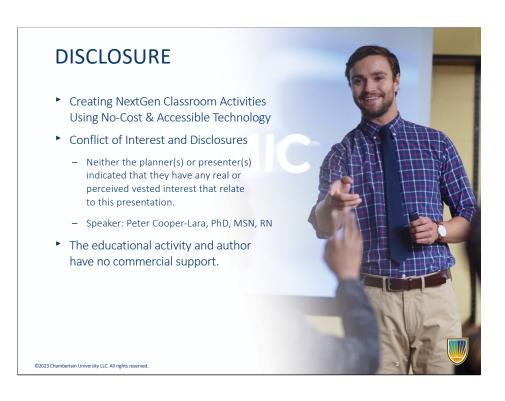


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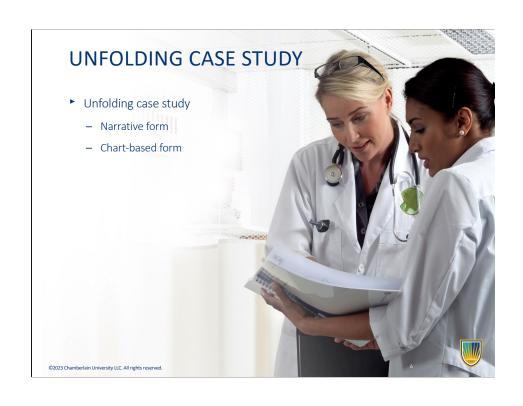
Peter Cooper-Lara, PhD, MSN, RN











# UNFOLDING CASE STUDY #1 NARRATIVE CHART

#### **History and Physical**

1400 – Client admitted to the intensive care unit directly from urgent care. Reported weakness, shortness of breath, abdominal cramps and several black tarry stools during the day while at home. Blood work at urgent care showed hemoglobin 6.2 g/dL with two additional tarry stools. Home medications include the following:

- ► Clopidogrel 75mg po daily
- ► Atorvastatin 80mg po daily
- Lisinopril 20mg po daily

#### **Nurses Notes**

1400 – Client has been diagnosed with hypovolemic shock due to GI bleed. Client continues with periodic tarry stool x 3 since admission. A/O x 3 and able to convey needs. Bolus NS started. Pulses strong, regular rhythm. Transfusing first of two units PRBC's.

VITAL SIGNS			
1420 1605			
Temp	98.6	98.8	
Pulse	108	132	
RR	24	28	
BP	102/62	92/58	
O <sub>2</sub>	91% RA	93% RA	
Pain	3/10	3/10	

LABS/DIAGNOSTICS			
TEST	RESULT	REFERENCE RANGE	
HCT	39%	36-50%	
Hgb	5.9	11.6-16.6 g/dL	
Platelets	247	150-450/μL	
WBC	8.1	4.5/11.0/μL	



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# UNFOLDING CASE STUDY #2 "TABBED" CHART

# HISTORY & PHYSICAL

#### **History and Physical**

Client admitted to the intensive care unit directly from urgent care. Reported weakness, shortness of breath...

HISTORY & PHYSICAL

NURSE'S NOTES

#### **Nurse's Notes**

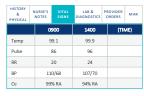
Client has been diagnosed with hypovolemic shock due to

GI bleed. Client continues with periodic tarry stool x 3 since admission.















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#### **HIGHLIGHT TEXT**

#### **History and Physical**

1400 – Client admitted to the intensive care unit directly from urgent care. Reported weakness, shortness of breath, abdominal cramps, and several black tarry stools during the day while at home.

Blood work at urgent care showed hemoglobin 6.2 g/dL with two additional tarry stools. Home medications include the following:

- Clopidogrel 75mg po daily
- Atorvastatin 80mg po daily
- Lisinopril 20mg po daily

VITAL SIGNS		
1520		
Temp	98.6	
Pulse	<mark>122</mark>	
RR	<mark>28</mark>	
BP	<mark>90/58</mark>	
O <sub>2</sub>	91% RA	
Pain	<mark>3/10</mark>	

LABS/DIAGNOSTICS			
TEST	RESULT REFERENCE RANGE		
HCT	39%	36-50%	
Hgb	<mark>5.9</mark>	11.6-16.6 g/dL	
Platelets	247	150-450/μL	
WBC	8.1	4.5/11.0/μL	
Prothrombin time	<mark>17</mark>	11-13.5 seconds	
INR	<mark>3.1</mark>	0.8-1.1	



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## HIGHLIGHT TABLE

#### Example #1

The nurse in the clinic is caring for a client. Click to highlight below the findings that require **immediate** follow-up by the nurse.

BODY SYSTEM	FINDINGS
Neurological	Findings Pupils equal and reactive to light and accommodation; anterior and posterior fontanel sunken; moves all extremities weakly
Pulmonary	Crackles (rales) noted in bilateral bases upon auscultation; mild grunting and head bobbing; tachypneic
Cardiovascular	Pulses 2+ in all extremities; capillary refill 3 seconds; hands and feet slightly cool to touch; mediastinal chest tube in place with serosanguineous drainage noted
Gastrointestinal	Hypoactive bowel sounds; abdomen soft and round

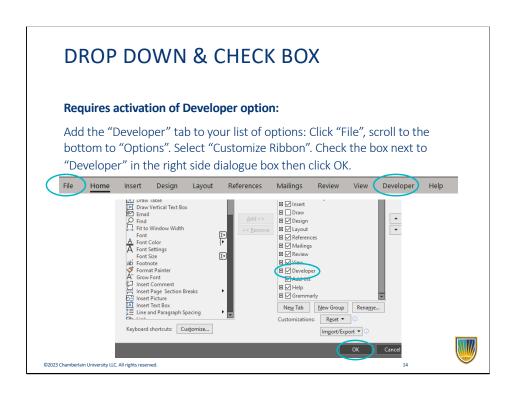


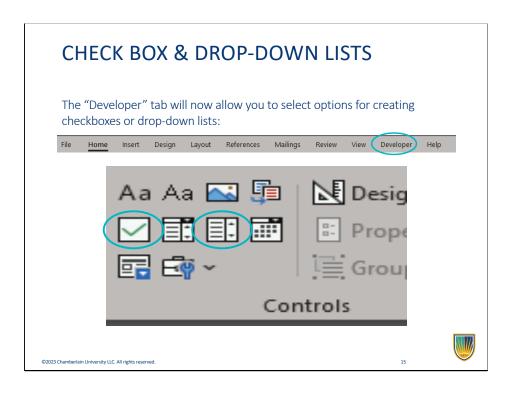
## **DRAG & DROP**

The client is at risk for developing (wound dehiscence), ( ), and ( ). (Can design as a copy/paste)

# Word Choices wound dehiscence infection pleural effusion dysrhythmias contractures seizures







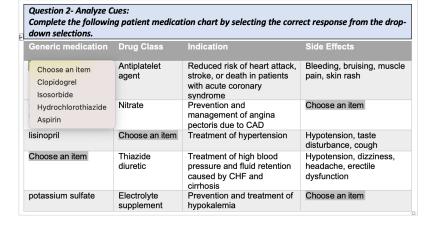
Question 3- Prioritize Hypotheses:

Based on the information in the client chart, complete the following sentence(s) by choosing the priority action(s) from the list of options.

Oxygen saturation Blood pressure

The nurse should first address the clients (Choose an item).

by doing which of the following (Choose an item) Shortness of breath Chest pain



W

#### Multiple Choice Select "n"

# Question 4- Generate Solutions: Based on the information in the client chart, identify the five (5) critical physician's orders that you think would be appropriate at this time. Nitroglycerin lingual spray 400mcg one spray, prn chest pain Chest x-ray Nitroglycerin IV 10 mcg at 3ml/hr Troponin T every 4 hours CMP CBC O2/2L NC CK-MB every 4 hours

W

#### **Matrix Multiple Choice**

Question 5- Take Actions: For each Potential postprocedural complication identify whether the nursing action is appropriate or not appropriate.			
Potential Appropriate Nursing Action postprocedural complication		Appropriate	Not appropriate
Acute kidney injury	Monitor urine output	$\boxtimes$	
Procedure site hematoma	Assess neurovascular status of right and left lower legs		$\boxtimes$
Pulmonary embolism	Maintain O2/2L NC		$\boxtimes$
Stroke	Monitor for neurological changes		$\boxtimes$
Dysrhythmia	Maintain cardiac telemetry	$\boxtimes$	
Hypotension	Monitor oxygen saturation		$\boxtimes$



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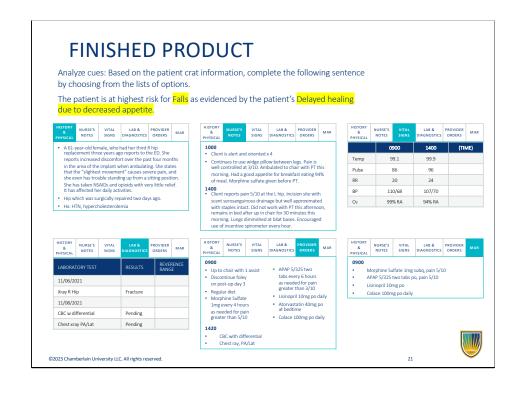
#### **Matrix Multiple Response**

Analyze cues: For each assessment finding below, click to specify if the finding is consistent with the disease process of bowel obstruction, appendicitis or ruptured spleen. Each finding may support more than one disease response.

Assessment finding	Bowel obstruction	Appendicitis	Ruptured spleen
Appetite	⊠		⊠
Pain level	⊠	$\boxtimes$	⊠
Bowel pattern		$\boxtimes$	
Gastrointestinal symptoms	⊠		⊠



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Hypovolemic Shock

Question 1 – Recognize Cues: Highlight the assessment findings that require follow-up by the nurse and healthcare team.

#### **History and Physical**

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- ► Clopidogrel 75mg po daily
- Atorvastatin 80mg po daily

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Prothrombin time	17	11-13.5 seconds	
INR	3.1	0.8-1.1	



Question 2- Analyze Cues:  Complete the following patient medication chart by selecting the correct response from the drop-down selections.			
Generic medication	Drug Class	Indication	Side Effects
Choose an item	Antiplatelet agent	Reduced risk of heart attack, stroke, or death in patients with acute coronary syndrome	Bleeding, bruising, muscle pain, skin rash
atorvastatin	Statin	Treatment of dyslipidemias and familial hypercholesterolemia	Choose an item.
lisinopril	Choose an item	Treatment of hypertension	Hypotension, taste disturbance, cough
Choose an item.	Factor Xa inhibitor	Reducing the risk of stroke and systemic embolism related to knee/hip replacement, atrial fibrillation, DVT and PE	Red/black tarry stools, pink/brown urine, nose bleeds, bleeding gums
evolocumab	PCSK9 inhibitor monoclonal antibody	Adjunct to stating medication for lowering cholesterol and reduce risk of MI, stroke, and coronary revascularization	Choose an item.



☐ Infuse 0.9% saline bolus at 200mL/hr

# Question 3- Prioritize Hypotheses: Based on the information in the client chart, identify the five (5) critical physician's orders that you think would be appropriate at this time. □ Nitroglycerin lingual spray 400mcg one spray, prn chest pain ☑ Abdominal CT scan ☑ Type and cross match, infuse 2 units PRBC's □ Troponin T every 4 hours ☑ CMP ☑ norepinephrine bitartrate IV 5mcg/minute

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☐ 02/3L NC

Question 4- Generate Solutions: For the nursing actions below indicate whether each is Indicated, Contraindicated, or Non-essential.				
Nursing Action	Indicated	Contraindicated	Non-essential	
Administer NS at 200mL/hr bolus	⊠			
Place a bedside commode in the room		⊠		
Draw blood for type and cross match	⊠			
Continue home medications		⊠		
Regular diet			⋈	
O2/3L nasal cannula, titrate to keep O2 sats >92%	⋈			
Educate on use of incentive spirometer	×			



#### **Nurses Notes**

Client has been diagnosed with hypovolemic shock due to GI bleed. Client continues with periodic tarry stool x 3 since admission. A/O x 3 and able to convey needs. Bolus NS started. Pulses strong, regular rhythm. Transfusing first of two units PRBC's.

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# Question 5- Take Actions: For each action below, indicate which actions should be questioned by the nurse. Select all that apply. ☑ Clopidogrel 75mo po daily ☑ Bathroom privileges ☑ O2 via non-rebreather mask ☐ VS every ½ hour ☐ Continuous O2 monitoring ☑ Ibuprofen 400mg po every 4 hours prn pain > 3/10 ☐ Keep patient in supine position with legs slightly raised

Question 6- Evaluate Outcomes: For each assessment finding below, indicate whether the client condition has Improved, No Change, or Declined. Assessment Finding No Change Declined Improved BP 96/62 RR 28  $\boxtimes$ Hemoglobin 6.9  $\boxtimes$  $\boxtimes$ O2 sats 95% 3L/NC  $\boxtimes$ Pulse weak and thready  $\boxtimes$ 



