**University of Scranton Clinical Preparation**

**Client Initials** \_JS\_ Age 76 Sex M Admission Date\_\_11/5/21\_\_ Code Status: \_Full\_ Isolation: Yes/No Type: \_n/a\_\_

Allergies\_\_\_\_\_\_\_\_PCN-rash\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Diagnosis \_\_\_\_\_\_HF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Diagnosis\_\_\_\_STEMI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Medical/Surgical Hx \_\_\_CABG x2 MI HTN DM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developmental Stage: \_Ego Integrity vs Despair\_\_\_Implications to Nursing Care:\_Allow time to listen to client as he reflects on and shares life accomplishments regarding occupation and family.

|  |  |
| --- | --- |
| Vital signs: T 98.6 P 108 R 36 BP 154/88  Pain scale \_\_\_0\_\_\_\_\_ Location \_\_\_\_n/a\_\_\_\_\_\_\_\_\_\_\_\_  Orthostatic VS: lying 154/88 108, sit 150/86 110, stand 148/82 112 Orientation \_\_WNL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Activity \_\_Bathroom/Chair\_\_\_ Needs Assist 1 \_x\_ 2\_\_\_  Fall Risk \_\_yes\_\_\_\_\_\_ Wrist bands ID, allergy, fall | Diet \_\_\_AHA 2g Na\_\_\_\_Fluid Restriction\_\_1200 mL\_\_\_  Daily weight: Yes/No\_\_\_Yes\_\_ Gain/Loss\_8 lb loss\_\_\_  Admission weight\_\_248 lbs\_\_ Current weight: \_240 lbs \_  Intake \_\_400 mL\_\_\_\_\_\_ Output \_\_750 mL\_\_\_\_\_\_  Last BM \_\_\_11/6\_\_\_\_\_\_\_\_ |
| Oxygen: yes/no Type: NC Flow rate: 4 LPM SPO2 90%  Neb Tx: \_\_none\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Incentive spirometer: Yes/ No **Volume achieved** \_\_\_\_\_\_  Flutter Valve Yes/No | Skin: Pressure Injury: Yes/No Location: \_\_\_\_\_\_\_\_\_\_\_\_\_  Prevention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BGM: Time 0730 Result: 226 Action: 6 units Rapid  BGM: Time 1130 Result: 128 Action: n/a |
| Foley Catheter: Yes/No Secured: \_\_\_Size \_\_\_\_\_  Dialysis: Yes/No Access Type/Location\_\_\_\_\_\_\_\_\_\_\_\_  **CVC Type: \_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_** | Telemetry: Yes/No Rhythm NSR  VTE prevention: \_\_Lovenox, SCDs, ambulate in room\_\_  Neurovascular Check: Location/Result\_n/a\_\_\_ |

**Continuous** IV Infusion **Yes / No**

1.Solution\_\_\_\_n/a\_\_\_\_\_\_\_ Rate \_\_capped\_\_ Site R hand Catheter type peripheral Size 20 Ga Insertion date 11/5

Is solution Hypotonic / Hypertonic / Isotonic Why is the client getting this IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Solution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate \_\_\_\_\_\_\_ Site \_\_\_\_\_\_\_\_ Catheter type \_\_\_\_\_\_\_ Size\_\_\_\_\_\_\_ Insertion date\_\_\_\_\_\_\_

Is solution hypotonic / Hypertonic / Isotonic Why is the client getting this IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incisions/Wounds/Dressings Yes / No**

1. Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dsg Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dsg Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evidence to support the Primary Diagnosis:**   |  |  | | --- | --- | | **Subjective data** | **Objective data** | | + SOB, orthopnea, chest pain at 4 am  + Cough  + diaphoresis  Be sure to research ALL evidence that may have led to the primary diagnosis – look at all S/S at the time of admission and then days following – do NOT only look at evidence from the day you cared for this patient – by this time, the primary issue may be resolving or resolved and most data may now be normal. | Crackles bilateral bases  + Use of accessories  RR 36  HR 108 regular  +S3, no murmur  92 % on 4 LPM Nasal Cannula  +1 BLE edema  - JVD  CXR Bibasilar infiltrates  +BNP 1060 pg/ml  I>0  + troponin 12.9 ng/mL  +EKG ST elevation in leads II, III, AVF  PMH: previous HF | |  |

**Client’s goal for the day:** less SOB with activity, no chest pain Copyright © 2022 Wendy Manetti Reprinted with Permission

Provide a brief explanation of the **pathophysiologic process** occurring in the body as it relates to the primary diagnosis in the form of a paragraph or diagram. **Reference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy and paste is not acceptable! Pathophysiology is the functional changes that accompany a particular syndrome or disease. The goal is to describe what is occurring in the body as a result of the disease process. Listing risk factors and clinical manifestations is not pathophysiology.

Heart failure with reduced ejection fraction (HFrEF) happens when the left side of the heart doesn't pump blood out to the body as well as normal. It's also known as systolic heart failure. This is because the left ventricle doesn't squeeze forcefully enough during systole which can lead to inadequate blood flow to vital organs such as the kidneys and congestion (buildup of fluid) in other vital organs such as the lungs.

A substantial MI injures a large area of the heart muscle and can lead to the development of HF. This happens most often after an anterior wall MI. After a large area of the anterior wall is destroyed, the percentage of blood pumped with each beat (ejection fraction) can be significantly less. As a result, the heart attempts to change its shape to maximize its pumping efficiency, this is referred to as left ventricular remodeling. Initially, the changes made to the myocardium are beneficial. Over time though, the left ventricle dilates and increases in size, which makes the heart less able to pump.

**Is there a genetic component? If so, are others affected?** Genetics can influence one’s risk for heart disease. Genes control all aspects of the CV system, from the strength of the blood vessels to the way heart cells communicate. A genetic mutation in a single gene can affect the likelihood of developing heart disease. For example, a genetic variation can change the way a particular protein works so that the body processes cholesterol differently, increasing the likelihood of CAD which can lead to MI, HF, CVA. The client’s father died of MI at 65 years-old.

**Discharge Planning and Client Education**

Separate discharge planning and client education. Although when discharging a client, teaching is part of that process, you are expected to discuss each separately in the section**.**

Describe the needs of the client to be considered during discharge planning. Where do you anticipate the client will be discharged? What follow-up care or equipment will be needed?

Home health nursing consult for med teaching, ongoing assessment (weight, lung sounds, edema), monitoring dietary restrictions (low Na).

FU appt ~ Cardiologist in 2 weeks

FU~ Primary Care within 7 days

Describe the two **priority** teaching needs of the client.

1. Daily weight ~ same time each morning, same scale, and amount/type clothing (ex. in the morning after you urinate but before eating breakfast).

If weight increases by 2-3 pounds in 1 day, call doctor or nurse.

Or if weight increases by 4-5 pounds in 1 week, call your doctor or nurse.

Gaining weight suddenly is one sign that you may be retaining more fluid than you should be.

1. Low Sodium diet ~ 2 g

Salt in the diet can cause your body to retain excess fluid in the circulation, lungs, and elsewhere. Therefore, limiting the amount of salt (sodium) in the foods you eat can help to keep heart failure under control.

Low-sodium diet Handout given, DASH website

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **All Abnormal**  **Lab Studies** | | **Normal Range** | **Admission** | **Current** | **Why abnormal** | **How are they being corrected** |
| Blood sugar | | 70–99 mg/dl | 302 | 128 | T2DM, stress | Insulin, oral diabetic agents, diet |
| A1C | | <0.7% | 7.9 % |  | T2DM, stress | Insulin, oral diabetic agents, diet |
|  | **TRENDS IN LABS TO WATCH:** Troponin, BNP, BS | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **All Abnormal Diagnostic Studies** | | **Normal Range** | **Admission** | **Current** | **Why abnormal** | **How are they being corrected** |
| Echocardiogram | |  |  |  | Results pending |  |
|  | |  |  |  |  |  |
|  | **TRENDS IN DIAGNOSTICS TO WATCH:** CXR | | | | | |

Copyright © 2022 Wendy Manetti Reprinted with Permission

**Medications**

**Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  Generic & Trade | Dose, Route, Frequency  &  Time Due | Drug Classification | Major Action | Why is the patient on this med? 1-2 words | 3 Most Common Side Effects | |  | | --- | | 3 Priority Nursing Implications | |
| Furosemide (Lasix) | 20 mg IV daily  10 am | Loop diuretic | Inhibits reabsorption of Na & Cl from loop of Henle & distal renal tubule. ↑ renal excretion of water, Na, Cl, Mg, K Ca. | HF | Hypokalemia  Hyponatremia  FVD~OH | Monitor K levels  Daily weight  Administer undiluted, rate 20 mg/min |
| Potassium |  |  |  |  |  |  |
| Lisinopril |  |  |  |  |  |  |
| Metroprolol |  |  |  |  |  |  |
| Metformin |  |  |  |  |  |  |
| Lovenox |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **PRN Medications:** |  |  |  |  |  |  |
| Aspart (Novolog**)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Copyright © 2022 Wendy Manetti Reprinted with Permission

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority Clinical Problem/**  **Medical Diagnosis:**  **Priority Nursing Diagnosis:** | **Heart Failure (HF)**    **Decreased Cardiac Output r/t ineffective heart pump AEB clinical manifestations** | It is critical to list the primary problem you are focusing on here!!!!  This entire section is to be completed based on that problem only! |  |
|  | **Before**  What focused assessments do you plan to make when you first see this client?  On the clinical worksheet for this client, complete the noticing, interpreting, and responding columns BEFORE you care for the client. | **After**  Actual findings | **Comparison to:**  **Expected (text, guidelines)**  **Other Experiences (prior/current patient)** |
| **Noticing**  **Assessment**  **Recognize Cues:**  Identify (ID) S&S  Collect all relevant S+O Data  Do not include irrelevant data  **THINK about** Potential Complications (PC)  Possible problems to monitor for  **THINK about** safety risks  Add patient’s perspective  Add environmental context  Include new data collected | 1. Ask about SOB, CP, cough 2. VS especially RR, HR & Rhythm 3. HS especially S3, murmur 4. Lungs sounds 5. SPO2/ABG 6. Use of Accessory muscles 7. Edema 8. JVD 9. BNP 10. CXR | 1. Sudden SOB/orthopnea 4 am ~911   Called, +cough, +CP, -diaphoresis, -nausea/vomiting; remains SOB with exertion, - CP   1. RR 36, HR 108, regular 2. -S3 -murmur 3. Bibasilar crackles 4. 90% SPO2 on 4 LPM NC 5. +accessory use with ambulation to BR 6. +1 BLE edema 7. -JVD 8. BNP + 9. CXR + 10. Echocardiogram results pending | Text: Hinkle, 14th ed. Chart 29-1 p 822 Assessment & text Left-sided HF;  Hinkle, 14th ed. P 823, Assessment & Diagnostic Findings (HF)  Text: Hinkle, 14th ed. P 758 Clinical Manifestations (MI)  Text: Hinkle, 14th ed. P 758 Assessment & Diagnostic Findings (MI)  Other Experiences:  Client with right sided HF had hepatomegaly & RUQ tenderness, +JVD, ascites, and edema.  How does this pt. assessment compare to a previous patient you cared for with a similar diagnosis? |
| **Interpreting**  This section involves thinking out loud! Write down what you think as you sort through data collected.  **Analysis**  **Analyze Cues**  Cluster data/Recognize patterns  **List** missing data What additional data would you like to have? Are there additional questions you should ask the pt or other physical assessments you should have made? Is there relevant data not available to you in the EHR?  **LIST** the most important/urgent/priority problems, PC, Safety concerns  ID relevant vs irrelevant This involves sorting through data and being able to determine what is relevant to this particular problem.  **LIST Conclusions made**: Actual Problem(s), PC, Safety  **Planning**  **Generate & Prioritize Hypotheses/Solutions**  ID desired outcomes/**Goals**  Consider all actions to be taken  Prevention /Monitoring/ Management of PC | #1 Problem: Breathing  #2 Problem: Circulation  PC: Respiratory Failure  Arrhythmia: Afib, VTach  Hypotension  Thromboembolism  Pericardial effusion  Cardiac tamponade  Safety: Fall Risk due to  potential for mental status changes, need to urinate and attempt to go to bathroom without assistance, medication side effect of orthostatic hypotension  Based on the subjective/objective data  1) What patterns (actual problems, PC, safety risks) do you recognize as you sort through and analyze the data you have?  2) Which problem(s) is most concerning and should be prioritized? There may be more than 1 problem.  3) What are the ultimate goals for this patient?  Related to the problem or diagnosis?  4) What complications should be anticipated?  5) Did you remember to include this type of data in your assessment?  6) What safety concerns have you identified?  7) What can you plan to do to avoid or minimize these complications/safety concerns?  On the clinical worksheet for this patient, complete this column BEFORE you care for the client. | #1: Continue to monitor, still requires oxygenation.  #2 Continue to monitor, remains at risk for arrhythmia  PC: Impending respiratory failure averted via use of BPAP on admission.  Safety: Remains free of falls but continues to be at risk; Fall prevention measures: bed/chair alarm, bed in low position, no skid socks, clear path to bathroom/chair, call bell within reach  Now that you have cared for the client, were the problems, PC, and safety concerns as you anticipated?  Are there any (problems, PC, safety concerns) you would delete or add? | Hinkle, 14th ed. Chart 29-1 p 831 Monitoring and Managing Potential Complications  Hinkle, 14th ed. p 829  Other Experiences:  Another client with HF did not have concurrent MI but did have a history of chronic HF and mitral regurgitation. Another required intubation and mechanical ventilation.  Copyright © 2022 Wendy Manetti  Reprinted with Permission  How do these identified priorities and patient outcomes compare to another patient with similar diagnosis? |
| **Responding**  **Implementation**  Prioritized Actions & Rationale  Consider Contraindications to each  Anticipate problems: what will you do if…  Note tasks Delegated & to whom\*  Communicate/Collaborate  Client Teaching | 1. O2 2. Elevate HOB 3. Admin diuretics 4. EKG, labs \*technician 5. I&O \*nurse aide (NA) 6. Daily weight \*NA 7. Low sodium diet \*Registered Dietician (RD) 8. Fluid restriction (FR) 9. VTE prophylaxis (Venous Thromboembolism)   On the clinical worksheet for this patient, complete this column BEFORE you care for the client. | 1. 4 LPM NC; titrate to keep SPO2>90% 2. Hi Fowler’s 3. Lasix 40 mg IV x1 repeat in 12 hours then 20 mg IV daily 4. EKG, BNP done 5. UO 750 mL after Lasix 6. Weight down 8 lbs 7. RD consulted 8. FR 400 mL each meal + 100 mL extra on days and evenings; 300 mL nights ~ on white board 9. SCDs, Lovenox   How are you intervening to minimize complications and address safety issues?  Did you do any patient teaching? Did you collaborate with anyone to provide and/or improve your care? | 1. Hinkle, 14th ed. P 827 2. Hinkle, 14th ed. P 761, p 830 3. Hinkle, 14th ed. P 824, Table 29-3, Common Meds Used to Treat HF 4. Hinkle, 14th ed. P 823, Assessment & Diagnostic Findings (HF); Hinkle, 14th ed. P 763, Assessment & Diagnostic Findings (MI) 5. Hinkle, 14th ed. P 826 chart 29-2 6. Hinkle, 14th ed. P 826 chart 29-2   Copyright © 2022 Wendy Manetti  Reprinted with Permission   1. Hinkle, 14th ed. P 826-7; chart 29-5 Facts about Dietary Sodium p 830 2. Hinkle, 14th ed. P 827 3. Hinkle, 14th ed. P 760 (MI); Hinkle, 14th ed. P 870 (Prevention DVT) |
| **Reflecting**  **Evaluation**  **Evaluate Outcomes**  Evaluate patient responses  Evaluate self  **In-Action (during)**  Ongoing patient re-assessment  ID change in patient condition  Add /Continue/Stop Actions  **On-Action**  Patient care outcomes  Changes in patient condition  Problems resolved  New problems | **In-Action**  Pt had sudden SOB ambulating to BR  Monitor/Reassess:  VS, SPO2, lung sounds, neuro ck, UO  +Stat  ABG, troponin, chem √ K & BUN/cr  This section is to be completed after you care for the client.  What frequent assessments or actions were done to monitor/treat the client.  Anticipated PC or unexpected problems can arise during the care of the client. For example, hypotension, new fever, uncontrolled pain etc. How were these acted on? | **On-Action**  O2 weaned to 4 LPM NC  SPO2 90-91%  UO 1500 mL/ 8 h shift  EKG – ischemic changes, ST 100  BNP +1060  Troponin + Prep for Cath Lab  K 3.5 → 40 meq po now BID  BUN/ cr 30/1.2  In am: Weight 235 lbs (↓5 more lbs, total 13 lbs lost)  24hr I&O → I<O  BNP ↓ 780  CXR improved ~ less interstitial edema  This section is to be completed after you care for the client. Is there anything else that you should have included in your assessment or plan of care?  How did the pt respond to your plan of care? Upon re-assessment, has this pt improved? Were identified patient outcomes met or not met? If not met, what changes may need to be made? Is further collaboration needed to achieve these outcomes? | Hinkle, 14th ed. P 828-9  When the patient became SOB on the way to the bathroom, I became anxious.  I assisted the patient back to bed, checked his SPO2 and titrated the O2 to 6 L. He was not having chest pain and his heart rhythm was unchanged on the ECG monitor. Although I was nervous, I handled the situation pretty well.  If this happens in the future and the patient has unrelieved SOB or CP, I will call an RRT.  Don’t be shy to evaluate yourself…. nursing care….assessment, interventions, patient teaching, etc. If necessary, include ways in which you might improve upon this care or how you will approach a similar patient in the future? |

Copyright © 2022 Wendy Manetti Reprinted with Permission

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CATEGORY** | **Exemplary** | **Accomplished** | **Developing** | **Beginning** | **Score** |
| **Client Data- EHR, Developmental Stage, Pathophysiology & Genetic Implications** | **Accurately** transcribes **all** data from EHR. **Accurately** interprets client’s developmental stage; **thoughtfully** explains its influence on nursing care. **Correctly** identifies client’s primary diagnosis. Explanation demonstrates **full** **understanding** of pathophysiology and genetic implications. **9-10 points** | **All** data transcribed from EHR. **Accurately** interprets client’s developmental stage; **good** explanation of influence on nursing care. **Correctly** identifies client’s primary diagnosis. Provides **good explanation of** pathophysiology and genetic implications.  **7-8 points** | **Most** data transcribed from EHR. **Accurately** interprets client’s developmental stage; **some** explanation of its influence on nursing care. **Correctly** identifies client’s primary diagnosis. Provides **basic explanation of** patho and genetic implications. **4-6 points** | **Some** data transcribed from EHR. **Inaccurately** interprets client’s developmental stage; **weak/no** explanation of its influence on nursing care. Unable to identify client’s primary diagnosis. Provides **weak/little/no explanation of** patho and genetic implications. **0-3 points** | **10** |
| **IVF/Incisions/ Wounds/Dressings**  **Patient Ed & Discharge Plan** | Lists IVF; a**ccurately** describes type and rationale. Lists wounds; a**ccurately** describes treatment, and rationale. Describes **prioritized** teaching and discharge needs.  **9-10 points** | Lists IVF; describes type with **good** rationale. Lists wounds; describes treatment and offers **some possible** rationale. Describes **somewhat prioritized** teaching and discharge needs. **7-8 points** | Lists IVF; describes type with **weak** rationale. Lists wounds; describes treatment but offers **little/weak** rationale. Describes teaching and discharge needs with **little** priority. **4-6 points** | Lists IVF; describes type with **very** **weak/no** rationale. Lists wounds; describes treatment but offers **no** rationale. Describes teaching and discharge needs with **very little/no** priority. **0-3 points** | **10** |
| **Evidence to support Diagnosis & additional Lab & Diagnostic Tests** | Demonstrates **sound understanding** of clinical evidence to support primary medical diagnosis. Lists other abnormal lab/ diagnostic tests and **offers plausible** causes and treatments for all. **Exceeds expectations** in critical thinking.  **9-10 points** | Demonstrates **adequate understanding** of clinical evidence to support primary medical diagnosis. Lists other abnormal lab/diagnostic tests and **offers mostly plausible** causes and treatments. Demonstrates **adequate** critical thinking.  **7-8 points** | Demonstrates **some understanding** of clinical evidence to support primary medical diagnosis. Lists other abnormal lab/diagnostic tests and **offers some plausible** causes and treatments. Demonstrates **some** critical thinking.  **4-6 points** | Demonstrates **little/no understanding** of clinical evidence to support primary medical diagnosis. Lists other abnormal lab/diagnostic tests and **offers few/no plausible** causes and treatments. Demonstrates little critical thinking.  **0-3 points** | **9** |
| **Medications** | Provides a **complete, accurate** list of medications and **all** requested information. Is **succinct and accurate** in rationale for the med. **Consistently** **identifies all** of the most common side effects and **priority** nursing implications. **9-10 points** | Provides a **complete, accurate** list of medications and **all** requested information. Is **succinct and accurate** in rationale for the med. **Accurately identifies most** common side effects and **priority** nursing implications. **7-8 points** | Provides a list of medications and **most** requested information. Offers **some accurate** rationale for the med. **Accurately identifies** some of the common side effects and **priority** nursing implications.  **4-6 points** | Provides a list of medications and **some** requested information. Offers **few accurate** rationale for the med. **Accurately identifies** **few** of the common side effects and **priority** nursing implications.  **0-3 points** | **9** |
| **Clinical Judgment:**  **Noticing** | Describes **all** **relevant/focused** subjective and objective data. **All** possible complications and safety concerns are identified. Incorporates client’s perspective and environment from observing and interacting with **client/ family/ health care team**. **Thoroughly** explains how client’s presentation is similar to or different from expectations as per reference (textbook, practice guidelines). Describes **all** significant changes in client’s condition compared to baseline. **Thoroughly** compares client’s presentation to previous clients’ with same problem. **Exceeded expectations** in critical thinking. **10-12 points** | Describes **most relevant/focused** subjective and objective data. **Most** of thepossible complications and safety concerns are identified. Incorporates client’s perspective and environment from observing and interacting with **client/ family/health care team**. **Adequately** explains how client’s presentation is similar to or different from expectations as per reference (textbook, practice guidelines). Describes **most** significant changes in client’s condition compared to baseline. **Adequately** compares client’s presentation to previous clients with same problem. **Meets** **expectations** in critical thinking.  **7-9** **points** | Describes **some relevant** subjective and objective data. **Some** possible complications and safety concerns are identified. **Attempts** to incorporate client’s perspective and environment from observing and interacting with **client/ family/health care team**. **Some** logical explanation as to how client’s presentation is similar to or different from expectations as per reference (textbook, practice guidelines). Describes **some** significant changes in client’s condition compared to baseline. **Some** comparison of client’s presentation to previous clients with same problem. **Meets** **minimal expectations** in critical thinking. **4-6 points** | Describes **little relevant/focused** subjective and objective data. **Few to no** possible complications and safety concerns are identified. **Attempts** to incorporate client’s perspective and environment from observing and interacting with **client/ family**. **Little** logical explanation as to how client’s presentation is similar to or different from expectations as per reference (textbook, practice guidelines). Describes **few to no** significant changes in client’s condition compared to baseline. **Very little** comparison of client’s presentation to previous clients with same problem. **Does not meet** **minimal expectations** in critical thinking. **0-3 points** | **11** |
| **Clinical Judgment:**  **Interpreting** | Using **the** **most relevant, important** data:  1) describes patterns that explain client’s condition or predicts actual or possible complications or safety problems.  2) **prioritizes all** problems to be addressed.  **Clearly discerns all relevant** vs irrelevant data. Even when faced with complex, conflicting, or confusing data, is able to compare these with known patterns (from nursing knowledge base, research, personal **experience, intuition**); develops thorough plan for intervention that can be justified in terms of likelihood of success. **10-12 points** | Using **mostly relevant, important** data:  1) describes patterns that explain client’s condition or predicts actual or possible complications or safety problems.  2) **prioritizes** **most** problems to be addressed. **Discerns most relevant** vs irrelevant data. When faced with complex, conflicting, or confusing data, compares these with known patterns (from nursing knowledge base, research, personal experience, intuition); **mostly** develops plan for intervention that can be justified in terms of likelihood of success. **7-9** **points** | Using **some relevant** data:  1) describes patterns that explain client’s condition or predicts actual or possible complications or safety problems.  2) **prioritizes** **most** problems to be addressed. **Discerns some relevant** vs irrelevant data. When faced with complex, conflicting, or confusing data compares theses with known patterns (from **nursing knowledge base, research**); attempts todevelop plan for interventions that can be justified in terms of likelihood of success.  **4-6 points** | Using **some relevant** data:  1) describes patterns that explain client’s condition or predicts actual or possible complications or safety problems.  2) **prioritizes** **most** problems to be addressed. **Has difficulty discerning relevant** vs irrelevant data. When faced with complex, conflicting, or confusing data compares theses with known patterns (from **nursing knowledge base, research**); little attempt to develop plan for interventions that can be justified in terms of likelihood of success. **0-3 points** | **11** |
| **Clinical Judgment:**  **Responding** | Generates **thorough** plan of care as a list of **prioritized** nursing actions based on best evidence. Describes **all relevant** changes made in treatment plan and rationale. Includes **all** actions to prevent possible complications. Contraindications are identified based on client’s personalized clinical situation. Delegates **all appropriate** tasks to **appropriate** health care team member. **Succinctly** explains nurse’s responsibility in regard to same. Exhibits **effective** collaboration with **all** members of health care team. Provides **appropriate** client/family teaching in an **understandable** way. Describes results of client/family teaching. **Thoroughly** explains how client’s treatment plan is similar to or different from expectations as per **reference** (textbook, clinical guidelines). **Thoroughly** compares client’s treatment plan to **previous clients** with same problem. **10-12 points** | Generates **fairly comprehensive** plan of care as a list of **mostly** **prioritized** nursing actions based on best evidence. Describes **most** of changes made in the treatment plan and rationale. Includes **most** actions to prevent possible complications. Identifies **most** contraindications based on client’s personalized clinical situation. Delegates **most** tasks **appropriately** to **appropriate** team member. **Explains** nurse’s responsibility in regard to same. Exhibits **effective** collaboration with members of health care team. Provides **appropriate** client/family teaching in **understandable** way. Describes results of client/family teaching. **Mostly** explains how client’s treatment plan is similar to or different from expectations as per **reference** (textbook, clinical guidelines). Compares client’s treatment plan to **previous clients** with same problem. **7-9** **points** | Generates a **basic** plan of care as a list of **mostly** **prioritized** nursing actions based on best evidence. Describes **some** of the changes made in the treatment plan and rationale. Includes **some** actions to prevent possible complications. Identifies **some** contraindications based on the client’s personalized clinical situation.  Delegates **some** tasks **appropriately** to **appropriate** health care team member. **Attempts to explain** nurse’s responsibility in regard to same. Collaborates with **some** members of health care team. Provides **appropriate** client/family teaching. Describes results of client/family health teaching. **Attempts to explain** how client’s treatment plan is similar to or different from expectations as per **reference** (textbook, clinical guidelines).  **4-6 points** | Attempts to generates a **basic** plan of care as a list of **non-prioritized** nursing actions based on best evidence. Describes few changes made in the treatment plan and rationale. Includes **few** actions to prevent possible complications. Identifies few or no contraindications based on the client’s personalized clinical situation.  Delegates a **few** tasks **appropriately** to **appropriate** health care team member. **Fails to** e**xplain** nurse’s responsibility in regard to same. Collaborates with **a few** members of health care team. Provides **some or none of the** **appropriate** client/family teaching. **Fails to evaluate** results of client/family health teaching. **Attempts to explain** how client’s treatment plan is similar to or different from expectations per **reference** (textbook, clinical guidelines). **0-3 points** | **12** |
| **Clinical Judgment:**  **Reflecting**  **In-Action (during)** | **Continually** monitors/reassesses client’s response to actions when appropriate.  Makes **all** necessary changes to nursing care by adding new actions, stopping ineffective actions asappropriate. Notifies co-assigned **RN/ faculty/physician** of worsening or worrisome changes in client’s condition. At decision points identifies **all** possible alternative actions. **10-12 points** | **Usually** monitors/reassesses client’s response to actions as appropriate. Makes **most** of the necessary changes to nursing care by adding new actions, stopping ineffective actions asappropriate. Notifies co-assigned **RN/ faculty** of worsening or worrisome changes in client’s condition. At decision points identifies **most** possible alternative actions. **7-9** **points** | **Sometimes** monitors/reassesses client’s response to actions as appropriate. Makes **some** necessary changes to nursing care (adding new actions, stopping ineffective actions) asappropriate. **Usually** notifies co-assigned **RN/ faculty** of worsening or worrisome changes in client’s condition. At decision points identifies **some** possible alternative actions. **4-6 points** | **Rarely** monitors/reassesses client’s response to actions. Makes **few/none** of the necessary changes to nursing care (adding new actions, stopping ineffective actions) asappropriate. Doe**s not** notify co-assigned **RN/faculty** of worsening/ worrisome changes in client’s condition. At decision points identifies **few/no** possible alternative actions. **0-3 points** | **12** |
| **Reflecting**  **On-Action (after)** | **Thoroughly** reflects on and critically evaluates clinical experiences. **Completely** evaluates effectiveness of care; problems resolved, new problems that developed. **Always** uses information to improve future clinical performance. **Always** demonstrates commitment to **ongoing** self-improvement. **Independently** evaluates and analyzes personal clinical performance. **Fully** identifies strengths/weaknesses and develops **specific** plan to improve.  **10-12 points** | **Usually** reflects on and critically evaluates clinical experiences. **Generally** evaluates effectiveness of care; problems resolved, new problems that developed. **Mostly** uses information to improve future clinical performance. Demonstrates commitment to **ongoing** self-improvement. **Independently** evaluates and analyzes personal clinical performance. **Mostly** identifies strengths and weaknesses and develops **general** plan to improve.  **7-9** **points** | **Sometimes** reflects on and critically evaluates clinical experiences. **Sometimes** evaluates effectiveness of care; problems resolved, new problems that developed. **Sometimes** uses information to improve future clinical performance. **Sometimes** demonstrates commitment to self-improvement. Attempts to evaluate/analyze personal clinical performance. **Sometimes** identifies strengths/weaknesses and develops **general** plan to improve.  **4-6 points** | **Rarely** reflects on and critically evaluates clinical experiences. Rarely evaluates effectiveness of care; problems resolved, new problems that developed. **Rarely** uses information to improve future clinical performance. **Rarely** demonstrates commitment to self-improvement. Attempts to evaluate and analyze personal clinical performance. **Rarely** identifies strengths and weaknesses and develops a plan to improve.  **0-3 points** | **12** |
| **Comments** | **Consider using pharmacology text for help in identifying the most common side effects and priority nursing implications.** |  |  |  | **96** |

Copyright © 2022 Wendy Manetti Reprinted with Permission