ACES

Millie Larsen-Simulation #2

Faculty Nutshell:

Millie Larsen has sustained a fall following her admission. While her cognition is improving, from an ongoing safety standpoint she requires some assistance with ambulation. The key focus of this simulation is for students to recognize the need for accurate assessments of patient's level of function and appropriate assessment skills and screening that provide a safe and accurate reflection of the best discharge plan and environment. Students should be familiar with and using the SPICES, CAM, Hendrich II Fall Risk Model, and Katz Index of Independence.

Simulation #2 Learning Objectives

Simulation Learning Objectives – for faculty

1. Perform a head-to-toe physical assessment and use the following assessment tools: SPICES, Confusion Assessment Method (CAM), Katz Index of Independence, and Hendrich II Fall Risk Model.
2. Identify changes in cognition from simulation scenario #1.
3. Recognize conflict between daughter and client regarding discharge plan.
4. Communicate therapeutically with patient and daughter.
5. Discuss the risks and benefits of discharge to home.
6. Identify and discuss geriatric syndromes evident in the simulation: fall risk, confusion, incontinence.

Simulation Learning Objectives – for learners

1. Complete appropriate assessments during the simulation.
2. Use therapeutic communication techniques with the patient and family members.
3. Identify issues related to the transition of care specific to the patient in this simulation.
4. Identify geriatric syndromes evident in the simulation.
5. Assist with patient transfer and ambulation.

Faculty Guide – Millie Scenario #2

1. Patient's Story

Key Story Points: She lives alone, widowed for a year, daughter lives close by but busy with job, grandchildren, etc.

2. Key Problems

- Self-Health Management- HTN (180/110)- ↑need for independence (ADLs, DC teaching)
- Dizziness, fall risk, acute pain
- Knowledge deficit- polypharmacy (Driving force to change behavior is safety and taking meds to avoid hospitalization again.

3. Desired Outcomes

- Functionality r/t safety at home, successful DC, understand meds (correct dose, time, interaction), why important to take meds- ↑BP when forgets meds, involve family
- Safety r/t Fall Risk- must understand she needs assist

4. Nursing Interventions

- Re-assess confusion
  - Determine Head injury? √ VS, √ neuro status, √ rest of body for injuries (scalp, back, buttocks),
  - Confusion vs obtunded thinking (similar to lethargy with decreased interest in the environment, increased sleeping and drowsiness vs dementia vs anxiety vs delirium)
- Re-assess mental status- how did you assess? What tools? CAM
- Assess Falls
  - Look at results from xray and CT.
  - Do a fall risk assessment?
  - Teaching about fall risk and need to use call light (orthostatic hypotension is a SE of lasix, dizziness is a SE of captopril, weakness is a SE of lopressor.
- Meds- Recognize and assess dizziness and fall. Look at risk factors and decrease so patient does not fall again. Possible cause- starting BP meds again
  - Faculty inside notes on meds:

    Captopril-ACE inhibitor, prevent angiotensin I converting to II, powerful vasoconstrictor if angiotension forms, side effects of restarting – decreased BP, dizziness,
    Metroprolol- Lopressor- B blocker- block beta adrenergic receptors then decrease cardiac output and reduce vasoconstrictor tone. Side effects- weakness, Sudden withdrawal can cause rebound hypertension
    Lasix- loop diuretic- Not taking may be part of the reason for increased NA and dehydration, side effects- orthostatic hypotension

- Assess Functionality- talk to Millie and daughter, KATZ assessment

- Re-assess Confusion - What is happening with Millie now related to her confusion? Why do you think it is improving? Treating UTI, hydration. If not already discussed delirium vs dementia -make sure to do so here.

- Reassess UTI- what is happening? Labs? IV Ciprofloxacin , UC-Why?

5. Client Responses

- Falls- baseline for fall risk, VS checked, Night nurse called MD and daughter about the fall. Patient had not been taking her medications properly at home. Polypharmacy may be an issue. Almost fell again so what is needed?
- Functionality- Begins to ask about needs and resources at home. Can someone stay with her for a few days? Safety? Support systems?
- Confusion-beginning to clear - as patient becomes hydrated with IVF, treating UTI, treating BP

6. Progress toward Outcomes

- Determining Fall Risk, Functionality-ADLs
- Work on DC, fall risk teaching, Teaching r/t meds (correct dose, time, interaction),

7. Critical Thinking In Action

- "Thinking like a nurse" – as a faculty observer – did you see any moments of this in your students' performance??
    - Ability to differentiate possible causes of dizziness – polypharmacy, fluid imbalance, BP meds, head injury, electrolytes off

8. Critical Thinking On Action- reflect on the students actual actions

- What were you thinking and doing when you encountered Millie's improved confusion? Why? What were your concerns? Is the Patient ready to go home? Why is she dizzy?
- Discern the nature of the confusion, assessing other objective findings (CT, WBC, baseline with daughter, urinary output)
- Discern the nature of the dizziness – dehydration or fluid/electrolyte problem vs polypharmacy vs head injury
- Fall – decreased confusion but still dizzy, why? Cluster cues-
  ↓Hgb (9.9 [12-16]/Hct (32 [36-45]- bleeding? No change from admission. Meds-polypharmacy, BP stabilizing, fluid imbalance, If dehydration, then ↓fluid & ↑Hgb/Hct Head injury, electrolytes still off

9. Critical Thinking Beyond Action

Scenario – Adolescent Male – Football player - Dehydration