Module Report

Tutorial: Real Life RN Medical Surgical 3.0

Module: Kidney Disease

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Institution: **Lakeview CON**

Program Type: **BSN**

Standard Use Time and Score

	Date/Time	Time Use	Score
Kidney Disease	2/17/2020 5:29:39 PM	6 min	Strong

Reasoning Scenario Details
Kidney Disease - Use on 2/17/2020 5:23:14 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	100%		
Excretion	100%		
Immunity	100%		
Ingestion, Digestion, Absorption & Elimination	100%		

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care	100%		
RN Safety and Infection Control	100%		
RN Basic Care and Comfort	100%		
RN Pharmacological and Parenteral Therapies	100%		
RN Physiological Adaptation	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	100%		
Patient-Centered Care	100%		
Teamwork and Collaboration	100%		

Decision Log:

Scenario	Using the SBAR format, identify the information the emergency department nurse did not include in her report.
Question	Using the SBAR format, identify the information Nurse Allyson received from report that will enable her to provide safe care to Mr. Jones. Fill in the relevant information in the box below. Once you complete this section, click on the submit button at the bottom of the screen.
Selected Option	.

Rationale	S – SituationThe emergency department admitted Mr. Jones at 4:30 AM for shortness of breath and weakness. After treatment, he is transferring to the telemetry unit.B – BackgroundSixty-year-old African-American male with a history of peripheral vascular disease, type II diabetes mellitus, chronic kidney disease, coronary artery disease, and atrial fibrillation. A provider recently discharged him from the facility after he treated Mr. Jones for atrial fibrillation and a type II diabetic ulcer of the right foot. Mr. Jones did not complete prescribed antibiotics after his discharge. He is noncompliant in managing his diabetes. He smokes one pack of cigarettes a day and uses alcohol three to five times a week.A – AssessmentMr. Jones is awake, alert, and oriented x 3. Current vitals are: BP 112/70, P: 158, R: 34, T: 99.1, and 02 sat 91% on 2 L via nasal cannula. ECG indicates atrial fibrillation; placed on telemetry. Chest x-ray: opacities greater in right lung than left lung. Altered lab values include: sodium 128, potassium 5.1, BUN 44, creatinine 3.0, and glomerular filtration rate 25. His total bilirubin was 2.8, calcium 8.7, WBCs 16.1, hemoglobin 9.3, hematocrit 28.2, and blood glucose 71. We did a digoxin level, which was 0.6. He has a soiled dressing on his right foot and is a stage III ulcer. A #20 gauge IV catheter was inserted peripherally in his left forearm and a nurse gave him 1,000 mL of 0.9% sodium chloride. Intake: 1,000 mL Output: none. No family present.

Optimal Decision	
Scenario	Nurse Allyson performs an initial assessment of Mr. Jones.
Question	Nurse Allyson is preparing to perform a sterile dressing change to Mr. Jones's foot. After removing the exam gloves, performing hand hygiene, and gathering the needed supplies, what are the next steps Nurse Allyson should take for the dressing change? (Reorder the steps by dragging them into the desired sequence.)
Selected Ordering	Apply clean gloves.Remove dressing and place in moisture-proof bag.Remove clean gloves.Wash hands.Apply sterile gloves.Cover with sterile gauze.Secure dressing.
Rationale	The nurse should first apply clean gloves to remove the old dressing, then place the dressing in a moisture-proof bag and remove her clean gloves. Next, she performs hand hygiene prior to donning sterile gloves, covering the wound with a sterile dressing, and securing it.

Optimal Decision	
Scenario	Nurse Allyson observes Mr. Jones's increasing difficulty breathing and calls the provider.
Question	Nurse Allyson is preparing to call the provider about Mr. Jones's difficulty breathing. Which of the following orders should she recommend to the provider?
Selected Option	Furosemide (Lasix) 20 mg IV
Rationale	Administering furosemide (Lasix) 20 mg IV bolus will ease the client's breathing by promoting excretion of excess fluids, which can lead to pulmonary edema.

Optimal Decision	
Scenario	Mr. Jones is feeling a little better after receiving furosemide (Lasix) intravenously.

Question	Mr. Jones’s total urinary output is 50 mL. His total IV fluid intake since admission is 1550 mL. Which of the following is an appropriate nursing intervention at this time?
Selected Option	Obtain a bladder scan.
Rationale	Obtaining a bladder scan will identify the presence of the approximate amount of urine in the bladder.

Optimal Decision	
Scenario	Mr. Jones voided 50 mL of dark-tinged urine.
Question	Nurse Allyson is going to perform a bladder scan on Mr. Jones. Where should the transducer be placed on his abdomen? (Selectable areas, or "Hot Spots," can be found by moving your cursor over the artwork until the cursor changes appearance, usually into a hand. Click only on the Hot Spot that corresponds to your answer.)
Selected Option	464,271,459,342,552,342,548,274
Rationale	This is the correct location to assess the bladder for fullness of urine.

Optimal Decision	
Scenario	Nurse Allyson is planning care for four clients.
Question	Nurse Allyson is planning care for a set of clients. Which of the following should be her priority action?
Selected Option	Check on the client who is reporting chest pain.
Rationale	According to the airway, breathing, and circulation (ABC) priority-setting framework, this is the priority intervention at this time. The nurse should assess the client who reports chest pain first.

Optimal Decision	
Scenario	The telemetry technician notified Nurse Allyson that Mr. Jones, who is another client, is having an arrhythmia.
Question	The telemetry technician notified Nurse Allyson that Mr. Jones is having an arrhythmia. Which of the following is the priority nursing intervention at this time?
Selected Option	Perform a focused assessment.
Rationale	A focused assessment is the priority action at this time, due to the change in the client’s heart rhythm.

Optimal Decision	
Scenario	Nurse Allyson evaluates a rhythm strip displayed on Mr. Jones’s heart monitor.
Question	Image|RN_AMS_KD_15_stem_800px.jpg|Mr. Jones’s heart monitor displays this rhythm strip. Which of the following is an appropriate nursing action?
Selected Option	Call the rapid response team.

Rationale	Unstable ventricular tachycardia is rapidly fatal if not successfully ended within 3 to 5 min.

Optimal Decision	
Scenario	Nurse Allyson finishes talking with Mr. Jones's provider on the phone.
Question	The provider gave Nurse Allyson new prescriptions to implement. Based on Mr. Jones's current symptoms, which of the following medications should she give him at this time?
Selected Option	Sodium polystyrene sulfonate (Kayexalate) 30 g PO once now
Rationale	Sodium polystyrene sulfonate (Kayexalate) is a resin that allows for sodium and potassium exchange in the gastrointestinal system. Potassium is excreted through the feces, not the urine.

Optimal Decision	
Scenario	The provider gives Nurse Allyson a new prescription to administer furosemide 40 mg IV bolus x 1.
Question	Nurse Allyson is preparing to administer furosemide 40 mg IV. Available is furosemide 80 mg/5 mL. How many mL should she administer? (Round the answer to the nearest tenth.)
Selected Option	2.5 mL

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 40 mg Step 3: What is the dose available? Dose available = Have 80 mg Step 4: Should the nurse convert the units of measurement? No Step 5: What is the quantity of the dose available? 5 mL Step 6: Set up an equation and solve for X. *HaveDesired = QuantityX80 mg40 mg = &#1605 mLX mL* *X mL = 2.5 mL* *Step 7: Round if necessary.* *Step 8: Determine whether the amount to administer makes sense. If there are 80 mg/5 mL and the prescription reads 40 mg, it makes sense to administer 2.5 mL. The nurse should administer furosemide 2.5 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 40 mg* *Step 3: What is the dose available? Dose available = Have 80 mg* *Step 4: Should the nurse convert the units of measurement? No* *Step 5: What is the quantity of the dose available? 5 mL* *Step 6: Set up an equation and solve for X.* *Desired × QuantityX = Have40 ~~mg~~ × 5 mLX mL = &#16080 ~~mg~~* *X mL = 2.5 mL* *Step 7: Round if necessary.* *Step 8: Determine whether the amount to administer makes sense. If there are 80 mg/5 mL and the prescription reads 40 mg, it makes sense to administer 2.5 mL. The nurse should administer furosemide 2.5 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 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.)* *5 mLX mL = &#16080 mg* *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.* *5 mL40 ~~mg~~X mL = × &#16080 ~~mg~~1* *Step 4: Solve for X.* *X mL = 2.5 mL* *Step 5: Round if necessary.* *Step 6: Determine whether the amount to administer makes sense. If there are 80 mg/5 mL and the prescription reads 40 mg, it makes sense to administer 2.5 mL. The nurse should administer furosemide 2.5 mL IV.*

Optimal Decision	
Scenario	Dr. Grassler spoke with Mr. Jones about dialysis after discharge.

Question	Nurse Allyson and the provider are reviewing chronic kidney disease information with Mr. Jones. Which of the following statements made by Mr. Jones indicates he understands the information?
Selected Option	"I will need to eat a low-protein diet."
Rationale	Providers encourage clients who have chronic kidney disease to consume a low-protein diet to reduce their phosphorus intake. Clients who have kidney disease are unable to metabolize the phosphorus in protein.

Optimal Decision	
Scenario	Nurse Allyson assessed Mr. Jones’s peripheral IV site, which indicated phlebitis.
Question	Nurse Allyson is planning care for Mr. Jones, who has clinical manifestations of phlebitis. Which of the following is the priority action the nurse should take?
Selected Option	Remove the IV catheter.
Rationale	Removing the IV catheter will remove the cause of the phlebitis and alleviate the discomfort the client is experiencing. This is the priority action the nurse should take.

Optimal Decision	
Scenario	Nurse Allyson informed Mr. Jones the provider prescribed a central line.
Question	Nurse Allyson is planning care for Mr. Jones’s central line. Which of the following should Nurse Allyson include in Mr. Jones’s plan of care? (Select all that apply.)
Selected Ordering	Use a sterile technique to change the dressing. Obtain consent before central line placement. Change the catheter cap every 3 to 7 days.
Rationale	A 10 mL syringe is used for IV medication administration and for flushing a central line. The larger syringe lowers the pressure at the injection site, thus reducing risk to the client.Sterile dressing changes are required to prevent catheter-related bloodstream infections.Placement of a central line is an invasive procedure. Therefore, a consent is needed prior to the placement of the central line.Central catheters are surgically inserted. Therefore, measuring the exposed catheter daily is not needed.The catheter cap is changed every 3 to 7 days to prevent catheter-related bloodstream infections.

Optimal Decision	
Scenario	Nurse Allyson gave a phone report on Mr. Jones to the home health nurse.
Question	Nurse Allyson gave a report about Mr. Jones to the home health nurse. Which of the following data is in the appropriate section of the SBAR to facilitate appropriate and comprehensive communication?
Selected Option	R: Upon discharge, Mr. Jones is scheduled to receive cefepime 2 g IV daily for the next 2 weeks.
Rationale	R stands for recommendation in the SBAR acronym. Information that is to be included in this section should be recommendations by the nurse that is related to the client’s care. This can include discharge instructions and consult orders, such as home health.

Individual Report – Score Explanation and Interpretation

Reasoning Scenario Information:

Reasoning Scenario Information provides the date, time and duration of use, along with the score earned for each attempt. A Reasoning Scenario Performance score of Strong, Satisfactory, or Needs Improvement is provided for each attempt. This information is also provided for the Optimal Decision Mode if it has been enabled.

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 Outcomes:

A clinical reasoning performance score related to each outcome is provided. Outcomes associated with student responses are listed in the report. The number across from each outcome indicates the percentage of responses associated with the level of performance of that outcome.

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.

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.