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| **Assessment Type:** | Case Study | |
| **Assessment Title:** | 35821/05 Implement, monitor and evaluate nursing care plans Case Study | |
| **Date:** 25/07/2020 | | **Student Name:** |
| **Cohort** May 2018  **:** | | **Open Colleges Student ID:** |

**Attempt 1**

“I affirm that all work submitted within is my true and

original work unless otherwise credited”

Student signature

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*If you have typed your name, please tick this box to acknowledge that by including your name in place of a signature above, it is deemed to be your signature for the*

*purpose of this assessment*

In order to demonstrate competence in units of competency within the **HLT54115 Diploma of Nursing,** a combination of assessment tasks must be completed to demonstrate an understanding of the underpinning knowledge and required skills as outlined in the National Training Package.

The following **HLTEN004 Implement, monitor and evaluate nursing care plans** assessment must be completed to form part of the evidence required to demonstrate the underpinning knowledge for:

* **HLTENN004 Implement, monitor and evaluate nursing care plans**

**Timeframe:**

This assessment must be completed by **Week 60** in your timetable.

**Grading:**

Each assessment task will be graded Satisfactory (S) or Not Yet Satisfactory (NYS). A Satisfactory result in each assessment task must be attained to receive a competent outcome for the unit overall. For information regarding reassessment refer to the [Student](https://admin.axcelerate.com.au/showDoc.cfm?DocID=173210) [Handbook](https://admin.axcelerate.com.au/showDoc.cfm?DocID=173210).

# Module 23

**HLTENN004 Implement, monitor and evaluate nursing care plans.**

This is assessment 5 of 5

**Deliverables/To do list:**

1. Complete the assessment coversheet by adding:
   * Your full name
   * Open Colleges Student ID
   * Date
   * Your Cohort (eg Feb 19)
2. Affirm that the work submitted is your work, either by:
3. Signing the bottom of the page **(this can be an electronic signature**) or
4. Tick the affirmation box and type your name.
5. Read the student instructions and complete all parts to this assessment.
6. Before submitting all parts of this assessment into OpenSpace, ensure you **read** and **follow** the deliverables set out in this assessment.
7. Save all documents using the naming convention:

*‘Your Surname\_your open colleges student number\_assessment number.doc’*. For example: *“SMITH\_E1234569\_31135\_01.doc.”*

1. Save a copy of this assessment for your own records and upload your

assessment into OpenSpace using the relevant assessment upload link in this module.

# Background/Overview

This unit describes the skills and knowledge required to implement nursing care as outlined in a person’s plan of care, evaluate outcomes of care provided, and record and report progress. Within this assessment, you are asked to demonstrate knowledge around specific aspects of Maida LONGBRIDGE’s episode of care.

# Instructions to the student

This assessment will comprise **four** (4) parts.

* + **Part A** – Short answer knowledge-based questions relating to Maida Longbridge's care
  + **Part B** – Responses to Maida Longbridge’s Nursing care plan
  + **Part C** – Short answer knowledge-based questions relating to Maida Longbridge's care
  + **Part D** – Practical skills relating to caring for Maida Longbridge

During this assessment, you are required to demonstrate the following:

**Part A – Short answer knowledge-based case study questions**

You are required to read the case study background information on Maida Longbridge and use this information to answer the **twenty-five** (25) questions relating to their care. The answers you provide should be related to the patient information provided and all rationales of care should relate to her specific needs.

You are to:

* + Answer the questions from the perspective of a qualified Enrolled Nurse.
  + Use correct anatomical and medical terminology in your answers.
  + Reference your answers using the APA 6th Edition referencing standard.

**Note**: This part of the assessment **must** be completed **before** undertaking Part B.

## Part B – Nursing Care Plan

You are required to read the case study background information on Maida Longbridge and use this information to complete Maida’s Nursing Care Plan relating to risk prevention strategies. The answers you provide should be related to the patient information provided and all rationales of care should relate to Maida’s specific needs.

You are to:

* + Answer the questions from the perspective of a qualified Enrolled Nurse.
  + Use correct anatomical and medical terminology in your answers.
  + Reference your answers using the APA 6th Edition referencing standard.

**Note**: This part of the assessment **must** be completed **before** undertaking Part C.

## Part C – Short answer knowledge-based case study questions

You are required to read the case study background information on Maida Longbridge and use this information to answer the **five** (5) questions relating to their care. The answers you provide should be related to the patient information provided and all rationales of care should relate to Maida’s specific needs.

You are to:

* + Answer the questions from the perspective of a qualified Enrolled Nurse.
  + Use correct anatomical and medical terminology in your answers.
  + Reference your answers using the APA 6th Edition referencing standard.

**Note**: This part of the assessment **must** be completed **prior** to undertaking Part D.

## Part D – Practical skills

You are required to read the case study background information on Maida Longbridge and use this information to demonstrate knowledge and rationales as to why the following skills would be important nursing interventions when caring for Maida.

The practical skills component of this assessment will take place in the clinical skills lab at a time advised by your educator. You will be required to print this assessment before attending campus.

The **three** (3) skills to be demonstrated as part of this assessment are as follows:

1. Clinical Skill 19.4 Assessment of Venous Thromboembolism Assessment (page 40-41)
2. Clinical Skill 19.5 Assessment of Nutrition Assessment/ Weight, Height and BMI (page 45

-46)

1. Clinical Skill 25.3 Assessment of Incentive Spirometry (page 214-215)

The practical skills you will be assessed on will be conducted against the competency checklists provided in the textbook (unless indicated otherwise):

Koutoukidis, G. and Stainton, K (2017). Essential enrolled nursing skills for person-centred care. 7th Ed. Sydney: Elsevier Australia.

The skills will be simulated with a mannikin representing the patient. During your practical skills, your educator will ask and discuss with you your rationales for your nursing actions and ask clarifying questions as this will encourage you to think critically, problem-solve, and identify the evidence that underpins your knowledge.

# Deliverables for this assessment

To gain a satisfactory result for this assessment, you will need to upload all the following documents into OpenSpace in **one** submission. Your OpenSpace assessment submission is to include:

* + You completed assessment coversheet
  + **Part A** – Your completed responses to the short answer questions related to risk identification and prevention strategies associated with Maida’s episode of care.
  + **Part B** – Your completed responses to Maida Longbridge’s Nursing care plan
  + **Part C** – Your completed responses to the short answer questions on Maida Longbridge
  + **Part D** – Copies of your **three** (3) clinical skills checklists, (completed, assessed and signed) which you were assessed on campus.

Once uploaded, your educator will assess your assessment submission and provide feedback to you on the **Assessment Evidence Checklist** attached to this assessment. You will be given either a **Satisfactory** or **Not Yet Satisfactory** result. If your result is Not Yet Satisfactory, you will be given a due date for resubmission and feedback indicating what areas need addressing to gain a satisfactory result.

**Case study background information –** Maida LONGBRIDGE

Maida is a 73-year-old lady who lives independently at home with her partner, Glenda. Maida was standing on the ladder cleaning their front gutters and as she was coming down the ladder lost her footing and fell on her left side from 40cm above the ground. Maida called out to Glenda who assisted Maida to her feet. Glenda phoned the GP surgery who advised her to call for an Ambulance to take Maida to Care Shore Hospital.

The Ambulance arrives and assesses Maida, IVA is established and NaCL 0.9% is commenced. Maida has a 12 lead ECG recorded and she is transported to Care Shore Hospital. Currently, the Ambulances are banked up and there is a one (1) hour wait. Maida remains in the Ambulance whilst waiting to be transferred to the ED.

On presentation to the ED, Maida is alert and orientated. She looks pale and is cool to touch, her

1. Leg is externally rotated and shortened, and her pain score is 9/10 radiating down her L) Leg. Maida is administered Intranasal Fentanyl as per the “fractured hip protocol.”

**Past Medical History:**

Depression and Anxiety (diagnosed 30 years ago as a result of childhood trauma) Anorexia Nervosa

Spontaneous L) Calf DVT 2 years ago.

### Medication

Nil medication is taken

### 1800 Maida’s vital signs are as follows:

* **Temperature**: 36.8oC
* **BP**: 175/90 mmHg
* **Pulse**: 62 beats per minute
* **Respirations**: 26 breaths per minute
* **SpO2**: 92% on air
* **Pain Score**: 9/10, L) hip
* **GCS**: 14

As per the **Hip Fracture pathway**, Maida has the following diagnostics taken:

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| **Pathology** | **ECG** | **Medical Imaging** |
| FBE | 12 lead ECG | AP Pelvis |
| Type and Screen |  | Lateral Oblique L) Hip |
| COAG |  | AP and Lateral L) long Femur |
| ELU |  | Chest XRAY |

Glenda arrives shortly after Maida is transferred into the ED.

### 2000

Maida is diagnosed with a sub-capital fracture of her Left Neck of Femur. No Theatre time is available this evening due to multiple emergency cases. Maida is to be transferred to the orthopaedic ward and surgery is planned for 0800 tomorrow.

Maida and the ED Medical Officer complete a Resuscitation Plan.

Maida is to commence on the Fractured Hip Clinical Pathway and a referral is sent to the Orthogeriatric team.

She is transferred from the ED to your ward at 2030. She has been written up for the following pre-operative orders:

### Pre-operative orders-

* Nursing observations – T, P, R, BP, Sp02, Pain Score, Sedation Score
* Neurovascular Observations (L and R) Legs
* PO 500mg – 1gram Paracetamol, 6 hourly maximum of 4g in 24 hours
* PO 5 – 10mg Oxycodone 4hrly prn
* Routine medications upon consultation from the Orthogeriatrician; -
* VTE Prophylaxis – S/C Clexane 80mg BD
* Fluid balance chart.
* High protein, high energy diet with nourishing mid meals, snacks or drinks, unless contraindicated until the patient receives a nutritional screening.
* Malnutrition Universal Screening Tool (MUST) on admission
* Oral Health Assessment- baseline on admission and each shift
* Delirium assessment – baseline on admission and each shift and cognition decline
* Falls risk assessment every shift
* Braden Score 2 hourly
* Abbreviated Mental Test (AMT) screening tool
* Dynamic pressure-relieving mattress
* Preparation for surgery as directed by the patient’s multi-disciplinary team.
* Discharge Plan
* Daily multi-disciplinary team (MDT) meeting

# Part A – Short answer knowledge-based case study questions

Related to risk identification and prevention strategies associated with Maida’s episode of care.

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| **Performance criteria** | | **Record of results** | |
| Q1 | Discuss how Maida’s age could increase her risk of post-operative complications. | S | NYS |
| Mainda’s ageing physiological reserve may not optimally handle Anaesthesia procedures. In the postoperative phase. Maida’s previous DVT can cause blood clot formation leading to thromboembolic conditions (Lemee et al., 2019). Due to decreased immune response, there is an increased concern for events of postoperative infections or pneumonia. Due to depleted functional reserves of Maida, the stress tolerance capability of her body is reduced. Maida may require enhanced recovery times to re-attain her functional levels before the surgery. Bone density and muscle mass are decreased in aged patients. Due to Maida’s previous history of DVT and the present medical condition of sub-capital fracture, the risk of fractures is greater which can lead to post-operative complications (Carli et al., 2021). Madia’s age can also lead to internal bleeding due to delayed wound healing. In elderly patients, due to lack of constant movement, and decreased immune function, bed sores and ulcers can appear.  **References**  Lemée, J. M., Corniola, M. V., Da Broi, M., Schaller, K., & Meling, T. R. (2019). Early postoperative complications in meningioma: predictive factors and impact on the outcome. *World neurosurgery*, *128*, e851-e858.  <https://www.sciencedirect.com/science/article/pii/S1878875019312847>  Carli, G., Nichele, I., Ruggeri, M., Barra, S., & Tosetto, A. (2021). Deep vein thrombosis (DVT) occurring shortly after the second dose of mRNA SARS-CoV-2 vaccine. *Internal and emergency medicine*, *16*, 803-804.  <https://link.springer.com/article/10.1007/s11739-021-02685-0> | |  |  |
| Q2 | State two (2) post anaesthetic risks that Maida could experience. | S | NYS |
| Maida could experience postoperative delirium with symptoms of disorientation and a shift in mental status characterized by agitation (Kirmeier et al., 2019). Mainda can also experience respiratory complications such as aspiration pneumonia or airway obstruction. Postoperative Cognitive dysfunction can be identified in older adults after anaesthesia, which can result in alterations in attention control and momentary confusion. Maida can also undergo dehydration, discomfort and changes in electrolyte levels. The postoperative pain can also be increased depending on the type of anaesthetic agent used. Postoperative nausea can be addressed through medications according to the health professional’s prescription. The post-anaesthetic risks can be minimized through early ambulation exercises and limited pain control medications.  **References**  Kirmeier, E., Eriksson, L. I., Lewald, H., Fagerlund, M. J., Hoeft, A., Hollmann, M., ... & Charnock, R. (2019). Post-anaesthesia pulmonary complications after use of muscle relaxants (POPULAR): a multicentre, prospective observational study. *The Lancet Respiratory Medicine*, *7*(2), 129-140.  <https://www.sciencedirect.com/science/article/pii/S2213260018302947> | |  |  |
| Q3 | State two (2) postoperative risks for a patient undergoing surgery to repair of a #NOF. | S | NYS |
| The patient is at risk of developing systemic infection due to the formation of bacterial concentration at the surgical site which can be evidenced through swelling or discharge at the surgical site (Nepogodiev et al., 2020). There is a risk of the formation of a pulmonary embolism due to surgical trauma and the sedentary lifestyle associated with elderly patients. A NOF repair surgery deploys the use of a prosthesis. Pain can be increased if there is any change in the location of the prostheses applied during the surgery. Limited mobility will further exacerbate the pain. If the infection does not subside and shows signs of spreading to the internal parts, then a medical intervention is necessary that will involve the removal of the plant. Anticoagulant medicine can be used to block blood clotting. Functional abilities of Madia can be severely restricted due to post-operative complications. The prosthesis during surgical hip fixation may lead to irritation in the interior issue, causing impaired balance and abnormal gait (Chadwell et al., 2020).  **References**  Nepogodiev, D., Bhangu, A., Glasbey, J. C., Li, E., Omar, O. M., Simoes, J. F., ... & Fernandez, A. G. (2020). Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort study. *The Lancet*, *396*(10243), 27-38.  <https://www.sciencedirect.com/science/article/pii/S014067362031182X> | |  |  |
| Q4 | Outline how you would assess Maida’s Cognitive status post-administration of PO Oxycodone 10mg. | S | NYS |
| A mental status examination evaluating her attention, language and thought processes can be done for Maida. Neuropsychological testing can be deployed to assess Maida’s cognitive functions. Subjective evaluation of cognitive functioning such as the capability for clear thinking and concentration can be done through self-report questionnaires. Maida’s ability for focusing effectively should be assessed by asking her to count numbers backwards from 100. The nurse should engage the patient by asking simple questions such as the present date and her correct current location. Her memory should be evaluated by asking her to recall previous events. Since oxycodone can result in side effects the patient should ask should be asked about her level of drowsiness or if she is experiencing any dizziness symptoms. The pain levels of the patient should be reassessed concerning her level of cognitive functioning (Wainwright et al., 2020). The findings about the patient should be documented in medical records and any concerns regarding her cognitive status should be noted. The pain assessment for patients who have undergone sedation can be done through the Numeric Rating Scale, Visual Analog Scale, and the Abbey Pain Scale. The sedation assessment can be performed through tools like the Richmond Agitation-Sedation Scale, which measures the sedation levels in the categories of Combative or Unarousable. The functional assessment of the patient can be performed through the Barthel Index, which measures the parameters of ADL such as bathing, toileting, and general physical movements in terms of Maida’s functional independence. The Functional Independence Measure is another tool that can assess the patients’ ability for self-care and cognition.  **References**  Wainwright, T. W., Gill, M., McDonald, D. A., Middleton, R. G., Reed, M., Sahota, O., ... & Ljungqvist, O. (2020). Consensus statement for perioperative care in total hip replacement and total knee replacement surgery: Enhanced Recovery After Surgery (ERAS®) Society recommendations. *Acta orthopaedica*, *91*(1), 3-19.  <https://www.tandfonline.com/doi/abs/10.1080/17453674.2019.1683790> | |  |  |

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| **Performance criteria** | | **Record of results** | |
| Q5 | State 1 (one) nursing intervention that assists in reducing Maida’s risk of a Deep Vein Thrombosis | S | NY S |
| Maida can be encouraged to ambulate after surgery as quickly as possible. This will ensure the flow of blood in the legs thus preventing the incidence of blood clots. In the case of Maida’s inability to ambulate on her own, the nurse can assist her to take a few steps consistently using a walker. Maida can be encouraged to do leg exercises such as knee bends and leg lifts that encourage the contraction of muscles and help in the pumping of blood (Lin et al., 2020). The positioning of the legs should be correctly done so that blood flow is not obstructed to the heart. The patient should be advised to avoid elongated intervals of sitting and the leg crossings should be discouraged. Ambulatory techniques such as leg elevation should be promoted that will ensure venous return. Since Maida has DVT, leg compression stockings can be applied to the legs which will enhance her blood flow. The success of early ambulation for Maida depends on the active collaboration of the enrolled nurse with the physical therapy team. Maida should undergo careful monitoring of her tolerance levels and a calibrated path should be set for physical activity.  **References**  Lin, X., Chen, Y., Zhang, P., Chen, G., Zhou, Y., & Yu, X. (2020). The potential mechanism of postoperative cognitive dysfunction in older people. *Experimental gerontology*, *130*, 110791.  <https://www.sciencedirect.com/science/article/pii/S0531556519305017> | |  |  |
| Q6 | Review Maida’s Medical Orders. What has the Medical Officer prescribed to reduce the risk of a Venous Thromboembolism | S | NY S |
| Subcutaneous Clexane 80 mg given twice daily is the medication prescribed to prevent the formation of blood clots, Clexane is a commonly used anticoagulant medication in the case of VTE prophylaxis. This medication is a common way to ensure there is no blood clot formation. The low molecular weight of heparin can be used to stop the spread of clotting factors that is common in VTE prophylaxis and also encourages anticoagulation (Bartlett et al., 2020). Maintaining a proper fluid balance chart is essential when the patient is undergoing this medication. The risk factors of the patient should be assessed before the prescription of VTE prophylaxis. However, considering the preexisting calf-DVT of Maida, the dosing regimen should be scheduled and any complications associated with drug interactions should be monitored.  **References**  Bartlett, M. A., Mauck, K. F., Stephenson, C. R., Ganesh, R., & Daniels, P. R. (2020, December). Perioperative venous thromboembolism prophylaxis. In *Mayo Clinic Proceedings* (Vol. 95, No. 12, pp. 2775-2798). Elsevier.  <https://www.sciencedirect.com/science/article/pii/S0025619620306194> | |  |  |
| Q7 | State 1 (one) nursing intervention that assists in reducing Maida’s risk of a Pulmonary Embolism | S | NY S |
| Nurses can encourage patients to engage in physical movement to decrease the risk of PE and also prevent venous stasis through the promotion of blood circulation (Singh et al., 2019). Nurses need to evaluate the tolerance level of the physical condition of patients and balance it with ambulation activities. Blood circulation is encouraged through early ambulation techniques in a safe environment. The oxygen saturation levels the blood pressure should be monitored for any changes in the baseline of vital signs. The Subcutaneous Clexane prescribed by the healthcare professional should be regularly given to decrease the risk of pulmonary embolism (Bakirov et al., 2020). Since Maida is an elderly patient her respiratory hygiene should be maintained by encouraging her to practise deep breathing. Optimal lung functioning should be ensured through incentive spirometry. Proper body positioning should be maintained and the patient should be advised to frequently move around as this leads to enhanced mobilisation of blood circulation. Respiratory therapist. The nurse should actively collaborate with the respiratory therapist to ensure that there is no distress or chest pain.  **References**  Singh, S., Hong, A. K., & Reed, G. L. (2019). Venous stasis-induced fibrinolysis prevents thrombosis in mice: role of α2-antiplasmin. *Blood, The Journal of the American Society of Hematology*, *134*(12), 970-978.  <https://ashpublications.org/blood/article-abstract/134/12/970/374905> | |  |  |
| Q8 | State 2 (two) potential complications of Maida’s Immobility preoperatively. | S | NY S |
| Atelectasis is an immobility complication that indicates a partial lung collapse. Preoperative immobility can make breathing shallow leading to suboptimal expansion of tissues in the lung (Lagier et al., 2022). DVT can be caused by immobility due to the formation of blood clots in the deeper leg veins, which can further dislodge and traverse the lungs leading to the event of PE. Elongated immobility can further result in muscle weakness. The decreased range of motion will further create challenges for Maida to regain her mobility to preoperative levels. The decreased blood flow can cause damage to tissues around the surgical incision. The development of infection through ulcers can be observed when the patient is in a state of continuous immobility. The risk of developing the onset of pneumonia is also a severe outcome of respiratory complications resulting in partial lung collapse. The cardiac output may be reduced due to lack of physical activity and it can lead to further stress on cardiovascular functioning. The chances of bacterial growth in the urinary tract. The probability of bacterial infection is increased in the urinary tract as a cause as a result of immobility leading to an increased risk of urinary stasis.  **References**  Lagier, D., Zeng, C., Fernandez-Bustamante, A., & Vidal Melo, M. F. (2022). Perioperative pulmonary atelectasis: part II. Clinical implications. *Anesthesiology*, *136*(1), 206-236.  <https://pubs.asahq.org/anesthesiology/article-abstract/136/1/206/117846> | |  |  |
| Q9 | State who is responsible for consenting Maida for her surgical procedure. |  |  |
| Glenda is the living partner of Maida. According to hospital regulations, Glenda is the authorized person to give her consent for a surgical procedure on Maida. After getting the authorisation of Glenda it is the further responsibility of the orthopaedic surgeon who will perform the surgical repair on the fractured femur of maida. Before the surgery, the orthopaedic surgeon should have an honest discussion with the patient on the possible complications and the expected outcomes and give a balanced opinion being the various risks and advantages of the surgery so that Maida is well informed on all the potential outcomes after her surgery (Brooks et al., 2022). The health care professionals should ensure that the patient is given adequate time to rising any concerns and should immediately offer any requested information. In some cases, according to local regulations, the consent process may be assisted with the help of other healthcare providers.  **References**  Brooks, D. E., Ritchie-McLean, S. N., Chevannes, W., Parker, M. J., & Griffiths, R. (2022). Hip fracture specialists facilitate low-dose spinal anaesthesia in fractured neck of femur surgery. *Acta Orthopædica Belgica*, *88*, 311-317.  <http://www.actaorthopaedica.be/assets/3241/ActaOrthopBelg-88-311.pdf> | |  |  |

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| **Performance criteria** | | **Record of results** | |
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| Q1 0 | Maida has refused to have the S/C Clexane 80mg administered. Outline how you would document this in her progress notes. | S | NY S |
| Maida who is a 73-year-old female patient has exercised refusal for administering S/C Clexane 80 mg as part of her prescribed medication for VTE prophylaxis. The nurse should document the a) Refusal Resaon, b) Assessment c) Informed consent d) Patient education e) Plan of Action and f) Follow Up. The maintaining of a precise chronological record consisting of the statement of the patient through paraphrasing or documenting her exact words should be done. Then the statement of the patient recording her refusal not to receive the medication of subcutaneous clexane should be noted. The nurse should also ask for the refusal reason as this will further give context to the healthcare providers and understand the decision of the patient (Nopp et al., 2020). The concern for any side effects for the patient should be noted. The progress note of the interaction between the nurse and the patient should be documented after putting the signature and designation of the healthcare professional. The benefits of any alternative plan that can decrease the risk of Venous thromboembolism should be discussed with the patient that can include enhanced mobility.  **References**  Nopp, S., Moik, F., Jilma, B., Pabinger, I., & Ay, C. (2020). Risk of venous thromboembolism in patients with COVID‐19: a systematic review and meta‐analysis. *Research and practice in thrombosis and haemostasis*, *4*(7), e12439.  <https://www.sciencedirect.com/science/article/pii/S2475037922020970> | |  |  |
| Q1 1 | Outline what a Malnutrition Universal Screening Tool (MUST) is. | S | NY S |
| MUST is a screening methodology that determines individuals who have a high chance of undergoing malnutrition. The risk is categorized based on three components a) BMI, b) Unintentional Weight Loss c) Acute disease effect. The nutritional status of the patient is indicated by the body mass index. Individuals can be classified on the basis of cutoff values derived from this component such as low, moderate and increased risk. The next criterion of unintended weight loss evaluates the specification of time frames during which the patient has undergone such unexpected weight loss (Kotta & Ali, 2021). The outcomes of the surgery will depend on nutritional intake of Maida at least four days before the date of elective surgery. This tool can be effectively carried out by a dietitian who will classify the patient on a scale of 0 to 6. The weight loss is calculated as a percentage of the previous weight and a comparison is made. A comprehensive risk assessment is carried out whether the weight loss has any effect on the post-operative condition of Maida.  **References**  Kotta, P. A., & Ali, J. M. (2021). Incentive spirometry for prevention of postoperative pulmonary complications after thoracic surgery. *Respiratory Care*, *66*(2), 327-333.  <https://rc.rcjournal.com/content/66/2/327.short> | |  |  |
| Q1 2 | Explain the PQRST Pain Assessment Tool. | S | NY S |
| The pain experience of a patient is assessed using the PQRST tool. It is an acronym for P-Provocation or Palliation, Q- Quality of pain, R- Region or radiation of pain, S- Severity of pain from 0-10, and T refers to timing. The moments of the patient are understood based on their pain levels and measures are performed to alleviate the pain. Management strategies can be designed for further medical interventions to understand how the pain can be relieved. Evaluating the pain quality helps healthcare professionals to understand the inherent causes of pain. This tool also assesses whether the pain has spread to other parts of the body indicating radiation that pinpoints the pain’s origin (Ganesh et al., 2019). The scale of severity of pain is measured between 0 to 10. The intensity of the pain is given a numeric rating so that objective medical interventions can be made. The pain frequency parameters such as onset and duration are measured. The pain triggers and their occurrence on a continuous periodical basis is documented. The description of the patients regarding their pain quality based on objective words such as sharp, burning and aching will be noted in the medical chart.  **References**  Ganesh, R., Shrestha, D., Bhattachan, B., & Rai, G. (2019). Epidemiology of urinary tract infection and antimicrobial resistance in a pediatric hospital in Nepal. *BMC Infectious Diseases*, *19*(1), 1-5.  <https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-019-3997-0> | |  |  |
| Q1 3 | Describe how Maida’s age increases her risk of morbidity. | S | NY S |
| The diminishing physiological reserves of Maida can lead to an enhanced risk of illnesses, surgery complications and recovery times. Impairment of the immune function of Maida can lead to the incidence of respiratory infections and UTIs (Lu et al., 2021). Decreased physiological resilience and pre-existing chronic conditions can lead to adverse outcomes. The presence of any pre-existing conditions and their level of severity can enhance the risk of morbidity outcomes for Maida. Her post-recovery process can be complicated due to the reduced resiliency of her elderly body. The surgical wound can undergo delayed healing due to the patient's age. Decreased collagen generation will reduce the quantum of blood that is flowing to the internal tissues which could elongate the healing process.  **References**  Lu, Z. H., Yu, W. L., & Sun, Y. (2021). Multiple immune function impairments in diabetic patients and their effects on COVID-19. *World Journal of Clinical Cases*, *9*(24), 6969.  <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8409204/> | |  |  |

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| **Performance criteria** | | **Record of results** | |
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| Q1 4 | State two (2) pieces of equipment you will need to monitor Maida post-operatively. | S | NY S |
| Pulse Oximeter has to be used for Maida which measures the oxygen saturation levels in the blood to evaluate her respiratory function after surgery/ Blood pressure monitor has to used that evaluate the presence of any cardiovascular abnormalities post-operatively. The hemodynamic capability of Maida should be monitored through the use of a blood pressure monitor (Wang et al., 2019). An automated electronic device can also assess blood pressure. Should be regularly assessed for the incidence of any respiratory compromise due to decreased lung functioning in the post-operative phase. The vital signs of the patient should be checked through continuous assessment of the oxygen levels and see if there are any potential complications in the cardiovascular system. Maida’s long-term recovery can be impacted by adverse drug reactions due to polypharmacy and can lead to decreased efficiency of drug metabolism. For every hour, Maida’s blood pressure and respiratory rate can be checked through the vital signs monitor to ensure her stability. For every 30 minutes, the use of an Intravenous Infusion Pump will ensure if Maida is receiving fluids and blood products. To prevent complications, the infusion pump should be checked every 30 minutes to maintain the correct infusion rate. For every 2 hours, a Urinary Catheter Drainage Bag should be used for Maida to evaluate the urine output and check for anomalies.  **References**  Wang, G., Liu, Z., Feng, Y., Li, J., Dong, H., Wang, D., ... & Yan, X. (2019). Monitoring the depth of anesthesia through the use of cerebral hemodynamic measurements based on sample entropy algorithm. *IEEE Transactions on Biomedical Engineering*, *67*(3), 807-816.  <https://ieeexplore.ieee.org/abstract/document/8732458/> | |  |  |
| Q1 5 | Discuss how you would prioritise Maida’s care on the Early shift day 1 post operatively. | S | NY S |
| Respiratory assessment is to be done through a pulse oximeter. B) Assessing pain management through the medication of Oxycodone c) IV therapy to evaluate fluid balance d) Encouraging early ambulation e) Checking the incision sites for infection f) Rveiwing the medication and dosages g) Ensuring nutritional support. The respiratory rate and temperature should be regularly assessed and any instability in her respiratory system should be noted down. Post-surgery complications commonly arise from the side effects induced by anaesthesia. A pain management scale such as a numerical rating system should be used for the objective assessment of her present condition (Khezrian et al., 2020). Intravenous pain medication and analgesics should be administered and checked for the occurrence of any complications and to ensure her comfort. The wound care should be addressed and checked for the presence of any drainage or redness. The nurse should actively collaborate with the dietitian to ensure that the patient is getting enough energy through a high-protein diet.  **References**  Khezrian, M., McNeil, C. J., Murray, A. D., & Myint, P. K. (2020). An overview of prevalence, determinants and health outcomes of polypharmacy. *Therapeutic advances in drug safety*, *11*, 2042098620933741.  <https://journals.sagepub.com/doi/pdf/10.1177/2042098620933741> | |  |  |
| Q1 6 | Discuss what you would do if you found Maida confused and disoriented and she is refusing to wait for you to assist her to get out of bed. | S | NY S |
| A situation assessment should be done to prevent the risk of injuring herself. Then the environment should be made free of hazards. Maida should be reassured in a calm way using simple language. The assistance of other healthcare professionals can be sought for the identification of the reason for confusion. Maida should be engaged to make decisions to come out of bed with assistance or whether she needs alternative interventions such as a bedpan or urinals. The confusion levels should be checked and proper communication should be done with the patient to ensure her immediate safety. After assessing the preliminary situation notification should be sent to the healthcare team regarding the physiological changes in Maida. Geriatric specialist can be engaged to make a further evaluation regarding the underlying cause of the disoriented feeling of the patient (Zietlow et al., 2022). The altered mental status should be assessed after running a diagnostic test. Reassurance should be given to the patient and ensure that her safety has been addressed and her distress is alleviated using through collaboration with the interdisciplinary team.  **References**  Zietlow, K. E., Wong, S., Heflin, M. T., McDonald, S. R., Sickeler, R., Devinney, M., ... & Berger, M. (2022). Geriatric preoperative optimization: A review. *The American journal of medicine*, *135*(1), 39-48.  <https://www.sciencedirect.com/science/article/pii/S0002934321005131> | |  |  |
| Q1 7 | State two (2) ways you would ensure Maida was able to rest and sleep during her hospital admission. | S | NY S |
| A restful environment should be established by removing unnecessary alarms and a low tone of conversations should be maintained. Lighting control should be adjusted to encourage a serene atmosphere through the use of blackout curtains. Sleep-friendly practices must be encouraged so that Maida gets a consistent quantum of sleep. She should be advised to avoid stimulants before going to bed. The medication levels should be optimised according to the pain assessment and this will facilitate sleep in Maida. The patient should be encouraged to do breathing exercises which will promote the active functioning of the lungs. The rest routine should follow optimal sleep hygiene habits. After a sleep cycle is over, Maida should be encouraged to be in a state of wakefulness. The sleep-wake cycle of the patient should be assessed and the levels of her mental stimulation should be noted down. The room temperature should be kept at optimal levels. Physical comfort should be increased by providing bedding based on the choice of the patient.  **References**  Liguori, C., Spanetta, M., Fernandes, M., Izzi, F., Placidi, F., & Mercuri, N. B. (2022). More than sleep and wake disturbances: An actigraphic study showing the sleep-wake pattern dysregulation in epilepsy. *Seizure*, *94*, 95-99.  <https://www.sciencedirect.com/science/article/pii/S1059131121003848> | |  |  |

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| **Performance criteria** | | **Record of results** | |
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| Q1 8 | State one rationale for completing a Falls risk assessment on Maida. | S | NY S |
| Assessment of risk components is a rationale for Fall risk since physical falls can lead to head trauma incidents or injuries and can lead to psychological distress (Ganz & Latham, 2020). Healthcare providers must be consulted on a regular basis to determine the risk levels associated with false as a means to increase patient safety. Potential injuries can be caused due to false by elderly patients that could complicate recovery. The patient should be advised to conduct regular exercises in a safe environment and a medical review should be made regarding her vision levels. The prevention of falls and its risk assessment framework is a crucial area of patient safety and it should meet quality standards. FRAMP assessment is beneficial to Maida as she has a history of anxiety and depression, and this tool helps in the holistic evaluation of the patient’s progress and identifies areas where Maida may be in need of further medical interventions. Furthermore, the FRAMP considers Maida’s age and comorbidities to customize the monitoring plan.  **References**  Ganz, D. A., & Latham, N. K. (2020). Prevention of falls in community-dwelling older adults. *New England journal of medicine*, *382*(8), 734-743.  <https://www.nejm.org/doi/full/10.1056/NEJMcp1903252> | |  |  |
| Q1 9 | State one rationale for completing a Skin assessment on Maida. | S | NY S |
| The skin integrity of Maida can be assessed using this test since the early detection of bed sores can lead to faster healing times (Lichterfeld-Kottner et al., 2020). Skin assessment also helps to identify incontinence and decreased blood circulation. Skin breakdown can lead to detrimental outcomes of wood healing. The rationale for skin assessment would be to prevent the formation of pressure ulcers that can cause discomfort to the patient. Timely intervention should be made on the patient when there is a deterioration of the skin condition. Hydration techniques should be done so that her skin is in a better position to withstand moisture loss and friction creation. The patient should be advised to be in continuous mobility at periodical intervals to maintain skin integrity. Maida can undergo a skin assessment tool to monitor her Pressure Ulcer Risk that is incidental to immobility. Skin assessment tools are useful in identifying early signs such as skin discoloration, pain, or tenderness so that preventive measures can be deployed. Considering Maida’s surgical procedures, the skin assessment tool aids in the assessment of leakage and dressing conditions to ensure optimal wound healing.  **References**  Lichterfeld-Kottner, A., El Genedy, M., Lahmann, N., Blume-Peytavi, U., Büscher, A., & Kottner, J. (2020). Maintaining skin integrity in the aged: a systematic review. *International journal of nursing studies*, *103*, 103509.  <https://www.sciencedirect.com/science/article/pii/S0020748919303165> | |  |  |
| Q2 0 | Describe 2 (two) nursing interventions that reduce the risk of Maida’s skin from potentially breaking down. | S | NY S |
| Periodical repositioning helps the body mechanics of maida and relieves the pressure under the affected areas. The patient should be encouraged to maintain adequate skin hygiene by applying moisturizers. High-risk areas such as sacrum and elbows should be assessed for the documentation of any anomalies such as blanching. Skin hydration should be achieved for creating good levels of moisture in the mouth. Gentle cleansers should be deployed and harsh soaps should not be used. The patient should be checked for the formation of skin folds and the appropriate healthcare members should be contacted when there is any major skin breakdown (El-Saidy & Aboshehata, 2019). The patient should be checked for the formation of maceration or bony prominences. Patients should be advised to frequently change their positions to alleviate the DVT symptoms. Skin folds can be kept active and to be ensured that they are exposed to air to prevent the formation of bed sores.  **References**  El-Saidy, T. M. K., & Aboshehata, O. K. (2019). Effect of Skin Care and Bony Prominence Protectors on Pressure Ulcers among Hospitalized Bedridden Patients. *American Journal of Nursing*, *7*(6), 912-921.  <http://article.scinursingresearch.com/pdf/AJNR-7-6-2.pdf> | |  |  |
| Q2 1 | How does immobility increase Maida’s morbidity? | S | NY S |
| Continuous immobility can result in muscle weakness and atrophy leading to increased susceptibility to fractures. Cardiovascular complications can result due to reduced blood circulation leading to pulmonary embolism and DVT which are pre-existing conditions of Maida (Duffett et al., 2020). The formation of pressure ulcers is a significant negative outcome that can complicate long-term recovery. Due to immobility, respiratory function may be decreased and this can lead to the formation of bacteria and incidental infections. The pre-existing condition of DVT in Maida significantly increases the morbidity risk through blood clots that can cause the fatal event of pulmonary embolism. Immobility can cause loss of muscle strength and continuous pressure on heels and elbows which constricts the flow of blood to the heart.  **References**  Duffett, L., Castellucci, L. A., & Forgie, M. A. (2020). Pulmonary embolism: update on management and controversies. *Bmj*, *370*.  <https://www.bmj.com/content/370/bmj.m2177.long> | |  |  |
| Q2 2 | State two (2) complications that Deep Breathing and coughing exercises help reduce. | S | NY S |

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| **Performance criteria** | | **Record of results** | |
| Partial long collapse can be avoided through breathing exercises. The patient can increase oxygenation and enhance lung volume through this deep breathing exercise. Deep breathing can also help prevent pulmonary infections and helps in the mobilisation of air in the lower respiratory tract. Respiratory infections can be decreased through deep breathing. The overall air exchange in the body is properly conducted through deep breathing. This will reduce the probability of partial lung collapse that is caused by shallow breathing. Deep breathing helps in enhanced oxygenation and decreases the events of respiratory adverse events. Lung secretions are reduced and infections such as pneumonia can be eliminated. Deep coughing mechanisms clear infectious agents such as bacterial mucus in the lung pathways (Gimenez et al.,2020). The risk of pulmonary infections is greatly decreased by the enhanced coughing capability of the patient.  **References**  Giménez, V. M. M., Inserra, F., Tajer, C. D., Mariani, J., Ferder, L., Reiter, R. J., & Manucha, W. (2020). Lungs as target of COVID-19 infection: Protective common molecular mechanisms of vitamin D and melatonin as a new potential synergistic treatment. *Life sciences*, *254*, 117808.  <https://www.sciencedirect.com/science/article/pii/S0024320520305579> | |  |  |
| Q2 3 | Outline one (1) nursing intervention that would assist with Maida’s Physical comfort preoperatively. | S | NY S |
| Pain management involves determining the pain intensity through a numerical rating scale and appropriate medication can be given. Oral analgesics like paracetamol can be given according to administration guidelines. Maida can also be encouraged to sit in a comfortable position and can be asked to do guided imagery meditation and relaxation techniques such as guided visualisation. Relaxation techniques such as guided imagery along with pain management interventions using an analgesic medication should be offered to the patient. The patient's decision-making capabilities should be strengthened by regularly communicating with her regarding the course of her therapy. The nutrition levels along with fluid balance should be recorded on the chart. The location of the pain and the previous medical history along with the incidence of any allergies should be properly documented.  **References**  Munkombwe, W. M., Petersson, K., & Elgán, C. (2020). Nurses’ experiences of providing nonpharmacological pain management in palliative care: A qualitative study. *Journal of clinical nursing*, *29*(9-10), 1643-1652.  <https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.15232> | |  |  |

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| Q2 4 | Using the ISBAR (SA students) / ISOBAR (WA Students) acronym, write out the handover you would provide to the Night Duty Nurse at 2100. (Hint you are the EN who has worked on the Late Shift and has taken the handover from the ED  RN when Maida arrived on your ward in 2030.) | S | NY S |
| Student to add answer here  ISBAR (SA Students)   |  |  | | --- | --- | | Identification | Hello, I am the late shift nurse for this ward and this is the handover for a female patient of 73 years, Maida who got admitted to the Emergency Department in 2030. History of Depressiona and Anziety, Anorexia Nervosa, Spondataneiys L) Calf DVT 2 year ago | | Situation | Maida got admitted for hip fracture surgery and is in postoperative care in this ward. Her current situation including her vital signs is stable. - History of Depressiona and Anziety, Anorexia Nervosa, Spondataneiys L) Calf DVT 2 year ago | | Background | History of depression, anxiety and anorexia nervosa. Lives independently at home with her partner Glenda | | Assessment | Pathology (FBE, Type and Screen, COAG and ELU), ECG (12 lead ECG) & Medcial Imaging ( AP Pelvis, Lateral Oblique L) Hip. AP and Later L) long Femur and Chest X-ray | | Recommendation | Nursing observations – T, P, R, BP, Sp02, Pain Score, Sedation Score  Neurovascular Observations (L and R) Legs  PO 500mg – 1gram Paracetamol, 6 hourly maximum of 4g in 24 hours  PO 5 – 10mg Oxycodone 4hrly prn  Routine medications upon consultation from the Orthogeriatrician; -  VTE Prophylaxis – S/C Clexane 80mg BD  Fluid balance chart.  High protein, high energy diet with nourishing mid meals, snacks or drinks, unless contraindicated until the patient receives a nutritional screening.  Malnutrition Universal Screening Tool (MUST) on admission |  |  |  | | --- | --- | | Identification | This is “working in late shift. Handover of Maida, 73 years old female after surgery at 2030 | | Situation | Underwent Fractured Hip Pathway surgery | | Observations | Pain managed with “. Using a walking frame for ambulation. Has a pan rating scale of “ | | Background | History of depression, anxiety and Anorexia Nervosa. Receiving pain medications of “. | | Assessment | Vital signs stable. Needs ambulatory assistance | | Recommendation | Monitor pain levels, provide the walking frame, and Ensure comfortable positioning |   **References**  Burgess, A., van Diggele, C., Roberts, C., & Mellis, C. (2020). Teaching clinical handover with ISBAR. *BMC medical education*, *20*(2), 1-8.  <https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02285-0>  Kitney, P., Tam, R., Bramley, D., & Simons, K. (2020). Handover using ISBAR principles in two perioperative sites-a quality improvement project. *Journal of Perioperative Nursing*, *33*(4), 38-45.  <https://search.informit.org/doi/abs/10.3316/informit.998745910571569> | |  |  |

# Part B –Maida’s Nursing Care Plan-

Maida has been to Theatre and has had her L) # NOF surgically repaired. She has spent 2 and half hours in Recovery and has now returned to the ward and you have been allocated to care for her. Complete Maida’s care plan for her post-operative care.

This question requires you to complete Maida’s care plan. The actual/potential problems have been prefilled. You are required to complete **one**

* 1. Nursing Diagnosis, **one** (1) Nursing Intervention, **one** (1) Rationale for each nursing intervention and **one** (1) evaluation for each nursing intervention (how you would evaluate the nursing intervention was effective).

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| Q1 | Complete Maida’s care plan section for **Nursing Interventions**, **Rationale** and **Evaluation** | | | | |
| **Actual Potential Problem Identified** | | **Nursing Diagnosis Include one** (1) Nursing Diagnosis | **Nursing Intervention**  **Include one** (1) Nursing Intervention | **Rationale**  **Include one** (1) Rationale for each nursing intervention | **Evaluation Include one** (1) evaluation for each nursing intervention |
| 1a)  ADLS, personal care, dressing grooming | | The physical mobility underwent impairment due to complications from the surgical procedure. Also, immobility issues have been observed. | Imparting assistance for Activities of Daily Living and ensuring personal care. Considering the elderly nature of the patient assurance should be given to assist in her psychological | Encouraging hygiene in the product. Increase overall comfort leading to overall well-being. Prevention of complications such as respiratory function, UTIs and breakdown of skin integrity. The surgical site of infection should be continuously evaluated regarding the formation of infection. Consideration should be given to promoting the physical comfort of maida along with the deployment of optimal personal hygiene techniques (Wang et al., 2020). the patient has to be evaluated for the formation of any skin breakdown. recovery after the operation. Due to the prolonged nature of the pain medication using oxycodone, there may be instances of altered mental states where the patient might not be able to communicate her preferences and these changes should be noted down in the medical record.  The activities of daily living can enhance the reservoir of motivation and confidence and fasten the long-term recovery of the patient (Bohner et al., 2023). In cases where the patient is not able to do her personal care activities, the health professionals should assist her within a framework of dignity and respect.  **References**  Böhner, E. S., Spek, B., Joling, K. J., Zwaagstra, Y., & Gerridzen, I. J. (2023). Factors Associated with ADL Dependence in Nursing Home Residents with Korsakoff’s Syndrome and Other Alcohol-Related Disorders: An Explorative Cross-Sectional Study. *Journal of Clinical Medicine*, *12*(6), 2181.  <https://www.mdpi.com/2077-0383/12/6/2181>  Wang, D. X., Yao, J., Zirek, Y., Reijnierse, E. M., & Maier, A. B. (2020). Muscle mass, strength, and physical performance predicting activities of daily living: a meta‐analysis. *Journal of cachexia, sarcopenia and muscle*, *11*(1), 3-25.  <https://onlinelibrary.wiley.com/doi/abs/10.1002/jcsm.12502> | Successful provision of personal care and ADLs have been taken care of. Absence of skin breakdown and UTIs. Patient comfort is ensured. Maida has expressed pleasure and feeling clean. Feedback should be asked from the patient regarding her ability to conduct her care. Patient satisfaction should be measured by her perception of comfort and support that she has received from the enrolled nurses and healthcare providers. The wound healing should be assessed and any appropriate dressing changes should be made to eliminate the incidences of infection (Bartlett et al., 2020).  The physical symptoms of redness and swelling if observed on the patient should be promptly addressed through drainage. The patient should be encouraged to exhibit an enhanced level of independence as that will aid in her psychological recovery in her post-operative phase. Any necessary modifications should be done to the nursing care plan to ensure the efficaciousness of the pain management plan. Any abnormalities in her physical recovery at the surgical incision side should be immediately documented.  **References**  Bartlett, M. A., Mauck, K. F., Stephenson, C. R., Ganesh, R., & Daniels, P. R. (2020, December). Perioperative venous thromboembolism prophylaxis. In *Mayo Clinic Proceedings* (Vol. 95, No. 12, pp. 2775-2798). Elsevier.  <https://www.sciencedirect.com/science/article/pii/S0025619620306194> |

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| Q1 | Complete Maida’s care plan section for **Nursing Interventions**, **Rationale** and **Evaluation** | | | | |
| **Actual Potential Problem Identified** | | **Nursing Diagnosis Include one** (1) Nursing Diagnosis | **Nursing Interventions**  **Include one** (1) Nursing Intervention | **Rationale**  **Include one** (1) Rationale for each nursing intervention | **Evaluation Include one** (1) evaluation for each nursing intervention |
| 1b Oral hygiene | | The oral mucous membrane has undergone impairment. The oral intake has been reduced due to surgical procedures. Enhanced mouth breathing due to decreased lung respiratory intake was observed as part of the expected complications related to the surgical procedure | Mouth raising of the patient. Encouraging gentle brushing and offering care for oral hygiene. A saline solution should be provided to the patient so that mouthwash can be done to remove bacteria. Brushing of the teeth should be followed by active rinsing so that any bacterial formations inside the mucus membrane will be eliminated (Kottmann et al., 2019). The patient should be encouraged to brush their teeth two times a day. Oral hygiene has to be taken appropriately after the meals are completed. The patient is advised to use a toothbrush with soft bristles so that her gum health is in optimal condition.  The patient should be encouraged to check for the formation of debris in the interior parts of the mouth. The potential infection sites should be monitored and any causes for a deeper enquiry should be promptly conveyed to the MDTs. Ice chips should be provided to the patient at regular intervals to ensure optimal oral lubrication. The patient should be observed and asked for reports regarding their perceived comfort in maintaining good oral hygiene. A clean mouth should be ensured in the patient which can be evidenced by air fresh breath. The levels of oral moisture in the mouth of the patient should be monitored (Golalipour et al., 2022). Any signs of cracking should be immediately documented as it is symptomatic of a wider range of medical conditions. The oral dryness of the patient should be evaluated and checked for any signs of discomfort.  **References**  Kottmann, H. E., Derman, S. H. M., Noack, M. J., & Barbe, A. G. (2019). The underestimated problem of oral Candida colonization—An observational pilot study in one nursing home. *Clinical and Experimental Dental Research*, *5*(6), 683-691.  https://onlinelibrary.wiley.com/doi/abs/10.1002/cre2.238  Golalipour, S., Soleimanydarinsoo, Z., Qaderi, N., Ghazipoor, H., & Salahi, M. (2022). Examination of Dental Problems and Radiological and Cardiac Evaluations in Patients Affected by Covid-19. *NeuroQuantology*, 1519-1527.  <https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/ru/covidwho-1969848> | Removal of bacteria in the oral cavity is ensured through good oral hygiene. Stomatitis is reduced due to mouth rinses. Blood circulation is increased by gentle brushing. Comprehensive oral health of Maida will ensure the prevention of bacterial infections in the mucus membrane (Barbe et al., 2020). Since food take is primary to the long-term recovery of the patient any unpleasant taste that is generated in the mouth will lead to decrease intake of food and decrease the overall nutritional levels. The removal of debris and bacterial plague will encourage cleanliness in the oral cavity. Maintenance of optimal hydration should be done to remove the formation of dryness in the oral cavities.  **References**  Barbe, A. G., Küpeli, L. S., Hamacher, S., & Noack, M. J. (2020). Impact of regular professional toothbrushing on oral health, related quality of life, and nutritional and cognitive status in nursing home residents. *International Journal of Dental Hygiene*, *18*(3), 238-250.  <https://onlinelibrary.wiley.com/doi/abs/10.1111/idh.12439> | The oral membranes are clear of debris indicating that oral hygiene is well maintained, Maida has reported that her moth is feeling fresh. There is no sign of inflammation. The patient should be encouraged to check for the formation of debris in the interior parts of the mouth. The potential infection sites should be monitored and any causes for a deeper enquiry should be promptly conveyed to the MDTs. Ice chips should be provided to the patient at regular intervals to ensure optimal oral lubrication. The patient should be observed and asked for reports regarding their perceived comfort in maintaining good oral hygiene. A clean mouth should be ensured in the patient which can be evidenced by air fresh breath. The levels of oral moisture in the mouth of the patient should be monitored (Golalipour et al., 2022).  **References**  Golalipour, S., Soleimanydarinsoo, Z., Qaderi, N., Ghazipoor, H., & Salahi, M. (2022). Examination of Dental Problems and Radiological and Cardiac Evaluations in Patients Affected by Covid-19. *NeuroQuantology*, 1519-1527.  <https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/ru/covidwho-1969848> |
| 1c)  Skin integrity | | Skin Integrity has undergone impairment due to surgical interventions and loss of mobility. The integrity of the skin is heavily compromised due to modifications at the surgical incision site. Immobility of the patient has led to the tightening of the skin which has created skin folds and bone prominences that have resulted in symptoms like swelling and redness on the skin. | The wounds on the skin area should be regularly assessed and proper care should be done. The incision site of the surgery should undergo regular documentation so that future health professional teams can make an accurate assessment and future medication plan for the patient. The wound should be properly addressed and medical care under the recommendations of the healthcare professional should be done. The nurse should monitor the changes in the colour of the skin and the incision site and any such changes should be immediately transmitted to the healthcare professional as they may be symptomatic of a wider malaise.  Appropriate interventions should be carried out promptly when there are signs of a bacterial infection or the formation of secretions around the incision site. Optimal recovery of the surgical incision site is indicative that the surgery has gone well. | The surgical incision site should be evaluated for the presence of swelling and drainage. Dressings should be given using sterilization processes and by cleansing the incision site (Meneses et al., 2020). Evaluation through accurate documentation of the skin area around the surgical incision area will ensure that the long-term recovery of the patient happens swiftly.  The incidence of mucosal cracking should be prevented and avoid discomfort in the mouth. The potential infection sites should be monitored and any causes for a deeper enquiry should be mucosal cracking promptly conveyed to the MDTs (Nishikawa et al., 2023). Ice chips should be provided to the patient at regular intervals to ensure optimal oral lubrication.  References  Meneses, L. B. D. A., Medeiros, F. D. A. L., Oliveira, J. S., Nóbrega, M. M. L. D., Silva, M. A. D., & Soares, M. J. G. O. (2020). Validation of interventions for Risk of Impaired Skin Integrity in adult and aged patients. *Revista Brasileira de Enfermagem*, *73*.  <https://www.scielo.br/j/reben/a/dmBmrZN5WgYByWLTFhCwDyQ/?lang=en&format=html> | The wound is healing optimally and there is decreased discomfort at the surgical site according to the patient report.  The enrolled nurse should check that the bacterial infections do not spread to a wider extent. Interrelationships between the prescribed medication and the formation of secretions at the incision site should be evaluated by healthcare professionals. The enrolled nurses on every shift should take care that the wound is properly cleaned and fresh bandages are applied. When the wound shows a decreased redness, it is indicative that the healing processes are working well. The decrease in drainage and swelling indicates that the skin integrity is holding up and any causes of immobility are being addressed. The skin fold formation under the bony prominences should be documented in the nursing care plan and the GP should be immediately called to understand how they can be addressed (Akinmokun et al., 2020). The nurses can provide cushioning to the patient to enhance her comfort. Body positioning has to be regularly changed to ensure that the blood flow is properly going on and this increases the skin health.  **References**  Akinmokun, O. I., Ibeabuchi, N. M., Akinsulire, A. T., & Nwachukwu, F. C. (2020). Estimation of femoral head size from palpable bony prominences of the femur. *West Afr J Med*, *37*, 173-177.  https://www.researchgate.net/profile/Olasode-Akinmokun/publication/340248823\_Estimation\_of\_Femoral\_Head\_Size\_from\_Palpable\_Bony\_Prominences\_of\_the\_Femur/links/604e976ea6fdcccfee814320/Estimation-of-Femoral-Head-Size-from-Palpable-Bony-Prominences-of-the-Femur.pdf |

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| Q1 | Complete Maida’s care plan section for **Nursing Interventions**, **Rationale** and **Evaluation** | | | | |
| **Actual Potential Problem Identified** | | **Nursing Diagnosis Include one** (1) Nursing Diagnosis | **Nursing Interventions**  **Include one** (1) Nursing Intervention | **Rationale**  **Include one** (1) Rationale for each nursing intervention | **Evaluation Include one** (1) evaluation for each nursing intervention |
| 1d)  Falls risk | | Impaired mobility has increased Falls risk due to the present condition of postoperative status. Immobility is a primary diagnosis for an enhanced risk of patient falls. Muscle atrophy and age-related physiological weaknesses lead to weakness under the knees and this increases the risk of fall. | Deployment of Fall Prevention Program. The enrolled nurse should immediately deploy fall prevention measures. The patient should be advised to conduct mobility exercises that will increase the blood flow in their muscles. The patient’s willingness to move actively around the room should be encouraged through assistance and encouraging an independent outlook in life. | Risk assessment has to be conducted comprehensively in assessing the parameters that are enhancing the risk of a fall. Maida’s needs have to be considered in formulating the interventions. Wet floors should be taken care of and the patient should not be given loose rugs that can lead to accidental slips. Movement hazards such as clutter should be removed within the vicinity of the patient. Bed alarms should be immediately deployed so that nursing staff are aware of any immediate movements done by the patient. Encourage the patient to move independently through assistive devices such as a walker so that they can complete their necessary activities (Ackley et al., 2021). The risk of falls is considerably decreased by giving active assistance to the patient and forecasting their needs immediately and coming to their help when they are trying to get out of bed.  **References**  Ackley, B. J., Ladwig, G. B., Makic, M. B. F., Martinez-Kratz, M. R., & Zanotti, M. (2021). *Nursing Diagnosis Handbook, Revised Reprint with 2021-2023 NANDA-I® Updates-E-Book*. Elsevier Health Sciences.  <https://books.google.com/books?hl=en&lr=&id=JihAEAAAQBAJ&oi=fnd&pg=PR1&dq=risk+fall+nursing+diagnosis+&ots=Ii0A5aJlJ0&sig=f2bWMLYXYCJIwKNYp3MA4_Ua7v0> | Maida should be regularly monitored for her ability to meet the safety measures after the implementation of the Fall Risk Elimination program. All improvements in the patient should be documented so that future healthcare plans can have a comprehensive understanding of the movement history and an optimal pain medication plan is prescribed that is in alignment with the physiology of the patient. The patient is observed for an increase in gait stability which indicates significant progress in the patient and also decreases the risk of falls (Moddarresi et al., 2020).  **References**  Modarresi, S., Divine, A., Grahn, J. A., Overend, T. J., & Hunter, S. W. (2019). Gait parameters and characteristics associated with increased risk of falls in people with dementia: a systematic review. *International psychogeriatrics*, *31*(9), 1287-1303.  https://www.cambridge.org/core/journals/international-psychogeriatrics/article/gait-parameters-and-characteristics-associated-with-increased-risk-of-falls-in-people-with-dementia-a-systematic-review/BE56E4424F8322D306CCD5C0E453953B |
| 1e)  Deep Breathing and Coughing exercises | | Reduced lung expansion has caused anomalies in gas exchange and has produced internal sections. Deep breathing increases the oxygenation levels which promotes good blood circulation.  The inability to do deep breathing and coughing can indicate respiratory distress and symptomatic of partial lung collapse. This leads to increased pain and also causes post-operative immobility. | Teach Maida to use deep breathing exercises and practice long coughing techniques. The patient should be instructed to use deep breathing exercises for at least two hours a day. The patient should be encouraged to conduct controlled coughing as per the tolerance limits and the pain at the incision site. Coughing ensures that bacterial formations in the lungs come out into the mouth which can be removed during oral care. | Lung volume expansion leads to enhanced oxygenation. This enhances gas exchange by promoting ventilation processes. The clearance of mucus ensures that there are no bacterial formations that can lead to misalignment of the medical prescriptions with the recovery process. Enhancing the lung airflow will not only increase the blood flow but also create a road map for a swift recovery. The medical condition of atelectasis can be avoided by conducting deep breathing (Ju et al., 2019). The respiratory secretions in elderly patients like Maida during her post-operative care are the main cause of the non-functioning of the pain medications. Coughing exercises are instrumental in removing unnecessary debris in the oral cavity and the lung pathway creating and enhancing gas exchange. Diseases like pneumonia can be avoided through effective coughing techniques that remove airway debris and ensures that mucus is eliminated. Airway patency should be optimally maintained so that the patient will not undergo any respiratory distress and the events of adverse nature such as PE and DVT are eliminated.  **References**  Ju, W., Ren, L., Chen, J., & Du, Y. (2019). Efficacy of relaxation therapy as an effective nursing intervention for post‑operative pain relief in patients undergoing abdominal surgery: A systematic review and meta‑analysis. *Experimental and therapeutic medicine*, *18*(4), 2909-2916.  <https://www.spandidos-publications.com/10.3892/etm.2019.7915> | Their respiratory rate of Maida will be assessed. Monitoring for enahnced lung expanison will tak place. Reduced symptoms of respiratory distress. An element of independence should be incorporated in the patient so that she can perform the deep breathing exercises as advised by the healthcare professionals. Signs of respiratory distress have to be documented and the levels of oxygen saturation have to be assessed. The observations indicative of optimal gas exchange have to be documented. The respiratory status of the patient is the primary responsibility of the qualified nurse (Nishikawa et al., 2023). The nurse should optimally measure any changes in the cough frequency and should have a keen ear towards understanding the breath sounds. The respiratory function of the patient should be evaluated by regularly measuring the oxygenation levels.  **References**  Nishikawa, Y., Ikeda, Y., Murakami, H., Hori, S. I., Yoshimatsu, M., & Nishikawa, N. (2023). Mucosal patterns change after Helicobacter pylori eradication: Evaluation using blue laser imaging in patients with atrophic gastritis. *World Journal of Gastroenterology*, *29*(17), 2657.  <https://onlinelibrary.wiley.com/doi/abs/10.1111/ijd.15889> |

# Part C – Evaluate outcomes of Maida’s care Short answer knowledge-based case study questions

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| **Performance criteria** | | **Record of results** | |
| Q1 | How would you ensure Maida was safe to mobilise post-operatively around her room? | S | NY S |
| The overall stability of Maida will be assessed based on her consciousness levels and stability of vital signs. Future complications will be minimised by ensuring pain management mechanisms. The reviewing of precautions as per medical orders will be done and the provision of assistive devices will be ensured. Unnecessary furniture will be removed from the pathway and the ecosystem will be made free by eliminating any clutter. The false risk of maida will be reduced by ensuring an optimal amount of lighting. Optimality of the hospital room environment should be ensured that her mobility is greatly increased without the presence of hazards like clutter and loose furniture. Maida should be asked if she needs any assistive devices and they should be properly modified to suit her height and comfort. Mobilisation techniques should be encouraged so that blood circulation is done optimally and the stiffness of the joints is removed (Lau et al., 2020). When the patient is getting out of bed provide necessary supervision that respects her need of space. The framework of reassurance should be provided to the patient to develop her mobilisation techniques at her own pace without impeding her self-confidence. The balance of the patient has to be assured by providing techniques of standing beside her and offering her stability. The administration of analgesics has to be done at periodical times to alleviate the pain that can impede mobility.  **References**  Lau, B. D., Murphy, P., Nastasi, A. J., Seal, S., Kraus, P. S., Hobson, D. B., ... & Haut, E. R. (2020). Effectiveness of ambulation to prevent venous thromboembolism in patients admitted to hospital: a systematic review. *Canadian Medical Association Open Access Journal*, *8*(4), E832-E843.  <https://www.cmajopen.ca/content/8/4/E832.short> | |  |  |
| Q2 | What is a Multidisciplinary Team? | S | NYS |
| It refers to a category of healthcare providers who engage in work collaboration with the intent to give overarching holistic post-operative care to patients (Taberna et al., 2020). Pharmacists, occupational therapists, psychologists, nutrition experts and enrolled nurses typically form the composition of a multidisciplinary team. Collaborative decision making the design of a customised care plan that caters to the physical and emotional parameters of the patient well being is considered. Enhanced communication through periodical team meetings is the main benefit of MDT. The patient outcomes are greatly increased by the creation of a uniform care plan and avoid the incidence of fragmented diagnosis and post-operative care. Multi-disciplinary teams can assess the medical condition of Maida from multiple perspectives. The postoperative complications of an elderly team are complicated and sufficient expertise of psychologists, physiologists, orthopaedic surgeons, enrolled nurses and pharmacists is required (Selby et al., 2019). A multidisciplinary team can assist in eliminating the morbidity outcomes of elderly patients. Since Maida is undergoing a hip femur dislocation surgery there are issues of lung contraction and the onset of PE, that can decrease the chances of a full-time recovery. MDTs ensure that pain medications are optimally recommended along with the promotion of ambulation activities. MDTs are essential components in decreasing the morbidity risks in elderly patients like Maida. Due to their previous history of Maida of Depression and Anorexia nervosa, MDTs ensure that there is a holistic evaluation of both physiological and psychological aspects of her recovery. The alert mental status of the patient is required in understanding the pain medication, and any alterations in cognitive functioning should be reported to the MDTs.  **References**  Selby, P., Popescu, R., Lawler, M., Butcher, H., & Costa, A. (2019). The value and future developments of multidisciplinary team cancer care. *American Society of Clinical Oncology Educational Book*, *39*, 332-340.  <https://ascopubs.org/doi/abs/10.1200/EDBK_236857>  Taberna, M., Gil Moncayo, F., Jané-Salas, E., Antonio, M., Arribas, L., Vilajosana, E., ... & Mesía, R. (2020). The multidisciplinary team (MDT) approach and quality of care. *Frontiers in oncology*, *10*, 85.  <https://www.frontiersin.org/articles/10.3389/fonc.2020.00085/full> | |  |  |
| Q3 | Outline Two (2) Multidisciplinary Team members who would be involved in Maida’s care. | S | NYS |
| An orthopaedic surgeon will play a pivotal role since Maida is recuperating from hip fracture surgery. Post-operative care of maida should involve optimal medical management of fractures and a treatment plan should be designed that can provide medical solutions to any future complications after the surgical intervention. Another MDT member would be a physiotherapist for Maida’s care since enhancing the physical function of the patient as part of post-operative rehabilitation is the main objective. Maida is undergoing a complicated surgery that involves both physiological and psychological components. Considering her age and her previous history of depression and anxiety and anorexia nervosa, a psychologist would be the first line of defence against the onset of any depressive symptoms. The levels of motivation should be increased and inspiration should be infused in Maida to look at life through a positive lens and ensure that any feelings of worthlessness and despair are removed through counselling (Marzola et al., 2020). The mobility capabilities of the patient are greatly enhanced by a physiotherapist. The body mechanics of the patient are optimally observed and the physiotherapist encourages the use of assistive devices according to the tolerance level of the patient.  Through customised exercise programs, the physiotherapist can evaluate the strength and functional recovery of the patient and eliminate the occurrence of joint stiffness and atrophy. The physiotherapist will be in active collaboration with the MDT so that the physical movements are in alignment with the surgical outcomes (Kemp et al., 2020). An orthopaedic surgeon would understand any complications around the surgical incision side and also the movements of the internal prosthesis. The informed consent is given by the orthopaedic surgeon and he is in the best position to understand the long-term complications of such a major surgery.  **References**  Kemp, J. L., Mosler, A. B., Hart, H., Bizzini, M., Chang, S., Scholes, M. J., ... & Crossley, K. M. (2020). Improving function in people with hip-related pain: a systematic review and meta-analysis of physiotherapist-led interventions for hip-related pain. *British journal of sports medicine*, *54*(23), 1382-1394.  <https://bjsm.bmj.com/content/54/23/1382.abstract>  Marzola, E., Porliod, A., Panero, M., De-Bacco, C., & Abbate-Daga, G. (2020). Affective temperaments and eating psychopathology in anorexia nervosa: Which role for anxious and depressive traits?. *Journal of Affective Disorders*, *266*, 374-380.  <https://www.sciencedirect.com/science/article/pii/S0165032719329921> | |  |  |
| Q4 | As you have been caring for Maida every day since her admission the Shift Coordinator Mary, (RN) asks you to attend the weekly Multidisciplinary Case Meeting. Mary asks you to hand over and outline Maida’s progress and discuss her discharge plan.  Outline what your role is regarding recording and reporting what is discussed in the Multidisciplinary Case Meeting. | S | NYS |
| As an EN, I have to conduct a review of Maida’s progress notes and medical records along with nursing evaluations. I have to share relevant information regarding concerns or modifications in her condition. I have to report on Maida’s pain levels, mobility progress, and wound healing situations. I need to ensure collaborative inputs to the MDT by giving my opinions on her functional recovery and alterations in her emotional well-being. Follow-up actions need to be ensured, including arrangement of consultations or implementation of particular nursing interventions. Active participation is required to inform the progress made by Maida in ensuring a precise handover of the relevant medical information. Information regarding surgical outcomes updates in the present treatment plan have to be conveyed (Shao et al., 2019). The discussions must be documented so that various inputs of doctors and healthcare professionals can be introduced. The proposed discharge plan can be prepared using the progress goals made by Maida and the perspectives given by other team members. A summarisation of key points regarding the physiotherapy recommendations alterations in her medication schedule and relevant information on follow-up appointments should be given. The discussions should be conducted with accuracy through the usage of objective language and there should be no incidences of biases. The mobility status of the patient can be recorded using the active participation of the enrolled nurse. Comprehensive documentation would ensure that the treatment plan of the patient is going based on her tolerance levels. All discussions in the case meeting in the MDT should be immediately documented and all updates regarding her psychological and physiological condition should be discussed. The essential information in the meeting should be noted down and all recommendations made by the team must be recorded. Objective language should be used to ensure accuracy in the MDT meetings. Any subjective bias should be eliminated as it would impede the optimal diagnosis of a multi-speciality team. During the case meeting, a summarisation of Maidas’s post-operative history and admittance history should be noted down. Any relevant information should be communicated with the attending physician along with the physiotherapist. Any deviations in the recovery plan as observed by the enrolled nurse should be communicated to the healthcare professionals.  **References**  Shao, J., Rodrigues, M., Corter, A. L., & Baxter, N. N. (2019). Multidisciplinary care of breast cancer patients: a scoping review of multidisciplinary styles, processes, and outcomes. *Current Oncology*, *26*(3), 385-397.  <https://www.mdpi.com/1718-7729/26/3/385> | |  |  |
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| **Performance criteria** | | **Record of results** | |
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| Q5 | You are caring for Maida Day 2 post-operatively and you identify that Maida’s  care plan needs to be updated and care changed. Outline who you would report this to and why. | S | NYS |
| Updation of the care plan of maida will be first reported to the registered nurse RN. The interdisciplinary team will then make appropriate changes in the care plan of the patient. Appropriate adjustments and collaborative activities will take place with other healthcare providers to actively assess the situation (Doenges et al., 2019). Another report should be given to the primary health care provider which in the present midas case would be the orthopaedic surgeon who plays a crucial role in the post-operative care of day 2. The surgeon has extensive knowledge of the particular medical condition and the surgical procedures that have been done on Maida thus enabling him to come up with the necessary medical guidance according to the overall treatment goals. All relevant information regarding the evolving physiological status should be conveyed to the healthcare professionals in the MDT. The health concerns should be prioritised based on updates in Maida’s medication plans. Plan adjustments have to be made according to the nursing care activities and guidance should be offered to the next nurse so that necessary medication can be ensured. The current status of the patient should be documented so that the primary health provider is in a better position to ensure her long-term recovery. Any modifications in the nursing plan should also be reported to the Medical officer so that they further do a situational assessment and offer the necessary guidance to key members of the interdisciplinary medical team members. Also, the charge nurse should be intimated of the changes, so that three is an easy facilitation of care plan changes.  **References**  Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2019). *Nursing care plans Guidelines for individualizing client care across the life span*. FA Davis.  <https://books.google.com/books?hl=en&lr=&id=UmKLDwAAQBAJ&oi=fnd&pg=PR1&dq=nursing+care+plan&ots=_PebJn12my&sig=_VM7uq42LdIWsbttXhgJW21LSiQ> | |  |  |
| Q6 | Following on from question five (5), You have updated Maida’s care plan to  reflect the changes to her care. State where you would document these changes in Maida’s care. | S | NYS |
| Any changes that need to be done in their care plan of Maida have to reflect in her medical records. A chronological account of the progress made by the nursing staff will be documented so that timely interventions are offered depending on any changes in the patient's condition (Asmirajanti et al., 2019). Continuity of care is established through documentation and future evaluations of Maida’s health status can be made effective. All medical interventions should be given on a chronological basis so that they will be recorded in the medical documents. All evaluations made by healthcare professionals should be noted down and the long-term recovery goes should be conveyed using appropriate note-making (Denning et al., 2019). Any changes in the pain management schedules should be conveyed to the multidisciplinary teams under the relevant sections. The necessary instructions to the next shift nurse should be conveyed using the appropriate methodologies so that there is no confusion and patient care is not does not suffer. Nurses can prepare existing care records with the relevant sections that show the indicative goals, medical interventions and assessment parameters of a nursing care plan. The care plan document should be updated as it contains the necessary interventions required for Maidas' recovery. The progress and outcomes chart should be updated as it enables future decision-making by health professionals. The interactions between the health care professionals should be documented in the communication logs.  **References**  Asmirajanti, M., Hamid, A. Y. S., Hariyati, R., & Sri, T. (2019). Nursing care activities are based on documentation. *BMC nursing*, *18*(1), 1-5.  <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-019-0352-0> | |  |  |
| Q7 | Outline how you would promote Maida’s independence during her hospital stay. | S | NYS |
| The decision-making processes of Maida have to be actively encouraged by providing information regarding healthcare plans. Realistic goals should be set for rehabilitation by the creation of small measurable milestones leading to the enhancement of confidence in the patient (Blackwood et al., 2019). Regular evaluation of the functional abilities of the patient should be done. Assessment of the patient's ability to conduct personal care activities such as feeding and grooming should be carried out. The mobility of the patient should be facilitated by offering adaptive equipment that can serve as an instrument of empowerment. Maida should be encouraged to actively participate in communication with the hospital staff. Depending upon her tolerance levels, Maida should be asked to around in the room. The patient has to be reassured to have a positive outlook regarding future life outcomes. The pain management schedule should be conveyed to Maida so that she can understand the drug interactions. Optimal personal hygiene care including grooming should be recommended to enable her to take ownership of the recovery process. The patient should be encouraged for doing optimal exercise activities so that her condition gradually improves. Education and training should be given to the patient mainly on the management of the medication schedules. Emotional support to Maida will boost her confidence level and provides the requisite motivation to do her daily activities independently (Wu and Chiou, 2020). Maida should be given due weightage in the expressions of her preferences thus enabling a feeling of control of her surroundings. Maida’a healing journey should be assessed regularly through goal updation that is in reflection of her changing capabilities.  **References**  Blackwood, D. H., Walker, D., Mythen, M. G., Taylor, R. M., & Vindrola‐Padros, C. (2019). Barriers to advance care planning with patients as perceived by nurses and other healthcare professionals: a systematic review. *Journal of clinical nursing*, *28*(23-24), 4276-4297.  <https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.15049>  Wu, H. Y., & Chiou, A. F. (2020). Social media usage, social support, intergenerational relationships, and depressive symptoms among older adults. *Geriatric Nursing*, *41*(5), 615-621.  <https://www.sciencedirect.com/science/article/pii/S0197457220300860> | |  |  |
| Q8 | Discuss how an increased Length of Stay in the hospital may exacerbate Maida’s pre-existing condition of Depression. | S | NY S |
| Prolonged stay in the hospital premises can increase social isolation and can produce sadness and symptoms of loneliness that could be triggered depressive symptoms in Maida. The stability regimen and the feelings of control are negatively influenced by an elongated stay in the hospital (Karaca & Durna, 2019). Apart from the disruption of Maida’s daily routine, the absence of autonomy may lead to depressive symptoms. The self-esteem of the patient is negatively influenced by her decreased independence and can generate depressive feelings of worthlessness. With Maida’s history of depressive symptoms, any elongated hospital stay is bound to create feelings of despair in her (Pleple et al., 2021). Due to the decreased physiological reserves, Maidas’s psychological condition might be in a frail state. The hospital scenario is not a conducive environment for the disappearance of the depression and anxiety symptoms of Maida. Psychological care is necessary during her stay at the hospital and this can be ensured through active participation in the daily tasks around her. Loss of social connections in the hospital environment can trigger depressed feelings in Maida. The pain management schedule will have a host of drug interactions and this can affect the neural systems that can cause the onset of depression. Lack of exposure to sunlight can worsen depressive episodes.  **References**  Karaca, A., & Durna, Z. (2019). Patient satisfaction with the quality of nursing care. *Nursing open*, *6*(2), 535-545.  <https://onlinelibrary.wiley.com/doi/abs/10.1002/nop2.237>  Pleple, A., Lalanne, C., Huas, C., Mattar, L., Hanachi, M., Flament, M. F., ... & Godart, N. (2021). Nutritional status and anxious and depressive symptoms in anorexia nervosa: A prospective study. *Scientific Reports*, *11*(1), 1-12.  <https://link.springer.com/content/pdf/10.1038/s41598-020-79410-y.pdf> | |  |  |

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| **Performance criteria** | | **Record of results** | |
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| Q9 | Outline how you would ensure Maida’s privacy and dignity were maintained when she has a shower in the hospital. | S | NYS |
| Clear communication mechanisms regarding hospital closing and towels should be transmitted to the patient. Private spaces with the provision of privacy curtains should be provided so that the patient can address them without the presence of any unnecessary individuals (Dening et al., 2019). Respectful assistance should be offered to the patient in their efforts to wash certain unreachable parts of her body in a framework of dignity and respect for her privacy should be ensured. The privacy and dignity of a post-operative patient assume great significance and it is the responsibility of the qualified enrolled nurse to ensure that there is no loss of self-confidence and self-esteem in the patient. During the shower, the patient might be embarrassed due to the presence of another individual. The nurse should gently give assurance that in a medical setting, Maida should be comfortable while taking assistance during grooming and washing. If Maida is unable to reach certain parts of the body, then the nurse should give active assistance to wash her body properly. Confidential should be maintained and Maida’s personal information should not be discussed in other areas. Inadvertent exposure to Maida during dressing and showering should be avoided by maintaining visual privacy.  **References**  Harrison Dening, K., Sampson, E. L., & De Vries, K. (2019). Advance care planning in dementia: recommendations for healthcare professionals. *Palliative Care: Research and Treatment*, *12*, 1178224219826579.  <https://journals.sagepub.com/doi/pdf/10.1177/1178224219826579> | |  |  |
| Q1 0 | State two (2) postoperative complications that would increase Maida’s length of stay in the hospital. | S | NY S |
| Maida has a risk of developing a surgical site infection which can elongate her hospital stay (Kolasinski, 2019). As part of the treatment mechanisms for the SSI infection, the requisite monitoring will enhance her stay till antibiotics are completely administered and the infection is healed. If there are any pre-existing respiratory conditions then may the surgery can lead to the generation of pulmonary complications. The hospital stay can be increased due to the outcomes of reduced oxygenation and cause severe distress in her respiratory tracts leading to the requirement of chest physiotherapy and enhanced oxygen therapy. Older adults can suddenly go through an episode of delirium that shows the symptoms of disorientation. This state of confusion is exacerbated by the depleting physiological results of an elderly person who has undergone a major hip operation. Since the patient is undergoing various pain medications, the drug interactions may lead to unexpected mental states that require close monitoring (Mattison, 2020). Health professionals should ensure that making us stay in the hospital is necessary so they close monitoring can be done for symptoms of cognitive decline. Maida is at an increased risk of cardiac complications such as abnormal heart rhythms after surgery (Ranard et al., 2020). There might be a need for cardiac monitoring that can result in an extended stay in hospital settings. There might be an incidence of gastrointestinal complications such as bowel obstruction due to medication schedules and this will require further evaluation.  **References**  Mattison, M. L. (2020). Delirium. *Annals of internal medicine*, *173*(7), ITC49-ITC64.  <https://www.acpjournals.org/doi/abs/10.7326/AITC202010060>  Kolasiński, W. (2019). Surgical site infections–review of current knowledge, methods of prevention. *Polish Journal of Surgery*, *91*(4), 41-47.  <https://bibliotekanauki.pl/articles/1392141.pdf> | |  |  |

**Part D – Practical skills**

You are required to read the case study background information on Maida Longbridge and use this information to demonstrate knowledge and rationale as to why the following skills would be important nursing interventions when caring for Maida.

The practical skills component of this assessment will take place in the clinical skills lab at a time advised by your educator. The practical skills you will be assessed on will be conducted against the competency checklists provided in the textbook:

Koutoukidis, G. and Stainton, K (2017). Essential enrolled nursing skills for person-centred care. 7th Ed. Sydney: Elsevier Australia

The **three** (3) skills to be demonstrated and assessed as part of this assessment are as follows:

1. Clinical Skill 19.4 Assessment of Venous Thromboembolism Assessment (pages 40-41)
2. Clinical Skill 19.5 Assessment of Nutrition Assessment/ Weight, Height and BMI (pages 45 -46)
3. Clinical Skill 25.3 Assessment of Incentive Spirometry (pages 214-215)

# Assessment Evidence Checklist

The assessment evidence checklist is a record of your assessment activity outcome. Once you have submitted all **Four (4)** parts of this assessment into OpenSpace, your educator will provide feedback and comments on this checklist and will provide a copy of this into OpenSpace once your assessment submission has been marked.

You have **two** attempts to complete the assessment. If you need to re-attempt the assessment task your educator will give you clear and direct feedback with revised submission dates if required.

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| **Student has completed and achieved all criteria for the assessment 35821/05 Implement, monitor and evaluate nursing care plans, including providing all evidence which includes:** | **Attempt:** | |
| **Satisfactory** | **Not Yet Satisfactory** |
| **Part A - Short answer knowledge-based case study questions**  Student has completed all **Twenty-Four (24)** questions.  **Academic Integrity/ Plagiarism**  All the student’s work is original, sourced and referenced where appropriate. |  |  |
| **Part B – Maida’s nursing care plan**  Student has completed all **five (5)** actual/potential problems of the Nursing Care Plan including.   * **one** (1) Nursing Diagnosis, * **one** (1) Nursing Intervention, * **one** (1) Rationale for each nursing intervention * **one** (1) evaluation for each nursing intervention   **Academic Integrity/ Plagiarism**  All the student’s work is original, sourced and referenced where appropriate. |  |  |
| **Part C - Short answer knowledge-based case study questions**  Student has completed all **Ten (10)** questions.  **Academic Integrity/ Plagiarism**  All the student’s work is original, sourced and referenced where appropriate. |  |  |
| **Part D - Practical skills**  Student has uploaded the following clinical skills/practical skills task into OpenSpace.  The **three (3**) skills to be demonstrated as part of this assessment are as follows:   * Clinical Skill 19.4 Assessment of Venous Thromboembolism Assessment * Clinical Skill 19.5 Assessment of Nutrition Assessment/ Weight, Height and BMI * Clinical Skill 25.3 Assessment of Incentive Spirometry |  |  |
| **Educator’s comments** | | |

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| If work submitted by the student was found ‘Not Yet Satisfactory’ advise what action is required and due date for resubmission:  **Resubmission required**  **Date for resubmission Other** |
| **Educator Name: Date** |

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