing with culture and religion. Knowing this information helps us care for her and not do anything against her culture/religion. Knowing all of this information helps us communicate effectively and avoid offending the patient. If we offended her, we would say, "I'm sorry," and move on. Saying sorry helps build a bond between the nurse and client and builds their trust.

- What resources or supplies will you need when caring for this client?

You will need her NG tube supply to clean it and drain it. You would need new dressing and cleaning supplies for her incision site.

Clinical Judgement Questions

Questions must be answered completely (at least a paragraph and if you use outside sources please reference the sources) Upload to drop box

Recognize Cues (Assessment)

- Was the report effective for you to care for this client?
- What information is missing from the scenario and is needed to effectively care for the client?
- What information was relevant to the client's condition?
- What subtle changes did you recognize in the client's condition? What condition were the subtle changes in the client's health status related to?

When I got the report, it had good information regarding what she had done and what day of post-op we were on, but it was missing some information for me. Some information that was missing was her admission report from the emergency room. On that admission report, it would have her past history (medical, surgery, and family history), what the chief complaint was that brought her in, her current medication, code status, lab results that were performed in the emergency room, and what time the vitals were taken. During the physical examination, they did not talk about when the last time she urinated or had a bowel movement. The information that was relevant to her condition was what procedure they performed on her, what day of post-op we were on, the incision site assessment, her IV site assessment, and her respiratory assessment. A subtle change was her pain level. As the days passed, her pain level decreased to only hurting, and then she ambulated. This positively affects her health status because her pain is decreasing, and she can move around more to promote good circulation and keep from her muscle weakness. Her NG tube went from a low suction to only gravity to being removed. This helps reduce the risk of her electrolyte imbalance.

Analyze Cues (Analysis)

- Compare the client findings to the evidence-based resources and standards of care.
- What are the specific needs of this client?
- What are the potential complications this client may experience?
- What findings are of immediate concern for this client?

One of the cues I found was that the patient rated her pain at a 4 on a scale from 0-10. The pain was in the lower right quadrant of her abdomen. Her incision site was clean, dry, and intact. Her lungs sounded clear and equal bilaterally and 99% O₂ on room air. The patient can have pain medication that is prescribed to help control the pain. Also, she needs to use a spirometer to help her lungs not decrease in function. It promotes lung health and prevents complications. Even though her incision site was normal, you still need to assess it for any signs of abnormal bleeding and/or infection. There are no immediate concerns based on the information that was present because having a hypoactive bowel sound is normal after an appendectomy. Her pain is normal to have after surgery, and her vitals are all in the normal range.

Prioritize Hypotheses (Analysis)

- Identify and rank the top three problems for this client. Provide a rationale for your decision on the rank order.
1. Electrolyte imbalance: The patient was on a low suction rate, which could have caused electrolyte imbalance because her body was not properly absorbing the nutrients as if she were absorbing them naturally. Also, having an improper balance will slow down the rate of healing.
 2. Pain control: She was rating her pain at a 4 on a scale of 0-10 while lying in bed. Even though she is one day post-op and has a low rating on pain, she is not moving much. We want her to move more to maintain muscle strength and promote GI movement. Having the pain medication available helps decrease her pain, which could lead her to want to get up and move more.
 3. Risk for infection: She had an incision site when the appendectomy was completed. Even though the site was clean, dry, and intact on the first-day post-op, it could still get infected. Educating her on proper care and dress changes is key to reducing the risk of infection and educating her on the signs and symptoms of infection so she can inform us as soon as possible.

Generate Solutions (Planning)

- What interprofessional health care team member will need to be included in establishing a plan of care?

The health care team should have the surgeon who did the appendectomy, anesthesiologist, the patient's primary care provider, nurse, pharmacist, social work, and possible wound care provider to make sure the incision site is healing.

Take Actions (Implementation)

- Identify the nursing actions that should be taken based on the prioritized client problems.
- Identify the potential impact the nursing action has on the client outcomes.

You would want to have CBC drawn every day to see the status of her electrolytes. Also, with the CBC, you can monitor the WBC for infection. With the patient being on D5 ½ normal saline IV and NG suction, you do not want the patient to get too low or high on her electrolytes which could cause other complications. Finding early signs of infection means we can start the patient on a type of antibiotic in hopes the infection doesn't get worse or spread. With the pain, if the patient is agreeable, you can give her the prescribed pain medication and promote ambulation. Ambulating more will help promote healthy muscle strength and GI function so that when she starts getting a clear liquid fluid diet to a food diet, she will be able to move the food through the GI system in a timely manner.

Evaluate Outcomes (Evaluation)

- What responses by the client would indicate that the nursing actions were effective?
- What are the safety concerns you identified caring for the client(s)?

The patient would be ambulating more often with less pain. Also, asking the patient to rate her pain on a scale of 0-10. Her lab results would show normal values and no infection. Some safety concerns would still be a risk of infection, risk of fall, and hypervolemia/hypovolemia.

Reflection Questions

Questions must be answered completely (at least a paragraph and if you use outside sources please reference the sources) Upload to drop box

Evaluate your ability to care for the client(s). What did you do well, and what could have been improved?

- Discuss what information you would need to know prior to caring for this client if you could do this over.
- What do you know now that you did not know prior to completing this case?
- How will this experience change the way you care for clients in the future?

- Describe what you learned and how you will learn from this experience.

Personally, I would like to have the emergency room notes because I would be able to review the patient's full chart and the reason why she was coming in. I can try to assume that she came in for pain in her abnormal, but you never want to assume anything. Also, with their note, I can review the labs that they performed to keep track of her blood work levels and to see what else they performed to see if we would need to recheck anything. A thing I learned was how having all the proper information will help you give the highest level of care to the patient. Another thing that I learned was knowing all the medication is important so that there are no drug complications. The has better prepared me to ask and gather all the appropriate information before caring for the patients. Always do a chart review and when introducing yourself to the patient, gather some basic information to gain their trust.

Screenshot completed with score and upload in drop box

0 Do next assignment Swift River Med pass for clinical 77%

0 Do Swift River Clinical Dosage Calculation 77%