

Clinical Judgment: Helping Students Build Critical Habits

PRESENTED BY:

Tim Bristol, PhD, RN, CNE, ANEF, FAADN, FAAN



Our Speaker

His motto...

“Today we will learn
how to learn.”



Tim Bristol, PhD, RN, CNE, ANEF, FAADN, FAAN

Owner NurseThink® NCLEX® Review

Faculty Walden University

Faculty FSIL Nursing – Haiti

NurseThink.com

Clinical Judgement

- Clinical Judgment is the DOING that happens after critical thinking and clinical decision making
 - Vital for nurse educators to always help ensure that students are in a DOING frame of mind when learning.
 - Student needs to always be asking "Where is the NURSE in what I am studying?"

Clinical Judgement

- Habits are not optional
- 3rd Leading cause of death
- ___% of new nurses involved in medical errors
- ___% of medical errors involve clinical judgment

Clinical Judgement Habits

- Habits of Processing
 - Reading
 - Lecture
 - Transfers to practice
- Habits of Analysis
 - Analyzing the data
 - Critique
 - Application

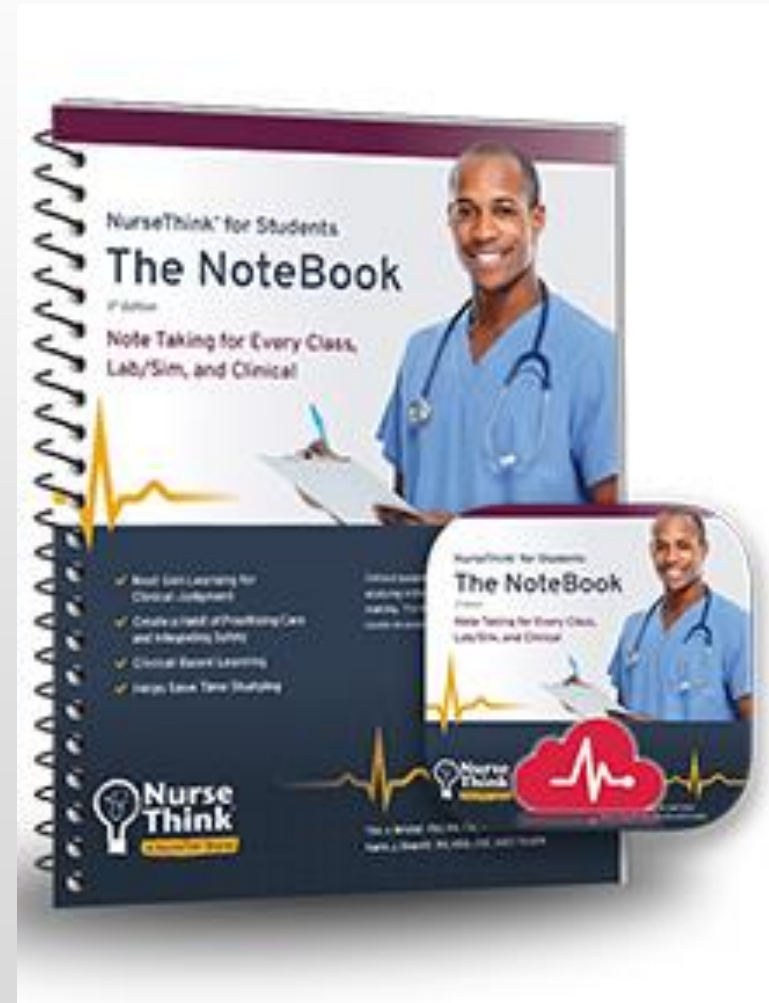


Build Habits from the Start

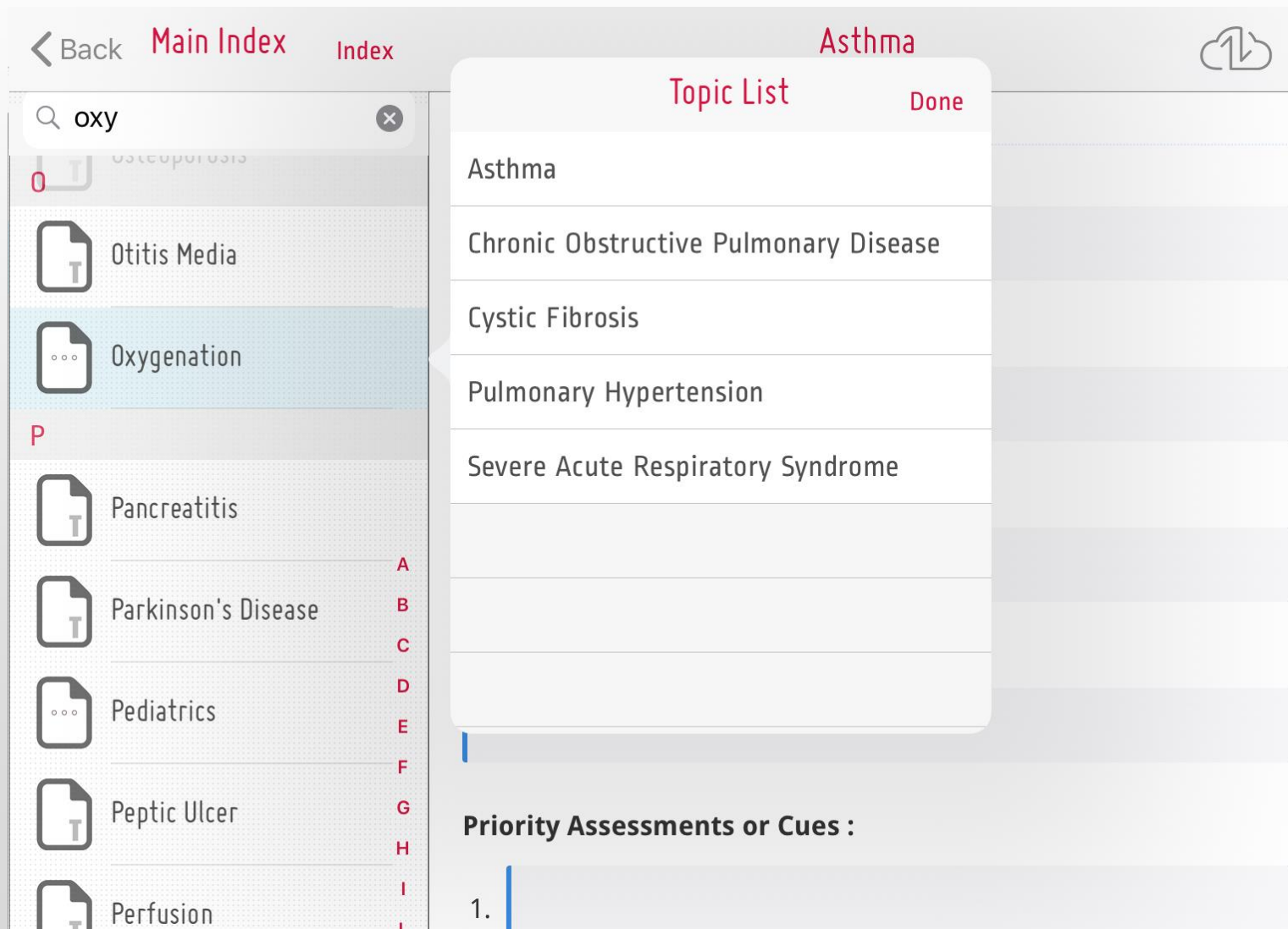
- Skyscape Medical Library and NurseThink®
 - In Fundamentals
 - Class
 - Lab/Sim
 - In Med-Surg class
 - Class
 - Clinical
 - In Pharmacology
 - Across the Curriculum




Habit of Clinical Judgment while Learning



NurseThink® NoteBook App – Main Index Search



NurseThink® NoteBook App - Notes

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Notes


Related Concepts :
Perfusion, mobility

Related Exemplars/Diseases :
Acute respiratory failure / aids, obstruction, asthma, COPD

Reading/Resources - Clinical Judgment :
Assessment priorities... resp rate, ox sat / Pox, skin/cyanosis, nail beds lips, thorax symmetric, expansion, spinal alignment ?, A/P ratio, auscultation, cough, sob, pain with breathing...p. 387-90

Class/Lab/Clinical - Clinical Judgment :
Impacted by ventilation, transport/perfusion
Risk factors: infants young kids, older adults, anemia, weakened chest wall (slide 29), impact on cough (can't clear secretions)
Immune issues / infections, smoking, decreased LOC, swallowing problems, neurological disorders, immobility, COPD, heart failure (bibasilar crackles), immunodeficiency, cancer , decreased CO
Confusion in the older adult = hypoxia

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NurseThink® NoteBook App – Smartlinking

10:55

< Back Acute Kidney Injury

Priority Nursing Interventions :

1.

2.

3.

Priority Medications :

1.

2.

3.

Priority Potential & Actual Complications :

1.

2.

3.

Priority Collaborative Goals :

10:55

< Back Acute Kidney Injury

Priority Nursing Interventions :

1.

2.

3.

Priority Medications :

1.

2.

3.

Smartlink

Smartlink

10:55

SmartLink Done

Atlas of Human Anatomy >

Calculator >

Clinical Comp Patient-Cen >

Clinical Comp >

Davis's Comprehensive Book of Laboratory and Diagnostic Tests with Nursing Implications >

Davis's Diseases and Disorders: A Nursing Therapeutics Manual >

DrDrug2019-16® >

Gray's Anatomy, 3rd edition >

Intravenous Medications >

Lab Notes >

Mosby's 2020 Nursing Drug Reference >

RNotes5® >

Skyscape Clinical Consult >

Taber's Cyclopedic Medical Dictionary >

10:55

Sections Done

DRG Information

Introduction ✓

Causes

Genetic Considerations

Gender, Ancestry, and Life Span Considerations

Global Health Considerations

Assessment

Primary Nursing Diagnosis

Planning and Implementation

Documentation Guidelines

Discharge and Home Healthcare Guidelines

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10:55

< Back Acute Kidney Injury

Primary Nursing Diagnosis

Diagnosis

Deficient fluid volume related to damage to kidney cells as evidenced by excessive urinary output and/or hypotension during the diuretic phase

Outcomes

Fluid balance; Circulation status; Cardiac pump effectiveness; Hydration

Interventions

Bleeding reduction; Fluid resuscitation; Blood product administration; Intravenous therapy; Circulatory care; Shock management

Outline

- Diagnosis
- Outcomes
- Interventions

Planning and Implementation

PLANNING AND IMPLEMENTATION

Collaborative

Treatment is mainly supportive, with the focus on treating the underlying cause of AKI. No specific

10:57

< Back Acute Kidney Injury

Priority Nursing Interventions :

- Bleeding reduction; Fluid resuscitation; Blood product administration; Intravenous therapy; Circulatory care; Shock management
- Monitor fluids and dehydration
-

Priority Potential & Actual Complications :

-
-
-

10:57

< Back Acute Kidney Injury

• Teamwork and Collaboration

• Evidence-Based Practice

• Quality Improvement

• Safety

• Informatics

Peer Review:

Faculty Review:

Grade Tracker:

Save Notes

Export to PDF

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Q look for

A

Abruptio Placentae and Placenta Previa

Acute Coronary Syndrome

Acute Kidney Injury

Acute Pain

Alert

Save Note Successfully

Ok

Amputation

Amyotrophic Lateral Sclerosis


Anorexia

Appendicitis

Arteriosclerosis


Asthma

Atherosclerosis

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NurseThink® NoteBook - Web App

TJ Bristol ▾

Main Index

Search Main Indexes

resp

- Oxygenation
 - Respiration - Oxygenation, Gas Exchange
 - Respiratory Acidosis
 - Respiratory Alkalosis
 - Severe Acute Respiratory Syndrome
 - Upper Respiratory Infections

Selected Index : Respiration - Oxygenation, Gas Exchange

Related Concepts :

Perfusion, mobility

Related Exemplars/Diseases :

Acute respiratory failure / aids, obstruction, asthma, COPD

Reading/Resources - Clinical Judgment :

Assessment priorities... resp rate, ox sat / Pox, skin/cyanosis, nail beds lips, thorax symmetric, expansion, spinal alignment ?, A/P ratio, auscultation, cough, sob, pain with breathing...p. 387-90


Class/Lab/Clinical - Clinical Judgment :


Impacted by ventilation, transport/perfusion

Risk factors: infants young kids, older adults, anemia, weakened chest wall (slide 29), impact on cough (can't clear secretions)

Immune issues / infections smoking decreased LOC swallowing problems

NurseThink® NoteBook App – Forming Habits

Navigation: < Back Main Index Index Prescription Medication Abuse 

Search: preeclampsia 

Index List:

- P Post-Traumatic Stress Disorder (PTSD)
- P Pregnancy
- P Preoperative
- P Preschool Child
- P Prescription Medication Abuse**
- P Pressure Ulcers
- P Preterm Labor
- P Prostate Cancer
- P Protection – Immunity, Inflammation, Infection
- P Psychosis (Cognition-Function)
- P Psychosis (Emotion-Psychobiological)

Notes

Related Concepts :

Related Exemplars/Diseases :

Reading/Resources - Clinical Judgment :


Class/Lab/Clinical - Clinical Judgment :

Priority Assessments or Cues :

-
-
-

Priority Labs & Diagnostics :

-



NurseThink® NoteBook App - Priorities

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Schizophrenia

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School-Age Child

Priority Assessments or Cues :

1.

Resp rate / tachy

2.

O2 sat (careful in anemia may not be trustworthy)

3.

Auscultation / lung sounds

Priority Labs & Diagnostics :

1.

ABGs ... tic tac toe video


2.

CBC / WBC, Hgb

3.

Sputum

NurseThink® NoteBook App – NurseThink Quick

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NurseThink® Quick :

Treatment for asthma

A-adrenergics

S-steroids

T-theophylline

H-hydration

• M-mask O2

A-antibiotics

• Respiratory opposite

Metabolic equal

•

NEXT GEN LEARNING - NCLEX® TEST PLAN :

• **Safe and Effective Care: Management of Care, Coordinate Care, Safety and Infection Control**

NurseThink® NoteBook App – Quality & Safety

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QUALITY AND SAFETY COMPETENCIES :

- Patient-Centered Care**

Work with them to come up with strategies to deal with dyspnea that works for them
- Teamwork and Collaboration**

Does the cna know to take vitals correctly?
- Evidence-Based Practice**
- Quality Improvement**
- Safety**

Fast heart rate indicates hypoxia
- Informatics**

Blood gas or pulse ox / don't get confused

NurseThink® NoteBook App – Review / Tracking

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- **Safety**

Fast heart rate indicates hypoxia
- **Informatics**

Blood gas or pulse ox / don't get confused

Peer Review:

BJ and Shankar 3/19

Faculty Review:

Grade Tracker:

67% on EAQ resp...


Save Notes


Export to PDF


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Respiration - Oxygenation, Gas Exchange
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Abruptio Placentae and Placenta Previa
NurseThink NoteBook


Crisis
NurseThink NoteBook


Conjunctivitis
NurseThink NoteBook

Contact Dermatitis
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Acute Coronary Syndrome
NurseThink NoteBook

Acute Kidney Injury
NurseThink NoteBook

Alcohol Abuse
NurseThink NoteBook

Amputation
NurseThink NoteBook

CREATE Cue Recognition Habits - PRIORITIZE

- Review what you find in the Lab Guide

Back Main Index Index Potassium, Blood (K)

potassium

Posttransfusion purpura

Potassium (K)-anion gap and

Potassium (K)-blood

Potassium (K)-urine

Potassium (K)-with calcium and magnesium

Potassium iodide, thyroid-stimulating hormone and

PPD (purified protein derivative) test

PPG (postprandial glucose)

PRA (plasma renin activity)

PRA (progesterone receptor assay)

PRC (plasma renin concentration)

Prealbumin (PAB)

Preeclampsia

Pregnancy....

Pregnancy-associated plasma protein-A (PAPP-A)

Normal Findings

- Adult/elderly: 3.5-5.0 mEq/L or 3.5-5.0 mmol/L (SI units)
- Child: 3.4-4.7 mEq/L
- Infant: 4.1-5.3 mEq/L
- Newborn: 3.9-5.9 mEq/L

Critical Values

Possible Critical Values

- Adult: <2.5 or >6.5 mEq/L
- Newborn: <2.5 or >8 mEq/L

Test Explanation and Related Physiology

Potassium (K) is the major cation within the cell. Normal serum K concentration is approximately 4 mEq/L. Because the serum concentration of K is so small, minor changes in concentration have significant consequences. K is excreted by the kidneys, and there is no resorption of K from the kidneys. Therefore if K is not adequately supplied in the diet (or by IV administration in patients who are unable to eat), serum K levels can drop rapidly.

Serum K concentration depends on many factors, including the following:

- Aldosterone.** This hormone tends to increase renal losses of K.
- Sodium resorption.** As sodium is resorbed, K is lost.
- Acid-base balance.** Alkalotic states tend to lower serum K levels by causing a shift of K into the cell. Acidotic states tend to raise serum K levels by reversing that shift.

An electrocardiogram may demonstrate peaked T waves, a widened QRS complex, and depressed ST segment in hyperkalemia.

Hypokalemia is associated with increased cardiac sensitivity to

Back Main Index Index Sodium (Na), Blood

sodium

Society for Maternal-Fetal Medicine (SMFM)

Sodium (Na)-blood

Sodium (Na)-fractional excretion of

Sodium (Na)-potassium level and

Sodium (Na)-urine

Sodium (Na)-values, of children

Sodium resorption

Soft tissue swelling, in bone x-ray

Soluble fms-like tyrosine kinase-1 (sFlt-1)

Somatomedin C

Somatomedins

Somatostensory-evoked responses (SERs)

Somatostensory-evoked responses (SERs)-abnormal latency for

Somatotropin hormone (SH). See Growth hormone (GH)

Sonogram. See Ultrasound

Normal Findings

- Adult/elderly: 136-145 mEq/L or 136-145 mmol/L (SI units)
- Child: 136-145 mEq/L
- Infant: 134-150 mEq/L
- Newborn: 134-144 mEq/L

Critical Values

Possible Critical Values

<120 or >160 mEq/L

Test Explanation and Related Physiology

Sodium is the major cation in the extracellular space, in which serum levels of approximately 140 mEq/L exist. Therefore sodium salts are the major determinants of extracellular osmolality. The sodium content of the blood is a result of a balance between dietary sodium intake and renal excretion.

Many factors regulate homeostatic sodium balance. Aldosterone causes conservation of sodium by decreasing renal losses. Natriuretic hormone, or third factor, increases renal losses of sodium. Antidiuretic hormone (ADH), which controls the resorption of water at the distal tubules of the kidney, also affects serum sodium levels.

Physiologically, water and sodium are very closely interrelated. As free body water is increased, serum sodium is diluted, and the concentration may decrease. The kidney compensates by conserving sodium and excreting water. If free body water were to decrease, the serum sodium concentration would rise; the kidney would then respond by conserving free water.

Clinical Concerns

CREATE Cue Recognition Habits - PRIORITIZE

- Review what you find in the Drug Guide

Navigation: < Back Main Index Index methotrexate (Rx)

Search: methotrex

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Drug Name

methotrexate (Rx)

Pronunciation: (meth-oh-trex'ate)

Trade name(s): Metroject, Otrexup, Rasuvo, Rheumatrex, Trexall, Xatmep

Func. class: Antineoplastic-antimetabolite (vesicant)

Chem. class: Folic acid antagonist

Do not confuse: methotrexate/metolazone/mitoXANtrone /

Action

Inhibits an enzyme that reduces folic acid, which is needed for nucleic acid synthesis in all cells; specific to S phase of cell cycle; immunosuppressive

Uses

Acute lymphocytic leukemia; in combination for breast, lung, head, neck carcinoma; lymphoma, sarcoma, gestational choriocarcinoma, hydatidiform mole, psoriasis, RA, mycosis fungoides, osteosarcoma

Unlabeled uses: Burkitt's lymphoma, bladder or ovarian cancer, carcinomatous meningitis, desmoid tumor, fibromatosis, asthma, active Crohn's disease, ulcerative colitis, GVHD prophylaxis, ectopic pregnancy, pregnancy termination, psoriatic arthritis, pruritus due to cholestasis or primary biliary cirrhosis, SLE, sarcoidosis

Q & A

INNOVATIVE TOOLS FOR NURSING EDUCATION

Ask a question



Please post your question in the chat window.

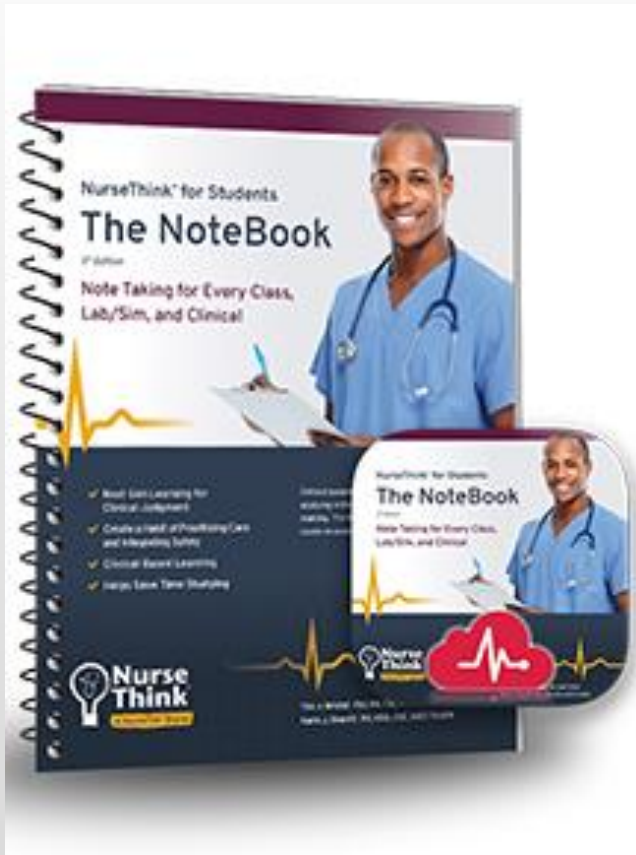
Tools for Building CJ Habits

INNOVATIVE TOOLS FOR NURSING EDUCATION



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