

College of Nursing  
Clinical Preparation Tool - #1

Mr. C (68-year-old African-American male) was admitted with a diagnosis of chronic renal failure. Admitting labs included a BUN of 85 and creatinine of 4.5. and home meds included Lasix 40 mg. TID, 70/30 insulin, and Vasotec 2.5 mg. BID.

Definition of disease:

Possible causes:

Medical treatment:

Expected priority assessment findings:

Relevant laboratory findings (ID normal ranges):

Medications:

Therapeutic effects:

Adverse Reactions/side effects:

Safe dose:

Reason client is taking medication:

Priority Nursing diagnosis(es):

Planning/Client goal:

Nursing interventions/Documentation:

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Clinical Preparation Tool - #2

Mrs. M. (55-year-old Caucasian female) was admitted with a foot ulcer and a hx. Of Type II Diabetes Mellitus. Admitting labs included a BS of 462 and a WBC of 12, 500 and home meds included Glucophage 1000 mg. daily and lopressor 50 mg. daily.

Definition of disease:

Possible causes:

Medical Treatment:

Expected priority assessment findings:

Relevant laboratory findings (ID normal ranges):

Medications:

Therapeutic effects:

Safe dose:

Reason client is taking medication:

Priority Nursing Diagnosis(es):

Planning/Client goal:

Nursing interventions/Documentation:

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Clinical Preparation Tool – #3

Ms. H. (76 year-old Hispanic female) was admitted with complaints of SOB and fatigue. The client has a hx. of heart failure and takes digoxin. 125 mg. daily, Lasix 20 mg. TID, and ASA 81 mg. daily. Admitting labs include K 3.0, BUN 45, Hb. 10.2, and INR. 1.2.

Definition of disease:

Possible causes:

Medical Treatment:

Expected priority assessment findings:

Relevant laboratory findings (ID normal ranges):

Medications:

Therapeutic effects:

Adverse reactions/side effects:

Safe dose:

Reason client is taking medication:

Priority Nursing Diagnosis(es):

Planning/Client goal:

Nursing interventions/Documentation:

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Clinical Preparation Tool – #4

Mrs. P. (42-year-old Caucasian female) was admitted for a modified mastectomy. She is POD #1 (post-op day), has a JP drain, Foley, O2 at 3l/min., and an IV. She has Morphine Sulfate 2-8 mg. IV q 3-4 hours and Vicodin 1-2 tabs Q 3-4 hours prn ordered and her labs reveal an H & H of 8.2 and 24.8.

Definition of disease:

Possible causes:

Medical Treatment:

Expected priority assessment findings:

Relevant laboratory findings (ID normal ranges):

Medications:

Therapeutic effects:

Adverse reactions/side effects:

Safe dose:

Reason client is taking medication:

Priority Nursing Diagnosis(es):

Planning/Client goal:

Nursing interventions/Documentation:

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Clinical Preparation Tool – #5

Mr. D. (78 year-old African American male) was admitted with difficulty breathing and a past hx. of Emphysema PMH includes: HTN, CAD, DVT, and BPH. Medications include: Prednisone 10 mg. BID, an Albuterol inhales, and Cardizem 30 mg. TID and Coumadin 2.5 mg daily. Admitting labs include an albumin of 2.8, WBC 11.5, K 3.2 and PT 20.

Definition of disease:

Possible causes:

Medical Treatment:

Expected priority assessment findings:

Relevant laboratory findings (ID normal ranges):

Medications:

Therapeutic effects:

Adverse reactions/side effects:

Safe dose:

Reason client is taking medication:

Priority Nursing Diagnosis(es):

Planning/Client goal:

Nursing interventions/Documentation:

## Case Study – Wound Healing

Today your assignment as an RN on a medical-surgical unit includes:

A.B : a 75 year-old male, admitted two days ago from a nursing home in CHF. A.B. is normally independent with his ADLs. He has a hx. of prostate cancer with radiation therapy 6 mos. ago. He was admitted with an O2 sat of 89%, an albumin of 2.8, and +3 pitting edema in her lower extremities.

C.D : a 45 year-old female, admitted yesterday with a compound demur fracture secondary to a skiing accident. She is currently NPO, receiving an IV of D5/.2 @ 125 ml/hr., Morphine Sulfate q 1-2 hrs prn for pain, and Heparin SQ.

E.F : a 65 year-old male admitted three days also experiencing stool incontinence secondary to a severe case of gastroenteritis. He has IDDM – Type 1, is legally blind, and has admitted to abusing ETOH.

G. H: a 50 year-old male, admitted three hours ago, s/p R THR (total hip replacement) with a dehisced hip incision. He is morbidly obese, and unable to move in bed without some assistance. He has a hx. of COPD which is being treated with Prednisone. He reports a 35 year 1-2 ppd smoking history and his admission WBC was 14,000 and blood glucose was 243.

T.F : a 25 year-old female, admitted two weeks ago from an MVA (multiple vehicle accident). She sustained a ruptured spleen and underwent a splenectomy. She lacerated her liver and broke her pelvis and R femur. She underwent an ORIF of her ORIF or her R hip and has a hemovac draining a small amount. Of purulent drainage T.F has a hx of cocaine abuse, refuses to eat due to severe pain, is on Morphine PCA, and is progressing slowly. She is 5'8" and 105 lbs. She was started on TPN yesterday. She is on Heparin SQ and her albumin is 2.6.

Prioritize the above clients from most concerning to least concerning regarding issues of wound healing and skin integrity.

1. Describe why each client is at risk for delayed wound healing or skin breakdown. Be specific and think carefully about all the possibilities.



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Case Study – Oxygenation & Tissue Perfusion

You are working late on your shift and you receive a call from a nurse in ED. You are informed that you are receiving Mrs. S.M., a 65-year-old woman with a history of CAD. Her son reports that she has become increasingly fatigued over the last couple of weeks and is currently unable to do her housework. She has been complaining of swelling in her ankles and feet by late afternoon and can't wear her shoes. She has been getting up at night to urinate 4-5 times. Her son brought her to the ED because she has been complaining of heaviness in her chest that is intermittent and resembles a "dull ache." Her v/s are 146/92, 96, 24, 37.2 C., OC sat 89%. She has an IV of D5W at KVO in her left forearm. Her labs are as follows: Na-134, K+-3.5, Cl-103, HCO<sub>3</sub>-23, BUN-13, creatinine-1.3, glucose-153, WBC-8.3, Hct-33.9%, hgb-11.7, platelets-163. PT/INR, PTT, and UA are pending. She has had her CXR and ECG in the ED and her orders have been written.

1. When she arrives to your unit, you assist her from the wheelchair into the bed. What initial observations should you make?
2. Once the client is safely in bed, what other assessment parameters should you assess?
3. What would you expect the client's medical orders to include?
4. Identify 3 nursing diagnoses appropriate to this client.
5. Write 5 nursing interventions appropriate for the first 24 hours that Mrs. S.M. is on your unit.