Setting Meaningful Priorities Chapter 13

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Setting Personal Priorities



Something you do every day



Making meaningful and efficient decisions



Change by drift can happen when you fail to set priorities



Utilize personal values system to set priorities

Cultural, social, and philosophical background

Personal Mission Statement



I will learn new things each day



I will enjoy work and respect my colleagues



I will be a leader every day

Setting Priorities



Determine Priorities based on whether an activity is urgent or merely important (Maslow)

Who is involved in the priority setting?

Where are they on the hierarchy?



Nursing- the most ill person gets the most immediate care



Meet the priority within Watson's framework of caring

Is you decision based on Watson's caring framework?



If you apply Maslow's and Watson's theories, you will be successful at setting meaningful priorities.

CURE (Critical, Urgent, Routine, Extra) Hierarchy

Critical

Patient
 with
 difficulty
 breathing,
 severe pain,
 changing
 vital signs

Urgent

- Giving PRN meds
- Verifying a medication order

Routine

- Patient teaching
- Performing physical assessment

Extra

 Getting a drink for a family member, getting warm blanklet

Priority of care

Examples

First-level priority of care are problems/issues that reflect critical findings, clinical deterioration and/or are life-threatening – and therefore require urgent action. Urgent means that action must be taken immediately.

A client in respiratory distress as evident by **tachypnea**, nasal flaring, laboured breathing, **intercostal retractions**, and decreasing oxygen levels or a client with **hemodynamic instability** such as chest pain or the absence of or decreasing pulse or blood pressure.

Second-level priority of care are problems/issues that may lead to clinical deterioration and may become life-threatening without intervention – and therefore require prompt action. Prompt means that action must be taken quickly.

A client with signs and symptoms such as: altered level of orientation, decreased level of consciousness/confusion, elevated temperature, increasing pain levels, and cold extremities. This may include a client with a head injury who can deteriorate quickly in some cases. You should assess if they experienced a loss of consciousness and have any associated symptoms with a concussion.

Third-level priority of care are problems and issues that are typically focused on **functional health**, **client** education, and counselling. These should be addressed, but they are non-urgent and can wait until the client is stable. The problem/issue is **not acute in nature**, but intervention is required to support the client's activities of daily living, their knowledge level, and their mental health and wellbeing

A client who is post-operative and requires assistance with hygiene and mobility, a client who reports increasing stress levels and problems sleeping, or a client who is newly diagnosed with diabetes and requires education around nutrition and monitoring their blood glucose levels.

	Critical	Urgent	Routine	Extra
Patient exhibits new left-sided facial droop				
Patient reports 9/10 acute pain and requests PRN pain medication				
Patient with BP 120/80 and regular heart rate of 68 has scheduled dose of oral amlodipine				
Patient with insomnia requests a back rub before bedtime				
Patient has a scheduled dressing change for a pressure ulcer on their coccyx				
Patient is exhibiting new shortness of breath and altered mental status				
Patient with fall risk precautions ringing call light for assistance to the restroom for a bowel movement				

Need for Priority Setting

- Scenario 1 & 2 Page 178 Read and Review
- The ability for nurses to set priorities is essential
- YOU are the patient's advocate
- YOU are the 24-hour caregiver
- YOU are making decisions that will determine patient outcomes

Need for Priority Setting

One constant in healthcare is that tomorrow it will change

You must be a lifelong learner

Share your knowledge and skills with colleagues

Use "best evidence-based practice"

Be a role model

Need for Priority Setting







Nurses need to be able to organize and reorganize their patient care activities based on changes occurring throughout the shift (cognitive stacking)



Example: Giving a new medication during peak medication administration times

Which Patient is the Priority?

A) A patient reports a headache 5/10 pain scale and request acetaminophen

- B) A patient is requesting pain medication before going to Physical Therapy
- C) A patient with a left total knee who is postop day 2 wants you to assess their knee dressing with is leaking serosanguineous fluid
- D) A patient calls you reporting chest pain

Prioritizing Patient Care

The nurse is assigned to the following clients.

- 1. A client with heart failure who has a 4 pound weight gain since yesterday and is experiencing shortness of breath
- 2. A 24-hour postoperative client who had a lung resection and has a chest tube draining system
- 3. A client admitted for observation who has absent bowel sounds
- 4. A client who is undergoing surgery for a hysterectomy on the following day

Who should the nurse assess first, second, third, fourth?

It Starts with the Ability to Make Good Decisions

Basic considerations for decision making

- Decision can be make based on laws, policy, and procedure mandates (medication administration)
- Decision you make in an emergency based on your knowledge (change in patient's condition)
- The decision you have time to process before making it (which nursing school to attend)

Ability to make meaningful decisions depends on your knowledge base

Decision-Making Steps

- Steps are similar to nursing process!
- Define the problem
- Determine the most desirable outcome
- Identify solutions for the problem
- Evaluate all solutions for effectiveness
- Select and implement the solution
- Evaluate the solution selected for effectiveness-if not effective-start process over