

ati case study

Pain Management: What elements are included in a pain assessment? - answer>>In order to evaluate pain thoroughly my nursing skills would include the PQRST method. P (Provocation/Palliation)- What were you doing when the pain started? What caused it? What seems to trigger the pain? What relieves it? Q (Quality)-what does the pain feel like? Is it sharp, dull, tingling? R (Region)-Is the pain felt all over or in one specific area? Does the pain travel around? S (Severe)- on a pain scale from 0-10 with 0 being no pain, where would you rate the pain? How long does the pain last? T (Timing)- How often does it occur? When it does come to you is it sudden or gradual?

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Therapeutic Communication: What nontherapeutic communication styles did the nurse use in this scenario? What therapeutic communication styles could the nurse have used instead? In your response, speak directly to the client. - answer>>In terms of nontherapeutic communication styles, the nurse gave personal advice and false reassurance, asked why questions, and focused on self, rather than the client. As a result, this lead to the failure to remain client centered. The therapeutic communication styles that the nurse could have used which are active listening, silence, and exploration; providing leads; and asking focused questions. For my response to the client, I would ask the patient to elaborate more about his feeling on his mother's passing. "Mr. Tolito, tell me more about how you feel."

Look -Alike and Sound-Alike Medications: The nurse is performing the first check for safe medication administration prior to administering metronidazole to Ms. Winder. He notes that the label is incorrect. What error did the nurse discover? What steps should the nurse take to minimize the risk of making a medication error? Watch the video and record your response to the question using one of the following recording options. - answer>>The error that the nurse discovered was the medication ordered did not match with what was sent from the pharmacy. The steps that nurse should take to minimize the risk of medication error include the right patient, right drug, right dose, right route, right time, right assessment, right documentation, patient's right to education, right evaluation, and patient's right to refuse.

Informatics and Nursing: How are safety and cost affected by the use of informatics at the point of care? Give two to three specific examples. Watch the video and record your response to the question using one of the following recording options. - answer>>By using informatics, nurses and other members of the healthcare team are able to efficiently and effectively in achieving the best possible care. Safety and cost affect the use of informatics in a number of ways. Examples include easier access in retrieving patient's data, collecting pertinent information in decision making, and both the provider and nurse can review the patient's information at the same time.

ADLs (activities of daily living): What nursing interventions can be used to improve feeding and eating for the client? - answer>>There are numbers of nursing interventions that can be used to improve feeding and eating for the patient. The nurse can palpate the patient's throat while the patient is swallowing food and evaluate whether or not swallowing is impaired. The nurse can determine what would be the best choice of food according to the patient's medical condition and diet. This will allow in easier digestion and lower the risk of aspiration.

Nursing Process: The nurse in the video is using the nursing process to care for the client. What are the steps of the nursing process? How does the nursing process assist in prioritizing nursing care? - answer>>The steps in the nursing process are assessment, diagnosis, planning, implementing, and evaluation. The nursing process assist in prioritizing by systematically providing a rational method of planning and individualized nursing care.

Enteral Nutrition: What pH value should the nurse expect when confirming placement of the nasogastric tube using the pH method? What pH value should the nurse expect for respiratory or small intestine secretions? - answer>>The nurse should expect to see a pH of 0 to 4 from a patient who has fasted for at least 4 hours when confirming placement of the NG tube. The nurse should expect to see a pH greater than 6 for respiratory and a pH of 6 or higher for the small intestine.

How does the respiratory system provide oxygen to the body? - answer>>Respiration is the process of gas exchange between the individual and the environment. More specifically, the respiratory system

involves in gas exchange between the alveoli and pulmonary capillaries. The exchange of carbon dioxide for oxygen is done through the process of diffusion. The iron content in red blood cells or heme pick up oxygen and transport it throughout the body to where it is needed.

Medication Administration: What nursing actions should the nurse take to administer medications safely? - answer>>The nurse should use the 5 rights to administer medication safely. They are the right patient, the right drug, the right dose, the right route, and the right time.

Metered Dose Inhalers: What steps should the nurse include when reviewing the use of an MDI with a spacer with the child? What is the advantage of using a spacer with an MDI? - answer>>The nurse should include how to set up the MDI with the spacer, how to administer the medication, what the patient must do afterwards, and how to care for the MDI and spacer. The advantage of using a spacer with an MDI is that more medication is delivered to the lungs by allowing the patient to better control the flow of medication.

Mixing Insulin: After checking the expiration date of the insulin vials and reviewing the prescription for regular and NPH insulin, you need to draw up the insulin. What is the correct procedure for drawing up mixed insulin? - answer>>The nurse must rub the NPH bottle since it is in a suspension. The nurse must clean both vials and to let it air dry. The nurse will then inject 12 units of air into the NPH vial. After injecting the air, the nurse will draw up 6 units of air and inject it into the regular insulin vial. The nurse will flip the vial and draw up 6 units of regular insulin as well as remove excess air. Then the nurse will draw up 12 units from the NPH bottle and to be careful not to inject the mixture into the NPH vial. After the nurse is done drawing up the mixed insulin, the nurse will cap the insulin syringe and administer it within 5 minutes of preparing it.

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