Current Version—Septembe, 2021

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# Introduction

There are currently **twelve (12) simulators** within vClinical with over **564 client**s. Specific clients are listed for Med-pass, Medical-Surgical, Fundamentals, Dosage Calculation, Developmental Disabilities, Maternal-Newborn, Obstetrics, Pediatrics, Community Health, and Mental Health. Due to the nature of the simulations, specific clients are not listed for Emergency Department or Math Refresher.

The program is designed so that the vital signs, labs, pain scores, and acuities (Mental Health) change with each simulation. The client’s age will not change, but the year of birth will change to correctly reflect the age. In newborn clients, the date of birth will change to correctly reflect the scenario.

There are embedded errors in the system. The DOB or the MRN may be off by a number. These errors are random within the simulations. If this occurs, the student should select the “Mark as error” button on the screen. Failure to identify the error will result in a loss of points.

Call Lights- specific simulators have “call lights” that will go off while caring for the client. A call light is a distractor where another client needs something. The student must select the least qualified, available staff member to care for the client. They will choose from RN, LPN, and CNA. The number of each type of staff members will be presented along with the call light. Please note: the preferred staff member may not always be available.

New clients are being developed and added to the simulators as quickly as we can dream them up and ensure quality learning experiences! We hope you find these vClinicals a rewarding method to challenge and develop students’ clinical judgment skills in the classroom, clinical, and lab teaching. Best wishes!

# Medical Surgical (51 Clients)

There are currently 46 Medical- Surgical clients with a variety of medical/ surgical diagnoses. Learners listen to a verbal report to determine nursing needs and acuities and compare this with the written report. Each client presents with 4-5 scenarios in which the actions must be placed into sequential order. Acuities range from 1 (low) to 3 (high).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Picture** | | **Name, Age, Acuity** | | **Report** | **Notes** | **Concepts** | |
| P48C6T1#yIS1 | | Ann Rails  38-years-old  Acuity level 1 | | Ann Rails, 38-years-old, presents with back pain, non-significant past medical history. No known allergies (NKA). Vital signs -BP 124/82 mm Hg, Temp 98.2F (36.8 C), P 84 beats/ min, RR 22 breaths/minute, SaO2 96%. Pain and numbness in legs for one week. Abnormal left leg weakness, gait unsteady, 5/10 on numeric pain scale. Neuro WNL, except leg pain upon movement. Activity as tolerated with assistance. Discharge plan- decrease pain and restore normal gait. Regular diet. Dr. Suculo. | Detecting domestic violence  Pain assessment and management | Family dynamics  Stress and coping  Violence  Sexuality | |
| P64C11T1#yIS1 | | Arthur Thomason  56-years-old  Acuity level 3 | | Arthur Thomason, 56-year-old MVA victim, fourth day post op with a splenectomy and femur repair. He is experiencing new onset of shortness of breath and has a nasal cannula with 2L of oxygen in place. He is restless with slight confusion but is easily oriented with attempts from nurse. Temperature spiked during the night to 102.4 F (39.1 C), BP now 146/94 mm Hg which is slightly elevated, respirations at 30 beats/minute and slightly labored, heart rate 102 beats/minute versus 84 beats/ minutes from last night shift. Skin cool to touch and appears pale. He is coughing to clear his airway, cough appears ineffective. Recent chest X-ray shows diffuse bilateral interstitial infiltrates in all lobes. Recent blood gases demonstrate falling PaO2 (hypoxemia) and increasing CO2 (hypercapnia). Mr. Thomason is anxious and his condition has deteriorated. | Pulmonary edema  Deteriorating condition  Anxiety | Mobility  Gas exchange  Perfusion  Acid base balance  Homeostasis | |
| P84C16T1#yIS1 | | Joyce Workman  42-years-old  Acuity level 1 | | Mrs. Joyce Workman is a 42-year-old female who presents to the Diabetes Clinic with a new diagnosis of type 2 diabetes. She has been documented as being obese, new onset hypertension, polyuria, and a rash on her abdomen. She was asymptomatic upon arrival. She was admitted yesterday for stabilization of her glucose levels and to assist her with lifestyle modification. She states she leads a sedentary lifestyle as a bank officer. Her HbA1C is 10%. | Management of diabetes Type 2  Hypertension  Metabolic syndrome | Education  Clinical decision making  Metabolism  Glucose regulation | |
| P102C21T1#yIS1 | | Carlos Mancia 48-years-old  Acuity level 2 | | Carlos Mancia, 48-years-old, Spanish speaking migrant worker with no known past medical history. Rule out tuberculosis. Vital signs -Temp 99.1 F (37.3 C), BP 124/62 mmHg, P 77 beats/minute, RR 20 breaths/ minute, SaO2 91%. Airborne Isolation. Neuro WNL. Skin moist, respiratory bilateral wheezes and rhonchi. Blood-tinged mucous, productive cough. Diet as tolerated. IV maintenance fluids with D5 1/4 NS @ 150 mL/hr X 3 then reduce rate to 75 mL/hr. Expresses fatigue, fear, concern, and desire for recovery. Needs frequent reminder to stay in room and maintain mask precautions. If family/visitors come, they will need education about airborne precautions. Spanish interpreter available at extension 61178. Dr. Rondeau. | Tuberculosis  Interpreter/ language barrier  Isolation | Communication  Gas exchange  Stress and coping  Culture | |
| P119C26T1#yIS1 | | Estelle Hatcher 31-years-old  Acuity level 2 | | Estelle Hatcher, 31-years-old, rule out appendicitis, 1st day post-op appendectomy, NKA; Vital signs - Temp 101.2 F (38.4 C), BP 108/74 mmHg, P 92 beats/minute, RR 20 breaths/minute, SaO2 99%, alert and cooperative. Wound site clean, dry, and intact, NPO, NG-tube to low continuous suction. IV maintenance fluids with D5 1/2 NS with 20 KCL @ 125 mL/hr in left forearm. Ambulates with minimal assistance. Family at beside. Dr. Sangerstien. | Post op appendectomy with NG tube | Tissue integrity  Comfort  Nutrition  Thermo-regulation  Homeostasis | |
| P134C31T1#yIS1 | | John Duncan  56-years-old  Acuity level 1 | | John Duncan, 56-year-old male, Diagnosis-Gastroenteritis, returned yesterday from Cancun, presents with intractable diarrhea, weak, pale, and refusing to eat. No known allergies (NKA). Non-significant past medical History. Vital signs Temp 99.4 F (37.4 C), BP 106/72 mmHg, P 96 beats/minute, RR 20 breaths/minute, SaO2 91%. Neuro WNL's, alert and cooperative. IV maintenance fluids with D5 1/2 NS at 125 mL per hour in left arm. States he has a headache, medicated with Lortab 5mg PO at 0900, takes Lomotil 10 mL PRN q 4 hours last dose at 0834. Stools are decreasing but client remains very weak. Wife at bedside. Diet as tolerated. Dr. Jones. | Gastroenteritis  Dehydration  Intravenous therapy | Nutrition  Fluid and electrolytes  Elimination  Homeostasis | |
| P152C36T1#yIS1 | | Kathy Gestalt  33-years-old  Acuity level 2 | | Kathy Gestalt, 33-years-old, Diagnosis- second day post-op open right tibia/fibula fracture, plaster cast in place on right lower leg. No known allergies. Vital signs Temp 98.4 F (36.9 C), BP 116/76 mmHg, P 96 beats/minute, RR 20 breaths/minute, SaO2 99%. Neuro WNL, alert, and cooperative but worried about scarring and is reluctant regarding walking on leg. Diet as tolerated, up ad lib after gait training. Crutches at bedside adjusted for height. Dr. Anderson. | Post-op right tibia-fibula fracture | Comfort  Mobility  Tissue integrity | |
| P164C41T1#yIS1 | | Lithia Monson 93-years-old  Acuity level 3 | | Lithia Monson, 93-years-old, presents with a head injury, rule out subdural hematoma. History of dementia, from nursing home, fall one day ago. No known allergies (NKA). Vital signs -Temp 97.2 F. (36.2 C.), BP 96/74 mmHg, P 82 beats/minutes, RR 20 breaths/minute, SaO2 97%. Neuro- confusion to time and place, but oriented to self, speech clear, poor historian, did not recognize son today which is new for her; neuro assessment and vital signs q1 hr. Skin warm dry, bruises on forehead with small laceration. Increased fall risk. DSD (dry sterile dressing) to forehead laceration clean and dry intact. 20ga. Hep-Lock in place left AC. GI WNL. Cardiovascular has pacer with rate of 82bpm on demand. Strict I&O, regular diet, intake 50%. Waist belt restraint PRN; family sitter at bedside, assist with bath. Dr. Altace. | History of dementia  Head injury  Subdural hematoma | Cognition  Mobility  Intracranial regulation  Communication  Tissue Integrity | |
| P183C46T1#yIS1 | | Marcella Como 38-years-old  Acuity level 1 | | Marcella Como, 38-years-old, Sexual Trauma Victim (Rape), unknown assailant. Non-significant past medical History. No known allergies (NKA). Vital signs: Temp 98.2 F (36.8 C), BP 94/60 mmHg, P 72 beats/ minute, RR 22 breaths/minute, SaO2 99%. Multiple abrasions, bruising head, chest, and inner thigh. Isolative, appears fearful, crying, and refusing to see her husband. SANE nurse to make second visit today. Awaiting diagnostic labs. Taking HIV medication prophylaxis. Social worker with client this morning. Diet as tolerated. Dr. Roopes. | Sexual assault victim  Trauma | Sexuality  Patient education  Violence  Grief and loss  Trauma | |
| P200C51T1#yIS1 | | Ramona Stukes  69-years-old  Acuity level 3 | | Ramona Stukes, 69-years-old, third day post-op cholecystectomy. Non-significant past medical history. No known allergies (NKA). Vital signs: Temp 98.6 F (37 C), BP 114/62 mmHg, P 100 beat/minute, RR 20 breaths/minute, SaO2 94%. Neuro WNL, alert, and cooperative. Skin warm and dry, daily dressing changes, T-tube without drainage. NG tube to low suction possibly discontinued today after Dr. Levine rounds. Today's incentive spirometry tidal volume is 1250 mL, improvement over yesterday's 900 mL. NPO with small amount of ice chips only. Today's weight 226 lb. IV D5 1/2 NS with 20 KCL @ 125 mL/hr in left forearm. Last pain medicine 2 hrs ago at 1300 (Demerol 50mg/ Zofran 4mg IV). Ambulates with assistance. Dr. Levine. | Post op cholecyst-ectomy  Ileostomy  NG tube | Comfort  Nutrition | |
| P216C56T1#yIS1 | Richard Dominec  47-years-old  Acuity level 3 | | Richard Dominec, a 47-year-old married father of three children, has been admitted for an emergent appendectomy in the evening as soon as there is space available in the OR. He is currently febrile with temperature 100.8 F (38.2 C), HR 99 beats/minute, BP 135/96 mmHg, RR 20 breaths/minute, PaO2 96%, nauseated with no vomiting, rebound tenderness in right lower quadrant, has elevated WBC's and surgeon feels this will be uneventful even though he has just been diagnosed with AIDS this past week. His overall health is good, and he has known he has been HIV positive for the past five years. He has been taking his HIV medication daily. Recently he manifested an unusual black lesion on his thigh and developed an opportunistic fungal mouth infection which was treated successfully. The lesion was identified as Kaposi's Sarcoma. Now meeting the CDC definition for full blown AIDS but is otherwise asymptomatic. Mr. Dominec has a male partner and has been married for the past ten years and share their three children in the marriage. | | Emergent appendectomy  Newly diagnosed  AIDS | | Perioperative  Patient education  Infection  Immunity |
| P233C61T1#yIS1 | Robert Sturgess  81-years-old  Acuity level 2 | | Robert Sturgess, 81-years-old, Diagnosis- Metastatic CA of colon, History of diabetes. Palliative care. No Known allergies (NKA). Vital signs- Temp 98.7 F (37 C), BP 114/67 mmHg, P 115 beats/minute, RR 20 breaths/ minute, SaO2 98%. Neuro WNL alert and cooperative. Skin warm and dry, all vital signs in WNL except 115 beats/minutes pulse, which is normal for him. Blood glucose 185 mg/dl, 4 units of insulin sliding scale for coverage administered. ADA diet, intake 25%. Demerol 25mg SIVP for pain, client reports 7/10 on pain scale. Client and family upset regarding Diagnosis. Dr. Donofrio. | | Metastatic colon cancer  Diabetes  Palliative care | | Cellular regulation  Glucose regulation  Comfort |
| P249C66T1#yIS1 | Sarah Getts  77-years-old  Acuity level 2 | | Sarah Getts, 77-years-old, Diagnosis- Chronic Renal Failure, admitted with hyperkalemia (5.9, Eq/L)/hyponatremia (128 mg/L). No known allergies (NKA). Vital signs: Temp 98.8 F (37.1 C), BP 102/76 mmHg, P 102 beats/minute- irregular, RR 22 breaths/minute, SaO2 90%, cardiovascular on telemetry with sinus irregular rhythm. Disoriented to time and place, speech slurred. Pupils PERRLA, eyes clear. 20 gauge Hep-Lock in right forearm, skin warm and dry, generalized weakness with recent weight loss. 50% intake. High fall risk. Renal diet. Family in room with client very concerned. Dr. Brown. | | Chronic renal failure  Hyperkalemia  Hyponatremia | | Fluid and electrolytes  Elimination  Nutrition  Homeostasis |
| P268C71T1#yIS1 | Tom Richardson  46-years-old  Acuity 2 | | Tom Richardson, 46-years-old. Diagnosis- urinary stones with 3 episodes/5yrs. Allergic to sulfa drugs. Vital signs: Temp 98.4 F (36.8 C), BP 178/105 mmHg, P 112 beats/minute, RR 28 breaths/minute, SaO2 94%; Neuro- WNL's. Skin warm and pale. Generalized weakness, blood tinged urine and severe pain upon urination, GI- Has nausea and vomiting. Clear liquid diet. Strict I&O and strain all urine, filters in bathroom. Client demonstrates urine strain procedure. Severe pain (10/10) medicated q 30 minutes x4 with IV Morphine 2mg with little relief. IV D5 1/2 NS @150 mL/hr. Dr. Small at bedside with client and family. Stat lithotripsy treatment ordered. Awaiting transport. | | Kidney stones  Severe pain | | Elimination  Comfort  Mobility |
| P284C76T1#yIS1 | Viola Cumble  92-years-old  Acuity level 2 | | Viola Cumble, a 92-year-old, second day post-op hip repair, allergic to Penicillin. Vital sign Temp 98.4 F. (36.8 C), BP 136/78 mmHg, P 72 beats/minute, RR 20 breaths/ minute, SaO2 97%. Normal sinus rhythm on telemetry. Alert and cooperative. No weight bearing today. Skin warm and dry, may sit up on edge of bed today. Needs frequent reminders to put on the call bell due to her determination to do things herself without assistance. Wound clean, dry and intact. Regular diet. Dr. Starks. | | Post-op hip fracture repair  Risk for falls  Osteoporosis | | Mobility  Comfort  Patient education  Perfusion |
| P302C81T1#yIS1 | Virginia Smith 57-years-old  Acuity level 3 | | Virginia Smith is a 57-year-old female who has elected to have a total mastectomy based on consultation with her surgeon. A total mastectomy removes all breast tissue but leaves all or most of the axillary lymph nodes and chest muscles intact. She is also to receive radiation, chemotherapy, and hormone therapy post-operatively. She is with her physician. She is also investigating bone marrow transplantation. She has arrived in pre-op and is about to have surgery this morning. Her husband and two grown children are also with her as she is prepared with a gown and head cap awaiting transport to the operating room. She has IV access and received a small dose of Valium to reduce apprehension. Temperature is 98.3 F (36.8 C), HR is 87 beats/minute, RR is16 breaths/minute, BP is 121/74 mmHg, PaO2 is 98%. | | Breast cancer  Pre-op consent issues  Preoperative care | | Cellular regulation  Perioperative  Patient education  Advocacy |
| P319C86T1#yIS1 | Jose Martinez  43-years-old  Acuity level 3 | | Jose Martinez, a 43-year-old male, is experiencing chest pain while watching a state rival football game earlier in the evening. Chest pain progressively increased so he called for an ambulance to bring him to the Emergency Department. Once the ambulance arrived at the hospital, he reported his pain as 10/10. The 12-lead EKG showed ST elevation. Vital signs were HR 160 beats/minute, BP 145/102 mmHg, Respirations 23 breaths/minute, and Pulse Ox 89%. He was given nitroglycerin during transport to the hospital with little relief. He complained of feeling “light-headed”. He is now on the unit, and the pain has subsided. He has a 10-year history of hypertension. He was transferred to the cardiac stepdown unit because no beds were open in the cardiac ICU. Ambulance report: Nitroglycerin SL x 3, 12-lead EKG, blood drawn for cardiac enzymes, peripheral IV started to left forearm. | | Acute MI  Anxiety | | Perfusion  Oxygenation  Managing care  Collaboration  Fluid and electrolytes  Sexuality  Homeostasis |
| P341C91T1#yIS1 | Julia Monroe  74-years-old  Acuity level 3 | | Julia Monroe, a 74-year-old, widowed female arrived at the unit alone last night. She was admitted from the ED complaining of swelling in her legs as well as having gained 5 lbs. over the past two days. Chest x-ray and EKG were unremarkable. She stated that her legs were hurting most of the night. She has a medical history of hypertension and hypothyroidism. She was admitted to Dr. Gray for full diagnostic work-up to determine the cause of her symptoms. | | Heart failure | | Mobility  Comfort  Perfusion  Fluids and electrolytes  Respiration |
| **P357C96T1#yIS1** | Karen Cole  56-years-old  Acuity level 2 | | Karen Cole, 56-year-old female, is a school principal at White House High School. She was admitted directly from the Dr.’s office to the IMCU after initial complaint for tightness in her chest. She denies pain and she has a slight shortness of breath. Vital signs: BP 168/92 mmHg, P 90 beats/ minute, R 24 breaths/minute, T 98.6 F (37 C). Her husband insisted that she come. She is insisting that she will only stay 12 hours because she has to be back to school in the morning. | | Cardiac event    Stents | | Perfusion  Fluid and electrolytes  Caring  Manager of care |
| **P373C101T1#yIS1** | Kenny Barrett  64-years-old  Acuity level 2 | | Kenny Barrett, 64-years-old, was admitted for observation of initial administering of his blood pressure medication. He is being treated for a blood pressure of 220/124 mmHg that was taken when visiting his doctor for a routine physical. ECG was unremarkable. No past history of HTN. Past medical history includes hyperlipidemia and a history of 1 pack a day smoker for the past 20 years. Vital signs: Temp 98.9 F (37.2 C), BP 178/90 mmHg, P 88 beats/minute, RR 18 breaths/minute, SaO2 95% on room air. IV with NS @ 125 mL/ hr. Client has been complaining of a headache and dizziness. He is a client of Dr. Adams. | | Hypertension  Nicotine abuse | | Comfort  Perfusion  Communication  Addiction |
| P390C106T1#yIS1 | Linda Pittmon  74-years-old  Acuity level 2 | | Linda Pittmon is a 74–year-old female client who is noncompliant with diabetes, and frequently stays at a local homeless shelter. She has been admitted to the floor with complaints of numbness in her right foot and ankle. Mrs. Pittmon states she has had numbness in her foot for years but “now I can’t feel it at all and my toes don’t look the right color.” | | Diabetes  Below knee amputation  Perioperative care | | Glucose regulation  Fluid and electrolytes  Mobility  Infection  Addiction |
| **P410C111T1#yIS1** | Linda Yu  86-years-old  Acuity level 2 | | Linda Yu was admitted to the unit after surgery on her left hip due to a fall. She is 2 days post-op. She is 86-years-old and has a history of osteoarthritis and cataracts. PT has been getting the client up with a walker and she is able to take a few steps. She is aware of self and situation, but not time or day. Her family lives out of state, but the daughter was here for the surgery, she left yesterday. The plan is to discharge Ms. Yu back to her assisted living facility. Her daily medications at home include: Prednisone 5 mg, furosemide 20 mg, and ASA 81 mg daily. The surgeon added oxycodone 5mg q 4-6 hours prn pain. NKDA. | | Left hip fracture  Osteoarthritis  Dementia | | Mobility  Cognition  Safety  Perioperative care |
| **P428C116T1#yIS1** | Charlie Raymond  65-years-old  Acuity level 3 | | Mr. Raymond is a 65-year-old male who was admitted to a negative pressure room on Med-Surg for COVID precautions. He has a history of COPD, hypertension, diabetes type 2, and a recent myocardial infarction. He is a retired postal worker who lives at home with his wife. He is on cefotaxime 2 gram IV q4hr and sliding scale insulin. Initially the cardiologist was concerned about congestive heart failure and Mr. Raymond is receiving furosemide 20 mg IV twice a day for pulmonary edema. Vital Signs: BP is 145/78 mmHg, Pulse 89 beats/minute, Respirations 24 breaths/minute and slightly labored, Temperature 100.2 F(37.9 C), SaO2 94% on 2L nasal cannula. The client and family are fearing the worst due to COVID-19 Pandemic. | | COVID-19  Underlying heart disease  Diabetes  COPD | | Safety  Oxygenation  Respiration  Perfusion  Grief and loss  Fluid and electrolytes |
| P452C121T1#yIS1 | John Wiggins  36-years-old  Acuity level 2 | | John Wiggins, 36-years-old, has been admitted for a possible concussion from an ATV rollover without a helmet 3 days ago. He is alert and cooperative but does complain of a consistent headache and nausea. His vital signs are normal and are being taken with neuro checks q 2 hours. His Glasgow Coma Scale score is 15. He admits to drinking a 6-pack of beer a day. | | Subdural hematoma  Alcohol abuse | | Intracranial regulation  Comfort  Addiction  Safety |
| P468C126T1#yIS1 | Tim Jones  82-years-old  Acuity level 1 | | Tim Jones, an 82-year-old male client of Dr. Diggs just arrived this morning from the local nursing home. He was confused upon arrival. During the initial assessment, fresh and various stages of bruise healing were noted to his shoulders, lower back, ribs, and thighs. He was admitted to the med-surg unit for new onset confusion. Mr. Jones is guarded and has facial grimacing anytime someone reaches toward him or touches him. He moans when rolled. | | Elder abuse  Confusion | | Safety  Intracranial regulation  Trauma  Stress and coping  Cognition |
| P487C131T1#yIS1 | Preston Wright  73-years-old  Acuity level 1 | | Mr. Wright is a 73-year-old male, client of Dr. Greene, status post CVA (stroke) 4 weeks ago. He has been readmitted for a red spot on his sacrum of 1 cm and a 2 cm blister on his right heel. IV fluids of D5 1/2 NS are infusing at 100 mL/hour to his right forearm. Mr. Wright is pleasant and cooperative but needs to be reminded to avoid pressure on his heel and sacrum. He has orders for dressing changes daily and pain medications prior to the dressing change. | | Wound care  Pressure ulcers  Stroke | | Cellular regulation  Comfort  Nutrition  Mobility  Tissue integrity |
| **P507C136T1#yIS1** | Kathryn Horton  25-years-old  Acuity level 2 | | Sarah Kathryn Horton, a 25-year-old graduate student, was brought to the emergency room via ambulance after being shot on the local college campus. Sarah was admitted to the med-surg unit at 2am. She has two through-and-through gun-shot wounds. One to her right thigh and one to her right shoulder. She has a 20-gauge peripheral IV to left forearm with 75 mL/hr. of 0.9% saline infusing. Vital signs are stable at this time, alert and oriented x3, reports pain 6/10. She remains tearful and has been told that her best friend died on the scene. | | Gunshot victim  Grieving | | Trauma  Grief and Loss  Inflammation  Stress and coping |
| P523C141T1#yIS1 | Donald Lyles  52-years-old  Acuity level 3 | | Client Donald Lyles, 52-year-old male, was admitted yesterday evening for stabilization of his uncontrolled type 2 diabetes. He is married and his wife is requesting to stay at his side. His HbgA1c is 10.6%. He has a history of a myocardial infarction (MI) one year ago, has refused all cardiac rehabilitation, and has not had another cardiac event. He refuses to comply with dietary recommendations. His BMI is 37. Vital signs: BP 146/94 mmHg, P 88 beats/minute, R 22 breaths/minute, T 99.2 F (37.3 C), PaO2: 94%  Blood glucose upon admission is 340 mg/dl. | | Sudden cardiac arrest  Type 2 diabetes | | Perfusion  Oxygenation  Evidence based practice |
| P540C146T1#yIS1 | Mary Barkley  74-years-old  Acuity level 3 | | Mary Barkley, a 74-year-old female, has been admitted to the floor with a respiratory infection and she has tested positive for COVID-19. She resides in an assisted living facility which has seen four deaths related to COVID-19. She is exhibiting the same initial signs and symptoms as the other patients and her primary care provider would like to start aggressively treating her. She is running a low-grade fever 99.8 F (37.7 C) and has a sore scratchy throat which is causing an unproductive cough. She also is complaining of chills, muscle pain, and headache. She is considered an at-risk client because of her age. She also suffers from lupus and is already taking hydroxychloroquine, a first-line lupus therapy. There is no conclusive evidence of its benefits for coronavirus. She is very fearful and is requesting to see her family. She does not want to die alone. | | COVID-19 | | Grief and loss  Oxygenation  Comfort  Clinical decision making |
| P555C151T1#yIS1 | Dotty Hamilton  52-years-old  Acuity level 3 | | Dotty Hamilton, a 52-year-old female, has been admitted for bariatric Surgery. She arrived at 0600 and is scheduled for a laparoscopic Roux-en-Y gastric bypass (RYGB). She is morbidly obese with a BMI of 52, Height 5’3”, Weight 293 lbs. She has well controlled hypertension withlosartan (Cozaar) 50 mg q daily. She also takes metformin to control her Type 2 Diabetes. She has sleep apnea, and she brought her CPAP machine. She is very excited about the surgery but is also apprehensive. She was told by a friend that the complication rate for this surgery is very high. She believes this surgery is her only hope as she says she has tried everything else to lose weight. Her husband is with her and seems to be very supportive. | | Gastric bypass surgery  Obesity  Septicemia  Sleep apnea | | Post-operative  Death and dying  Anxiety  Grief and loss |
| P577C156T1#yIS1 | Jody Rush  20-years-old  Acuity level 3 | | Jody Rush, a 20-year-old, is admitted for right femur fracture status, post skiing accident. She is in a traction splint and will be going for surgical repair today. Vital signs: BP 120/62 mmHg P 88 beats/minute, R 20 breaths/minute T 98.9 F (37.2 C), PaO2 99%. She has been in a lot of pain and has been receiving 25 mcg IVP q2 hours Fentanyl for pain. She was nauseated after her last Fentanyl dose, and the Dr. Ordered an additional 4mg IVP Zofran. She has a history of exercise induced asthma and uses a rescue inhaler of albuterol. Her parents are on their way; they are flying in today. She was on a ski trip with some of her friends from college. Her best friend has been camped out with her. We got her on a bedpan earlier, but it took a lot of work. We just received an order for a foley catheter. There was some concern that she may have sustained a head injury as she has an abrasion to her forehead, but she denies ever losing consciousness. Client’s affected extremity has normal pulses and the capillary refill is less than 3 seconds. | | Right femoral fracture  Asthma  Pulmonary embolism | | Trauma  Mobility  Respiration/ oxygenation  Comfort |
| P598C161T1#yIS1 | Kate Bradley  88-years-old  Acuity level 2 | | Kate Bradley is an 88-year-old female who fell and broke her hip two days ago. She is coming to us from the Shady Rest Nursing Home. She is a little confused to person and place. She does have a sitter in place and has a bed alarm for fall risks. She has a 22g IV to her left forearm that was very difficult to get; she had multiple IV sticks last night. Her skin is very friable and we are using paper tape. She has several skin tears on her arms. She is in considerable pain and screams when we try to move her. She received fentanyl 25 mcg IVP this morning at 0600 and is resting quietly now. They plan to take her to the OR later this afternoon. | | Hip fracture  IV therapy  Pressure ulcers  Pre-operative  Foley catheter  Osteoporosis | | Trauma  Abuse  Comfort  Mobility  Cognition  Nutrition |
| P628C166T1#yIS1 | Roger Clinton  57-years-old  Acuity level 3 | | Roger Clinton, a 57-year-old male construction worker, arrives at 0600 to be prepared for a partial thyroidectomy to determine if he has cancer. His past symptoms for three months have been that he noticed a slight hoarseness in speaking, a slight dry cough not related to a cold, and upon examination had a “pea-size lump on the center of his neck”. His endocrinologist had a radioiodine scan performed that showed a suspicious area. The plan is to obtain a biopsy from several areas of the thyroid gland and hopefully to leave as much as possible in place. Roger knows that it will take three days after surgery to determine if he has cancer but does not understand the implications resulting from a thyroidectomy including lifetime thyroid replacement medication. | | Thyroidectomy  Neuroendocrine  Perioperative care | | Perioperative care  Communication  Cellular regulation |
| P646C171T1#yIS1 | Wight Goodman  22-years-old  Acuity level 3 | | Wight Goodman, 22-years-old, was admitted to the floor last night from the ER for an orbital fracture. He was hit in the left eye by a softball yesterday. Apparently, he was pitching and the batter hit a line drive hitting him in the right side of the face. They applied some ice to his face and he decided to go to the post game keg party instead of coming to the ER. The client stated that there was significant swelling, but his vision was fine. The pain was controlled with beer and 800 mg of Motrin. He was unable to sleep later in the evening as the pain became worse and his vision became more impaired. The maxillofacial surgeon was consulted, and they will see him this morning. They were not concerned as his intraocular pressure was normal in the ER. There is significant edema and discoloration to the left side of his face and his left eye is almost completely swollen shut. His visual acuity is diminished, and the whites of his eyes are hemorrhaged. His pain has been well controlled with IV morphine 4 mg q 3 hours. He has a 20g SL to his right hand that was started in the ER. He has no other health concerns. He is being admitted for pain control, close observation of his intralocular pressure, and head injury. | | Orbital fracture  R/O increased intracranial/ intraocular pressure  Visual acuity | | Intracranial regulation  Mobility  Sensory  Comfort |
| P667C176T1#yIS1 | Keaton Henderson  42-years-old  Acuity level 2 | | Keaton Henderson is a 42-year-old male police officer in the neighboring city. He was shot off-duty 2 days ago trying to intervene in an armed robbery at a gas station. He had a right thoracotomy and has an IV of D5W at 125/hour. He was transferred to the floor late yesterday. He was shot in his right chest. His vital signs upon admission to the floor were BP 140/72 mmHg, HR 78 beats/minute, T 98.4 F (36.8 C), R 20 breaths/minute, PaO2 96% room air. He has a portable chest tube drainage system at low continuous suction with minimal drainage. His last chest x-ray shows his right lungs to be fully expanded and the plan is to remove the chest tube in two days. | | Chest tube care  Gunshot wound | | Trauma  Oxygenation  Respiration  Communication |
| P686C181T1#yIS1 | Ronald Burgundy | | A new graduate nurse receives a call from the hospital telling them to report to the ER immediately for a disaster. The nurse arrives and sees a tent is being erected as a triage area, and ambulances are lined up delivering trauma patients. The nurse identifies self to the nurse triaging patients and is directed to trauma room 4. When the nurse arrives to room 4, they are told to assume the care for the patient and get ready to transport them to the floor ASAP. The patient is awake, alert, and oriented. He is emotionally distraught and is insisting that he be allowed to report what is going on from the ED. He is a local TV news reporter that was filming an event at the county fair when there was an explosion. The patient is awake alert and oriented. He has partial thickness burns to his left arm and the left side of his face. Some hair on the left side of his head has been burned off, as well. His left humorous is fractured and splinted. It was diagnosed by a portable X-ray and quickly splinted by the ER staff. He also has metal fragments on his left side on his leg arm and torso. He is having some difficulty hearing and complains of ringing in his ears. It is unclear if he lost consciousness. He is complaining of pain in his left arm, and pain in his left chest when he tries to take a deep breath. He does not have an IV nor is he on oxygen. Vital Signs: BP 160/92 mmHg, P: 96 beat per minute, R: 22 breaths per minute, SpO2: 98%, T: 98.9 F(37.1C). | | Disaster/ Trauma/Triage  Confidentiality  Burns  Hearing Impairment  Pain | | Trauma  Sensory  Tissue integrity  Role of the nurse  Pain  Sensory |
| P718C186T1#yIS1 | Hildegard Lowe  68-years-old  Acuity level 2 | | Hildegard Lowe, a 68-year-old female, was newly admitted after a rough night in the ER after coughing for the last 2 months. Client is alert and cooperative, on oxygen at 2L. She has an IV 0.9 normal saline at 125/hour. Chest x-ray upon admission showed right middle lobe pneumonia. Vital signs: BP 128/86 mmHg, P 105 beats/minute, R 32 breaths/ minute T 99.8 F (37.7 C), SaO2 93%. Plan of care includes antibiotic therapy, incentive spirometry, O2 supplementation, and pending labs and blood cultures from the ER. Client is receiving Rocephin and received Zithromax in the ER. Client does have a history of granulomatosis with polyangiitis and has been stable for 5 years without treatment. She is widowed and came to us from the retirement community. She has one daughter who is on her way from out of state; she will be arriving sometime today. Client states she is allergic to mangos. | | Pneumonia  Supporting oxygenation and ventilation    Confidentiality  IV infiltration/ managing IV therapy  Hospital acquired infection | | Respiration  Role of the nurse  Homeostasis  Protection |
| **P741C191T1#yIS1** | Janene Whitmore  58-years-old  Acuity level 3 | | Janene Whitmore is a 58-year-old female and practices the Jehovah Witness faith. She has been admitted for anemia and chronic uterine bleeding. A hysterectomy will be scheduled. Client refuses whole blood transfusions for religious reasons and is complaining of abdominal pain.  Vital Signs: BP 108/58 mmHg, P 108 beats/minutes, R 26 breaths/minute, PaO2 95, T100.9 F (38.3 C). Lab Hemoglobin 7/Hematocrit 19. | | Anemia  Bloodless management  Confidentiality  Pain and pain management | | Culture  Spirituality  Sexuality  Advocacy  Comfort |
| P764C196T1#yIS1 | Chanthavy Chhet  46-years-old  Acuity level 3 | | Chanthavy Chhet is a 46-year-old female admitted for dehydration and gastritis. She is accompanied by her uncle who speaks fluent English. Client speaks little to no English and is a Cambodian native. The uncle suggests that nursing staff address the client by “CC.” Family is concerned that she has not been eating or drinking. Her non-verbal communication indicates abdominal discomfort. Vital signs: T: 99.4 F (37.4 C), P 92 beats/minute, R 18 breaths/minute, PaO2 98%, BP 102/82 mmHg sitting, BP: 90/64 mmHg standing. | | Dehydration  Pain and pain management  Psychosis and disorientation  Safety  Language barriers/ interpretation | | Nutrition  Elimination  Homeostasis  Culture  Safety  Cognition  Emotion |
| P793C201T1#yIS1 | Don Johnson  23-years-old  Acuity level 3 | | Recently there was a warehouse fire that quickly spread to an adjoining neighborhood. Multiple burn injuries have overwhelmed the local hospitals. The ICU and burn unit are full of the most severe clients, so some of the clients have been admitted to the stepdown unit on the med-surg floor. Don Johnson, a 23-year-old male, was injured when trying to rescue a coworker. He sustained burns over part of his back, to include his right arm and right side of his face. Most of the burns are superficial and partial thickness with a few small areas that may be full thickness. The client’s beard caught on fire causing burns on the right of face including his right ear. He has an 18-gauge IV to left AC and the Parkland fluid resuscitation is ordered. The client weighs 90 Kg (4ml x 90 x 20). He is on simple face mask for O2 and has a dry cough. Vital signs are BP 140/82 mmHg, P 92 beats/minute, R 24 breaths/minute, T 99.2 F (37.3 C), PaO2 98% | | Burns  Fluid resuscitation  Airway clearance  Dressing changes  Hypothermia  Safety  Bereavement  Risk for hearing impairment  Compartment syndrome | | Comfort  Skin integrity  Respiration  Protection  Thermo-  regulation  Grief  Nutrition  Trauma  Homeostasis  Safety  Sensory |
| **P840C206T1#yIS1** | Glenn Massey  37-years-old  Acuity level 3 | | Glenn Massey post 2nd and 3rd degree burns on 18% of his body. Burns are located on his arms and upper torso. The client works at a chemical refinery; this was an occupational injury after an explosion at the plant. The nurse receives the following report from the trauma burn ICU nurse, “Situation is Glenn Massey is now stable to be transferred to the floor. Background is client was admitted 7 days ago after an occupation injury resulting in burns to 18% of his body. Client arrived via ambulance in critical condition and was intubated upon arrival. The assessment is vital signs are BP 142/91 mmHg T 99.4 F (37.4 C), P 102 beats/minute, R 28 breaths/minute, PaO2: 96% on room air. Client is AAO x4. He is receiving 5mg Morphine IV q3 hours PRN for pain control. IV at 150 mL/hr D5 ½ NS to a right subclavian. Foley catheter is draining clear urine, I&O in chart. Client requires dressing changes every shift. Recommendation is client is ready to be transferred to the floor and will need strict wound isolation. Family has been notified of his transfer and client believes he can return to work in a few days.” | | Burns  Burn care  Environmental safety  Fluids and electrolytes  Social service consult | | Skin integrity  Protection  Comfort  Homeostasis  Case management |
| **P865C211T1#yIS1** | Hannah Knox  62-years-old  Acuity level 2 | | Hannah Knox is a 62-year-old client who has been receiving hospice care for metastatic lung cancer. She continued to smoke until recently. The plan was for her to die at home. Her daughter could not handle having her in her home after 2 weeks of hospice care. The daughter was stating that her mother was in an extreme amount of pain and her family could not cope. Ms. Knox is frail, weak, and apprehensive about her care. Her lung sounds are diminished in her lower lobes bilaterally and she has crackles in her upper lobes. She is on 4L O2 via nasal canula. She has a pic-line in her right arm. Vital signs: BP 98/52 mmHg, P 92 beat/minute R 30 breaths/minute, SpO2 91%, T 100.2 F (37.8 C). | | Hospice care  Lung cancer  Pain and pain management  Safety  Social issues  Post-mortem care  Anxiety | | Grief and loss  Death and dying  Comfort  Safety  Family dynamics  Anxiety |
| **P894C216T1#yIS1** | Mark Robinson  52-years-old  Acuity level 2 | | Mark Robinson is a 52-year-old advertising executive. He presented to the emergency department complaining of abdominal pain with a history of black stools for 5 days. He is also complaining of lightheadedness when he tries to stand. Prior to that he has been extremely fatigued to the point that he had to take a couple days off from work. He thought he was coming down with the flu so he has been taking Motrin 800mg twice a day. He is currently on Prednisone 30 milligrams a day for Behcet's disease and Cardizem 120 mg a day for hypertension. He has admitted to taking twice his Prednisone dose as he is had a flare up with his gout. Mr. Robinson admits to drinking two to three alcoholic beverages daily. His respirations are equal and unlabored, bowel sounds are active in all four quadrants, he is pale and diaphoretic. Vital signs are BP: 109/58 mmHg, P: 102 beats/minute, R: 18 breaths/minute, SpO2 95%, Temp 97.6 F (36.4 C). Labs are pending; they had to be redrawn as the lab stated that the blood they were sent was hemolyzed. He has been admitted to the floor for a GI work up and a possible blood transfusion. | | Ulcers  Blood transfusion  Transfusion reaction  Gout  Endoscopy/ colonoscopy | | Clotting  Perfusion  Inflammation  Fatigue  Safety  Nutrition |
| P920C221T1#yIS1 | Calvin Umbyuma  42-years-old  Acuity level 3 | | Mr. Umbyuma is a 42 y/o male who has been admitted for complaints of shortness of breath with pleuritic chest pain. He was diagnosed with HIV positive antibodies over a year ago. He has recently been traveling back to his home country of Kenya to visit his sick mother. He received traditional medical treatment at his village. His temp is 100.9 F, 38.3 C, R 22, P92, BP 152/89. Inflammatory markers – Erythrocyte Sedimentation Rate (ESR) and C-Reactive Protein (CRP) are elevated at 78.9 mm/h and 67.2 mg/L. He has been placed in a room at the end of the hall. | | Tuberculosis  International infectious diseases  Traditional versus Western medicine  Contact tracing  Supporting oxygenation and ventilation | | Protection  Role of the nurse  Respiration/ oxygenation |
| P940C226T1#yIS1 | Ruth Cummings  68-years-old  Acuity level 1 | | Ruth Cummings, 68 y/o female admitted for acute LUQ abdominal pain with vomiting and nausea. Her pain is 9/10, greater after she eats. She has an allergy to soybean, and a history of breast cancer with a sinus tumor removal, hysterectomy, lumpectomy, and a thyroidectomy. She had an MRCP, also known as MRI cholangiopancreatography, which showed a fatty liver and gallstones (cholelithiasis.) Patient expresses concern about what surgery could find because of her history with cancer. | | Cholelithiasis  Complex medical history  Incident/ variance report  Nasogastric intubation  Preoperative care | | Adaptation  Metabolism  Elimination  Role of the nurse |
| **A person sitting in a room  Description automatically generated** | Trey Johnson  33-years-old  Acuity level 2 | | Mr. Johnson was admitted for severe abdominal pain. He is HIV positive and has had a full diagnosis for the past 6 months. He has been receiving Covalow for the past 6 months. While he has been compliant with good results reducing his viral load, he recently returned from an extended visit to Asia. His nausea and abdominal discomfort started two weeks ago. His VS are stable with a slightly elevated Temperature of 100.2 F, 37.9 C. He has been admitted for severe abdominal pain with an unknown etiology and is apprehensive because of his HIV diagnosis. | | HIV  Tuberculosis  International travel  Anxiety | | Protection  Adaptation |
|  | Nathaniel Gonzalez  Age 3  Acuity level 58 | | Nathaniel Gonzalez, , a 58-year-old male patient presents to the ER CO CP 10/10. He is pale, weak, diaphoretic, and appears anxious. He has a history of well controlled GERD with over-the-counter Tagamet (Cimetidine), and Tums. He also has a history of hypertension and takes Tenormin (Atenolol) and Atorvastatin (Lipitor). He was recently treated for a URI with a Z pack, prednisone, and Motrin for pain. BP 154/89 mmHg, P 94 beats/minute, R 22 breaths/minute, T 98.3F/36.8 C, SaO2 95% on room air. The patient was placed on 2 L O2 NC, EKG monitoring to include a 12 lead, Pulse Oximeter. IV NS is started, and lab work is sent. ASA is held but morphine 4 mg was given after his GI cocktail. A GI cocktail was administered, and the patient stated that it decreased his pain to a 6/10. | | GERDS  Hypertension  R/O MI  Chest Pain | | Nutrition  Inflammation  Infection  Coping  Tissue Integrity |
|  | Paul Greer  Age 3  Acuity level 57 | | Paul Greer, is a 57 y/o who has been admitted for a radical prostatectomy. He was recently diagnosed with stage III prostate cancer. His original lymph node biopsy was negative. He has a history of hypertension and is not compliant with medication. Until the recent diagnosis of cancer, the patient had only seen a physician once in the last ten years. He has a 20-year one pack history of smoking. However, he quit three years ago when he remarried; he and his wife have a nine-month-old baby. His difficulty voiding finally motivated him to seek care. | | Prostatectomy  Hypertension  Cancer | | Infection  Cellular Regulation  Coping  Addiction  Elimination |
|  | Dana Fitzgerald  Age 42  Acuity level 3 | | Dana Fitzgerald, is a 42-year-old gravida 5 para 0 patient admitted for a total abdominal hysterectomy with bilateral saplingo-oophorectomy (TAHBSO). She has a history of endometriosis and uterine fibroids for ten years. She has a background history of subfertility with multiple miscarriages. She has been experiencing abdominal pain with heavy menses over the last 6 months. A mass has become palatable just below her umbilicus. She has also been experiencing dyspareunia during intercourse. She also has a history of IBS with opioid-induced chronic constipation. She is otherwise healthy with some minor anemia. VS: BP 128/62 mm Hg, P 72 beats/minute, R 16 breaths/minute, T 98.6 F/37 C | | Hysterectomy  Infertility  Dyspareunia  Endometriosis  IBS  Cancer | | V Addiction  Coping  Addiction  Elimination |
|  | Cameron Daniels  Age18  Acuity level 3 | | Cameron Daniels, just turned 18 y/o. She is being admitted from the ER with a diagnosis of pelvic inflammatory disease (PID). She has heavy vaginal discharge with an unpleasant odor. She is complaining of abdominal pain and looks pale. She was seen by OBGYN in the ER and a culture was sent to the lab for Chlamydia and/or Neisseria Gonorrhea. She was a very difficult IV start and has a 23g saline lock (SL) in her right hand. They have ordered a liter bolus of LR, but it is running very slowly and the IV is positional. VS BP 96/58 mmHg, P 116 beat/minute, R 18 breaths/minute, T 101.2 F/38.4 C. | | Pelvic Inflammatory Disease  STD  Pregnancy  Sexual Abuse | | Reproduction  Inflammation  Coping  Intrapersonal Violence  Pain |
| A person smiling for the picture  Description automatically generated with medium confidence | Clement Hall  Age40  Acuity level 3 | | Clement Hall, was admitted from ED with a diagnosis of acute Pancreatitis. He is C/O severe left upper quadrant abdominal pain 10/10 radiating to his back with nausea and vomiting. He stated that the abdominal pain started a week ago, but he thought it was his ulcer. The pain has intensified over the last eight hours. He said the pain became unbearable after he ate a burger and fries. He said the coke usually calms down his stomach, but instead, he vomited, and there was no relief of pain. VS: BP 102/74 mmHg, HR 102 beats/minute, R 22 breaths/minute, T 99.8F/37.7 C, SpO2 98%. Labs: Na 152, K 5.6, Ca 9, Ma 2.1, BG 262, BUN 22, Creatinine 0.7, Serum Amylase 220 (0-130), Serum Lipase 188 (0-160) | | Pancreatitis  Infection  Nausea and vomiting  Serial Enzymes | | Acid Based  Cellular Regulation  Coping  Inflammation  Nutrition |

# Fundamentals (20 clients)

There are currently 20 Fundamental clients with a variety of basic health needs. Most of the clients are from the Medical-Surgical Platform. Learners listen to a verbal report of the client’s initial report to determine appropriate concepts. Each client presents with 4-5 scenarios in which the actions must be selected as correct or incorrect. Acuities of each client scenarios range from 1 (low) to 3 (high). **The BOLD notes are the major fundamentals focus for each scenario.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Picture** | **Name,**  **Age,**  **Acuity** | **Client Background** | **Notes** | **Concepts** |
| P984C6T2#yIS1 | Mary Barkley  74-years-old  Acuity level 3 | 74y/o female admitted to the floor with a respiratory infection and she has tested positive for COVID19. She resides in an assisted living facility which has seen four deaths related to COVID19. She is exhibiting the same initial signs and symptoms as other patients and her primary care provider would like to start aggressively treatment. She is running a low-grade fever 99.8 F and has a sore scratchy throat which is causing an unproductive cough. She also has chills, muscle pain and headache. She is an at-risk patient because of her age. She also suffers from Lupus and is already taking Hydroxychloroquine, a first-line lupus therapy, but there is no conclusive evidence of its benefits for coronavirus yet. She is very fearful and is requesting to see her family. She states that she does not want to die alone. | **Infection control**  COVID 19  PPE/cough and sneeze hygiene  Safety  Assessing  LOC/ confusion | Oxygenation  Respiration  Protection  Coping  Development  Safety  Cognition |
| P1016C11T2#yIS1 | Wight Goodman  22-years-old  Acuity 3 | Patient was admitted to the floor last night from the ER for an orbital fracture. He was hit in the left eye by a softball yesterday. Apparently, he was pitching, and the batter hit a line drive hitting him in the right side of the face. They applied some ice to his face, and he decided to go to the post game keg party instead of coming to the ER. The patient stated that there was significant swelling, but his vision was fine, and the pain was controlled with beer and 800 mg of Motrin. He was unable to sleep later in the evening as the pain became worse, and his vision became more impaired. The Maxillofacial surgeon was consulted, and they will see him this morning. They were not concerned as his intraocular pressure was normal in the ER. There is significant edema and discoloration to the left side of his face, and his left eye is almost completely swollen shut. His visual acuity is diminished, and the whites of his eyes are hemorrhaged. His pain has been well controlled with IV morphine 4 mg, q 3 hours. He has a 20 g SL to his right hand, that was started in the ER. He has no other health concerns. He’s being admitted for pain control, close observation of his intralocular pressure, and head injury. | **HIPAA compliance**  Fracture  Confidentiality  Pain  management  Visual acuity | Role of the nurse  Safety  Pain  Sensory  Mobility |
| **P1045C16T2#yIS1** | Sarah Kathryn Horton  25-years-old  Acuity 2 | 25-year-old graduate student was brought to the emergency room via ambulance after being shot on the local college campus. Sarah was admitted to Med-Surg at 2 AM. She has two through-and-through gun-shot wounds. One to her right thigh and one to her right shoulder. She has a 20- gauge peripheral IV to left forearm with 75 mL/hr. of 0.9% saline infusing. Vital signs are stable at this time, alert and oriented x3, reports pain 6/10. She remains tearful and has been told that her best friend died on the scene. | **Nursing process**  Safety-fall risk  Post-op care  Stress  Nursing role  Pain | Safety  Role of the nurse  Coping  Violence  Pain  Adaptation  Trauma |
| P1076C21T2#yIS1 | Roger Clinton  57-years-old  Acuity 3 | 57-year-old male construction worker arrives at 0600 to be prepared for a partial thyroidectomy to determine if he has cancer. His past symptoms for three months have been that he noticed a slight hoarseness in speaking, a slight dry cough not related to a cold, and upon examination had a “pea-size lump on the center of his neck”. His Endocrinologist had a radioiodine scan performed that showed a suspicious area. The plan is to obtain a biopsy from several areas of the thyroid gland, and hopefully to leave as much as possible in place. He knows that it will take three days after surgery to determine if he has cancer but does not understand the implications resulting from a thyroidectomy. | **Anxiety/fear**  Pre/Post-operative  care  Alleviating  client anxiety  Neuro- endocrine  function | Coping  Stress  Safety  Role of the nurse  Hormonal  regulation |
| **P1103C26T2#yIS1** | Linda Yu  85-years-old  Acuity 2 | Admitted to the unit after surgery on her left hip due to a fall. She is 2 days post-op. She is 85 years old and has a history of osteoarthritis and cataracts. PT has been getting the patient up with a walker and she is able to take a few steps. She is aware of self and situation, but not time or day. Her family lives out of state, but the daughter was here for the surgery, she left yesterday. The plan is to discharge Ms. Yu back to her assisted living facility. Her daily medications at home include: Prednisone 5 mg, Furosemide 20 mg, and ASA 81 mg daily. The surgeon added oxycodone 5mg q 4-6 hours prn pain. NKDA. | **Sleep intervention**  Client LOC/  orientation/ confusion  Safe  movement of clients  Pain management  Transfers | Mobility  Cognition  Safety  Pain  Comfort |
| P1129C31T2#yIS1 | Kenny Barrett  64-years-old  Acuity 2 | 64 years old, was admitted for observation of initial BP medication. A blood pressure of 220/124 was found when visiting his doctor for a routine physical. ECG was unremarkable. No past history of HTN. Past medical history includes hyperlipidemia and a history of 1 pack a day smoker for the past 20 years. Vital signs are Temp 98.9 F (37.2 C), BP 178/90 mmHg, P 88 beats per minute, RR 18 breaths per minute, SaO2 95% on Room air. IV with NS @ 125 mL/ hr. Patient has been complaining of a headache and dizziness. He is a patient of Dr. Adams. | **SBAR**  Vital signs  Delegation  IV therapy  Fall risk  Mobility | Perfusion  Mobility  Safety  Communication  Role of the nurse |
| P1153C36T2#yIS1 | Jody Rush  20-years-old  Acuity 3 | 20 y/o female admitted for right femur fracture status post skiing accident. She is in a traction splint and will be going for surgical repair today. Vital signs are BP 120/62 mmHg P 88 beats per minute R 20 breaths per minute T 98.9 F (37.2 C), PaO2 99. She has been in a lot of pain, and has been receiving 25 mcg IVP, q2 hours Fentanyl for pain. She was nauseated after her last Fentanyl dose, and the Dr. Ordered an additional 4mg IVP, Zofran. She has a history of exercise induced asthma and uses a rescue inhaler (Albuterol). Her parents are on their way-they are flying in today. She was on a ski trip with some of her friends from college; her best friend has been camped out with her. We were able to get her on a bed pan earlier, but it took a lot of work. We just received an order for a foley catheter. There was some concern that she may have sustained a head injury as she has an abrasion to her forehead, but she denies ever losing consciousness. Patient’s affected extremity has normal pulses, and the capillary refill is less than 3 seconds. | **Nursing process**  Oxygen therapy  Mobility  Fall prevention  Health history  Pain management  Safety  Asthma | Oxygenation  Respiration  Pain  Safety  Mobility |
| P1181C41T2#yIS1 | Donald Lyles  52-years-old  Acuity 2 | 52-year-old male was admitted yesterday evening for stabilization of his uncontrolled type II diabetes. He is married, and his wife is requesting to stay at his side. His HbgA1c is 10.6%. He has a history of a myocardial Infarction one year ago and has not had another cardiac event. He refused all cardiac rehab and to comply with dietary recommendations. His BMI is 37. Vital signs are BP: 146/94 mmHg, P: 88 beats/minute, R: 22 breaths/minute, T: 99.2 (37.3 C), PaO2: 94%. Blood glucose upon admission is 340 mg/dl | **Safety**  Mobility  LOC/  orientation  Hypoglycemia hyperglycemia assessing glucose  Needle safety | Glucose  regulation  Mobility  Cognition  Safety  Perfusion |
| **P1207C46T2#yIS1** | Charlie Raymond  65-years-old  Acuity 3 | 65-year-old male who was admitted to a negative pressure room on Med-Surg for COVID precautions. He has a history of COPD, hypertension, diabetes type II, and a recent myocardial infarction. He is a retired postal worker who lives at home with his wife. He is on Claforan (cefotaxime) 2 g IV q4hr and sliding scale insulin. Initially this cardiologist was concerned about congestive heart failure and Mr. Raymond is receiving Furosemide (Lasix) 20 mg IV twice a day for pulmonary edema. Vital Signs: BP is 145/78 mmHg, Pulse 89 beat/minute, Respirations 24 breaths/minute and slightly labored, Temperature 100.2 SaO2 94% on 2L nasal cannula. The patient/family is fearing the worst due to COVID-19 Pandemic. | **Isolation/PPE**  **Oxygenation**  Isolation/  contact,  airborne, and  droplet  Oxygen/ oxygen safety  Assisting  ventilation and  oxygenation | Oxygenation  Gas exchange  Protection  Safety |
| P3824C76T10#yIS1 | Kathy Gestalt  33-years-old  Acuity level 2 | 33yr-old, Dx- second-day post-op open right Tibia/Fibula fracture, plaster cast in place on the right lower leg. No known allergies. Vital signs -Temp 98.4, BP 116/76, P 96, RR 20, SaO2 99%. Neuro WNL, alert and cooperative but worried about scarring and is reluctant regarding walking on leg. Diet as tolerated, up ad-lib after gait training. Crutches at bedside adjusted for height. Dr. Anderson | **Pain assessment and management**  Post-op right tibia-fibula fracture | Comfort  Mobility  Tissue integrity |
| P2614C11T6#yIS1 | Ann Rails  38-years-old Acuity level 2 | Ms. Rails has bruises to her right forearm and face. She complains of back pain 6/10 pain scale. She was medicated with hydrocodone 5 mg PO two hours ago. Her vital signs are BP: 110/60, P: 74, R: 20, PaO2: 98%, T: 98.6 F, 37 C. Ms. Rails has told you that she is concerned about returning home and is afraid her boyfriend will return. She also expressed concern about finding a new job. | **DocumentingSOAP**  Therapeutic relationships  Counseling  Pain management | Violence  Family dynamics  Stress and coping  Mobility  Pain  Trauma  Role of the nurse |
| P555C151T1#yIS1 | Dotty Hamilton  52-years-old  Acuity level 3 | Dotty Hamilton, 52 y/o female who has been admitted for bariatric surgery. She has arrived at 0600 and is scheduled for a laparoscopic Roux-en-Y gastric bypass (RYGB). She is super morbidly obese with a BMI of 52, Ht, 5'3", Wt, 293lbs. She has well-controlled hypertension with Losartan (Cozaar) 50 mg q daily. She also takes Metformin to control her Type 2 Diabetes. She has sleep apnea, and she brought her CPAP machine. She is very excited about the surgery but is also apprehensive. A friend told her that the complication rate for this surgery is very high. She believes this surgery is her only hope, as she says she has tried everything else to lose weight. Her husband is with her and seems to be very supportive. Body Mass Index (BMI) = kg/m2, where kg is a person's weight in kilograms and m2 is their height in meters squared. A BMI of 25.0 or more is overweight, while the healthy range is 18.5 to 24.9. Example: Weight = 133.18 kg, Height = 160.02 cm (1.60 m) Calculation: 133.18 ÷ (1.60)2 = 52 | **Advance**  **directives**  Gastric bypass surgery  Obesity  Septicemia  Sleep apnea | Post-operative  Death and dying  Anxiety  Grief and loss |
| P452C121T1#yIS1 | John Wiggins  36-years-old  Acuity level 2 | John Wiggins, age 36, has been admitted for a possible concussion from an ATV rollover without a helmet three days ago. He is alert and cooperative but does complain of a consistent headache and nausea. Upon admission, he had a blood-alcohol level of 0.09. His vital signs are normal and are being taken with Neuro checks q 2 hours. His Glasgow coma scale is 15. He admits to drinking a 6-pack of beer a day. | **Neurological**  **Assessment/ pupils/LOC/ GCS**  Subdural hematoma  Alcohol abuse | Intracranial regulation  Comfort  Addiction  Safety |
| P84C16T1#yIS1 | Joyce Workman  42-years-old  Acuity level 1 | Joyce Workman, a 42-year-old female who presents to the Diabetes Clinic with a new diagnosis of type II diabetes. She has been documented as being obese, new-onset hypertension, polyuria, and a rash on her abdomen. She was asymptomatic upon arrival. She was admitted yesterday for stabilization of her glucose levels and to assist her with lifestyle modification. She states she leads a sedentary lifestyle as a bank officer. Her HbA1C is 10%. | **SBAR**  Management of diabetes Type 2  Hypertension  Metabolic syndrome | Education  Clinical decision making  Metabolism  Glucose regulation |
| **P357C96T1#yIS1** | Karen Cole  56-years-old  Acuity level 2 | 56-year-old female, Karen Cole, a school principal at White House High School. Admitted directly from the Dr.’s office to the IMCU after an initial complaint of tightness in her chest, denies pain and slight shortness of breath. The patient has a history of cardiovascular disease. Vital signs are BP: 168/92, P: 90, R: 24, T: 98.6. Her husband insisted that she come. She insists that she will only stay 12 hours because she has to be back to school in the morning. | **Vital signs**  Cardiac event    Stents | Perfusion  Fluid and electrolytes  Caring  Manager of care |
| P468C126T1#yIS1 | Tim Jones  82-years-old  Acuity level 1 | Tim Jones, an 82-year-old male patient of Dr. Diggs, just arrived this morning from home. He was confused upon arrival. During the initial assessment, fresh and various bruise healing stages were noted to his shoulders, lower back, ribs, and thighs. Admitted to Med-Surg for new-onset confusion. Mr. Jones is guarded and has facial grimacing anytime someone reaches toward him or touches him. He does moan when rolled. | **Confusion**  **Skin**  **Changes of aging**  **Elder abuse**  Mental status | Cognition  Violence  Development  Safety  Skin integrity |
| P390C106T1#yIS1 | Linda Pittmon  74-years-old  Acuity level 2 | Linda Pittmon isa 74-year-old female patient who is a noncompliant diabetic, and frequently stays at the local homeless shelter. She has been admitted to the floor with complaints of numbness in her right foot and ankle. Mrs. Pittmon states she has had numbness for years but “now I can’t feel it at all, and my toes don’t look the right color.” | **Wound care**  Wound culture  Allergic reaction  Consent  Confusion  Substance abuse | Protection  Glucose regulation  Role of the nurse  Addiction  Cognition |
| P793C201T1#yIS1 | Don Johnson  23-years-old  Acuity level 3 | There was a warehouse fire that quickly spread to an adjoining neighborhood. Multiple burn injuries have overwhelmed the local hospitals. The ICU and burn unit are full of the most severe patients, so some of the patients have been admitted to the stepdown unit on the med-surg floor. Don Johnson 23 y/o male was injured when trying to rescue a coworker. He has sustained burns over part of his back, to include his right arm and right side of his face. Most of the burns are superficial and partial thickness with a few small areas that may be full thickness. The patients beard caught on fire causing burns on the right of face including his right ear. He has an 18-gauge IV to left AC and the Parkland fluid resuscitation is ordered. The patient weighs 90 KG. 4ml x 90 x 20. He is on simple face mask and has a dry cough. Vital signs are BP: 140/82, P: 112, R: 24, T: 99.2 F, 37.3 C, PaO2: 98%/ | **Catheter insertion**  **Fluids**  **Pre-op care**  Burns | Safety  Elimination  Comfort  Protection  Altered skin integrity |
| P487C131T1#yIS1 | Preston Wright  73-years-old  Acuity level 1 | Preston Wright, 73-year-old male, patient of Dr. Greene, status post CVA 4 weeks ago. He has been readmitted for a red spot on his sacrum of 1 cm and a 2 cm blister on his right heel. IV fluids of D5 1/2 NS are infusing at 100 mL/hour to his right forearm. Mr. Wright is pleasant and cooperative but needs to be reminded to avoid pressure on his heel and sacrum. Post CVA, he has developed some aphasia and is having difficulty with verbal communication. He has orders for dressing changes q daily and pain medications before the dressing change. | **Therapeutic communica-tion**  Pressure ulcers  Stroke  Comfort  Aphasia  Hearing impairment  Visual impairment  Cognitive impairment  Translator | Comfort  Mobility  Skin integrity  Sensory  Cognition |
| P718C186T1#yIS1 | Hildegard Lowe 68-years-old  Acuity level 2 | 68 y/o female, newly admitted after a rough night in the ER after coughing for the last 2 months. Patient is alert and cooperative, visually limited and declining. She is on Oxygen at 2L. She has an IV 0.9 normal saline, 125 an hour. Chest x-ray upon admission showed right middle lobe pneumonia. Vital signs are BP: 128/86, P: 105, R: 32, T: 99.8 F, 37.7 C, SaO2: 93%. Plan of care is antibiotic therapy, incentive spirometry, O2 supplementation, and pending labs and blood cultures from the ER. Patient is receiving Rocephin and received Zithromax in the ER. Patient does have a history of Granulomatosis with Polyangiitis but has been stable for 5 years w/o treatment. She is widowed and came to us from the retirement. She has one daughter who is on her way from out of state; she will be arriving sometime today. Patient states she is allergic to mangos. | **Visual impairment**  Discharge planning  Safety | Sensory  Role of the nurse  Respiration  Comfort |

# Med-Pass (36 Clients, Over 300 Medications)

Thirty-six (36) clients are available with over 300 medications listed with brand and generic names. The student identifies the medication and administers the medication based on the 5 rights of medication administration according to the MAR time. Call light distractors are in place to teach prioritization and delegation of care. Basic assessment is addressed when deciding to withhold or administer a medication. There is no repeat of clients until all have been utilized if using the random mode.

|  |  |  |  |
| --- | --- | --- | --- |
| **Picture** | **Name, Age, Information** | **Meds** | **Notes (Concept of safety with all of these)** |
| P1239C5T3#yIS1 | Anita Velasquez  **AGE:** 73-years-old  **MRN:** 24919180  **Diagnosis:** hip fracture  **Allergies:** NKDA  **Provider:** Dr. Jones | Atorvastatin (Lipitor)  Gabapentin (Neurontin)  Glipizide (Glucotrol)  Hydrochlorothiazide (HCTZ)  Lisinopril (Zestril)  Metformin (Glucophage)  Nifedipine (Procardia)  Omeprazole (Prilosec) | Hypercholesterolemia  Pain  Diabetes  GERD |
| P1263C9T3#yIS1 | Bonita Buchanan  **AGE:** 79-years-old  **MRN:** 53918021  **Diagnosis:** diabetes, hypertension, blind  **Allergies:** NKDA  **Provider:** Dr. Wood | Citalopram (Celexa)  Donepezil (Aricept)  Fexofenadine (Allegra)  Furosemide (Lasix)  Gabapentin (Neurontin)  Hydrochlorothiazide (HCTZ)  Hydrocodone/APAP (Lortab)  Levothyroxine (Synthroid)  Montelukast (Singulair)  Potassium (K-Dur)  Pravastatin (Pravachol) | Diabetes  Hypertension  Blind |
| P1288C13T3#yIS1 | Carla Hogan  **AGE:** 80-years-old  **MRN:** 53910240  **Diagnosis:** diabetes hypertension  **Allergies:** NKDA  **Provider:** Dr. Tilles | Aspirin (Aspirin)  Insulin glargine (Lantus)  Isosorbide (Imdur)  Metformin (Glucophage)  Metoprolol (Lopressor)  Novolog (Novolog) | Diabetes  Hypertension |
| P1306C17T3#yIS1 | Charles Stevenson  **AGE:** 82-years-old  **MRN:** 33910330  **Diagnosis:** multiple sclerosis (MS)  **Allergies:** NKDA  **Provider:** Dr. Ramsey | Alprazolam (Xanax)  Carvedilol (Coreg)  Clopidogrel (Plavix)  Pantoprazole (Protonix) | Multiple sclerosis |
| P1320C21T3#yIS1 | Cynthia Barnes  **AGE:** 93-years-old  **MRN:** 22915040  **Diagnosis:** tracheostomy, tube feedings  **Allergies:** NKDA  **Provider:** Dr. Jones | Cyclobenzaprine (Flexeril)  Lisinopril (Zestril)  Meloxicam (Mobic)  Simvastatin (Zocor)  Tramadol (Ultram) | Tracheostomy  Tube feeding |
| P1336C25T3#yIS1 | Diane E. Smith  **AGE:** 80-years-old  **MRN:** 53915070  **Diagnosis:** acute renal failure, dialysis  **Allergies:** NKDA  **Provider:** Dr. Ubosh | Magnesium (Slow-Mag)  Polycarbophil (FiberCon)  Potassium (K-Dur)  Trazodone (Desyrel) | Acute renal failure  Dialysis |
| P1352C29T3#yIS1 | Diane W. Smith  **AGE:** 64-years-old  **MRN:** 15918070  **Diagnosis:** dementia, diabetes  **Allergies:** NKDA  **Provider:** Dr. Pepper | Albuterol (ProAir HFA 200 puff MDI)  Amoxicillin (Amoxil)  Aspirin (Aspirin)  Atorvastatin (Lipitor)  Carvedilol (Coreg)  Digoxin (Lanoxin)  Furosemide (Lasix)  Insulin glargine (Lantus)  Lisinopril (Zestril)  Metformin (Glucophage)  Novolog (Novolog)  Ranitidine (Zantac) | Dementia  Diabetes |
| P1376C33T3#yIS1 | Edith Walters  **AGE:** 84-years-old  **MRN:** 13911340  **Diagnosis:** stroke right side  **Allergies:** NKDA  **Provider:** Dr. Magonagel | Amlodipine (Norvasc)  Ciprofloxacin (Cipro)  Lisinopril (Zestril)  Meclizine (Antivert)  Meloxicam (Mobic)  Metformin (Glucophage) | Right side cerebral vascular accident (stroke) |
| P1391C37T3#yIS1 | Emily Kazinski  **AGE:** 93-years-old  **MRN:** 22911101  **Diagnosis:** congestive heart failure  **Allergies:** NKDA  **Provider:** Dr. Ramsey | Aspirin (Aspirin)  Clopidogrel (Plavix)  Cyclobenzaprine (Flexeril)  Duloxetine (Cymbalta)  Metoprolol (Lopressor)  Omeprazole (Prilosec)  Simvastatin (Zocor) | Congestive heart failure |
| P1407C41T3#yIS1 | Emma Smith  **AGE:** 87-years-old  **MRN:** 82914080  **Diagnosis:** post-knee replacement  **Allergies:** NKDA  **Provider:** Dr. Ubosh | Alprazolam (Xanax)  Atorvastatin (Lipitor)  Duloxetine (Cymbalta)  Hydrocodone/APAP (Lortab)  Lamotrigine (Lamictal)  Losartan (Cozaar)  Lovastatin (Mevacor) | Post-op knee replacement |
| P1423C45T3#yIS1 | Estelle McBride  **AGE:** 95-years-old  **MRN:** 2911090  **Diagnosis:** post tib/fib fracture  **Allergies:** NKDA  **Provider:** Dr. Magonagel | Alprazolam (Xanax)  Morphine-oral sol (morphine)  Ondansetron (Zofran)  Oxycodone (Oxcycontin)  Tramadol (Ultram)  Zolpidem (Ambien) | Post-op tibia/fibula fracture |
| P1438C49T3#yIS1 | EvaMea Smith  **AGE:** 90-years-old  **MRN:** 52918040  **Diagnosis:** diabetes  **Allergies:** NKDA  **Provider:** Dr. Pepper | Aspirin (Aspirin)  Atorvastatin (Lipitor)  Carvedilol (Coreg)  Digoxin (Lanoxin)  Furosemide (Lasix)  Guaifenesin (Mucinex)  Lisinopril (Zestril)  Metformin (Glucophage)  Potassium (K-Dur)  Ranitidine (Zantac) | Diabetes |
| P1458C53T3#yIS1 | Frank Weather  **AGE:** 73-years-old  **MRN:** 14911211  **Diagnosis:** left sided paresis, failure to thrive  **Allergies:** NKDA  **Provider:** Dr. Ramsey | Allopurinol (Zyloprim)  Clopidogrel (Plavix)  Esomeprazole (Nexium)  Furosemide (Lasix)  Lisinopril (Zestril)  Paroxetine (Paxil)  Simvastatin (Zocor)  Zolpidem (Ambien) | Left side paresis  Failure to thrive |
| P1477C57T3#yIS1 | John Watowski  **AGE:** 88-years-old  **MRN:** 62915021  **Diagnosis:** severe Parkinson's disease  **Allergies:** NKDA  **Provider:** Dr. Welch | Cetirizine (Zyrtec)  Digoxin (Lanoxin)  Isosorbide (Imdur)  Lisinopril (Zestril)  Metoprolol (Lopressor)  Pantoprazole (Protonix)  Simvastatin (Zocor)  Carbidopa-levodopa (Sinemet) | Parkinson’s disease |
| P1494C61T3#yIS1 | Louis Hutchinson  **AGE:** 54-years-old  **MRN:** 16913010  **Diagnosis:** amyotrophic lateral sclerosis (ALS)  **Allergies:** amoxicillin  **Provider:** Dr. Ubosh | Acyclovir (Zovirax)  Albuterol (ProAir HFA 200 puff MDI)  Carbamazepine (Tegretol)  Divalproex (Depakote)  Esomeprazole (Nexium)  Hydroxyzine (Vistaril)  Propranolol (Inderal)  Sertraline (Zoloft) | Amyotrophic lateral sclerosis |
| P1512C65T3#yIS1 | Nathan Smith  **AGE:** 36-years-old  **MRN:** 97912250  **Diagnosis:** quadriplegia  **Allergies:** NKDA  **Provider:** Dr. Ramsey | Docusate (Colace)  Levothyroxine (Synthroid)  Pantoprazole (Protonix)  Simethicone (Gas X) | Quadriplegia |
| P1525C69T3#yIS1 | Nora Gentry  **AGE:** 82-years-old  **MRN:** 33910301  **Diagnosis:** dementia, hypertension  **Allergies:** NKDA  **Provider:** Dr. Tilles | Allopurinol (Zyloprim)  Amlodipine (Norvasc)  Carvedilol (Coreg)  Docusate (Colace)  Donepezil (Aricept)  Famotidine (Pepcid)  Gabapentin (Neurontin)  Hydrocodone-Oral Sol (Hycodan)  Hydroxyzine (Vistaril)  Polyethylene Glycol (Miralax)  Quetiapine (Seroquel) | Dementia  Hypertension |
| P1548C73T3#yIS1 | Ottis Williams  **AGE:** 90-years-old  **MRN:** 52916070  **Diagnosis:** Alzheimer's disease  **Allergies:** gabapentin, novacaine  **Provider:** Dr. Magonagel | Enalapril (Vasotec)  Eszopiclone (Lunesta)  Etodolac (Lodine)  Fluconazole (Diflucan)  Trazodone (Desyrel)  Trimethoprim (Bactrim) | Alzheimer’s disease |
| P1563C77T3#yIS1 | Ralph Jenkins  **AGE:** 74-years-old  **MRN:** 14919101  **Diagnosis:** chronic renal failure  **Allergies:** toradol  **Provider:** Dr. Jones | Acyclovir (Zovirax)  Amphetamine (Adderall)  Atenolol (Tenormin)  Cefaclor (Ceclor)  Fluoxetine (Prozac)  Glipizide (Glucotrol) | Chronic renal failure |
| P1578C81T3#yIS1 | Rita McKnight  **AGE:** 89-years-old  **MRN:** 62919130  **Diagnosis:** chronic obstructive pulmonary disease  **Allergies:** NKDA  **Provider:** Dr. Jones | Alprazolam (Xanax)  Buspirone (Buspar)  Citalopram- oral sol (Celexa)  Dextromethorphan (Robitussin)  Fluticasone (Flovent)  Hydrocodone/APAP (Lortab)  Lisinopril (Zestril)  Montelukast (Singulair)  Potassium (K-Dur)  Zolpidem (Ambien) | COPD |
| P1598C85T3#yIS1 | Robert Fox  **AGE:** 81-years-old  **MRN:** 43917001  **Diagnosis:** bilateral amputee  **Allergies:** NKDA  **Provider:** Dr. Magonagel | Alprazolam (Xanax)  Buspirone (Buspar)  Citalopram (Celexa)  Dextromethorphan (Robitussin)  Fluticasone (Flovent)  Hydrocodone/APAP (Lortab)  Lisinopril (Zestril)  Losartan (Cozaar)  Zolpidem (Ambien) | Bilateral amputee |
| P1617C89T3#yIS1 | Roberta Searcy  **AGE:** 84-years-old  **MRN:** 13910360  **Diagnosis:** congestive heart failure  **Allergies:** NKDA  **Provider:** Dr. Welch | Allopurinol (Zyloprim)  Alprazolam (Xanax)  Amlodipine (Norvasc)  Benazepril (Lotensin)  Carvedilol (Coreg)  Docusate (Colace)  Donepezil (Aricept)  Famotidine (Pepcid)  Gabapentin (Neurontin)  Hydrocodone/APAP (Lortab)  Hydroxyzine (Vistaril) | Congestive heart failure |
| P1638C93T3#yIS1 | Ronnie Boudin  **AGE:** 70-years-old  **MRN:** 54911001  **Diagnosis:** congestive heart failure  **Allergies:** NKDA  **Provider:** Dr. Wood | Amiodarone (Paceron)  Carvedilol (Coreg)  Furosemide (Lasix)  Isosorbide (Imdur)  Levothyroxine (Synthroid)  Metronidazole (Flagyl)  Paroxetine (Paxil)  Tamsulosin (Flomax) | Congestive heart failure |
| P1655C97T3#yIS1 | Rosemary Ciesa  **AGE:** 78-years-old  **MRN:** 73911040  **Diagnosis:** coronary artery disease, hypertension, diabetes, dementia  **Allergies:** NKDA  **Provider:** Dr. Pepper | Insulin glargine (Lantus)  Metformin (Glucophage)  Metoprolol (Lopressor)  Novolog (Novolog) | Coronary artery disease  Hypertension  Diabetes  Dementia |
| P1675C101T3#yIS1 | Russell Montgomery  **AGE:** 49-years-old  **MRN:** 66911020  **Diagnosis:** spinal injury  **Allergies:** iodine, penicillin  **Provider:** Dr. Jones | Etodolac (Lodine)  Fluoxetine (Prozac)  Methylprednisolone (Solumedrol)  Pregabalin (Lyrica)  Trazodone (Desyrel) | Spinal cord injury |
| P1690C105T3#yIS1 | Sally Nichols  **AGE:** 77-years-old  **MRN:** 73914021  **Diagnosis:** pelvic fracture  **Allergies:** NKDA  **Provider:** Dr. Ubosh | Fluoxetine (Prozac)  Hydrocodone/APAP (Lortab)  Pantoprazole (Protonix)  Quetiapine (Seroquel) | Pelvic fracture |
| P1704C109T3#yIS1 | Sarah Phillips  **AGE:** 81-years-old  **MRN:** 33912021  **Diagnosis:** coronary artery disease, hypertension  **Allergies:** NKDA  **Provider:** Dr. Pepper | Aspirin (Aspirin)  Clopidogrel (Plavix)  Fexofenadine (Allegra)  Isosorbide (Imdur)  Lisinopril (Zestril)  Metoprolol (Lopressor)  Ranitidine (Zantac)  Simvastatin (Zocor) | Coronary artery disease  Hypertension |
| P1724C113T3#yIS1 | Shirley Black  **AGE:** 84-years-old  **MRN:** 13912820  **Diagnosis:** diabetes  **Allergies:** NKDA  **Provider:** Dr. Ubosh | Albuterol (ProAir HFA 200 puff MDI)  Aspirin (Aspirin)  Atorvastatin (Lipitor)  Cetirizine (Zyrtec)  Folic Acid (Folic acid)  Gabapentin (Neurontin)  Hydrocodone/APAP (Lortab)  Insulin glargine (Lantus)  Lansoprazole (Prevacid)  Losartan (Cozaar)  Metformin (Glucophage)  Novolog (Novolog)  Pantoprazole (Protonix)  Prednisone (Deltasone)  Pregabalin (Lyrica) | Diabetes |
| P1749C117T3#yIS1 | Shirley Norris  **AGE:** 76-years-old  **MRN:** 93914260  **Diagnosis:** dementia  **Allergies:** NKDA  **Provider:** Dr. Magonagel | Acyclovir (Zovirax)  Amitriptyline (Enovil)  Buspirone (Buspar)  Cimetidine (Tagamet)  Clonazepam (Klonopin)  Clonidine (Catapres)  Digoxin (Lanoxin)  Trimethoprim-Oral Sol (Bactrim) | Dementia |
| P1767C121T3#yIS1 | Thomas Bechman  **AGE:** 79-years-old  **MRN:** 63914080  **Diagnosis:** gout, dementia  **Allergies:** NKDA  **Provider:** Dr. Wood | Allopurinol (Zyloprim)  Carvedilol (Coreg)  Furosemide (Lasix)  Hydrocodone (Hycodan)  Levothyroxine (Synthroid)  Lisinopril (Zestril)  Potassium (K-Dur 10%)  Zolpidem (Ambien) | Gout  Dementia |
| P1786C125T3#yIS1 | Thomas Koenig  **AGE:** 78-years-old  **MRN:** 73913050  **Diagnosis:** bilateral amputee, pacemaker  **Allergies:** NKDA  **Provider:** Dr. Wood | Aspirin (Aspirin)  Clopidogrel (Plavix)  Metoprolol (Lopressor)  Polycarbophil (Fibercon)  Pravastatin (Pravachol) | Bilateral amputee  Pacemaker |
| P1803C129T3#yIS1 | Veronica Whaley  **AGE:** 77-years-old  **MRN:** 83910250  **Diagnosis:** post coronary artery bypass grafting  **Allergies:** NKDA  **Provider:** Dr. Magonagel | Amiodarone (Paceron)  Aspirin (Aspirin)  Atorvastatin (Lipitor)  Folic Acid (Folic acid)  Furosemide (Lasix) | Post-coronary artery bypass graft |
| P1818C133T3#yIS1 | Virgil Hicks  **AGE:** 82-years-old  **MRN:** 33914290  **Diagnosis:** congestive heart failure, diabetes  **Allergies:** NKDA  **Provider:** Dr. Tilles | Allopurinol (Zyloprim)  Carvedilol (Coreg)  Gabapentin (Neurontin)  Hydrocodone/APAP (Lortab)  Levothyroxine (Synthroid)  Novolog (Novolog)  Pravastatin (Pravachol)  Topiramate (Topamax) | Congestive heart failure  Diabetes |
| P1837C137T3#yIS1 | Walter Abba  **AGE:** 86-years-old  **MRN:** 92917120  **Diagnosis:** psychosis  **Allergies:** NKDA  **Provider:** Dr. Pepper | Lorazepam (Ativan)  Morphine (morphine)  Potassium (K-Dur)  Quinapril (Accupril)  Spironolactone (Aldactone)  Tamsulosin (Flomax)  Venlafaxine (Effexor)  Zolpidem (Ambien) | Psychosis |
| P1854C141T3#yIS1 | Wanda Reynolds  **AGE:** 87-years-old  **MRN:** 82911040  **Diagnosis:** heart failure, hypertension, diabetes  **Allergies:** NKDA **Provider:** Dr. Pepper | Carvedilol (Coreg)  Fluoxetine (Prozac)  Hydrocodone/APAP (Lortab)  Insulin glargine (Lantus)  Metoprolol (Lopressor) | Heart failure  Hypertension  Diabetes |
| P1871C145T3#yIS1 | Wilomena Sales  **AGE:** 94-years-old  **MRN:** 12914270  **Diagnosis:** congestive heart failure, dementia  **Allergies:** NKDA  **Provider:** Dr. Jones | Clonidine (Catapres)  Cyclobenzaprine (Flexeril)  Donepezil (Aricept)  Magnesium (Slow-Mag)  Metoprolol (Lopressor)  Montelukast (Singulair)  Omeprazole (Prilosec)  Potassium (K-Dur)  Pravastatin (Pravachol) | Congestive heart failure  Dementia |

# Pediatrics (21 Clients)

There are currently 21 clients with various diagnoses. Learners hear and read a report to determine nursing needs and acuities. Each client presents with five scenarios with actions that must be placed into sequential order. Acuities range from 1 (low) to 3 (high). A pediatric med pass is included with all clients.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Picture** | **Name, Age, Acuity, Medications** | **Report** | **Notes** | **Concepts** |
| P1903C6T4#yIS1 | Amanda Blaire  14-years-old Acuity level 2  **Medications:**   * Meperidine IV * Promethazine IV. | Amanda Blaire, a 14-year-old female, was in an ATV accident and now has a fractured tibia and fibula. Her vital signs are Temperature 98.6 F (37 C), HR 87 beats/ minute, BP 111/72 mmHg, RR 18 breaths/minute, PaO2 97%. She is post-op day 1 with continuous traction and skeletal pins to immobilize leg. | Fractured tibia/fibula  Traction  Skeletal pins  Adolescent | Mobility  Comfort  Tissue integrity |
| P1921C11T4#yIS1 | Baby Harris  Newborn  Acuity level 3  **Medications:**   * D5/0.25 NS IV * Morphine oral solution * Phenobarbital IV | Baby Harris, 4-hour-old newborn male, weight 6.6 lbs. with a length of 18” and approximate gestational age of 36 weeks. Late prenatal care. Mom has history of methamphetamine and heroin addiction. In addition, the mom admits to smoking 1 pack per day through pregnancy. Urine drug test on baby positive for heroin and methamphetamine. VS: T 98.1 F (36.7 C), HR 178 beats/minute, R 70 breaths/ minute, PaO2 96%. | Neonatal abstinence syndrome  Temperature instability  Newborn  Blood sugar instability | Growth and development  Glucose regulation  Addiction  Thermoregulation |
| P1940C16T4#yIS1 | Baby Strickland  Newborn Acuity level 3  **Medications:**   * Ampicillin IV * D5/0.25 NS IV | Baby Strickland, is a 1-hour-old newborn female, 37-week gestational age born via C-section, weight 9.9 lbs. Mom has history of diabetes, not well controlled. | Baby of mother with uncontrolled diabetes  Macrosomia  Newborn | Glucose regulation  Growth and development  Nutrition |
| P1973C26T4#yIS1 | Hayden Clark  6-years-old Acuity level 2  **Medications:**   * Ibuprofen oral | Hayden Clark, 6-year-old male, weighing 44 lbs, comes to school looking disheveled, not wearing a coat with the outside temperature in the low 40’s. | Neglect  Possible child abuse  School-age child | Health promotion  Growth and development  Communication  Advocacy |
| P1955C21T4#yIS1 | Hannah Johnson 10-years-old Acuity level 3  **Medications**   * 0.9% NS IV * 0.9% NS + 20 mEq KCl IV * Ampicillin oral * Diphenhydramine oral | Hannah Johnson, 10-year-old female, presented to the ED 45 minutes ago with dehydration, dysuria, and significant weight loss of 18 pounds over the last 2 months. Both parents are with the child, the father is insisting that he be notified of all interventions before they are initiated.  Initial assessment reveals: Skin dry and warm to touch, B/P 90/58 mm Hg, T 99.2 F (37.3 C), HR 110 beats/minute, RR 30 breaths/minute. Child appears thin. Breathing is fast and deep. Noted fruity odor to breath. Initial labs: CBC WNL, K+ 2.89 mEq/L, BG 459 mg/dl, Urinalysis: Positive for ketones, glucose, and bacteria. Orders: IV 0.9% normal saline at 150 mL/hour, add 20 mEq K+ after first liter, ampicillin 250 mg PO q 6 hours, finger stick blood glucose (FSBG) q 1 hour. | Dehydration  Urinary tract infection  Diabetic ketoacidosis  School-age child | Growth and development  Glucose regulation  Protection  Homeostasis |
| P1989C31T4#yIS1 | Jonathan Gibbons  13-years-old Acuity level 3  **Medications:**   * Ampicillin IV * Acetaminophen oral | Jonathan Gibbons, a 13-year-old male, diagnosed with asthma when he was 3 years old. He uses a rescue albuterol inhaler on an "as needed" basis. Jonathan presents to the clinic with what his mother calls a “bad cold and cough” that has been present for 3 days. Vital signs and assessment: B/P 110/65 mmHg, T100.8 F (38.2 C) HR 110 beats/ minute, RR 26 breaths/ minute, PaO2 92%. Bilateral wheezing can be heard throughout all lung fields. Jonathan is seen in a tenting position and using accessory muscles to breathe. He has been using his rescue albuterol inhaler q 2 hours for the last 6 hours with minimal relief. Orders: Admit to the adolescent unit, IV methylprednisolone 40 mg q day, ampicillin 250 mg IV q 6 hours, Tylenol 500 mg PO q 6 hours prn Temp/Pain, Xopenex 0.63 mg q 6 hours per nebulizer and PRN. | Asthma exacerbation  Adolescent | Gas exchange  Respiration  Communication  Safety |
| P2005C36T4#yIS1 | Maria Hernandez 6-years-old Acuity level 3  **Medications:**   * Acetaminophen oral * Diphenhydramine oral * Morphine IV * Trimethoprim oral solution | Maria Hernandez, a 6-year-old female, weighing 39.6 lbs, has a history of sickle cell disease. She has presented to the ED in sickle cell crisis and has a history of UTIs. Vital signs: Temp 101.8 F (38.8 C), BP 131/79 mmHg, HR 108 beats/minute, PaO2 87% room air, RR 51 breaths/minute. | Sickle cell crisis  Urinary tract infection  School-age child | Infection  Protection  Gas exchange |
| P2019C41T4#yIS1 | Mark Quinn 9-years-old  Acuity level 3  **Medications:**   * Lactated Ringers IV * Promethazine supp (Rectal) | Mark Quinn, a 9-year-old male, comes to the school nurse with complaints of abdominal pain and nausea. Vital signs: Temperature 98.2 F (36.8 C), HR 87 beats/minute, BP 104/ 67 mmHg, RR 22 breaths/ minute, PaO2 97%. The nursing assessment reveals diffuse lower abdominal pain, tenderness, and normoactive bowel sounds. After consultation with the child and the parents, the child is sent home with a possible diagnosis of a viral intestinal infection. | Acute appendicitis  Open appendectomy  School-age child | Perioperative  Elimination  Comfort  Protection |
| P2035C46T4#yIS1 | Paul Windsor  4-years-old  Acuity level 3  **Medications:**   * Prednisone oral * Acetaminophen oral | Paul Windsor, a 4-year-old male, was admitted yesterday from the clinic with a diagnosis of nephrotic syndrome. Vital signs: Temperature 99.0 F (37.2 C), HR 88 beats/minute, BP 104/76 mmHg, RR 22 breaths/minute, PaO2 95%. He presented yesterday with his parents reporting a gradual increase in pain and “swelling” around his eyes and ankles, and now his stomach is getting “bigger". Paul has little appetite. Current weight is 56 pounds compared to a usual weight of 43 pounds. Urinalysis: Thick, frothy appearance, specific gravity: 1.025. protein 3+. blood 2+. Other labs: triglycerides 180 mg/dl. cholesterol 190 mg/dl. Group B strep culture was negative in office. | Nephrotic syndrome  Preschool child | Fluid and electrolytes  Elimination  Tissue integrity |
| P2048C51T4#yIS1 | Paula Smith  16-years-old  Acuity level 3  **Medications:**   * Citalopram oral | Paula Smith is a 16-year-old female. She is a dancer who presents to the clinic for a yearly physical and is found to have significant weight loss, loss of menstrual cycles, and depression. She is 5’7” and weighs 94 pounds. | Anorexia nervosa  Depression  Disturbed body image  Adolescent | Communication  Growth and development  Nutrition  Mood and affect |
| P2067C56T4#yIS1 | Sam Knight 17-years-old  Acuity level 3  **Medications:**   * Acetaminophen oral * Dexamethasone IV * Phenobarbital oral | Sam Knight, a 17-year-old male, sustained a head injury while playing football. He was noted to have concussion symptoms upon examination by the team physician and removed from the game. Sam was admitted 2 hours ago for observation. He has been alert and oriented x 4, complains of a slight headache, no visual disturbances or nausea. An IV of LR is infusing at 125 mL/hour to his left forearm. Upon entering the room, the nurse notes the following: Sam is talking, but slurring his words, pupils are dilated, Sam states his headache is getting “worse” and he is complaining of nausea. Vital signs: BP 110/60 mmHg, HR 78 beats/minute, T 98.9 (37.2 C), RR 14 breaths//minute and irregular. | Head injury  Traumatic brain injury  Adolescent | Perfusion  Intracranial regulation |
| P2080C61T4#yIS1 | Suzanne Williams  5-years-old  Acuity level 3  **Medications:**   * D5/0.25 NS IV * Diphenhydramine IV * Prednisone oral * Prochlorperazine oral solution | Suzanne Williams, a 5-year-old female with a weight of 35.2 lbs, was recently diagnosed with leukemia. CBC results: neutrophil count 1.7, white blood count 30,000. She is reporting arm and leg pain at a 6/10 over the last 4 weeks. Parents attributed pain to “growing pains.” Client experiencing nausea, vomiting, diarrhea, and a loss of appetite. Vital Signs: Temperature 100.8 F (38.2 C), HR 115 beats/minute, BP 100/65 mmHg, RR 23 breaths/minute, PaO2 95%. The client is beginning a second round of chemotherapy. | Leukemia  Chemotherapy  Preschool child | Cellular regulation  Nutrition  Infection  Family dynamics |
| P2097C66T4#yIS1 | Bridgett Allen 6-years-old  Acuity level 3  **Medications:**   * Digoxin oral * Furosemide elixir oral * KCl elixir oral | Bridgett Allen is a 6-year-old girl with Down syndrome. Her mother brings her to the community clinic for an ill visit. The mother states “Bridgett just isn’t acting like herself these days. She is tired all the time and is short of breath just after climbing the stairs. She doesn’t keep up with her older brothers at all. She’s usually always moving. She just wants to sit and watch television.” The nurse notes that Bridgett is demonstrating increased work of breathing and an oxygen saturation of 91% with the pulse correlating with her heart rate of 138 beats/minute. Bridgett’s other vital signs include: 30 breaths/minute, 98/60 mmHg, 37.4o C./99.3o F. Bridgett’s capillary refill is 2 seconds, her fingers and toes are warm and dry. The nurse notes a murmur during auscultation of heart sounds. Bridget is found to be 26.4 kg which is approximately 3 kg greater than Bridgett’s weight one month ago. During that visit, Bridgett was treated for an otitis media. Bridgett has frequent ear infections requiring antibiotic therapy. Bridgett is referred to the local children’s hospital | Down syndrome  Heart failure  Cardiac surgery  Chest tube  School-age child  Post-operative  Developmental delay | Pain  Comfort  Perfusion  Family dynamics  Development  Safety |
| P2127C71T4#yIS1 | Hector Jimenez-Walker  6-weeks-old  Acuity level 2  **Medications:**   * D5/0.9 NS IV * Morphine IV * Acetaminophen oral | Hector Jimenez-Walker is a 6-week-old infant who presented to the ED with acute dehydration and a history of projectile vomiting, irritability, and low urine output. Hector’s mother, who is an adult orthopedic surgeon, and father bring Hector to the ED. Hector’s father, Paul Walker, is the primary caregiver and said he visited their pediatrician one week ago due to concerns over frequent vomiting after feeds. Hector’s mother, Helena Jimenez, is breastfeeding and went back to work last week. Hector takes the pumped milk in a bottle well and the pediatrician recommended frequent burping, keeping upright after feeds, and return to the doctor in one week if no improvement. Despite following these instructions, the vomiting became more projectile and larger volumes over the weekend, causing the parents to seek out ED care. Hector’s last wet diaper was 6 hours ago, he has no tears, and his mucus membranes are pale and dry. Hector’s vital signs are: Heart rate 164 beats/minute, 35 breaths/minute, 88/48 mmHg, 38o C./100.4o F. Hector is somewhat lethargic, crying and whimpering with intervention and Hector has a weak cry. The parents state this is their first child. | Pyloric stenosis  Dehydration  Breastfeeding  Intravenous therapy  Perioperative  Infant | Nutrition  Fluid & electrolytes  Fluid volume deficit  Family dynamics  Safety |
| P2153C76T4#yIS1 | Jack Hammond 10-years-old  Acuity level 3  **Medications:**   * Ciprofloxacin oral * Acetaminophen oral * Prednisone oral * D5/LR IV | Jack Hammond is a 10-year- old boy who was admitted last night for cystic fibrosis exacerbation and possible pneumonia. He has an IV of D5 NS infusing to his right arm at 75 mL/hour. Oxygen per nasal cannula is in place at 3 L/min, chest x-ray results and sputum culture are pending. He is alert and oriented, both parents are currently at the bedside. He does complain of intercostal pain, especially with coughing. Current oxygen saturation is 94% | Cystic fibrosis  School-age child  Suctioning/ airway clearance  Pneumonia | Oxygenation  Development  Gas exchange  Family dynamics |
| P2171C81T4#yIS1 | Madelyn Harrison  14-years-old  Acuity 1  **Medications:**   * Metformin oral * Novolog insulin subcutaneous injection * Ampicillin oral * 0.9% NS IV | Madelyn Harrison is an African- American 14-year- old, height 5’4”, weight 190 lbs. She presents to the diabetic clinic for stabilization of her new onset type 2 diabetes. Vital signs are T 98.4 F (36.8 C), B/P 185/94 mmHg, P 78 beat/minute, R 19 breaths/minute. Her Hgb A1C is 9 mg/dL, and urinalysis demonstrates 3+ glucosuria, negative ketonuria. Initial nursing assessment reveals no other health concerns. Madelyn’s mother is with the child, both of whom appear anxious. Madelyn lives with both parents and a grandmother. Her grandfather died from complications associated with diabetes. | Hypertension  Type 2 diabetes mellitus  Fall prevention  Adolescent  Nutrition  Lifestyle change | Perfusion  Glucose regulation  Safety  Development  Health promotion |
| P2197C86T4#yIS1 | Janeya Stone  9-months-old  Acuity 2  **Medications:**   * Acetaminophen oral * Linezolid oral * Morphine IV * D5/0.9 NS IV | Janeya Stone is a nine-month-old infant brought to the children’s hospital by her parents as a direct admit from the pediatrician’s office. About two-weeks ago, Janeya started having periods when she was very “fussy” and inconsolable, long periods of irritability and vomiting not in response to feedings. At first Janeya’s father thought it was the “flu.” Last week the childcare provider noted an increase in irritability and vomiting, especially after being moved. The parents and childcare provider noted that Janeya was calmer, although still irritable, when left alone. When picked up or when Janeya’s position was changed, Janeya cried vigorously. Today, at the pediatrician’s office, Janeya’s symptoms continued, she is more lethargic, and her head circumference was noted to be markedly increased from her six-month-checkup. Janeya’s father described her as “floppy.” Janeya is crying tears and her mucus membranes are pink and moist. Janeya is to be admitted for a full work-up for increased intracranial pressure, potentially due to hydrocephalus. Janeya is accompanied by her fathers on admission and they provide a health history that reflects a normal delivery via a surrogate, no significant health issues except one otitis media at 7 months of age, and an allergy to amoxicillin (reaction included a rash, increased drooling, and irritability). | Increased intracranial pressure  Hydrocephalus  Infection  Infant  Preoperative care  Health promotion | Health promotion  Intracranial regulation  Development  Family dynamics |
| P2221C91T4#yIS1 | Michael Houston  4-months-old  Acuity level 3  **Medications:**   * D5/0.9 NS IV * Acetaminophen oral * Levalbuterol inhaled | Michael Houston is a 4-month-old admitted with runny nose, decreased appetite, dehydration, and cough. Respiratory Syncytial Virus (RSV)/Bronchiolitis is suspected. He was born at 36 weeks and spent time in the NICU for respiratory issues and patent ductus venosis that resolved with oxygen treatment and time. A rRT-PCR on nasal secretions is pending, as is a chest x-ray. Currently Michael is in a croup tent in his car seat. Vital signs are: Temp. 99.3 F (37.3 C), RR 54 breaths per minute, HR170 beat per minute with audible wheezes | Respiratory syncytial virus  Bronchiolitis  Dehydration  Oxygenation  Feeding tube  Infant | Oxygenation  Fluid volume deficit  Development  Safety |
| P2244C96T4#yIS1 | Elijah Williams  4-years-old  Acuity level 1  **Medications:**   * Ibuprofen oral | Elijah Williams came to the clinic for a well-child visit, he is 4 years old and has not been seen for a well-child visit for a couple of years. He is entering pre-K and needs an updated immunization record for school. The patient is playing with the toys in the waiting area. He is accompanied by his mother. | Immunizations  Screening  Preschool child | Health promotion  Development |
| P2260C101T4#yIS1 | Penelope Nguyen  6-years-old  Acuity level 3  **Medications:**   * Lactated Ringers IV * Morphine IV | Penelope Nguyen is a 6-year-old girl who was admitted after experiencing second degree burns to both upper arms, neck, and back of head. Penelope is receiving pain medication via IV. She had her last dose at 0600. She developmentally is appropriate for her age but is quiet with new people. Patient has an IV to her left hand. She is receiving LR at 75 mL/ hr. She requires bandage changes twice a day. Her current vital signs are BP 110/70 mmHg, P-120 bpm, R-26 bpm,T-98.2 F (36.7 C) oral, O2 sat- 98% on room air. Her father is at the bedside. | Burns  Pain  Intravenous therapy  Dressing changes  School-age child | Tissue integrity  Pain  Comfort  Safety |
| P2282C106T4#yIS1 | Zoe Glover  14-months-old  Acuity 2  **Medications:**   * 0.9% NS IV * Ceftriaxone IV * Ibuprofen oral | Zoe Glover is a 14-month-old female who was brought the emergency room after having a seizure. There is no history of seizures in the child nor is there a family history of seizures. However, Zoe did have a temperature upon arrival to the hospital. The parents were both distraught upon arrival to the ER. She was administered ibuprofen upon arrival. The admitting physician has admitted Zoe to the unit for observation. Her current vital signs are BP-100/60 mmHg, P- 100 beat/minute, R-24 breaths/minute, T- 100 F (37.8 C), O2 sat is 99% on room air. The patient is pulling at her ear. She was diagnosed with otitis media to the R ear. She does have a PIV to the left AC with NS at 39 mL/hr. She weighs 20.5 lbs | Seizures  Febrile seizures  Otitis media  Infant  Family dynamics | Function  Sensory  Family dynamics  Development  Safety |

# Maternal Newborn (16 Clients)

This unit provides immersion into a busy obstetrics area caring for culturally diverse clients in all phases of labor and delivery. This platform offers practice in the basics of safe nursing care for mothers and babies according to the latest standards of care. Each of 16 clients has an audio and written report with 4-5 scenarios that the student must work through to determine the highest priorities in clinical situations.

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| **Patient Image** | **Name, Age, Acuity Level** | **Report** | **Notes** | **Concepts** |
| P2318C6T5#yIS1 | Clara Guidry  34-years-old Acuity level 3 | Mrs. Clara Guidry is a 34-year-old G5P4 who gave birth to a 9lb 3 oz male infant following a 12-hour elective oxytocin induction of labor. She had an uncomplicated labor, epidural anesthesia and a rapid second stage, no episiotomy or perineal lacerations. Indwelling urinary catheter was removed prior to delivery. She is now one-hour postpartum and is breastfeeding her baby. An IV of 1000 mL Lactated Ringers is infusing at KVO rate with an infusion of Lactated Ringers with oxytocin 20 Units infusing IVPB at 125 mL/hour. Upon entering her room, she tells the nurse that she “feels wet” and may have urinated on herself since she is still numb from the epidural and unable to move legs. An assessment reveals blood pooling under buttocks onto the under pads with numerous large clots. She is anxious, appears pale, and complains of feeling light-headed. Her husband is at her bedside. | Postpartum hemorrhage  Lactation consultant | Sexuality  Therapeutic relationships  Perfusion  Safety  Elimination  Patient education |
| P2331C11T5#yIS1 | Stephanie Gold  19-years-old  Acuity level 3 | Stephanie Gold, 19-year-old Caucasian female, G1 T0 P0 A0 L0, 32 weeks gestation. She had an uncomplicated pregnancy except for anemia treated with PO iron. She has called the on-call obstetrician three times in the last week about fatigue, body aches, mild nausea during the evening. The client reports “I don’t feel well, I haven’t vomited but the nausea makes me not want to eat too much. I am drinking ok, I just want to eat bland foods.” Rest and acetaminophen were recommended. Client is a first-year nursing student and states several students have had a “GI bug”. States felt better and went to school all but one day. No fever. She stated: “I can’t be absent from nursing school!” No contractions, leaking of fluid or vaginal bleeding. Came in this morning due to pain by right rib cage. States this is new today. Boyfriend with client. Clients vital signs taken in triage: T 99.5 F(37.5oC), Heart rate 88 beats/ minute, regular, RR 19 breaths/minute, regular, BP 144/94 mg Hg | HELLP syndrome  Seizure activity | Sexuality  Safety  Nutrition  Comfort  Perfusion  Fluid balance  Therapeutic relationships  Cognition |
| P2347C16T5#yIS1 | Renee Workman  35-years-old  Acuity level 3 | Renee Workman, 35-year-old African American female, G2 T0 P0 A1 L0, 36 weeks gestation, and history of IVF with one failed implantation. Otherwise, she had an uncomplicated pregnancy. Reported decreased fetal movement today. BP of 144/92 mmHg in office. Weight up 2 kg in 2 weeks since last appointment. Urine +1 protein on dipstick. She reports a mild headache and slightly blurry vision. She denies contractions, leaking of fluid or vaginal bleeding. Wife accompanies client. | Preeclampsia  SBAR | Sexuality  Perfusion  Therapeutic relationships  Comfort  Elimination |
| P2363C21T5#yIS1 | Jenny Smith  23-years-old Acuity level 2 | Jenny Smith is a 23-year-old, G2P1, estimated gestation age of 10 weeks with complaints of vaginal bleeding and abdominal cramping. No medical history, allergic to sulfa drugs. Labs results showed a decreased serum HCG from previous result. No fetal movement seen by ultrasound and no fetal heart tones could be obtained. Pelvic exam revealed an open cervical os with blood noted. She states that her pain is abdominal cramping, rates it from a 4/10 to a 7/10 and she is still having vaginal bleeding. She has pain medication prescribed q4h prn and received a dose about 1 hour ago with some relief. Her vitals are stable at 98.1o F (36.7 C), Heart rate 89 beat per minute, 18 breaths per minute, 132/68 mmHg, O2 Saturation 98% on room air. She’s currently NPO until the need for dilation and curettage is ruled out. She has an IV in her left forearm, no fluids infusing. She verbalized understanding of the findings and is visibly upset. She expresses concern about her family dealing with the loss and how she will tell them. She has been speaking with the staff about loss and is receptive to education regarding the next steps. | Miscarriage  Loss | Sexuality  Grief  Comfort  Perfusion  Family dynamics |
| P2375C26T5#yIS1 | Aminiah Hussain 22-years-old Acuity level 2 | Aminiah Hussain, is a 22-year-old Muslim female, G1 T0 P0 A0 L0, 39 5/7 weeks gestation. NKDA. Pregnancy uncomplicated. Woke up early morning feeling wet; was not sure if leaking urine or her membranes ruptured. Has continued to stay wet and needed to wear a pad for the last 4 hours. No contractions or vaginal bleeding. Her husband, Mohammad, is with her. He is attending his last year of medical school at the University and both are in the United States on VISAs. He called the obstetrics office and the certified nurse midwife told them to come to the hospital for evaluation and possible induction of labor. Aminiah looks to her husband to answer questions. He reads English fluently but both Aminiah and her husband struggle to speak and understand English conversation. Both appear nervous and have a lot of questions about an induction. | Induction of labor  Spirituality  Cultural implications for care | Sexuality  Spirituality  Culture  Therapeutic relationships  Patient education  Comfort |
| P2391C31T5#yIS1 | Jennifer Humes  30-years-old Acuity level 3 | Jennifer Humes is a 30-year-old Caucasian female, G4 T2 P0 A1 L2, 33 5/7 weeks gestation. History of chronic hypertension and gestational hypertension with this pregnancy. Takes nifedipine XL 30 mg daily. NKDA. Previous pregnancies uncomplicated with NSVDs. One spontaneous abortion at 10 weeks gestation. Woke up early morning feeling wet; wasn’t sure if she was leaking urine or her membranes ruptured. Turned on light and it was blood. Asked a neighbor to come over to watch other children and husband brought her to hospital. They are making phone calls to get family member to come and take care of 5 and 2-year-old children. Anxious about this pregnancy and bleeding too. Has mild abdominal pain and contractions. | Abruptio placenta | Sexuality  Family dynamics  Perfusion  Fear  Comfort  Safety  Patient education  Mobility |
| P2404C36T5#yIS1 | Kesha Jackson 15-years-old Acuity level 2 | Kesha Jackson is a G1P0, gestational age of 33.1. She came in complaining of contractions for 2 hours that are now every 5 mins. She is unsure about rupture of membranes, denying vaginal bleeding and recent intercourse. She states the baby is active. She rates her pain an 8/10. Her current vital signs are 98.1o F (36.7 C), 92 beats per minute, 16 breaths per min, 122/64 mmHg, SaO2 99% on room air. The fetal heart rate is 135 baseline but is not yet reactive. Cervical exam reveals that she is not dilated or effaced and the baby’s head is not engaged in the pelvis. She has no medical history and NKA. During her history, it was learned that she is 15 years old, currently homeless, and has been staying with various friends. She does have some supplies including diapers, wipes, and some clothing that she received from a friend. She wants to take her baby home with her. She is receptive to teaching and assistance she just has been unsure of how to obtain it. She came to the OB triage via a bus. | Preterm labor  Homeless-ness  Social determinants | Sexuality  Stress and coping  Patient education  Comfort  Therapeutic relationships  Growth and development |
| P2421C41T5#yIS1 | Carly Madison  30-years-old Acuity level 2 | Mrs. Carly Madison is a 30-year-old G1P0 admitted 4 hours ago in labor. Her cervical exam on admission: 4 cm, 70%, fetal vertex at -1, slight bloody show, leaking membranes. She doesn’t remember when the leaking began. Contractions on admission were q 5 minutes x 45 seconds. Client reported a pain level at 4/10. She and her husband have been to a Lamaze prepared childbirth series and birth plan includes the desire for a non-medicated labor and birth. She has been doing slow-chest breathing and conscious relaxation techniques since admission. She is NPO other than ice chips; she has no IV. Vital signs BP 124/70 mmHg, P 80 beats per minute, R 20 breaths per minute, FHR is reassuring with a 136 BPM baseline with moderate variability no decelerations and +accelerations (Category 1). She is ambulating in her room with a portable maternal-fetal monitor applied. She puts her call light on and ask to see a nurse stating, “how much longer is this going to be? I am getting really tired.” | Augmenting labor  Prepared childbirth | Sexuality  Patient education  Comfort  Family dynamics  Therapeutic relationships |
| P2433C46T5#yIS1 | Jenny Theriot 30-years-old Acuity level 2 | Mrs. Jenny Theriot is a 30-year-old G1P0 at 31 weeks gestation client. She has had an uncomplicated pregnancy until this morning when she woke up with clear fluid leaking from her vagina. She denies having contractions but says she isn’t really sure what she is feeling. She presents to the Obstetrics Triage Unit, looking distraught and crying, and says she doesn’t understand what is going on. | Premature rupture of membranes | Sexuality  Stress and coping  Comfort  Mobility |
| P2442C51T5#yIS1 | Maria Sanchez  20-years-old Acuity level 1 | Maria Sanchez, 20-year-old female, G1 T1 P0 A0 L1, 39 weeks gestation. Pregnancy uncomplicated. O+, Rubella immune, GBS negative. NKDA. 12-hour 1st stage, 1hour 2nd stage,10-minute, 3rd stage. Spontaneous vaginal delivery with 1st degree perineal laceration one hour ago. Vital signs stable; fundus firm, midline, at umbilicus; lochia rubra moderate, no clots; up to bathroom x1- 500 mL, no dysuria, instructed on peri-care. Legs still a little “tingly” but able to bear weight with assist X2. Pain level 3/10- ice to perineum with relief. Neonate male- Juan- 3500 g; Apgar 8 & 9; T 36.8 degrees C; AP 156 beats/minute, regular; R 52 breaths/minute, irregular. Skin-to-skin with mother for first hour. Beginning to show hunger cues. Their plan is do both breast and bottle feeding; “las dos cosas.” Maria’s husband Raul present. Her mother, grandmother, and older sister were Maria’s support persons in labor. Maria and Raul are bilingual in English and Spanish. | Trouble breastfeeding  Family dynamics  Cultural implications for care | Sexuality  Nutrition  Family dynamics  Culture  Stress and coping  Fluid balance |
| P2457C56T5#yIS1 | Susie Smith  33-years-old  Acuity level 1 | Ms. Susie Smith is a 33-year-old G2P0 at 42 weeks gestation. She is single with a limited support system. She has just completed a non-stress test (NST) which was interpreted as non-Reactive. Her provider ordered an oxytocin-stimulated contraction stress test. Fetal membranes are intact. She has a history of hypertension and a previous pregnancy loss at 18 weeks’ gestation. She is crying and states “I can’t lose another baby.” External tocodynamometer and fetal ultrasound transducer remain in place from the NST. | Contraction stress test | Sexuality  Perfusion  Stress and coping  Patient education  Safety |
| P2468C61T5#yIS1 | Sarah Lane  25-years-old Acuity level 1 | Mrs. Sarah Lane is a 25-year-old G2P0 who is at 42 weeks gestation. Estimated fetal weight is 4000 Gm. She presents to the Maternal-Fetal Medicine Clinic today for a non-stress test (NST). Her first pregnancy ended in a miscarriage at 10 weeks gestation. Her husband has accompanied her to every prenatal visit; they both appear anxious regarding the test and the health of their baby. | Non-stress test | Sexuality  Patient education  Stress and coping  Family dynamics |
| P2476C66T5#yIS1 | Cindy Mason  28-years-old Acuity level 2 | Mrs. Cindy Mason is a 28-year-old G2P1 at 40 weeks’ gestation. She presents to OB Triage with complaint of early labor. Her prenatal history indicates an uncomplicated first pregnancy with a spontaneous vaginal delivery. Her current pregnancy has also been uncomplicated, no risk factors identified. She and her husband have attended prepared childbirth classes and their birth plan indicates a desire for an unmedicated labor and birth and breastfeeding. Her contractions are every 4 minutes and lasting 60 seconds. She is using slow chest breathing and rates her pain at 4/10. She also reports leaking clear fluid from her vagina. She believes the leaking began about two hours ago. | Normal labor and delivery  Birth plan  Prepared childbirth  Newborn assessment | Sexuality  Patient education  Safety  Comfort  Thermo- regulation  Therapeutic relationships |
| P2498C71T5#yIS1 | Renee Wilson  26-years-old Acuity level 3 | Mrs. Renee Wilson is a 26-year-old G1P0 admitted four hours ago to the Birthing Center. She has had an uncomplicated pregnancy, but her obstetrician has expressed the concern about needing a c-section because of the anticipation of a large baby. Her last ultrasound estimated fetal weight at 9 lbs. 6 oz. She and her husband have attended Lamaze prepared childbirth classes and their birth plan includes the desire to have an unmedicated labor and vaginal birth. She also desires skin to skin contact with her baby at birth and breastfeeding. Admission assessment findings: Sterile vaginal exam (SVE) - 4 cm, 80% effaced, and fetal vertex at a -2 station with intact membranes, slight bloody show. BP 110/70 mmHg, P 88 beats/minute, R 24 breaths/minute; T 98.8oF (37.1 C). FHR 150 baseline with moderate variability + accelerations, absent decelerations (Category 1). Contractions are occurring every 2 minutes, lasting 60 seconds with moderate intensity per palpation. Portable tocodynamometer and fetal ultrasound transducer are in place. She is using shallow chest breathing and conscious relaxation techniques and is ambulating in her room. She rates her pain at 5/10. She tells the nurse that she will feel like a failure if she can’t deliver vaginally. | Labor and delivery  Failure to progress  C-Section  Change in birth plan  Newborn care | Sexuality  Patient education  Comfort  Safety  Protection  Stress and coping  Grief (change in birth plan) |
| P2523C76T5#yIS1 | Chiang (Jessica) Wu 35-years-old Acuity level 3 | Chiang (Jessica) Wu, 35-year-old Asian female, G3 T2 P0 A0 L2, 35 weeks gestation. NKDA. Previous pregnancies uncomplicated but she had Cesarean births and persistent breech position. Smoker x 20 years but states she “cut back to 3 cigarettes/day during her pregnancies.” Reports that she started smoking during college. States started having moderate amount of bright red bleeding about 0800. Came to the hospital after dropping the older children at school (5 and 7 years old). She has called her husband and he is meeting her at hospital because he was already at work. It is now 0945. She is anxious about the bleeding. Jessica states she “never had anything like this with her other pregnancies!” Denies pain, contractions, or leaking of amniotic fluid. | Placenta previa | Sexuality  Perfusion  Comfort  Family dynamics  Health promotion  Perfusion  Stress and coping |
| P2541C81T5#yIS1 | Miranda Johnson  32-years-old Acuity level 3 | Miranda Johnson is a 32-year-old G3P2 at 39 weeks’ gestation. It has been 10 years since her last pregnancy. She was admitted to Labor & Delivery late last night in active labor. Upon admission, sterile vaginal exam was 2 cm dilated, 80% effaced and -1 station (2/80/-1). She had small amount of bloody discharge, but membranes were intact. Contractions were every 3-4 mins, lasting 50-80 secs., with reassuring fetal heart rate. She rated her pain as 3 on 0-10 pain scale and stated most of the pain was in her back and vaginal area. Ms. Johnson weighs 250 pounds, is allergic to penicillin, and has mild scoliosis. She admits that she does not tolerate pain well and wants an epidural like she had with her previous pregnancies. Her significant other is in the room on the couch playing games on his IPAD and frequently texting on his phone. At 0630, her water broke (SROM-spontaneous rupture of membranes) and fluid was clear. SVE is 4 cm dilated, 90% effaced, and 0 station (4/90/0) with contractions every 2-3 mins, lasting 40-70 secs, with reassuring FHR. Pain level is 7-8 out of 10, and she is becoming increasing irritable, short tempered, and requesting an epidural. An IV with 1000 mL of Lactated Ringers infusing at 125 mL/hr per order. There are signed orders for an epidural PRN (as needed). | Epidural catheter | Safety  Sexuality  Reproduction  Comfort  Stress and coping  Advocacy  Professional practice |

# **Community Health** (23 Clients)

There are currently 23 Community clients with a variety of community health needs. Several of the community health clients are from the Medical-Surgical, Maternal Newborn, and Mental Health Platforms. Others are new clients to the student learners. Five of the scenarios represent pediatric clients in the community setting. Learners listen to a verbal report of the client’s background to determine community needs. Community needs are rated as normal or increased based on 10 standard Community Domains; these are included following these scenarios. Each client presents with 4-5 scenarios in which the actions must be selected as correct or incorrect. Acuities of each client scenarios range from 1 (low) to 3 (high).

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| --- | --- | --- | --- | --- |
| **Picture** | **Name,**  **Age,**  **Acuity** | **Client Background** | **Notes** | **Concepts** |
| P2577C6T6#yIS1 | Carlos Mancia  48-years-old  Acuity level 3 | Carlos Mancia is a 48-year-old male, Spanish speaking migrant worker recently hospitalized for active tuberculosis. Carlos presented with symptoms of blood-tinged mucous and a productive cough. His wife, Maria exhibited symptoms of active tuberculosis, with a productive cough and night sweats. Carlos initially resisted referral for treatment from the public health department because he was fearful of being discovered as an undocumented migrant worker. The community health nurse met with Carlos and his wife and the nurse shared that tuberculosis is a reportable illness and must be reported to the public health department using Centers of Disease Control Guidelines. Carlos met with the public health department and home health visits were scheduled for directly observed therapy (DOT) for medication administration. The community health nurse tells Carlos and Maria about the option for video observation of medications. Carlos and Maria are educated about their medications which must be given together at the same time each day.  Medications: NKDA. Isoniazid (INH) 300 mg daily orally for 30 days. Rifampin (RIF) 600 mg daily orally for 30 days. Pyrazinamide (PZA) 2000 mg four times daily orally (max 2 gm/day) by mouth for 30 days. Ethambutol (EMB) 1600 mg daily orally for 30 days. Pyridoxine 50 mg daily orally for 30 days. Social history: Carlos does not speak English. He lives in a three-bedroom, multigenerational home with his wife, her mother, and Carlos and Maria’s three children, ages 22, 19 and 17, and 3-year-old granddaughter. Carlos’s electronic health record states that he is “a form of Catholic” and that he is “devoted to his religious practices.” Carlos works for a roofing company and works long hours. Maria and their two oldest daughters, Teresa (22-year-old) and Maria Elena (19-year-old), clean houses. Their 17-year-old son, Alejandro is a senior in high school and plays competitive soccer. Maria’s mother, Margarita, maintains the home and prepares most of the meals. Margarita plays bunko at the senior center twice a week. Teresa’s daughter, Josephine, goes to a day care center three days a week. | Tuberculosis  Migrant health  Religion and  Spirituality  Contact  Tracing  Interpretation | Oxygenation  Respiration  Family dynamics  Stress and coping  Culture  Spirituality  Client Education  Role of the nurse |
| P2614C11T6#yIS1 | Ann Rails  38-years-old Acuity level 2 | The nurse provides community health consultation to a domestic violence shelter. Ann Rails is a 38-year-old female recently hospitalized for evaluation of back pain and leg pain, numbness in her legs bilaterally, left leg weakness and an unsteady gait. Ann was discharged to a women’s domestic violence shelter after she disclosed to her nurse that she was afraid to go home to an abusive husband. Ann’s discharge plan, in addition to safety, protection, and supportive services from the women domestic violence shelter, included pain management and restoration of a normal gait. Most recent vital signs: BP 124/82 mmHg, Temp 98.2 F (36.8 C), P 84 beats per minute, RR 22 breaths per minute, SaO2 96%. Medical history: Other than Ann’s recent hospitalization, her past medical history is otherwise non-significant. Medications: No known allergies (NKA). Hydrocodone 5 mg po as needed for pain Acetaminophen 325 mg one –two tabs every four hours po as needed for pain, Gabapentin 300 mg three times daily po for nerve pain. Surgical history: Negative. Social history: Prior to her hospitalization, Ann lived with her husband and their 2 dogs. Ann did not work outside of the home. | Domestic violence  shelter  Therapeutic relationships  Counseling  Pain management | Violence  Family dynamics  Stress and coping  Mobility  Pain  Trauma  Role of the nurse |
| P2644C16T6#yIS1 | Janeya Stone  5-years-old Acuity level 1 | Janeya Stone is a 5-year-old entering kindergarten in the fall. Janeya’s fathers meet with her school nurse to plan her care. Janeya’s history includes hydrocephalus diagnosed at 9-months of age. Janeya had a ventriculoperitoneal shunt inserted with a positive outcome. At 2 years and again at 3 years of age, Janeya developed shunt infections that were successfully treated with intravenous antibiotics. At 4 years of age, Janeya presented to the pediatrician’s office with signs of increased intracranial pressure and was referred to the neurosurgeon. An MRI revealed an obstructed shunt and a shunt revision resolved the neurological symptoms. Six months ago, a similar event occurred and Janeya’s shunt was found to be kinked which was relieved with the neurosurgeon pumping the proximal reservoir and a subsequent shunt survey indicated that the shunt was patent and functioning. Her fathers were instructed to monitor for signs of shunt infection and malfunctioning. Her medical history is unremarkable except for frequent urinary tract infections. Janeya’s fathers are worried because Janeya has been more tired than usual, appears pale, and doesn’t appear to be playing as actively as usual. Janeya’s fathers say that their daughter is a very “picky” eater and that she doesn’t eat any meat, little dairy products, and prefers carbohydrates. They have had a lot of family stress lately with some family discord about their relationship, their planned marriage soon, and raising a young daughter. Their extended family has strong religious beliefs against same-sex marriage. They live in an urban area and the fathers share that they have limited access to primary care and other resources. At today’s visit, Janeya is alert and friendly. The men share her health history and Janeya appears eager for school to begin and to meet new friends. | School nursing  Hydro-  cephalus  VP shunt  Increased  intracranial  pressure  Iron deficiency  anemia  Urinary tract  infection  Health care access  School-age child | Intracranial  regulation  Nutrition  Growth and development  Family Dynamics  Stress and coping  Role of the nurse |
| P2684C21T6#yIS1 | Genevieve Osaka 14-months- old Acuity level 3 | Genevieve (Genny) Osaka is a 14-month-old infant. When she was 4-months old she was in a motor vehicle accident while unrestrained leading to a C-4 spinal fracture and spinal cord injury. Genny lives with her mother who is a single parent and is an expert in her care. Genny has been relatively healthy since the accident. Genny has a tracheostomy and is on mechanical ventilation. She has a jejunostomy tube for feedings and medications, is on an intermittent urinary catheterization program, and receives suppositories to ensure regular bowel movements. Genny makes eye contact. She is delayed in her speech and has no movement or sensation below the level of her injury. Genny’s mother is eager to return to work since the accident and has found a childcare facility that provides care to children requiring highly skilled care. Genny’s mother plans to look for a job once Genny is settled into the new childcare. The mother and community health nurse provide training about Genny’s individual care to the staff at the childcare center. Genny is prone to orthostatic intolerance and temperature instability. Genny receives multivitamins and lansoprazole. Genny has increased weight in the last few months so Genny is to have a nutrition consult to adjust caloric intake of her enteral feedings. Genny has an oral feeding aversion and refuses to take oral foods or fluids. Genny’s mother expresses concern over the cost of the childcare center in addition to all of the other healthcare expenses. Genny’s mother should make an adequate salary when she finds a job as a computer software designer, but she is concerned about insurance capitation and is interested in learning about public supports and resources. | Skilled  childcare center  Spinal cord injury  Development  delay  Financial stress  Infant/toddler | Intracranial  regulation  Mobility  Oxygenation  Nutrition  Growth and  development  Role of the nurse |
| P2716C26T6#yIS1 | Edward Martin  44-years-old Acuity level 1 | Edward Martin is a 44-year-old male recently discharged from an outpatient partial hospitalization for paranoid schizophrenia. He was experiencing delusions and causing a public disturbance. Edward was diagnosed with paranoid schizophrenia at age 28 and had one suicide attempt via overdose at age 32. Edward has had episodic hospitalizations for hallucinations and delusions resulting from non-adherence to his medication regimen. Edward’s comorbidities include generalized anxiety disorder and hypertension. Medications: NKDA. Risperidone (Risperdal) 3 mg one tablet twice daily by mouth. Alprazolam (Xanax) 0.5 mg one tablet daily by mouth.  Melatonin one tablet daily one hour before bed. Lisinopril 10 mg one tablet daily by mouth. Surgical history: Appendectomy age 10. Social history: Edward lives alone and receives medication-monitoring services. He has worked at the meat packing plant for seven years. He received short-term disability during his outpatient partial hospitalization and is returning to work this week. | Occupational  health  Schizophrenia  Case management  Medication  adherence  Medication  monitoring  program  Anxiety  Hypertension | Stress and coping  Emotion  Adaptation  Cognition  Role of the nurse |
| P2752C31T6#yIS1 | Dominic Antelli  9-years-old Acuity level 2 | Dominic Antelli is a 9-year-old boy who is on the autism spectrum. Dominic attends a school specifically for children with autism. Dominic is in foster care and this is his fourth placement in a foster family. During his most recent medical examination it was noted that Dominic is pale and lethargic. One of the children at Dominic’s previous foster care home was being treated for lead poisoning by the local health department. The previous foster family shared that Dominic would often eat non-edible substances and was noted to eat paint chips and other things that he would find on the floor in their old home. Dominic likes only a few foods and often will not eat when requested; at other times Dominic eats his favorite foods in large amounts. Although Dominic was potty-trained by the age of 5, he has recently started to experience periods of enuresis. Dominic is sometimes self-injurious. He has above grade level intelligence. The new foster family has lots of questions about autism, enuresis, and available resources for children with autism. The community health nurse provides teaching to the new foster family. | Autism  Foster care  Lead poisoning  Enuresis  Development  delay  School-age child | Growth and development  Family dynamics  Nutrition  Elimination  Role of the nurse |
| P2781C36T6#yIS1 | Jim Goodman 77-years-old  Acuity level 2 | A home health nurse is scheduled to see a new client, Jim Goodman, for weekly home health visits. Jim is a 77-year-old male with end-stage steroid-dependent COPD. He has had five hospitalizations over the past six months for COPD exacerbations. He is 69 inches tall and weighs 155 pounds. His comorbidities include hypertension, asthma, anxiety, and tobacco abuse. There is concern about the client’s adherence to the medication regime. The client is occasionally disoriented to place and time. Medications: NKDA. Oxygen nasal cannula 3 liters. Prednisone 5 mg daily. Ipratropium Bromide/Albuterol Sulfate 3 mg/0.5 mL/mL solution four times daily via nebulizer  Fluticasone one puff every 12 hours  Amitriptyline 2.5 mg daily oral  Metoprolol 200 mg daily oral  Albuterol inhaler 2 puffs as needed.  Surgical history: Jim’s surgical history is positive for a ruptured abdominal aortic aneurysm fifteen years ago and a subsequent abdominal hernia repair.  Social history: Jim lives in a 55 and older low-income apartment building with his wife in a small rural community. He smokes 15 cigarettes per day, he does not drink alcohol, and he walks around the block four times per week.  Community Assessment: small rural community with a main street with retail shops, restaurants, bank, a pharmacy, grocery store and a department store. The houses and buildings are well kept. The sidewalks near Jim’s apartment building are in moderate disrepair with some uneven surfaces and cracks. There are no open green spaces in the community or evidence of public transportation. | Home care  Medication adherence  Community  Safety  Risk reduction  Nicotine abuse  Community assessment  Anxiety | Oxygenation  Respiration  Stress and coping  Role of the nurse |
| P2819C41T6#yIS1 | Bridgett Allen 17-years-old Acuity level 1 | Bridgett Allen is a 17-year-old girl with Down Syndrome. She is a new member of a program that provides vocational training and group home residence for adolescents with disabilities. Bridgett has moved several hours from home to be part of this program. Bridgett has a history of a repair of a ventricular septal defect at age 6. Since the surgery, Bridgett has had episodes of supraventricular tachycardia (SVT) about once every few months. She generally reverts to normal sinus rhythm with non-medication-based interventions. Bridgett also has frequent ear infections. Bridgett’s BMI is 33 and she is recommended to lose weight. Bridgett takes a multivitamin and birth control pills daily. It is required she be on birth control while in the group home. This is a new medication for her. Bridgett is visited by the community health nurse for health counseling and her group home counselor and other staff are provided education to assist in keeping Bridgett healthy. Bridgett cares for herself and her personal hygiene needs, she can assist in meal preparation, and in housekeeping chores. She sometimes struggles with impulse and emotional control. Although Bridgett has a cardiologist that follows her care, she lacks local access to primary care and other resources she used at home. | Group home  residency  Down syndrome  Development  delay  Otitis media  Contraception  SVT  Healthcare access  Adolescent | Growth and development  Perfusion  Nutrition  Role of the nurse |
| P2851C46T6#yIS1 | Antel Musaka 13-years-old Acuity Level 2 | Antel Musaka is a 13-year-old entering the 6th grade in middle school. Antel experienced cerebral anoxia during a prolonged labor and delivery which resulted in cerebral palsy, quadriplegia, and developmental delay. Although his physical development is delayed, Antel uses a communication board and is on grade level with his intellectual development. Six months ago, Antel underwent a posterior spinal fusion to treat scoliosis and ensure proper alignment in his adapted wheelchair. Antel attends school and participates in academic, physical, and occupational therapies. Antel has been treated for many years for gastroesophageal reflux. He has a percutaneous endoscopic gastrostomy (PEG) tube for feedings and medications, but he can eat by mouth. Antel has a history of aspiration pneumonia and drools a lot. Antel has a history of seizure activity and receives carbamazepine via the PEG tube. Antel has multiple pressure areas on his body due to his random spastic movements, functional immobility, and lack of voluntary coordination. Antel lives at home with his parents. His mother is his sole care provider, although she tried to encourage Antel’s father to assist in care. Antel’s father tells the community health nurse “I just don’t like to provide personal care for my son. In my culture a father should not care for his teen son that way.” Antel’s mother appears fatigued and tearful. The community health nurse explores some tasks that Antel’s father may assist with, including PEG tube feedings and medications. Antel’s family is not aware of nor do they use community resources. Although Antel’s family has adequate financial resources, Antel’s care has depleted the family’s available insurance and they have high deductibles and co-payments. | Cerebral Palsy  Respite care  Financial stress  Seizure management  Pressure ulcers  Development  delay  Adolescent | Comfort  Fatigue  Family dynamics  Culture  Nutrition  Growth and development  Tissue integrity  Role of the nurse |
| P2888C51T6#yIS1 | Jack Storis 39-years-old Acuity level 3 | Jack Storis is a 39-year-old male with glioblastoma multiforme. Jack had a craniotomy a year ago for removal of glioblastoma and subsequent fractional radiation therapy and chemotherapy. Jack’s prescribed level of care is routine, intermittent home hospice care. Jack’s neurologic function has declined over 4-6 weeks. He experiences generalized muscle weakness with left unilateral loss of function, extreme lethargy, frequent seizures, and had a notable decline in his mental function. Jack takes medications for depression and anxiety since his diagnosis a year ago. Jack is 6 foot 3 inches tall and currently weighs 195. He had a 30-pound weight loss over the past few months. Medications: Levetiracetam 500 mg orally twice a day, Decadron 4 mg orally twice a day, Lorazepam 4 mg orally twice a day. Amitriptyline 100 mg orally once daily. Surgical history: Significant for craniotomy 1 year ago for removal of the GBM. Social history: Jack lives at home with his wife and 5-year-old son. His mother spends a significant amount of time at the house assisting with his care. He is unemployed. Jack previously worked in road construction has been unable work for the last 3 months due to seizures and decrease in his neurologic function. The family has a hospital bed set up in their living room. The family is interested in obtaining equipment for the home and additional assistance in his care. Jack has met the eligibility criteria for home hospice care. | Death and dying  Hospice care  Community resources  Pain management  Palliative care | Grief and loss  Family dynamics  Stress and coping  Cognition  Comfort  Role of the nurse |
| P2922C56T6#yIS1 | Jenny Smith 23-years-old Acuity level 1 | Jenny Smith is a 23-year-old G2P1 who presents at the clinic after having a dilatation and curettage (D and C) following a spontaneous abortion at 10 weeks gestation six weeks ago. During her hospital discharge instructions, Jenny was advised to schedule a follow-up appointment in 1-2 weeks with her provider to ensure a safe physical recovery and to discuss either birth control or to plan her next pregnancy. Jenny cancelled her 2-week post-operative appointment because she “felt fine.” She presents today with complaints of lower abdominal pain, generalized malaise, swollen glands, and body aches. Jenny is also requesting a long-term contraceptive option. Jenny admits her last pregnancy was not planned and “I do not want to go through that again and I don’t want my family to go through it again”. She is particularly concerned for her 4-year-old son who keeps asking “Where is the baby?” Jenny admits this has been very hard emotionally for her and her mom. Her significant other is generally supportive, he also grieves the loss of the pregnancy. BP 130/70 mmHg, T 98.8 F (37.1 C), P 90 beats/minute, RR 18 breaths/minute. Medications: Prenatal vitamins. Allergies: Sulfa drugs. Social history: Jenny lives in an apartment with her 4-year-old son. Jenny is a second-grade teacher. Jenny’s significant other works in building construction and he was the father of the previous pregnancy. He splits his time with Jenny and with children from a previous relationship. Jenny and her mother are very close, and she talks with her mother every day. | Sexually transmitted infections  Contraception  Sexual health | Sexuality  Client education  Protection  Access to resources  Role of the nurse |
| P2941C61T6#yIS1 | Maria Sanchez 20-years-old Acuity level 2 | Maria Sanchez 20-year-old female, G1 T1 P0 A0 L1. Maria had an uncomplicated pregnancy and normal spontaneous vaginal delivery at 39 weeks. She delivered a 3500-gram male infant, Juan. Maria is at the clinic for her 6-week post-partum visit. Maria shares with the nurse she is feeling anxious and overwhelmed. Maria states she attempted to breastfeed but quit because “Juan ate all of the time and cried most of the day.” Maria’s grandmother requested the Curanderos visit the house to guide Le Cuarentena. Maria explains Le Cuarentena is a period of 40 days after a baby is born during which time the mother should do nothing but take care of herself and the baby. Maria said, “grandmother told me Juan has colic because I did not eat the right hot foods after Juan was born and that breastfeeding was too much trouble during the Le Cuarentena.” Maria tearfully expresses, “I failed as a mother.”  Medications: NKDA, Prenatal vitamins and herbs from the Curanderos  Social history: Maria lives in a multigenerational home with her husband, Raul; 6-week infant, Juan; her mother and grandmother. Maria and her family primarily speak Spanish; today’s visit includes an agency interpreter. | Postpartum depression  Culture  Home visiting | Emotions  Adaptation  Sexuality  Culture  Role of the nurse |
| P2962C66T6#yIS1 | Suzanne Olsen 24-years-old Acuity level 2 | Suzanne Olsen is a 24-year-old female who comes to the community clinic with complaints of increased vaginal discharge, pain with intercourse, lower abdominal pain, and urinary frequency. Suzanne reports her symptoms started over a week ago. Suzanne is accompanied to the clinic by her boyfriend. Suzanne is 5 feet 6 inches tall, 117 pounds. BP 132/76 mmHg, T 100.2 F (37.9 C), P 88 beats/minutes, RR 18 breaths/minutes. Medical history: Suzanne’s medical history is significant for five elective first trimester pregnancy terminations and two full term spontaneous vaginal deliveries. Suzanne’s boyfriend states she gave the two children up for adoption. Medications: NKA.  Surgical history: T & A age 5  Social history: Suzanne is new to the area and has not established a primary care provider. When asked what she does for employment, her boyfriend states because she is new to the area, she is unemployed and does not currently have insurance. He states that they are living in his apartment but are looking for another place to live. | Sexual trafficking  Intimate partner violence | Violence  Sexuality  Trauma  Health promotion  Safety  Role of the nurse |
| P2985C71T6#yIS1 | Richard Dominec 47-years-old  Acuity level 2 | Richard Dominec is a 47-year-old male recently discharged from the hospital following an emergent appendectomy. Richard has been HIV positive for 5 years. He recently converted to AIDS with the manifestation of a Kaposi sarcoma. He enters the clinic presenting with a dry, nonproductive cough and for follow-up of an oral candida infection for which he is currently receiving treatment. Richard has a scheduled appointment with the infectious disease healthcare provider for evaluation/further treatment. Medications: antiretroviral therapy, fluconazole 150 mg daily by mouth for 14 days. Allergies: NKDA. Surgical history: Appendectomy age 47. Social history: Richard has been married to Jim for 10 years. Jim is HIV negative. Richard and Jim state that they are aware of and use safe sexual practices. They share three children Jacob 13, Kelsey 9, Jonathon 7. Richard works in sales for a large food distributor. Jim is a computer software consultant and works in their home. Jacob is in middle school and is active in band and the academic triathlon. Kelsey is in 4th grade and is takes dance lessons. Jonathon is in the second grade and enjoys playing soccer on the community team. The three children attend the clinic visit with their fathers. | HIV/AIDS  Education  Family-centered care  Opportunistic infections  Risk reduction | Protection  Family dynamics  Immunity  Health promotion  Role of the nurse |
| P3010C76T6#yIS1 | Mary Jane  21-years-old  Acuity level 2 | Mary Jane is a 21-year-old female who was recently discharged from the behavioral health unit. Mary Jane was engaging in cutting, sleeping excessively, was unable to complete tasks, and had feelings of worthlessness. While in the behavioral health unit, Mary Jane exhibited signs of severe anxiety. Mary Jane was diagnosed with major depressive disorder and prescribed Tofranil. Discharge plans included continuation of imipramine and outpatient therapy. Medications: imipramine (Tofranil) 100 mg daily. NKDA.  Surgical history: Appendectomy age 10  Social history: Mary Jane lives at home with her parents. She is currently unemployed and looking for meaningful employment. She dropped out of college because she was unable to concentrate and was experiencing overwhelming anxiety and depression symptoms. | Anxiety  Depression  Cutting/ self- harm | Mood  Emotion  Safety  Role of the nurse |
| P3033C81T6#yIS1 | Kenny Barrett  64-years-old  Acuity level 1 | Kenny Barrett is a 64-year-old male recently hospitalized for management of newly diagnosed hypertension. It was determined Kenny’s hypertension and lower extremity pain was related to vasculitis. Kenny was diagnosed with Buerger’s disease. Medications: Atenolol 50 mg daily. Acetaminophen 325 mg prn pain. NKDA. Surgical history: Kenny’s surgical history is positive for a cholecystectomy and inguinal hernia repair. Social history: Kenny is widowed. He lives alone in a two-bedroom home in a rural community. Kenny recently retired and does not work outside of the home. He admits to struggling financially and he is living on his savings until he is eligible for social security. He smokes one pack per day. The pain in his lower extremities prohibits his engagement in exercise. Community Assessment: Kenny lives in a rural community with limited resources. Kenny’s home is on a dirt road, the nearest neighbor is “one country mile” away. Kenny lives seven miles from the farm co-op where he can purchase fresh vegetables and milk. To purchase items not available from the co-op, Kenny must go to “town” nearly thirty miles from his home. There is a family physician in town, however, the nearest hospital and specialty clinics are 80 miles. Kenny receives his prescriptions via mail. Kenny travels via his car, which is unreliable. | Hypertension  Buerger’s disease/ arterial thrombosis  Community assessment  Pain | Perfusion  Advocacy  Comfort  Mobility  Role of the nurse |
| P3058C86T6#yIS1 | Charles Wheeler  18-years-old  Acuity level 1 | Charles Wheeler is an 18-year-old male who is a senior in high school. Charles is struggling socially and academically at school. On numerous occasions Charles has been asked to leave the classroom for acting out and saying offensive things to his classmates and teachers.  Charles was recently hospitalized and diagnosed Attention-Deficit/Hyperactivity Disorder (ADHD). Medications: NKDA. Adderall 1.25 mg daily; Zoloft 50 mg daily.  Surgical history: Tonsillectomy and Adenoidectomy age 3, Appendectomy age 10. Social history: Charles lives at home with his parents in a suburban single-family home. Charles has a lot of conflict at home with his parents; his parents were frustrated with his recent hospitalization and his inability to “control himself”. Charles works at an auto parts store 15 hours per week. After graduation, he plans to go to vocational school for auto mechanic. | Attention-deficit hyperactivity disorder  Attention-deficit disorder  School nursing  Adolescent | Movement  Function  Cognition  Role of the nurse |
| P3081C91T6#yIS1 | Gina Smith 56-years-old Acuity level 2 | Gina Smith is a 56-year-old female who has experienced a number of significant life changes over the past year as a result of her alcohol and IV drug addiction. Medical history: Six months ago, Gina was hospitalized for alcohol addiction. At that time, she was experiencing gastric pain, elevated liver enzymes, and was prescribed disulfiram (Antabuse). Gina is taking fluoxetine for depression and anxiety. Medications: NKDA. Fluoxetine (Prozac), one tablet by mouth daily.  Social history: Gina lost her job as a graphic artist because she came to work intoxicated on two occasions. Due to her unemployment and addictions, she did not pay her rent and was evicted from her apartment. Gina has been forced to spend nights either in the shelter or “couch surfing”. Due to the stress of being unemployed and homeless, Gina began to drink alcohol again because it “numbs the pain”. In Gina’s struggle to find work to pay for her alcohol addiction, she resorted to delivering drugs for drug dealers and began using IV drugs. | Drug and alcohol abuse/ addiction  Incarceration  Vulnerable populations  Withdrawal | Addiction  Mood  Advocacy  Role of the nurse |
| P3101C96T6#yIS1 | Arthur Silverstein  68-years old  Acuity level 3 | Arthur Silverstein, a 68-year-old homeless Vietnam veteran recently hospitalized for PTSD resulting from the abuse suffered during imprisonment by Viet Cong. Arthur lives in a homeless shelter. He has experienced intermittent homelessness and alcohol addiction since his wife died 18 years ago. Arthur experiences flashbacks and nightmares. He is hyper-vigilant and becomes anxious in crowded spaces or in large groups of people. Medications: NKDA. Paroxetine (Paxil) 30 mg daily for management of depression, hypervigilance and PTSD symptoms and zolpidem (Ambien) for sleep as needed. Social history: Arthur lives in a homeless shelter. Arthur openly struggles with the day room and the men’s living quarters due to the number of people and limited personal space. Because of Arthur’s alcohol addiction he has been denied access to the shelter if he was intoxicated forcing him to sleep outdoors, regardless of the weather. Arthur has three children that he has not seen since shortly after his wife died due to his mental health and alcohol abuse. | Homelessness  Alcoholism  Post-traumatic Stress Disorder | Advocacy  Addiction  Role of the nurse |
| P3120C101T6#yIS1 | Ramona Stukes  69-years-old  Acuity level 3 | Ramona Stukes is a 69-year-old female who had a failed cholecystectomy and subsequent ileostomy. Ramona was discharged postoperatively to home six weeks ago. Ramona’s ostomy appliance has been leaking. She is frustrated and overwhelmed with the new appliance and the fact it is not working properly. Ramona’s neighbor, Shirley, has been assisting in her care since she has been home because Ramona’s husband is unwilling to assist with her ostomy care. She is 64 inches tall and weighs 226 pounds. Medications: NKDA. Oxycodone with acetaminophen (Percocet) 1-2 tablets every four hours as needed for postoperative pain, gabapentin (Neurontin) 300 mg by mouth three times daily for chronic nerve pain and ketorolac (Toradol) every 6 hours as needed for breakthrough pain. Medical history: Ramona was diagnosed with and treated for chronic nerve pain. Ramona reports “I have had so much pain since the surgery. I take all the medicine I can but it still doesn’t help.” Surgical history: positive for a ruptured appendectomy at age 18 and her recent history of failed cholecystectomy and subsequent ileostomy. Social history: Ramona lives in a single-family home with her husband. Both Ramona and her husband are retired. Community Assessment:Ramona and her husband live in a single- family home in a rural farming community. The town is 4 miles south of their home and consists of the local VFW, a church, and gas station with a convenience store, and a small café. The next nearest town, is 12 miles from home has a population of 37,000. Twin Valley offers a large discount department store with a pharmacy, two large service grocery stores and multiple restaurants, places of worship, banks and on and off liquor sales, and specialty shops. Twin Valley is home to a critical access hospital and an outreach specialty clinic supported from the major city 37 miles south. | Pain  Prescription  drug abuse  Ostomy  Coping  Rural health | Addiction  Coping  Pain  Role of the nurse  Tissue integrity  Family dynamics |
| P3150C106T6#yIS1 | Roger McClusky  70-years-old  Acuity level 2 | Roger McClusky is a 70-year-old male recently diagnosed with Alzheimer’s Disease dementia following evaluation of forgetfulness, difficulty processing new information, and increased confusion. With his declining memory and hearing impairment Roger’s daughter, Lisa, is concerned about his ability to care for himself and is interested in options to assist him in staying in his home. Medications: NKDA, memantine one tablet daily. Social history: Roger lives alone in a two-bedroom home in a rural community. Roger came as a migrant worker 40 years ago and worked as farm help providing manual labor in the fields. Roger is active in his church and attends with the men’s Bible study weekly. His daughter lives nearby and visits Roger multiple times per week. Community Assessment: Roger lives in a small rural community with a small downtown. There is a grocery store, a family-owned pharmacy and milk shake shop, gas station, diner, second-hand store, and an outreach family practice clinic. There are two churches, one on the north side and one on the west end of town. The houses are spaced “a country mile,” separated by farmland and fields. Most of the side roads are gravel. There are no public transportation options. | Alzheimer’s/ dementia  Migrant  worker  Parish nursing  Rural health | Cognition  Role of the nurse  Spirituality  Family dynamics  Coping  Health promotion |
|  | Hildegard Lowe  68-years-old  Acuity level 1 | Hildegard Lowe is a 68 y/o female with a history of Granulomatosis with Polyangiitis, anxiety, depression, pulmonary hypertension, and recent hospital admission for treatment of pneumonia. While in the hospital, Hildegard experienced abnormal left leg numbness and pain resulting in an unsteady gait. She was discharged to home with weekly home health visits. Medications: Allergy to mangos. NKDA . Several, assorted vitamins, gabapentin (Neurontin) 300 mg three times daily, escitalopram (Lexapro) 10 mg daily, and lisinopril (Zestril) 20 mg daily. Surgical history: no previous surgeries. Social history: Hildegard is widowed and lives alone in an affluent retirement community. She has one daughter who lives out of state. Hildegard has a strong social support group with other women in her community. Hildegard walks 1 mile per day with her “walking group” to assist with managing her pulmonary hypertension. | Medication reconciliation  Home health visits  Pulmonary hypertension  Depression  Pain  Mobility | Mobility  Safety  Health promotion  Advocacy  Self-management  Role of the nurse |
|  | Judith Hanks  64-years-old  Acuity level 2 | Judith Hanks is a 64-year-old woman discharged about one year ago from the hospital following discectomy to repair a herniated disc. During that hospitalization, Judith’s husband of 9 years, Elton, visited her and found her behavior very different from her usual behavior. As his with her visit progressed, Judith began having tactile hallucinations and was very restless. Finally, Judith’s husband called the hospital nurse into the room and the nurse found Judith hypertensive and tachycardic and Judith was very diaphoretic. Judith and her husband both revealed that they were drinking 8-10 alcoholic beverages per day. As part of that hospitalization Judith went through alcohol withdrawal and was diagnosed with alcohol-related cirrhosis and began care for condition. Judith also has a history of heart failure which was stabilized during the hospitalization. Current medications include: carvedilol (Coreg) 3.125 mg twice daily, spironolactone (Aldactone) 200 mg/day, Vitamin B Complex (1/day), MVI (1/day) Allergies: Shellfish, adhesive tape.  As part of the management and discharge processes, both members of the couple pledged to become sober and were generally successful over the past year with ongoing support group participation at the Alcoholics Anonymous at a local church. They have both had one or two serious relapses of using alcohol when life stressors were more than they can handle. One night, Elton went to a local bar, after an argument with his wife, and drank all evening. When driving home, he was the cause of a motor vehicle accident which caused no injuries but damaged his car beyond repair. Their children decided to take both Judith and Elton’s licenses away and do errands for them every few weeks. This caused Judith and Elton to not be able to attend their Alcoholics Anonymous meetings or see their primary care healthcare provider whose practice is 55 miles from the Hank’s home. Since her hospitalization, Judith has become deconditioned and she has gained 30 pounds. Her activity is limited to her bed, her bathroom, and her living room with the television and some comfortable chairs. Because of the Hank’s rural location, lack of transportation, and Judith’s immobility, the healthcare provider recommends telehealth management until the Hanks’ circumstances change. The Telehealth Nurse Care Coordinator receives the referral for Judith’s care. The Telehealth Nurse reviews Judith’s electronic health record and emails the primary care healthcare provider with questions. The Telehealth Nurse plans a virtual conference with Judith and Elton. The Hanks do have a smartphone and a computer but are somewhat reticent to use a technology-based intervention. They state they are “willing to give it a try.” | Telehealth  Alcoholism  Cirrhosis | Role of the nurse  Addiction  Metabolism  Self-management  Advocacy |

## Community Domains

|  |  |
| --- | --- |
| **Community/ Population Health Domain** | **Description of Domain** |
| Community Assessment | A community assessment is the process of identifying the strengths, assets, needs and challenges of the community. A windshield survey is part of the community assessment. A windshield survey is the equivalent of a community head-to-toe assessment and yields a basic description about the community, its health, members, and resources. Shoe-leather surveys collect data while walking through the community. |
| Culture/Beliefs/Spirituality | Culture is the characteristics and knowledge of an aggregate. Culture, beliefs, and spirituality are intrinsic values that provide important social and economic benefits. Understanding and incorporating culture, beliefs, and spirituality improve learning and health, enhances quality of life, and increases overall well-being for both individuals and communities. |
| Disease/Illness Prevention | Disease prevention focuses on specific efforts aimed at reducing the development and severity of chronic disease and other morbidities. There are three levels of preventive measures in disease /illness prevention-primary, secondary, and tertiary.  Primary prevention is the promotion of health and the prevention of a disease (clean water, immunizations, smoke free environment, education, personal hygiene).  Secondary prevention is detection and early treatment of disease (health screenings).  Tertiary prevention aims to retrain, re-educate, and rehabilitate (therapy or treatment for disease processes, addiction, and disability). |
| Education/Counseling | Education/counseling includes health education and counseling of individual, family, and communities with a purpose of changing health directed behavior to reduce injury or consequences. |
| Health Promotion | Health promotion is the process of enabling people to increase control over, and to improve, their health. Health promotion enables individuals, family, and communities to act positively in their environment by creating conditions that encourage and nurture health. |
| Resource Identification | Resource identification reveals possible solutions to help solve problems with/for individual and families within and outside of the community. Identification of resources include human (services/expertise) and non-human (funding/facilities/supplies/equipment) resources |
| Risk Reduction | Risk reduction facilitates behaviors that enable individuals, families, and communities to react to threats of health through early identification and avoidance of risks. |
| Self-Management | Self-management is the taking of responsibility for one's own behavior and well-being. Self-management includes managing the daily tasks to live well with one or more chronic conditions and having the skills and confidence to take charge of personal physical and emotional health, roles, and responsibilities. Self-management includes dietary and symptom management. |
| Social Determinants of Health | Social Determinants of Health identify ways to create social and physical environments that promote good health for all. Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. |
| Surveillance | Surveillance is an ongoing process of monitoring, collecting data, and evaluating the impact of the health of individuals, families, and communities. Effective surveillance and control lead to the elimination and eradication of disease. |

# Mental Health (43 Clients, 16 Common Diagnoses)

There are 43 clients with 16 of the most common diagnoses for an acute care hospital admission. The Mental Health platform includes 5 phases, these include: definition practice, behavior assessment and identification/association of a diagnosis, associate a likely/probable medication for the diagnosis, identify a concern about the identified medication and identify stress levels in a day room with a group of clients. While in the day room (phase 5), students must identify the client with the highest stress level, select the correct intervention for de-escalation and safety of the clients and nurse (an information sheet about stress levels and interventions is provided). Clients will not be repeated until all 43 clients have been utilized when using random mood.

Concepts could include: Stress and coping, Clinical judgment, Communication, Safety, Assessment, Mood and Affect, Emotions, Cognition, Adaptation Diagnoses with an \* indicate those characterized by severe Anxiety.

|  |  |
| --- | --- |
| Arthur Silverstein | PTSD\* |
| Becky Watson | Paranoid Schizophrenia |
| Betty Parman | Dissociative Amnesia |
| Bob McKay | Dementia |
| Charles Starks | ADHD |
| Charles Wheeler | ADHD |
| Danny Wiles | ADHD |
| Dave Nelson | Dementia |
| Edward Martin | Paranoid Schizophrenia |
| Elliot Simpson | Panic disorder with agoraphobia\* |
| Fred Harris | PTSD\* |
| Gina Smith | ETOH dependence |
| Harold Williams | Antisocial Personality Disorder |
| Harry Baker | Dissociative amnesia |
| Harry Rogers | Bipolar manic phase |
| James Thomas | Major depressive disorder |
| James Woodruff | Antisocial personality disorder |
| Janie Robertson | PTSD\* |
| Jefferson Marshall | Anorexia |
| Jennifer Evans | Bulimia |
| John Lewis | ETOH dependence |
| Joseph Dickson | Somatization disorder |
| Judith Hanks | ETOH dependence |
| Kathy Mills | Anorexia |
| Lena Smith | Catatonia |
| Liza Moore | Catatonia |
| Marcia Johnson | Anorexia |
| Martha Simmons | Somatization disorder |
| Mary English | Somatization disorder |
| Mary Rothchild | Major depressive disorder |
| Mary Jane | Major depressive disorder |
| Ralph Santoro | Panic disorder with agoraphobia\* |
| Rick Masterson | Bulimia |
| Robin West | Bulimia |
| Roger McClusky | Dementia |
| Rosie Morales | Somatization disorder |
| Sally McPherson | Panic disorder with agoraphobia\* |
| Sally Stoval | Bipolar with manic exacerbation |
| Sam Gregory | Catatonia |
| Scott Davis | Catatonia |
| Shirley Stevens | Bipolar with manic exacerbation |
| Tom Marshall | PTSD\* |
| Tom Richards | Antisocial personality disorder |

\*Characterized by severe Anxiety

# Obstetrics Triage (42 Clients, 15 Obstetrics Related Diagnoses)

42 clients are available with 15 different OB related diagnoses. This is a triage application, students will match a definition to the term, then students will identify a complication, and assign the client location for appropriate clinical care.

Concepts could include: Glucose regulation, Safety, Infection, Perfusion, Clinical judgment, Homeostasis, Patient Education

|  |  |
| --- | --- |
| Amanda Huber | Meconium staining |
| Ann Freeman | Gestational diabetes mellitus |
| Bethany Driver | Premature rupture of membranes |
| Carol Tanner | HELLP syndrome |
| Chantel Foster | Meconium staining |
| Chastidy Haswell | Premature rupture of membranes |
| Diane Jones | Placenta previa |
| Elizabeth Bennet | Preeclampsia |
| Ikesha Taylor | Non stress test |
| Jennifer Holly | Post term pregnancy |
| Jessica Sims | Preeclampsia |
| Joann Rice | Gestational diabetes mellitus |
| Joey Kelly | Induction of labor |
| Jordan Wright | Abruptio placentae |
| Judy Pruitt | Augmentation of labor |
| Karen Scott | Umbilical cord prolapse |
| Kate Nelson | Meconium staining |
| Kathy Mann | Augmentation of labor |
| Kathy Williams | Umbilical cord prolapse |
| Kristy Turner | Abruptio placentae |
| Linda Hunter | Augmentation of labor |
| Maggie Maxwell | Premature rupture of membranes |
| Michelle Davis | Umbilical cord prolapse |
| Michelle Lewis | Premature labor |
| Missy Matthews | Abruptio placentae |
| Nancy Kemp | Premature rupture of membranes |
| Odlinda Baker | Incompetent cervix |
| Patricia Moore | Premature labor |
| Peg Smith | Placenta previa |
| Phyllis Deisenroth | Premature labor |
| Precious Vines | Contraction stress test |
| Rita Ray | Incompetent cervix |
| Rosie Holloway | HELLP syndrome |
| Sally Johnson | Non stress test |
| Stacy Ingalls | Contraction stress test |
| Sue Brown | Placenta previa |
| Tammy Taylor | Gestational diabetes mellitus |
| Tanisha Green | Non stress test |
| Taryn Jones | Preeclampsia |
| Tina White | Incompetent cervix |
| Vanisha Wilder | Contraction stress test |
| Vickie Dunn | Preeclampsia |

# Emergency Department (200 Clients, 8 Nurses)

A total of 200 clients with a variety of diagnoses are available. Students must assign an ESI level from 1-5 based on the “triage” scenario provided. Then, the student must select one of 8 nurses who has the best skill level to care for each client.

Each of the 8 nurses have different skill levels. Mary, Sue and Louise can care for all clients. Jim, Chip and Connie can care for ESI level 2-5. Roger and Sandy are the most inexperienced nurses who can only care for ESI level 3-5. ED rooms 1-8 are for ESI levels 3-5 and trauma rooms are for clients with an ESI 1 or 2. If no rooms are available, the client must be diverted.

There are also background noises that can be enabled, disabled, or left optional by the instructor when making the assignment. The background noise is typical ED background, which makes concentrating slightly more difficult. The HELP function provides a comprehensive tutorial on how to work within the ED function.

# Dosage Calculations (56 Clients)

In the dosage calculation simulator, the student is asked to provide one medication at a time to a client. The student must first select the appropriate client. Then, the student will perform the math calculation in order to select the appropriate dose. The student will then select the appropriate supplies based on the route. The student will then be asked to select the appropriate amount based on the previous calculation. Lastly, the student will be asked to administer the medication by the correct route.

|  |  |  |
| --- | --- | --- |
| **Picture** | **Name, Age, Info** | **Meds** |
| P3512C4T10#yIS1 | Anita Velasquez  *AGE*: 73-years-old  *MRN*: 24919180  *Diagnosis*: hip fracture  *Allergies*: NKDA  *Provider*: Dr. Jones  *Weight*: 155 lbs | Doxazosin (Cardura) 4mg ER tab  Sumatriptan (Imitrex) 12 mg SubQ  Sumatriptan (Imitrex) 6 mg SubQ |
| P3525C7T10#yIS1 | Angelina Rice  *AGE*****:**** 47-years-old  **MRN:** 67913140  **Diagnosis:** back pain  **Allergies:** NKDA  **Provider:** Dr. Suculo  **Weight:** 152.2 lbs | Enalapril (Vasotec) 2.5mg tab |
| P3537C10T10#yIS1 | **Arthur Thomason**  *AGE***:** 56-years-old  **MRN:** 54910270  **Diagnosis:** pulmonary edema  **Allergies:** NKDA  **Provider:** Dr. Welch  **Weight:** 187.5 lbs | Alprazolam (Xanax) 1mg tab  Famotidine (Pepcid) 40mg/5 mL oral sol |
| P3548C13T10#yIS1 | **Barbara Vestal**  *AGE***:** 83-years-old  **MRN:** 13910280  **Diagnosis:** stroke, left side  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 141.2 lbs | Amoxicillin (Amoxil) 600 mg oral sol  Diazepam (Valium) 2 mg oral sol |
| P3561C16T10#yIS1 | **Bonita Buchanan**  *AGE***:** 79-years-old  **MRN:** 53918021  **Diagnosis:** diabetes, hypertension, blind  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 152.2 lbs | Codeine (Codeine) 45 mg tab  Insulin glargine (Lantus) 20 units SubQ injectable  Insulin glargine (Lantus) 30 units SubQ injectable |
| P3573C19T10#yIS1 | **Carla Hogan**  *AGE***:** 80-years-old  **MRN:** 53910240  **Diagnosis:** diabetes, hypertension  **Allergies:** NKDA  **Provider:** Dr. Tilles  **Weight:** 183 lbs | Cefprozil (Cefzil) 500 mg tab  Hydrocodone/APAP (Lortab) 15mg oral sol  Insulin glargine (Lantus) 40 units SubQ injectable  Insulin glargine (Lantus) 50 units SubQ injectable |
| P3589C22T10#yIS1 | **Charles Stevenson**  *AGE***:** 82-years-old  **MRN:** 33910330  **Diagnosis:** multiple sclerosis (MS)  **Allergies:** NKDA  **Provider:** Dr. Ramsey  **Weight:** 202.9 lbs | Doxazosin (Cardura) 4 mg tab |
| P3601C25T10#yIS1 | **Chester Jones**  *AGE***:** 86-years-old **Diagnosis:** dementia, pacemaker  **Allergies:** NKDA  **Provider:** Dr. Magonagel  **Weight:** 158.8 lbs | Diltiazem (Cardizem) 30mg tab |
| P3611C28T10#yIS1 | **Cynthia Barnes**  *AGE***:** 93-years-old  **MRN:** 22915040  **Diagnosis:** tracheostomy, tube feedings  **Allergies:** NKDA  **Provider:** Dr. Jones  **Weight:** 127.9 lbs | Divalproex (Depakote) 750 mg tab PO  Donepezil (Aricept) 5 mg DIS tab  Meperidine-inj (Demerol) 12.5mg IM  Meperidine-inj (Demerol) 25mg IM |
| P3626C31T10#yIS1 | **Diane E. Smith**  *AGE***:** 80-years-old  **MRN:** 53915070  **Diagnosis:** acute renal Failure, dialysis  **Allergies:** NKDA  **Provider:** Dr. Ubosh  **Weight:** 229.3 lbs | Cyclobenzaprine (Flexeril) 5 mg IM  Diphenhydramine (Benadryl) 50 mg tab PO |
| P3638C34T10#yIS1 | Diane W. Smith  *AGE***:** 64-years-old  **MRN:** 15918070  **Diagnosis:** dementia, diabetes  **Allergies:** NKDA  **Provider:** Dr. Pepper  **Weight:** 205.1 lbs | Clarithromycin (Biaxin) 1000 mg tab PO  Insulin NPH (Novolin N) 14 units SubQ  Insulin NPH (Novolin N) 16 units SubQ  Propranolol (Inderal) 4 mg oral sol |
| P3656C37T10#yIS1 | Edith Walters  *AGE***:** 84-years-old  **MRN:** 13911340  **Diagnosis:** stroke, right side  **Allergies:** NKDA  **Provider:** Dr. Magonagel  **Weight:** 161 lbs | Cetirizine (Zyrtec) 40 mg tab  Morphine (Morphine) 10 mg oral sol |
| P3668C40T10#yIS1 | Elizabeth Singleton  *AGE***:** 87-years-old  **MRN:** 62914211  **Diagnosis:** dementia, colostomy care  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 116.9 lbs | Benazepril (Lotensin) 60mg tab  Hydroxyzine (Vistaril) 40 mg oral sol |
| P3680C43T10#yIS1 | Emily Kazinski  *AGE***:** 93-years-old  **MRN:** 22911101  **Diagnosis:** congestive Heart Failure  **Allergies:** NKDA  **Provider:** Dr. Ramsey  **Weight:** 167.6 lbs | Duloxetine (Cymbalta) 100 mg capsule |
| P3693C46T10#yIS1 | Emma Smith  *AGE***:** 87-years-old  **MRN:** 82914080  **Diagnosis:** post knee replacement  **Allergies:** NKDA  **Provider:** Dr. Ubosh  **Weight:** 158.8 lbs | Cyclobenzaprine (Flexeril) 15 mg tab  Nitroglycerin (Nitrostat) 0.4 mg DIS tab |
| P3705C49T10#yIS1 | Estelle McBride  *AGE***:** 95-years-old  **MRN:** 2911090  **Diagnosis:** post tib/fib fracture  **Allergies:** NKDA  **Provider:** Dr. Magonagel  **Weight:** 143.4 lbs | Ciprofloxacin (Cipro) 750mg tab  Prednisone (Deltasone) 15 mg oral sol |
| P3718C52T10#yIS1 | Estelle Watkins  *AGE***:** 99-years-old  **MRN:** 41915221  **Diagnosis:** failure to thrive (FTT)  **Allergies:** penicillin  **Provider:** Dr. Ubosh  **Weight:** 167.7 lbs | Amphetamine (Adderall) 20mg tab  Cephalexin (Keflex) 250 mg oral sol |
| P3732C55T10#yIS1 | EvaMea Smith  *AGE***:** 90-years-old  **MRN:** 52918040  **Diagnosis:** diabetes  **Allergies:** NKDA  **Provider:** Dr. Pepper  **Weight:** 191.1 lbs | Clonazepam (Klonopin) 2 mg tab PO  Insulin Human Regular 6 Units SubQ  Insulin Human Regular 8 Units SubQ  Zolpidem (Ambien) 5 mg DIS tab |
| P3747C58T10#yIS1 | Frank Weather  *AGE***:** 73-years-old  **MRN:** 14911211  **Diagnosis:** left sided paresis, failure to thrive  **Allergies:** NKDA  **Provider:** Dr. Ramsey  **Weight:** 154.4 lbs | Digoxin (Lanoxin) 0.375mg tab |
| P3759C61T10#yIS1 | James Hennager  *AGE***:** 73-years-old  **MRN:** 14913260  **Diagnosis:** bilateral knee replacement  **Allergies:** NKDA  **Provider:** Dr. Tilles  **Weight:** 222.7 lbs | Atorvastatin (Lipitor) 30mg tab PO  Diphenhydramine 25 mg oral sol PO |
| P3772C64T10#yIS1 | Jessica Wilhelm  *AGE*****:**** 72-years-old  **MRN:** 14915211  **Diagnosis:** Alzheimer's disease  **Allergies:** NKDA  **Provider:** Dr. Tilles  **Weight:** 136.7 lbs | Amlodipine (Norvasc) 2.5 mg tab  Cyclobenzaprine (Flexeril) 10 mg oral sol PO |
| P3785C67T10#yIS1 | Joanne Stewart  *AGE***:** 80-years-old  **MRN:** 43915060  **Diagnosis:** dementia  **Allergies:** NKDA  **Provider:** Dr. Pepper  **Weight:** 136.7 lbs | Amitriptyline (Enovil) 15 mg tab  Clarithromycin (Biaxin) 250 mg oral sol |
| P3796C70T10#yIS1 | John Duncan  *AGE***:** 56-years-old  **MRN:** 85912290  **Diagnosis:** gastroenteritis  **Allergies:** NKDA  **Provider:** Dr. Jones  **Weight:** 174.2 lbs | Meperidine-inj (Demerol) 12.5 mg IM  Meperidine-inj (Demerol) 25 mg IM  Meperidine-inj (Demerol) 50 mg IM |
| P3811C73T10#yIS1 | John Watowski  *AGE***:** 88-years-old  **MRN:** 62915021  **Diagnosis:** severe Parkinson's disease  **Allergies:** NKDA  **Provider:** Dr. Welch  **Weight:** 183 lbs | Diazepam (Valium) 10 mg tab |
| P3824C76T10#yIS1 | Kathy Gestalt  *AGE***:** 33-years-old  **MRN:** 18913260  **Diagnosis:** rt tib/Fib Fracture  **Allergies:** NKDA  **Provider:** Dr. Anderson  **Weight:** 149.9 lbs | Methylprednisolone (Solumedrol) 125mg IM |
| P3836C79T10#yIS1 | Lithia Monson*AGE***:** 93-years-old  **MRN:** 12914101  **Diagnosis:** head injury to rule out subdural hematoma  **Allergies:** NKDA  **Provider:** Dr. Altace  **Weight:** 121.3 lbs | Enalapril (Vasotec) 15 mg tab |
| P3847C82T10#yIS1 | Louis Hutchinson  *AGE***:** 54-years-old  **MRN:** 16913010  **Diagnosis:** amyotrophic lateral sclerosis (ALS)  **Allergies:** amoxicillin  **Provider:** Dr. Ubosh  **Weight:** 178.6 lbs | Acetaminophen (Tylenol) 650mg ER tab  Carbamazepine (Tegretol) 200 mg oral sol |
| P3859C85T10#yIS1 | Mary Kentonavich  *AGE***:** 82-years-old  **MRN:** 23915120  **Diagnosis:** schizophrenia, failure to thrive (FFT)  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 156.6 lbs | Atenolol (Tenormin) 200 mg tab  Fluconazole (Diflucan) 100 mg oral sol |
| P3872C88T10#yIS1 | Michele Elliot  *AGE***:** 83-years-old  **MRN:** 13917070  **Diagnosis:** malignant tumor oropharynx  **Allergies:** NKDA  **Provider:** Dr. Tilles  **Weight:** 174.2 lbs | Benazepril (Lotensin) 10 mg tab  Donepezil (Aricept) 15 mg tab |
| P3884C91T10#yIS1 | Nancy Bray  *AGE:*86-years-old  **MRN:** 82911010  **Diagnosis:** mediastinal mass, post stroke, right side  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 145.6 lbs | Azithromycin (Zithromax) 500 mg tab  Donepezil (Aricept) 5 mg DIS tab |
| P3895C94T10#yIS1 | Nathan Smith  *AGE***:** 36-years-old  **MRN:** 97912250  **Diagnosis:** quadriplegic  **Allergies:** NKDA  **Provider:** Dr. Ramsey  **Weight:** 154 lbs | Citalopram (Celexa) 10 mg tab  Promethazine (Phenergan) 25 mg Oral sol |
| P3908C97T10#yIS1 | Nora Gentry  *AGE***:** 82-years-old  **MRN:** 33910301  **Diagnosis:** dementia, hypertension  **Allergies:** NKDA  **Provider:** Dr. Tilles  **Weight:** 191.9 lbs | Carbamazepine (Tegretol) 300 mg tab  Esomeprazole (Nexium) 40 mg oral sol |
| P3922C100T10#yIS1 | Olivia Pinston  *AGE***:** 86-years-old  **MRN:** 82914230  **Diagnosis:** emphysema, chronic renal failure  **Allergies:** NKDA  **Provider:** Dr. Ubosh  **Weight:** 196.3 lbs | Amiodarone (Cordarone) 300mg tab PO  Citalopram (Celexa) 10 mg oral sol |
| P3934C103T10#yIS1 | Ottis Williams  *AGE***:** 90-years-old  **MRN:** 52916070  **Diagnosis:** Alzheimer's disease  **Allergies:** gabapentin, novacaine  **Provider:** Dr. Magonagel  **Weight:** 209.5 lbs | Acyclovir (Zovirax) 400 mg tab  Cefuroxime (Ceftin) 375 mg oral sol |
| P3946C106T10#yIS1 | Ralph Jenkins  *AGE:* 74-years-old  **MRN:** 14919101  **Diagnosis:** chronic renal failure  **Allergies:** toradol  **Provider:** Dr. Jones  **Weight:** 220 lbs | Acyclovir (Zovirax) 400 mg capsules  Cefprozil (Cefzil) 125mg oral sol |
| P3960C109T10#yIS1 | Ramona Stukes  *AGE***:** 69-years-old  **MRN:** 54919270  **Diagnosis:** post-op cholecystectomy  **Allergies:** NKDA  **Provider:** Dr. Levine  **Weight:** 225 lbs | Prochlorperazine (Compazine)10 mg IM  Prochlorperazine (Compazine) 4 mg IM |
| P3973C112T10#yIS1 | Rita Hayes  *AGE***:** 88-years-old  **MRN:** 62915090  **Diagnosis:** post hip fracture  **Allergies:** NKDA  **Provider:** Dr. Tilles  **Weight:** 141.1 lbs | Amitriptyline (Enovil) 50 mg tab PO  Lopidogrel (Plavix) 20 mg oral sol PO |
| P3986C115T10#yIS1 | Rita McKnight  *AGE***:** 89-years-old  **MRN:** 62919130  **Diagnosis:** chronic obstructive pulmonary disease  **Allergies:** NKDA  **Provider:** Dr. Jones  **Weight:** 172 lbs | Clopidogrel (Plavix) 225mg tab PO |
| P3998C118T10#yIS1 | Robert Fox  *AGE***:** 81-years-old  **MRN:** 43917001  **Diagnosis:** bilateral amputee  **Allergies:** NKDA  **Provider:** Dr. Magonagel  **Weight:** 165 lbs | Clonidine (Catapres) 0.6 mg tab  Olanzapine (Zyprexa) 5 mg DIS tab |
| P4013C121T10#yIS1 | Roberta Searcy  *AGE***:** 84-years-old  **MRN:** 13910360  **Diagnosis:** congestive heart failure  **Allergies:** NKDA  **Provider:** Dr. Welch  **Weight:** 145.5 lbs | Buspirone (Buspar) 20 mg  Erythromycin (Erythrocin) 240mg oral sol |
| P4027C124T10#yIS1 | Ronnie Boudin  *AGE***:** 70-years-old  **MRN:** 54911001  **Diagnosis:** congestive heart failure  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 194.1 lbs | Cefuroxime (Ceftin) 250mg tab PO  Ibuprofen (Motrin) 400 mg oral sol |
| P4038C127T10#yIS1 | Rosemary Ciesa  *AGE***:** 78-years-old  **MRN:** 73911040  **Diagnosis:** coronary artery disease, hypertension, diabetes, dementia  **Allergies:** NKDA  **Provider:** Dr. Pepper  **Weight:** 174.2 lbs | Amoxicillin (Amoxil) 800 mg oral sol  Hydrocodone/APAP (Lortab) 5mg/325mg tab  Insulin NPH (Novolin N) 10 units SubQ  Insulin NPH (Novolin N) 20 units SubQ |
| P4052C130T10#yIS1 | Russell Montgomery  *AGE***:** 49-years-old  **MRN:** 66911020  **Diagnosis:** spinal injury  **Allergies:** iodine, penicillin  **Provider:** Dr. Jones  **Weight:** 150 lbs | Azithromycin (Zithromax) 300mg oral sol  Carvedilol (Coreg) 6.25 mg tab PO |
| P4065C133T10#yIS1 | Sally Nichols  *AGE***:** 77-years-old  **MRN:** 73914021  **Diagnosis:** pelvic fracture  **Allergies:** NKDA  **Provider:** Dr. Ubosh  **Weight:** 141.2 lbs | Donepezil (Aricept) 10mg tab  Prochlorperazine-inj (Compazine) 7.5 mg IM |
| P4077C136T10#yIS1 | Sarah Getts  *AGE***:** 77-years-old  **MRN:** 73918250  **Diagnosis:** hyperkalemia, hyponatremia  **Allergies:** NKDA  **Provider:** Dr. Brown  **Weight:** 119.1 lbs | Cyclobenzaprine (Flexeril) 5mg IM |
| P4089C139T10#yIS1 | Sarah Phillips  *AGE***:** 81-years-old  **MRN:** 33912021  **Diagnosis:** coronary artery disease, hypertension  **Allergies:** NKDA  **Provider:** Dr. Pepper  **Weight:** 211.7 lbs | Cimetidine (Tagamet) 400mg tab  Phenytoin (Dilantin) 125 mg oral sol |
| P4101C142T10#yIS1 | Shirley Black  *AGE***:** 84-years-old  **MRN:** 13912820  **Diagnosis:** diabetes  **Allergies:** NKDA  **Provider:** Dr. Ubosh  **Weight:** 172 lbs | Tramadol (Ultram) 200mg DIS tab  Clonazepam (Klonopin) 3 mg tab  Insulin detemir (Levemir) 10 units SubQ  Insulin detemir (Levemir) 40 units SubQ |
| P4115C145T10#yIS1 | Shirley Norris  *AGE***:** 76-years-old  **MRN:** 93914260  **Diagnosis:** dementia  **Allergies:** NKDA  **Provider:** Dr. Magonagel  **Weight:** 172 lbs | Gabapentin (Neurontin) 150 mg oral sol  Gabapentin (Neurontin) 200 mg oral sol  Methylprednisolone (Solumedrol) 125mg IM |
| P4130C148T10#yIS1 | Theresa Walton  *AGE***:** 85-years-old  **MRN:** 92914270  **Diagnosis:** diabetes, ileostomy, left hip fracture  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 183 lbs | Atorvastatin (Lipitor) 160mg tab  Docusate (Colace) 40 mg oral sol  Insulin Regular (Novolin R) 4 units SubQ  Insulin Regular (Novolin R) 6 units SubQ |
| P4145C151T10#yIS1 | Thomas Bechman  *AGE***:** 79-years-old  **MRN:** 63914080  **Diagnosis:** gout, dementia  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 185.2 lbs | Cefaclor (Ceclor) 500mg ER Capsule  Hydrocodone (Hycodan) 4.5 mg oral sol |
| P4157C154T10#yIS1 | Thomas Koenig  *AGE***:** 78-years-old  **MRN:** 73913050  **Diagnosis:** bilateral amputee, pacemaker  **Allergies:** NKDA  **Provider:** Dr. Wood  **Weight:** 176.5 lbs | Cephalexin (Keflex) 750mg tab  Meloxicam (Mobic) 22.5 mg oral sol |
| P4170C157T10#yIS1 | Veronica Whaley  *AGE***:** 77-years-old  **MRN:** 83910250  **Diagnosis:** post coronary artery bypass grafting  **Allergies:** NKDA  **Provider:** Dr. Magonagel  **Weight:** 236 lbs | Docusate (Colace) 300mg capsule  Donepezil (Aricept) 5 mg DIS tab  Methylprednisolone (Solumedrol) 62.5 mg IM |
| P4184C160T10#yIS1 | Virgil Hicks  *AGE***:** 82-years-old  **MRN:** 33914290  **Diagnosis:** heart failure, diabetes  **Allergies:** NKDA  **Provider:** Dr. Tilles  **Weight:** 138.9 lbs | Cefaclor (Ceclor) 500mg capsule PO  Hydrocodone (Hycodan) 2 mg oral sol  Insulin detemir (Levemir) 20 units SubQ  Insulin detemir (Levemir) 60 units SubQ |
| P4199C163T10#yIS1 | Walter Abba  *AGE***:**86-years-old  **MRN:** 92917120  **Diagnosis:** psychosis  **Allergies:** NKDA  **Provider:** Dr. Pepper  **Weight:** 183 lbs | Allopurinol (Zyloprim) 150 mg tab PO  Cetirizine (Zyrtec) 10 mg oral sol |
| P4212C166T10#yIS1 | Wanda Reynolds  *AGE***:** 87-years-old  **MRN:** 82911040  **Diagnosis:** heart failure, hypertension, diabetes  **Allergies:** NKDA  **Provider:** Dr. Pepper  **Weight:** 187.4 lbs | Fluoxetine (Prozac) 20mg tab PO  Gabapentin (Neurontin) 500 mg oral sol |
| P4224C169T10#yIS1 | Wilomena Sales  *AGE***:** 94-years-old  **MRN:** 12914270  **Diagnosis:** congestive heart failure, dementia  **Allergies:** NKDA  **Provider:** Dr. Jones  **Weight:** 180.8 lbs | Clonidine (Catapres) 0.15 mg tab PO  Risperidone (Risperdal) 2mg DIS tab |

# Math Refresher (Over 3,000 Calculations)

The math refresher allows students to practice calculations. There are a variety of problem types and numerous combinations. The instructor can select the number and type of problems to include in an assignment. All problems will be random, as the specific problems are computer generated. If a student struggles with a Math Refresher problem or wants assistance, please instruct them to screen shot the item because faculty may not be able to find it due to the random function of this platform and the large number of problems.

**Math Refresher Problem Types:**

* Basic addition, subtraction, multiplication, and division
* Calculate additional dosage needed
* Calculate total tablets dosage given
* Calculate total tablets needed
* Dosage calculations
* Intake / Output
* IV formulas
* Rounding to nearest tenth, hundredth
* Tablets required: more or less?

# Developmentally Disabled

There are 56 clients in this simulator. Students will gain knowledge of standard developmental disabilities definitions and nursing interventions when caring for individuals with developmental disabilities. Students will enter a dayroom and sequentially identify clients exhibiting various stress levels and make interventional clinical decisions.

|  |  |  |
| --- | --- | --- |
| Jane Parker | P4255C2T11#yIS1 | Intellectual Disability-Mild |
| Anne Swanner | P4259C5T11#yIS1 | Intellectual Disability -Moderate |
| Charlie Raymond III | P4263C8T11#yIS1 | Intellectual Disability -Severe |
| Janet Burk. | P4267C11T11#yIS1 | Intellectual Disability -Profound |
| Sharon Mendez | P4271C14T11#yIS1 | Intellectual Disability -Mild |
| Barbara Myers | P4275C17T11#yIS1 | Intellectual Disability -Moderate |
| Marianne Carrolton. | P4279C20T11#yIS1 | Intellectual Disability -Severe |
| Ricky Plummer | P4283C23T11#yIS1 | Intellectual Disability -Profound |
| Tessa Anderson | P4288C26T11#yIS1 | Intellectual Disability -Mild |
| Pamela Davise | P4293C29T11#yIS1 | Intellectual Disability -Moderate |
| Eric Lee | P4297C32T11#yIS1 | Intellectual Disability -Severe |
| Bobby Bushell | P4301C35T11#yIS1 | Intellectual Disability -Profound |
| Fred Burnett | P4306C38T11#yIS1 | Atonic Seizure |
| Koby Vanetta | P4310C41T11#yIS1 | Tonic-clonic Seizure |
| Danny Johnson | P4314C44T11#yIS1 | Syncopal episode |
| Amelia Lowe | P4318C47T11#yIS1 | Atonic Seizure |
| Jerry Barlar | P4322C50T11#yIS1 | Tonic-clonic Seizure |
| Chloe Meade | P4326C53T11#yIS1 | Syncopal Episode |
| Walen Yung | P4330C56T11#yIS1 | Atonic Seizure |
| Phoebe Buff | P4334C59T11#yIS1 | Tonic-clonic Seizure |
| Alice Gibson | P4338C62T11#yIS1 | Syncopal Episode |
| Layne Platz | P4342C65T11#yIS1 | Spastic, Cerebral Palsy |
| Calvin Perez | P4346C68T11#yIS1 | Dyskinetic, Cerebral Palsy |
| Tina Vu | P4350C71T11#yIS1 | Ataxic, Cerebral Palsy |
| Ej Schwartz | P4354C74T11#yIS1 | Dyskinetic choreic Cerebral Palsy |
| Bethany May | P4358C77T11#yIS1 | Dyskinetic athetoid Cerebral Palsy |
| Benjamin Titus | P4362C80T11#yIS1 | Spastic diplegic Cerebral Palsy |
| Jennifer Njoku | P4366C83T11#yIS1 | Spastic paraplegic Cerebral Palsy |
| Joe Sanderson | P4370C86T11#yIS1 | Spastic quadriplegic Cerebral Palsy |
| Bailey Newman | P4374C89T11#yIS1 | Dyskinetic athetotic Cerebral Palsy |
| Julie Orozco | P4378C92T11#yIS1 | Mixed Cerebral Palsy |
| Nathan McClain | P4382C95T11#yIS1 | Mixed Cerebral Palsy |
| Jeremiah Walmer | P4386C98T11#yIS1 | Spastic quadriplegic Cerebral Palsy |
| Philip Singh | P4390C101T11#yIS1 | Dyskinetic choreic Cerebral Palsy |
| Terry Bland | P4394C104T11#yIS1 | Ataxic Cerebral Palsy |
| Brandon Young | P4398C107T11#yIS1 | Ataxic Cerebral Palsy |
| Pepe Lopez | P4402C110T11#yIS1 | Ataxic Cerebral Palsy |
| Tammy Swisher | P4406C113T11#yIS1 | Mixed Cerebral Palsy |
| Fred Johnson | P4410C116T11#yIS1 | Moderate intellectual disability |
| James Smith | P4414C119T11#yIS1 | Moderate intellectual disability |
| Jimmy Andrews | P4418C122T11#yIS1 | Epilepsy |
| Maggie Powell | P4422C125T11#yIS1 | Epilepsy |
| Alice Cartwright | P4426C128T11#yIS1 | Seizure |
| Catrina Canon | P4430C131T11#yIS1 | Seizure |
| Layna Alvarez | P4434C134T11#yIS1 | Spastic Cerebral palsy |
| Kim Park | P4438C137T11#yIS1 | Ataxic Cerebral Palsy |
| Paul Jones | P4442C140T11#yIS1 | Dyskinetic Cerebral Palsy |
| Jenner Paxon | P4446C143T11#yIS1 | Dyskinetic Cerebral Palsy |
| Rita Contreras | P4450C146T11#yIS1 | Cerebral Palsy |
| Trevor Brown | P4454C149T11#yIS1 | Spastic Cerebral Palsy |
| John Paul | P4458C152T11#yIS1 | Intellectually disabled, Schizophrenia |
| Ricky Bischof | P4462C155T11#yIS1 | Moderate Intellectual Disability |
| Debbie Sexton | P4466C158T11#yIS1 | Intellectual disability |
| Susie Doran | P4470C161T11#yIS1 | Mild Intellectual disability |
| Sam Gires | P4474C164T11#yIS1 | Autism, Mild Intellectual disability |
| Joey Synsanael | P4478C167T11#yIS1 | Profound Intellectual disability |

## QSEN (Quality Safety Education for Nurses)

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|  | **Med-Pass** | **Dose Calc** | **Med Surg** | **OB Triage/ Maternal Newborn** | **Mental Health** | **Pediatrics** | **ER/**  **Leadership** | **Community Health** |
| **Patient-Centered Care** |  |  |  |  |  |  |  |  |
| **Teamwork & Collaboration** |  |  |  |  |  |  |  |  |
| **Evidence-Based Practice** |  |  |  |  |  |  |  |  |
| **Quality Improvement** |  |  |  |  |  |  |  |  |
| **Safety** |  |  |  |  |  |  |  |  |
| **Informatics** |  |  |  |  |  |  |  |  |

## NCLEX® RN BLUEPRINT

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Med-Pass** | **Dose Calc** | **Med Surg** | **OB Triage/ Maternal Newborn** | **Mental Health** | **Pediatrics** | **ER/**  **Leadership** | **Community Health** |
| **Management of Care** |  |  |  |  |  |  |  |  |
| **Safety and Infection Control** |  |  |  |  |  |  |  |  |
| **Health Promotion and Maintenance** |  |  |  |  |  |  |  |  |
| **Psychosocial Integrity** |  |  |  |  |  |  |  |  |
| **Basic Care and Comfort** |  |  |  |  |  |  |  |  |
| **Pharmacological and Parenteral Therapies** |  |  |  |  |  |  |  |  |
| **Reduction of Risk Potential** |  |  |  |  |  |  |  |  |
| **Physiological Adaptation** |  |  |  |  |  |  |  |  |

## NCLEX® PN/VN BLUEPRINT

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Med-Pass** | **Dose Calc** | **Med Surg** | **OB Triage/ Maternal Newborn** | **Mental Health** | **Pediatrics** | **ER/**  **Leadership** | **Community Health** |
| **Coordination of Care** |  |  |  |  |  |  |  |  |
| **Safety and Infection Control** |  |  |  |  |  |  |  |  |
| **Health Promotion and Maintenance** |  |  |  |  |  |  |  |  |
| **Psychosocial Integrity** |  |  |  |  |  |  |  |  |
| **Basic Care and Comfort** |  |  |  |  |  |  |  |  |
| **Pharmacological Therapies** |  |  |  |  |  |  |  |  |
| **Reduction of Risk Potential** |  |  |  |  |  |  |  |  |
| **Physiological Adaptation** |  |  |  |  |  |  |  |  |

## Patients in More than One Platform

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| --- | --- | --- |
| **Scenario 1** | **Scenario 2** | **Scenario 3** |
| Pediatrics-Janeya Stone, 9-months-old, treatment for hydrocephalus with a VP shunt | Community-Janeya Stone, 6-years-old, entering school, working with school nurse |  |
| Pediatrics-Bridgett Allen, 6-years-old, Down Syndrome, surgical repair of VSD, chest tube | Community-Bridgett Allen, 17-years-old, group home, vocational training, management of SVT |  |
| Mental health-Edward Martin, 44-years-old, diagnosis of paranoid schizophrenia | Community-Edward Martin, 44-years-old, occupational health, community care, de-escalation |  |
| Maternal newborn-Maria Sanchez, 20-years-old, post-partum, trouble breastfeeding, family issues | Community-Maria Sanchez, 20-years-old, post-partum depression |  |
| Maternal newborn-Jenny Smith, 23-years-old, miscarriage | Community-Jenny Smith, 23-years-old, seeking LARCs, diagnosed with sexually transmitted infection |  |
| Medical Surgical-Carlos Mancia, 48-years old, diagnosed with active tuberculosis | Community-Carlos Mancia, 48-years-old, contact tracing, management of family and home environment |  |
| Medical Surgical-Richard Dominec, 47-years old, emergent appendectomy, newly diagnosed AIDS | Community-Richard Dominec, 47-years-old, AIDS, family prevention, antiretroviral therapy, |  |
| Medical Surgical-Ann Rails, 38-years-old, pain in legs and back, unsteady gait, victim of domestic violence | Community-Ann Rails, 38-years-old, in a shelter, community services and care related to intimate partner violence | Fundamentals-Ann Rails, 38-years-old, documentation/SOAP, therapeutics relationships, counseling, pain |
| Mental Health-Gina Smith, 56-years-old, alcohol dependent | Community-Gina Smith, 56-years-old, IV drug use, alcohol abuse, incarceration, homelessness |  |
| Mental health-Mary Jane, 21-years-old, major depressive disorder | Community-Mary Jane, 21-years-old, depression, cutting, partial hospitalization |  |
| Medical Surgical-Kenny Barrett, 64-years-old, hypertension, nicotine abuse | Community-Kenny Barrett, 64-years-old, hypertension, rural health, Buerger’s disease | Fundamentals-Kenny Barrett, 64-years-old, SBAR, fall risk, fall prevention |
| Mental health-Charles Wheeler, 18-years-old, ADHD | Community-Charles Wheeler, 18-years-old, school and vocational guidance |  |
| Medical Surgical-Ramona Stukes, 69-years-old, cholecystectomy with ileostomy | Community-Ramona Stukes, 69-years-old, prescription drug abuse, pain, family dynamics |  |
| Mental health-Roger McClusky, 70-years-old, dementia | Community-Roger McClusky, 70-years-old, dementia, rural care, parish nursing, migrant farm worker |  |
| Mental health-Arthur Silverstein, 68-years-old, PTSD | Community-Arthur Silverstein, 68-years-old, PTSD, alcoholism, homelessness/shelter |  |
| Medical Surgical-Charlie Raymond, 65-years-old, COVID, underlying heart disease, diabetes, COPD | Fundamentals-Charlie Raymond, 65-years-old, PPE, COVID, supporting ventilation and oxygenation |  |
| Medical Surgical-Donald Lyles, 52-years-old, sudden cardiac arrest, Type 2 diabetes | Fundamentals-Donald Lyles, 52-years-old, mobility, glucose regulation, safety, LOC/orientation |  |
| Medical Surgical-Jody Rush, 20-years-old, femoral fracture, pulmonary embolism, rapid response team | Fundamentals-Jody Rush, 20-years-old, mobility, respiration, pain, fall prevention, safety |  |
| Medical Surgical-Linda Yu, 85-years-old, hip fracture, cognition, perioperative care | Fundamentals-Linda Yu, 85-years-old, safety, pain, confusion/LOC, orientation |  |
| Medical Surgical-Roger Clinton, 57-years-old, perioperative care, thyroidectomy, neuroendocrine | Fundamentals-Roger Clinton, 57-years-old, anxiety, pre-operative care, neuroendocrine function |  |
| Medical Surgical-Sarah Kathryn Horton, 25-years-old, gunshot victim, grieving, stress, pain | Fundamentals-Sarah Kathryn Horton, 25-years-old, post-operative care, stress, pain, fall risk, safety |  |
| Medical Surgical-Wight Goodman, 22-years-old, orbital fracture, mobility, intracranial regulation, sensory | Fundamentals-Wight Goodman, 22-years-old, fracture, confidentiality, pain, visual acuity, safety |  |
| Medical Surgical-Mary Barkley, 74-years-old, COVID, grief, oxygenation, comfort | Fundamentals-Mary Barkley, 74-years-old, COVID, PPE, safety, assessing LOC, coping |  |
| Medical Surgical-Hildegard Lowe, 68-years-old, pneumonia, hospital acquired infection, IV therapy | Community-Hildegard Lowe, 68-years-old, medication reconciliation, home health visits, depression, mobility | Fundamentals-Hildegard Lowe, 68-years, old, visual impairment, safety discharge planning |
| Mental Health-Judith Hanks, alcohol dependence, withdrawal | Community-Judith Hanks, 64-years-old, telehealth, alcoholism, cirrhosis |  |
| Medical Surgical-Kathy Gestalt, 33-years-old, tibia-fibula fracture, comfort, crutch-walking | Fundamentals-Kathy Gestalt, 33-years-old, pain assessment and management |  |
| Medical Surgical-Dotty Hamilton, 52-years-old, gastric bypass surgery, obesity, septicemia, sleep apnea | Fundamentals-Dotty Hamilton, 52-years-old, advance directives, grief and loss |  |
| Medical Surgical-John Wiggins, 36-years-old, subdural hematoma, alcohol abuse, neurological assessment | Fundamentals-John Wiggins, 36-years-old, neurological assessment/ pupils, LOC, GCS |  |
| Medical Surgical-Joyce Workman, 42-year-old, Type 2 diabetes, hypertension, lifestyle modification | Fundamentals-Joyce Workman, 42-years-old, SBAR, clinical decision-making |  |
| Medical Surgical-Karen Cole, 56-years-old, cardiac event, stents | Fundamentals-Karen Cole, 56-years-old, vital signs |  |
| Medical-Surgical-Preston Wright-73- years-old, stroke, pressure ulcers | Fundamentals-Preston Wright-73- years-old, hearing impairment, communication, cognitive impairment |  |
| Medical-Surgical-Tim Jones-82-years-old, elder abuse, confusion | Fundamentals-Tim Jones-82-years-old, elder abuse, changes of aging, confusion |  |
| Medical-Surgical-Linda Pittmon-74-years-old, diabetes, below-the-knee amputation, homelessness, substance abuse | Fundamentals-Linda Pittmon, 74-years-old, wound care, allergic reaction |  |
| Medical-Surgical-Don Johnson-23-years-old,burns, fluid resuscitation | Fundamentals-Don Johnson, 23-years-old, catheter insertion, fluids, burns |  |

## Suggested Clients for Critical/Intensive Care

**Although these clients are designed to meet the needs of a generalist nursing student, some will assist in teaching the concepts and skills associated with critical care. This list will provide you with the client names, the associated critical care aspects, and the psychomotor skills required to care for the client. We encourage you to augment these scenarios with additional critical care components to meet your course and students’ objectives. In addition, we recommend that you have students engage in other simulators to enhance their skills; including: Med-pass (giving multiple clients medications over an extended period of time based on changes in status/assessments), the Emergency Department (triage, delegation, and prioritization), Community Health (complex needs), and others.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client** | **Simulator** | **Concepts/ Aspects** | **Skills** | **Potential ICU Enhancements** |
| Arthur Thomason | Med Surg | Pulmonary edema  New onset shortness of breath  Decline in pulmonary status | ABGs  RRT  Auscultation skills | Transfer to ICU  Intubation  Respiratory failure  ARDS/Vent settings  Sedation Vacations  SBT (spontaneous breathing) trials  Rotoprone |
| Charlie Raymond | Med Surg | COVID-19  Respiratory status declining | Isolation  RRT | Respiratory distress  Transfer to ICU  COVID ARDS  Intubation/paralytics with pain and sedation meds/vent settings  BIS (Bispectral Index) monitoring  Train of Four  ECMO/CPAP  Proning/Prone team/Positioning |
| Don Johnson | Med Surg | Burns | IV therapy  Fluid resuscitation  Dressing change  Hypothermia | Hypothermia  Inhalation burns  Respiratory distress  Sepsis/Septic shock  Aggressive pulmonary toileting  Arterial and venous monitoring  Fluid shifts/hypovolemia |
| Donald Lyles | Med Surg | Sudden Cardiac Arrest-RRT  Resuscitation | Pacemaker  Bag-Valve-Mask  Telemetry | Transfer to ICU  Therapeutic Hypothermia protocol/Artic Sun  Intubation  Biventricular device  Cerebral infarction/anoxia |
| Dotty Hamilton | Med Surg | Sepsis/septicemia  Renal failure/death | Lab interpretation | Transfer to ICU  Septic shock/fluid resuscitation guidelines/fluid status assessment/JVD  ABG monitoring  Strict I&O  Arterial and venous monitoring  Liver failure  Recognition of encephalopathy recognition |
| John Wiggins | Med Surg | Subdural hematoma | Seizure/precautions  Neuro assessment  Emergency OR | Neurological compromise  Ventriculostomy  Intracranial pressure monitoring/ subdural drain  Hypertonic fluid management of IICP/Hemicraniectomy/bone flap removal  Blood pressure control  ICP/MAP/CPP  Management of central fevers  Assess for SIADH/DI  Early nutrition |
| Wight Goodman | Med Surg | Orbital fracture  Potential for intracranial bleed | Increased intraocular pressure | Increased ICP/cerebral swelling  Vision loss  Cerebral infarction |
| Lithia Monson | Med Surg | Potential for subdural hematoma/  Renal insufficiency | Neurological deterioration  Renal compromise | Cerebral edema  Renal failure  Hemofiltration/dialysis  HNK  Hemorrhage second to anticoagulation therapy/previous treatment for atrial fibrillation/subarachnoid hemorrhage |
| Keaton Henderson | Med Surg | Gunshot wound | Chest tube  Gunshot wound  Tension pneumothorax | Additional pneumothorax  Subcutaneous emphysema  Hemorrhage/hypovolemic shock/ fluid resuscitation  Empyema  Trauma Triad: coagulopathy, hypothermia, acidosis |
| Karen Cole | Med Surg | Stent placement  Risk for MI | Stenting  Telemetry | Ongoing myocardial damage  Open heart surgery  PVCs/dysrhythmias/cardiac arrest  MI  Vasoactive drugs  Anticoagulation/hemorrhage |
| Julia Monroe | Med Surg | Heart failure | Digitalization  Digitalis toxicity | Hemodynamically significant bradycardia  EKG interpretation  Heart block  Renal failure  CCO Swan/PA catheter |
| Jose Martinez | Med Surg | MI  Stent placement | RRT | Cardiac arrest  Ventricular tachycardia/ fibrillation  IABP/Anticoagulation/hemorrhage |
| Roger Clinton | Med Surg | Thyroid surgery  Risk for hemorrhage |  | Hemorrhage  Airway occlusion/Trach tray at bedside  Vasoactive drugs |
| Mary Barkley | Med Surg | COVID-19  Death | Conflict over intubation | Respiratory failure/Proning/Positioning  Mechanical ventilation  ECMO/CPAP |
| Janene Whitmore | Med Surg | Blood alternatives | Bloodless management | Hemorrhage  Hypoxia secondary to anemia |
| Glenn Massey | Med Surg | Burns | Central venous access device  CVC dressing change  Telemetry | Sepsis  Air embolism/hyperbaric oxygen  CVC bleed  Septic shock |
| Hildegard Lowe | Med Surg | Pneumonia  Hospital acquired infection | C. diff | Respiratory failure  Septicemia  Bi-PAP  Aggressive pulmonary toileting  Diuretic therapy |
| Estelle Hatcher | Med Surg | Complications post-operatively | Nasogastric tube  Incentive spirometry | Pneumonia  Respiratory failure  Negative pressure/flash pulmonary edema  Drain management  Strict I&Os  Bowel perforation/sepsis |
| Carlos Mancia | Med Surg | TB  Breath sounds deteriorating | Isolation | Respiratory compromise  Respiratory failure |
| Calvin Umbyuma | Med Surg | TB/Inflammatory markers | Isolation  Airway clearance | Respiratory compromise  Respiratory failure  HIV immunosuppression |
| Bridgett Allen | Pediatric | Open heart surgery | Chest tube  Digitalization | Tension pneumonia  Cardiac tamponade  Dysrhythmias |
| Jonathon Gibbons | Pediatric | Asthma  PICU transfer  Respiratory compromise | MDI  Nebulization | Difficulty with intubation  Non-responsive to bronchodilators  Troubleshooting ventilator |
| Janeya Stone | Pediatric | Hydrocephalus  Increased ICP | Shunt management | Brainstem herniation  Neurological compromise  Intracranial pressure monitoring  DI/SIADH |
| Hannah Johnson | Pediatric | New Onset Type 1 Diabetes | Insulin | Cerebral edema  Hypoglycemia/seizure  DKA |
| Penelope Nguyen | Pediatric | Burns | Burn Care  Pain management | Intrathecal pain management  Intubation  Inhalation injuries  Sepsis  GI ulceration/bleed |
| Genevieve Osaka | Community | Spinal cord injury | Tracheostomy and ventilator  Hypotension  Temperature instability | Decannulation  Managing the ventilator  Tracheostomy care  Hyperreflexia/autonomic dysreflexia  Neurogenic shock |
| Mary Jane | Community | Depression  Anxiety  Cutting | Therapy  Group support | Failed suicide attempt/ingestion or strangulation  Cerebral anoxia |
| Clara Guidry | Maternal Newborn | Post-Partum Hemorrhage | Fluid bolus  Massage | Fluid resuscitation  DIC  Surgery |

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**USING vCLINICALS WITH**

**INTENSIVE CARE UNIT STRATEGIES**

The ***vClinicals*** are valuable tools for nursing education in a variety of platforms. Here we provide methods of how to use the ***vClinicals*** to teach critical care or intensive care concepts. With the knowledge that ANY client may sustain complications or be on the trajectory that could cause a change in condition, we selected clients who demonstrated the likely potential for condition deterioration to an acute stage requiring more aggressive or critical care. We identified 28 clients from the Med-Surg, Mental Health, Pediatric, Maternal Newborn, and Community Health simulators.

* Three experienced intensive care nurses reviewed each case and identified components of critical care that may be likely for these clients.
* The ICU nurses identified ICU Strategies to provide your students experiences and details to challenge their clinical judgment skills in intensive care situations.

Researchers tell us that novice nurses and nursing students, both in practice and on NCLEX®, struggle with changes in client status. Nurses/students are noted, when faced with client dilemmas, to:

* Fail to Recognize
* Fail to Respond
* Fail to Rescue

*This may be especially true in the intensive care/critical care environment. These simulations and ICU Strategies provide critical clinical judgment opportunities for students to learn to recognize, respond, and rescue in intensive or critical care.*

* Assign each student a specific ***vClinicals*** client prior to class. Ask them to practice the client within the simulator. Then ask them to “intensify” the client by completing:
  + **One Minute Care Plan (OMCP)**
    - Creating a **OMCP** for the client in the intensive care stage as indicated by the ICU Strategies, such as transfer to ICU due to decline in respiratory status/significant shock/cerebral edema/need for intensive care monitoring or significant myocardial damage. Have students create a plan of care for the client with short and long-term goals, nursing Strategies, and potential evaluation criteria.
    - Ask students to share their **OMCP** with a colleague. The colleague should complete the client in the ***vClinical*** simulator. Then the student should review the **OMCP**.
    - Have the colleague do a **2+2** of the **OMCP** (2 positive comments and 2 recommendations).
    - Have student colleagues complete an **Ah-Hah Journal** about their own and their colleague’s assigned clients. Questions to address in the **Ah-Hah Journal** may include:
      * What did you learn that you did not know already?
      * How will you use this knowledge in the future?
      * What equipment would you need to care for this client?
      * What complications did you or could be anticipated in the intensive care setting?
      * What nursing measures do you anticipate in the care for this client?
    - Ask students to present their **OMCP** to the class or in post-conference
* **Compare and Contrast** is a valuable tool. Consider assigning the client in the simulator. Have students **Compare and Contrast** how the care differs between the original ***vClinical*** and the client with the ICU Strategies.
* Assign students to develop **Concept Maps** of the assigned clients with ICU Strategies. Instruct students to post to the learning management system and present in class or post-conference to learn vicariously from each other.
* **Reverse Cases** will really stimulate your students thinking skills. This can be submitted prior to or after class or done as a class exercise alone or in groups. Students are given the report for the client in the Med-Surg or another simulator. Consider the ICU Strategies and create the assignment to include these. Discuss with students the progression and care of the client. Then you decide the categories that groups need to work on: Past medical history, medications prescribed, family history, developmental/psychosocial history, diagnostics, consultations, plan of care, pathophysiology, etc. Students create a case that could lead them to the point in time of the report. Then, do the simulation in the class. Have students split back into groups to see how their potential cases have changed and how knowing information can change throughout time. What a great and dynamic way to embrace a case!
* Have students do an **Admit Ticket** for class. For example, have students complete 3-5 of the clients in the simulators. Post the ICU Strategies on your learning management system. For the **Admit Ticket,** ask students to email you, post to the LMS, or hand-write a note answering: *How did the care change related to the client’s change in status? What additional complications do you anticipate? Why is the nurse to client ratio different in intensive care environments versus step-down or general units? What special skills are required to be a critical care nurse?*
* Have students complete **Pre-Clinical Cases.** In these cases, students do the ***vClinicals*** and then complete case exploration using the potential ICU Strategies. Ask students to consider specific assessments associated with critical care, ICU components of care, and nursing assessments and care associated with deterioration or improvements in status.
* While lecturing on content, pause your lecture or discussion, and open-up the ***vClinicals***. Practice the ***vClinical*** in the simulator. Discuss the ICU Strategies for these clients to bring intensive care principles to life!
* Use **Group Work** and **Think-Pair-Share** as students work through scenarios and report back to class or discuss to meet class objectives. Use your media resources to create pairs and groups in the virtual environment and clearly set expectations for students to actively participate in these exercises related to ICU Strategies.
* **What else do you want to know?** Have a class listen to several client reportsfound in the ***vClinicals***. Add one or more ICU Strategies to the report. As a class exercise, as individuals, groups, or in a class discussion, have students consider additional information they would like to know prior to caring for this client? Consider how you would use that information in providing care in the critical care environment?
* Another strategy to implement are **Continuing Cases.** For example, practice the simulator client in class. As your content unfolds about critical care, add these ICU Strategies. Use your and the students’ clinical imagination to build an intensive care case while referring to the client in the simulation.
* Use **Reinforcement Cases** to discuss specific critical care aspects, such as mechanical ventilation and airway management, fluid resuscitation, burn care, cardiac care, neurological care, trauma, management of hypovolemia, post-operative intensive care, metabolic critical events, and other critical care etiologies.
* Following completion of one of the assignments above, ask students “**What’s the big deal?”** Discuss: What signs and symptoms warrant immediate action? What are the highest priorities? What are the most critical nursing actions? What complications are the focus of prevention efforts? As students to address priorities within or between clients.
* Use **Invented Dialogs** to assist students to appreciate the affective components of critical care; including: fear, grief, trauma, loss, sorrow, anxiety, anger, frustration, and others. In **Invented Dialogs** the student develops a response to a client statement or situation, rehearsing how to approach therapeutic communication in difficult situations in the future.
* Use the **NurseThink®** **Medication Sheet** to explore medications used in critical care, including parenteral fluids, vasopressors, sedation, paralytics, and other medications.
* Following completing clients and the ICU Strategies in class or as assignment, have students write an **SBAR**, **Write a Note**, and provide **bedside or hand-off report** to each other. Reinforce changes in client status, critical care aspects, and the nuances of intensive caring.

**Remember the value of repetition and students doing *vClinical* scenarios from a variety of perspectives, in a variety of classes, and with increasing complexity and context to provide valuable learning experiences for students. We encourage you to explore the *vClinicals* and experience the rich nature of these scenarios with the ICU Strategies. Use these suggestions to implement the *vClinicals* in your live or virtual critical care classes and create your own objective-driven, engaging teaching strategies based on realistic and clinical judgment focused scenarios!**

**We hope these ideas assist you in designing fun and valuable *vClinical* experiences within intensive care or critical care classes. If you need more ideas, see:**

Beyer, DA. (2011). Reverse case study: To think like a nurse. *Journal of Nursing Education, 50*, (1):48-50, 2011.

Bristol, T.J. & Sherrill, K.J. (2018). *NurseThink® for nurse educators success manual.* Waconia, MN: Nurse Tim, Inc. <https://nursetim.com/bookstore/faculty-success-bundle>

Herrman, J.W. (2020). *Creative teaching strategies for the nurse educator.* Philadelphia, PA: FA Davis. <https://nursetim.com/bookstore/creative-teaching-strategies>