**Reality Assignment**

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**Peter Parker Patient Assignments:**

1. Mr. Thames, 29 year old male, admitted thru the ER and just came to the floor due to asthma exacerbation and SaO2 of 86 after two albuterol treatments and 2L O2 via nasal cannula. – This patient needs to be seen first because his O2 saturation is only 86% on 2L and airway and breathing come first in priority.
2. Mr. Potter, a 48 year-old African American male, diagnosed with abdominal pain of unknown etiology. – This patient needs to be seen next because his abdominal pain is of unknown origin, so to me, he would be considered an unstable patient.
3. Ms. James, 25 year old female, diagnosed with diabetic ketoacidosis. This patient should be seen next because her diagnosis is an acute problem that can be life threatening. I assume she will also needs a lot of teaching, so a more experienced nurse, such as Peter, will be able to provide her with more education.
4. Mr. Stark, a 38 year-old white male, diagnosed with renal calculi. This patient should be seen next because his diagnosis is an acute problem that is very painful. His urine will need to be strained and his pain kept under control.
5. Mr. Williams, a 49 year-old male, total thyroidectomy, diagnosed 3 weeks ago with thyroid cancer, has a history of HTN (still in surgery, will be up to the floor later in the morning). This patient should be up to the floor at this time, so Peter can care for him now. With neck surgery, it is important to ensure there is no signs of bleeding internally (frequent swallowing) or externally, (back of the neck). Peter can now take post-op vitals and perform his post-op initial assessment until these patient is deemed stable.

**Nicole Fury Patient Assignments:**

1. Mr. Jones, 42 year-old male, admitted thru the ER (2 hours before change of shift) with chest pain, rule out myocardial infarction. – This patient needs to be seen first to ensure if he is still having chest pain or other symptoms that would indicate an MI.
2. Mrs. Granger, a 62 year-old female, diagnosed with bacterial pneumonia. This patient would need to be seen next because her diagnosis is an acute problem that affects her airway and breathing.
3. Mr. Andrews, 18-year-old male, open reduction and internal fixation of the femoral fracture, fell on the ice at home (patient is in recovery and surgery will be calling to give report and bring the patient up to the floor in the next hour). – by this time, this patient will probably be brought up to the floor. This patient needs to have an initial assessment that includes baseline vitals and a pain assessment. At this time, the nurse can put the patient on post-op vitals and ensure she returns for her checks (4 X 15 min, 2 X 30 min, 2 X 1 hour, and then every 4 hours if everything is stable). This patient is deemed unstable at this time.
4. Ms. White, 56 year-old female, diagnosed with COPD and HTN. This patient should be seen last with Nicole because her diagnosis is more of a chronic, non-urgent problem.

**CNA delegations:**

1. Assist Mr. James with a shower
2. Change linens on Mr. James bed
3. Wash Ms. James hair
4. Feed Ms. James the breakfast meal

**Mr. Potter endoscopy procedure. 4 interventions that the nurse should implement:**

1. Maintain an NPO status
2. Ensure the doctor has explained the risks and benefits of the procedure and that the patient has no further questions and has signed the informed consents.
3. Give his ACE inhibitor but hold his IV proton pump inhibitor; inform the doctor of this as well.
4. Ensure Mr. Potter has a patent IV site with no signs or symptoms of phlebitis or infiltration.
5. Apply sequential stockings based on the doctor’s orders.

**Mr. Thames SOB – 5 interventions the nurse should implement:**

1. Check oxygen saturations.
2. Bump up O2 depending on what the saturation is and the amount of oxygen he is currently on.
3. Apply a simple face mask if necessary.
4. Administer another nebulizer treatment.
5. Auscultate the patient’s breath sounds and raise the HOB to at least 30 degrees or have the patient lean forward on the table to make breathing easier.

**Ms. James dismissed home. 5 dismissal instructions the nurse should discuss when implementing diabetic education:**

1. Take your medication as prescribed. Never be afraid to talk to your provider if you are experiencing unpleasant side effects. Try and find an adequate support system!
2. Eat a diet low in salt, fat, sugar and cholesterol and also exercise regularly. You may check your blood sugar before and after exercise and be sure to bring a carbohydrate snack (like crackers) with you to eat if you begin to feel weak while exercising.
3. Do not smoke and limit your alcohol intake.
4. Check the bottom of your feet daily and never walk around barefoot. Also, have an eye exam every year because diabetes can damage your eyes.
5. If your blood sugar is below 70, immediately treat it with a simple sugar (ex: orange juice), and then a protein (ex: cheese and crackers) to ensure it does not drop any lower. You may check your sugar after 15 minutes to ensure it is rising.

**Mr. James complaining of worsening chest pain. 7 nursing interventions the nurse should implement:**

1. Administer Nitroglycerin if ordered.
2. Check vital signs and rating of pain Mr. James is complaining of, including radiation of pain.
3. Apply oxygen if needed.
4. Try and get an EKG ordered
5. Try and get cardiac enzymes and troponin levels ordered and drawn if not already done.
6. If not already, get a telemetry order.
7. Administer morphine and aspirin if ordered.

**Completed morning; nurse supervisor has come to relieve you for lunch. Pick 3 patients and write about what you would report off about each patient:**

1. Mr. Williams – he is a 49 year-old male that had a total thyroidectomy and he was diagnosed with thyroid cancer 3 weeks ago. He has a history of hypertension and was brought to the floor from surgery at \_\_\_\_ (this time). His vital signs are (stable/unstable) and he still has (\_\_\_ so long) on post-op vitals. Peter is assigned to care for him. His latest set of vitals are (BP: \_\_, P:\_\_\_\_, R:\_\_\_\_, O2:\_\_\_\_, T:\_\_\_). I would also comment on his neuro status and any body system that has not been within normal limits, such as he has a foley, O2 on, etc. I would also report what kind and how much pain medication he has been receiving and whether or not he is able to eat or drink anything yet, which would include his diet (clear liquid, surgical bland, etc.) I would also report any abnormal lab values that are recent.
2. Ms. James – female 25 year old that was diagnosed with diabetic ketoacidosis. I would report that she is being discharged today at \_\_\_(this time) and her arrangements to go home (who is picking her up, etc.) Peter is taking care of him today. I would also report her latest vitals and what medications she has taken PRN so far today as well as any medications she will be discharging on. I would also add in any recent labs that are not within normal values and any other discharge needs that are needed, such as appointments, etc.
3. Ms. White is a 56 year old female that was diagnosed with COPD and HTN. She was admitted on \_\_\_ (this day) following \_\_\_ (what event took place to cause her to seek care). Nicole has been taking care of her today. I would then comment on any lab values that are not within normal limits and any body system that is not within normal limits, which would include what her “normal” O2 saturation has been with how many liters of oxygen. I would then comment on any PRN medications she had taken so far today and any new medications she has been prescribed so far.