PATIENT CHART

Mike Walker Simulation #3

SBAR Report Students Will Receive Before Simulation

**Day #2 Time:** 1430

**Person providing report:** Nurse on medical/surgical floor reporting to oncoming nurse

**Situation:** Mr. Mike Walker is a 70-year-old man admitted from the Emergency department to this unit, following heavy rectal bleeding. He received a unit of packed red blood cells yesterday in the Emergency Department.

**Background:** Mr. Walker was recently diagnosed with stage 4 colon cancer. He was seen about 2 months ago for rectal bleeding and had subsequent testing completed, resulting in the recent diagnosis of stage 4 colon cancer. Yesterday, he had an episode at home of heavy rectal bleeding, and came to the ED. He had additional bleeding in the ED, and after his vital signs stabilized, he was admitted to the unit for a blood transfusion. He is currently on 02 @2 L/min and has a saline lock in place.

**Assessment:** VS: Temp 98.4; Pulse-88; Resp-18; BP 120/78; SPO2 98%

Blood Work: Hg 7.0 grams/dL; Hematocrit 30 percent following blood transfusion.

**Recommendation:** The attending physician, Dr. Aaron Tucker spoke with the Mike, his son Tyler and partner Jim about his plans for chemotherapy or other treatments as well as initiated a discussion about palliative care. As you know, in our state, there are issues about non legal family members providing input regarding a patient’s care. Please continue the discussion and provide support to the patient and his family.

Provider Orders

**Allergies/Sensitivities:** No Known Drug Allergies

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 120XX1000 | IV IV1000 mL D5, 0.9% Nacl @ 100 mL/hourLabs:* Type and Screen for Packed red blood cells STAT
* Complete Blood Count
* Basic Metabolic Panel
* Liver Function Tests
* Kidney Function Tests Taylor Burke, MD
 |
| Day 120XX1200 | Admit to Medical Surgical UnitDiagnosis: Stage 4 Colon Cancer; Rectal bleedingCode Status: Full codeAllergies: No Known Drug AllergiesVital signs: q 4 hours, and as indicated during blood transfusionActivity: Up as able. Monitor for dizziness r/t blood lossConsent Form: needs to be signed for Transfusion of Blood ProductsNursing Orders:* Transfuse with one unit of packed red blood cells
* Sodium Chloride 0.9% 250 mL for 1 dose with blood transfusion
* Hg and Hct in AM
* Monitor I and O

Diet as toleratedIV1000 mL D5, 0.9% Nacl @ 100 mL/hour**Medications:**Famotidine 10 mg. Daily Acetaminophen 650 mg, Tab, PO, give prior to blood/blood product transfusion Diphenhydramine 25 mg, Cap, PO, PRN, Routine, give prior to blood/blood product transfusion Taylor Burke, MD |
| Day 2 20XX2 PM | Consult for Palliative careConsult gastroenterology regarding rectal bleeding Aaron Tucker, MD |

Progress Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 120XX1100 | Pt seen in ED. C/O rectal bleeding that has filled the toilet bowl during bowel movement, increased since last seen by MD. Has been receiving varied tests and was recently diagnosed with colon cancer. **Review of systems (completed following stabilization of bleeding):**HEENMT-Head: Denies: headaches, head traumaEyes: Denies: eye pain or infections; wears glasses for reading and distanceEars: Denies difficulty hearing, ear infection, discharge or dizzinessNose: Denies runny or bloody noseMouth and Throat: Denies recent infection or other issuesCardiovascular: Denies chest pain, SOB, irregular heart rate. Was diagnosed with hypertension at age 52, took hydrochlorothiazide for about 10 years. Not taking antihypertensive medications now. Denies problems with varicose veins or temperature of legs/feet. Thoracic: Denies: SOB, wheezing, dyspnea, unless walking up 2 or more flights of steps; sleeps with one pillow. Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation. Has occasional heartburn, takes 10 mg famotidine daily and calcium carbonate OTC as needed. Started to have rectal bleeding about 3 months ago, but it had gotten more frequent. Recently received many tests and diagnosed with stage 4 colon cancer. Bowel sounds active and present in 4 quadrants. Genitourinary: Denies urinary frequency, burning.Musculoskeletal: has some issues with discomfort in his knees when kneeling, States “related to getting older.”Neurological: no history seizures, Denies numbness, tingling, dizziness, lightheadedness. Alert and oriented X3.Previous surgeries:tonsillectomy at age 14 because of constant throat infections. Had an ankle repair due to a biking injury about 10 years ago.Family history: Mother died of colon cancer at age 72; Father died of a stroke, age 85. Grandparents died of older age. Mother’s parents lived to in their 80s. Father’s parents lived to late 70s.Social History: Retired teacher. Divorced, one son, lives with partner.**Physical Exam:** **General**: Mr. Walker is a slightly obese man who looks his stated age of 70. He was in no distress at the time of this exam; he was sitting in bed, somewhat relaxed and easily communicating.**Vital signs**: Blood pressure: BP 110/76 both arms supine Pulse 94 regular Respirations: 22 and regular, Temperature 98.98**Weight:** 205 lbs. **Skin:** pale, no lesions noted **Head**: normocephalic, atraumatic**Eyes:** Visual Acuity not tested. Visual fields full to confrontation, extra ocular movements (EOMs) intact, pupils are equal, round and reactive to light and accommodation (PERRLA), conjunctiva pink, no injection, sclerae not icteric, Fundus exam: discs sharp, no hemorrhages or exudates**Ears**: Pinna normal, external canals normal. Tympanic membranes normal with good light reflex. **Nose:** Mucosa pink, watery clear nasal discharge noted inferior turbinates appear normal**Sinuses:** nontender over maxillary and frontal sinuses bilaterally**Throat**: lips, buccal mucosa normal. Good dentition, no obvious caries, no gingival bleeding, tongue midline, uvula midline, gag reflex intact, tonsils absent**Neck**: supple, no JVD, carotids 2+ without bruit, full range of motion, trachea midline and mobile, thyroid not enlarged or nodular, no lymphadenopathy **Chest**: normal AP diameter, symmetrical expansion, normal tactile fremitus bilaterally, clear on percussion and auscultation. RR even. Lung sounds vesicular throughout lung fields. No wheezes, rales or rhonchi heard.**Breasts**: normal male, no masses, gynecomastia or discharge**Cardiovascular**: PMI located in the fifth intercostal space 2 cm lateral to midclavicular line. No RV heave. No thrill. S1 and S2 normal, no murmurs or rubs**Abdomen:** abdomen rounded but not distended, normoactive bowel sounds, Abdomen soft. Liver span 8cm MCL, No tenderness, guarding or rebound, no abdominal bruit**Rectal:** anal sphincter reddened, no hemorrhoids present, prostate normal size, no prostatic masses felt, no stool present in ampulla**Genitalia**: normal circumcised male, testes normal consistency without masses, no penile discharge**Lymphadenopathy**: No cervical, occipital, pre or post auricular, supraclavicular, axillary, epitrochlear nodes noted. No inguinal lymphadenopathy.**Pulses**: femorals 2+, no bruit, Brachial, radial, dorsalis pedis 2+ bilaterally**Musculoskeletal:** Normal range of motion of neck, shoulders, elbows, wrists. Good grip strength, Normal motion of hips, knees, ankles, feet. Range of motion of spine not tested**Neurologic**: Oriented x3. Cranial nerves II to XII intact (I not tested), reflexes symmetric, 2+ biceps, triceps, brachioradialis; knees, ankles 1+. Sensation to pin and light touch normal. Cerebellar function normal. Gait not tested Taylor Burke, MD |
| Day 220XX1330 | Patient feeling better since blood transfusion. H & H 7.0 and 30; slightly improved. Will continue to monitor rectal bleeding and blood work. Consult gastroenterology.Discussed treatment options and palliative care. Patient to discuss with family.Aaron Tucker, MD  |

Nursing Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 120XX1230 | Pt seen in ED. C/O rectal bleeding which has increased since last seen by MD. Stated that at home, he filled toilet with blood after bowel movement. Initial VS T98.4, P88, R 22; BP 130/88, SPO2 94%. Went to bathroom while in ED, filled toilet again with blood. Upon return to bay, patient became ashen, vital signs changed quickly P120, RR 28; BP 88/60 and then bottomed out, SPO2 86%. O2 applied at 6 L/min; IV started D5/NSS and 1,000 mL administered over 2 hours. VS stabilized. Second IV of IV 1,000 mL of D5/NSS running at 100mL/hr. Discharged to unit for monitoring and blood transfusion.Patricia Hampson, RN |
| Day 120XX1850 | Patient admitted to unit. Discussion held among patient, partner, and RN regarding receipt of blood transfusion. Concerns expressed about not being able to receive a transfusion with partner’s blood. Patient more comfortable with unknown blood bank donation following conversation.Packed red blood transfusion-* Blood consent signed
* Patient and partner instructed on s/s of adverse reaction and blood protocol
* IV site- left forearm, 18 g cath inserted in ED.
* Pre-blood transfusion medications given
* blood hung at 1500 and transfused over 60 minutes,
* Blood transfusion protocol followed, VS taken, no adverse symptoms noted. VS remained stable.

Neuro: Alert and oriented x3 while awake; no c/o dizzinessCV: heart sounds regular; circulation to extremities positive; cap refill within 2 second to finger and toes Thoracic: Lung sound even over lung fields No adventitious soundsGI: Abd Soft, bowel sounds present in 4 quadrants; no bowel movement or rectal bleedingGU: urinary output in alignment with fluids given NS Nicole Swisher, RN  |
| Day 220XX0630 | Patients dozed over evening and slept well throughout the night. Neuro: Alert and oriented x3 while awake; no c/o dizzinessCV: heart sounds regular; circulation to extremities positive; cap refill within 2 second to finger and toes Thoracic: Lung sound even over lung fields No adventitious soundsGI: Abd Soft, bowel sounds present in 4 quadrants; no bowel movement or rectal bleeding.Sarah Goldfarb, RN |
| Day 21430 | Neuro: Alert and oriented x3; no c/o dizzinessCV: heart sounds regular; circulation to extremities positive; cap refill within 2 second to finger and toes Thoracic: Lung sound even over lung fields No adventitious soundsGI: Abd Soft, bowel sounds present in 4 quadrants; no bowel movement or rectal bleeding. AM Blood Work: Hg 7.0 grams/dL; Hematocrit 30 percent following blood transfusion. Dr. Aaron Tucker spoke with Mike, his son and partner about his plans for chemotherapy or other treatments as well as initiated a discussion about palliative care. Patient was upset after MD left. Matthew Cornwall, RN |

Medication Administration Record

Scheduled & Routine Drugs:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Hours of Administration:** | **Date of administration:** | **Initials** |
| Day 11200 | Famotidine Daily  | 10 mg. | PO | Daily | 0800 | Day 2 20XX | SG |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

PRN and STAT Medications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | **Initials** |
| Day 11200 | acetaminophen | 650 mg, Tab | PO | give prior to blood/blood product transfusion | 1430 | Day 1 20XX | NS |
| Day 11200 | diphenhydramine | 25 mg, Cap | PO | give prior to blood/blood product transfusion | 1430 | Day 1 20XX | NS |

Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
| NS | Nicole Swisher |  |  |
| SG | Sarah Goldfarb |  |  |

Vital Signs Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Day 1****20XX** | **Day 1****20XX** | **Day 1****20XX** | **Day 1****20XX** | **Day 1****20XX** | **Day 1** **20XX** |
| **Time:** | initial | 1 hour later | 30 mins after | 45 mins after | 60 mins after | On admission to floor1400 |
| **Temperature:** | 98.4 | - | 98.2 | 98.2 | 98.4 | 97.8 |
| **Heart Rate/Pulse:** | 88 | 120 | 100 | 98 | 96 | 94 |
| **Respirations:** | 22 | 28 | 24 | 22 | 22 | 22 |
| **Blood Pressure** | 130/88 | 88/60, then could not hear | 106/72 | 108/72 | 110/78 | 110/80 |
| **O2  Saturation:** | 98% | 86% | 95% | 95% | 96% | 96% |
| **Weight:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Nurse Initials:** | *PH* | *PH* | *PH* | *PH* | *PH* | NS |

Blood Administration Record:

**Diagnosis**: Rectal bleeding, Stage 4 colon cancer

**Cross Match**: Performed: Blood Type O Negative

**Pre-transfusion Medications**: acetaminophen 650 mg PO and diphenhydramine 25 mg PO given at 1430

Transfusion Start time: 1515

Transfusion completion time: 1615

Total Volume infused: 250 mL packed red blood cells, 100 mL 0.9% NACL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Day 1****20XX** | **Day 1****20XX** | **Day 1****20XX** | **Day 1****20XX** | **Day 1****20XX** | **Day 1****20XX** | **Day 1****20XX** |
| **Time:** | Baseline 1430 | 1500Before blood started | 151515 min after | 154545 mins after | 1615At completion | 1800 | 2200 |
| **Temperature:** | 98.2 | 98.4 | 98.4 | 98.2 | 98.2 | 98.4 | 98.2 |
| **Heart Rate/Pulse:** | 86 | 88 | 86 | 86 | 84 | 82 | 82 |
| **Respirations:** | 20 | 22 | 20 | 20 | 22 | 18 | 16 |
| **Blood Pressure** | 110/76 | 110/80 | 112/78 | 110/72 | 108/72 | 110/78 | 112/82 |
| **O2  Saturation:** | 98% | 98% | 98% | 98% | 98% | 98% | 98% |
| **Hives/ Swelling** | None | None | None | None | None | None | None |
| **Nausea Vomiting** | None | None | None | None | None | None | None |
| **Nurse Initials:** | NS | NS | NS | NS | NS | NS |  |

Vital Signs Record

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Day 2 20XX** | **Day 2 20XX** |  |  |  |  |  |
| **Time:** | 0600 | 1430 |  |  |  |  |  |
| **Temperature:** | 97.8 | 98.4 |  |  |  |  |  |
| **Heart Rate/Pulse:** | 80 | 86 |  |  |  |  |  |
| **Respirations:** | 16 | 20 |  |  |  |  |  |
| **Blood Pressure** | 110/78 | 112/78 |  |  |  |  |  |
| **O2  Saturation:** | 99% | 98% |  |  |  |  |  |
| **Weight:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Nurse Initials:** | SG | MC |  |  |  |  |  |

Medication Reconciliation Form

**Source of medication list (i.e. patient, family member, primary care provider):**

**Allergies/Sensitivities:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/DC** |
| Famotidine | 10 mg | PO | Daily | Heartburn | Day 1 2020 | [x]  C [ ]  DC |
|  |  |  |  |  | X/XX/XX | [ ]  C [ ]  DC |
|  |  |  |  |  | X/XX/XX | [ ]  C [ ]  DC |
|  |  |  |  |  | X/XX/XX | [ ]  C [ ]  DC |

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| Signature RN: PH Patricia Hampson, RN Matthew Cornwall, RNNS Nicole Swisher, RN Sarah Goldfarb, RNPrint Name: Patricia Hampson, RN Date: xx/xx/xxxx |

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Scan to pharmacy

Lab Data

|  |  |  |
| --- | --- | --- |
| **Complete Blood Count** | **Result Day 1** | **Reference Range** |
| Hemoglobin | **6.8 grams/dL (L)** | Male 13.2-17.3 g/dL;Female- 11.7 – 15.5 g/dL |
| Hematocrit  | **28 percent (L)** | Male: 39-50%Female: 35 – 47%  |
| Platelets | 156,000mc/L | 150,000 – 400,000 /mcL |
| RBC | **4.0 cells/mc/L (L)** | Male 4.5-5.7 cells/mcLFemale: 3.8--5.1 cells/mcL |
| WBC | 4,200 cells/mc/L | 4,000 - 11,000 cells/mcL |

|  |  |  |
| --- | --- | --- |
| **Complete Blood Count** | **Result Day 2** | **Reference Range** |
| Hemoglobin | **7.0 grams/dL (L)** | Male 13.2-17.3 g/dL;Female- 11.7 – 15.5 g/dL |
| Hematocrit  | **30 percent (L)** | Male: 39-50%Female: 35 – 47%  |
| Platelets | 158,000mc/L | 150,000 – 400,000 /mcL |
| RBC | **4.2 cells/mc/L (L)** | Male 4.5-5.7 cells/mcLFemale: 3.8--5.1 cells/mcL |
| WBC | 4,100 cells/mc/L | 4,000 - 11,000 cells/mcL |

|  |  |  |
| --- | --- | --- |
| **Basic Metabolic Panel** | **Result Day 1** | **Reference Range** |
| Glucose | 102 | 80-120 mg/dL |
| Carbon Dioxide (CO2) | 26 | 22-29 mmol/L |
| Electrolytes: Sodium | 144 | 135-145 mmol/L |
|  Potassium | 3.6 | 3.5-5.0 mmol/L |
|  Chloride | 102 | 95-105 mmol/L |
|  Magnesium | 2 | 1.5-3.0 mg/dL |
|  Phosphorous | 3 | 2.0-4.5 mg/dL |
|  Calcium | 10 | 8-12 mg/dL |

|  |  |  |
| --- | --- | --- |
| **Liver Function Tests** | **Result Day 1** |  |
| ALT (SGPT) (Alanine aminotransferase) | **38 (H)** | 4-36 U/L |
| AST (SGOT) (Aspartate aminotransferase) | **129 (H)** | 30-120U/L |
| Bilirubin | 0.75 | 0-1.5 mg/dL |
| **Kidney Function Tests** | **Result Day 1** |  |
| BUN (Blood Urea Nitrogen) | 12 | 8-120 mg/dL |
| Creatinine | 1.0 | 0.6-1.2 mg/dL |

Intake & Output Bedside Worksheet

**INTAKE Day 1 20XX OUTPUT Day 1 20XX**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORAL** | **PO** | **IV** | **IVPB** | **OTHER** | **URINE** | **EMESIS** | **NG** | **Drains****Type:** | **Other** |
|  |  | 1,000mL |  |  | 100 mL |  |  |  | Had a large bowel movement with bloody drainage |
| **Total Intake this shift: (1230)** 1,000mL | **Total Output this shift**: **(1230)** 100mL+ |
| **ORAL** | **PO** | **IV** | **IVPB** | **OTHER** | **URINE** | **EMESIS** | **NG** | **Drains****Type:** | **Other** |
| 240mL |  | 250mL100mL400 mL |  |  | 750 mL |  |  |  |  |
| **Total Intake this shift: (1830)** 990mL | **Total Output this shift**: **(1830)** 750mL |
| **INTAKE Day 1 20XX** | **Output Day 1 20XX** |
| **ORAL** | **PO** | **IV** | **IVPB** | **OTHER** | **URINE** | **EMESIS** | **NG** | **Drains****Type:** | **Other** |
|  |  | 500mL |  |  | 600 mL |  |  |  |  |
| **Total Intake this shift:** **(2300)** 500mL | **Total Output this shift**: **(2300)** 600mL |

**INTAKE Day 2 20XX OUTPUT Day 2 20XX**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORAL** | **PO** | **IV** | **IVPB** | **OTHER** | **URINE** | **EMESIS** | **NG** | **Drains****Type:** | **Other** |
|  |  | 800mL |  |  | 900 mL |  |  |  |  |
| **Total Intake this shift: (0630)** 800mL | **Total Output this shift**: **(0630)** 900mL |
| **ORAL** | **PO** | **IV** | **IVPB** | **OTHER** | **URINE** | **EMESIS** | **NG** | **Drains****Type:** | **Other** |
| 500mL |  | 800mL |  |  | 1050 mL |  |  |  |  |
| **Total Intake this shift: (1430)** 1300 mL | **Total Output this shift**: **(1430)** 1050mL |