The Approach to the med-surg client

Types of Adult Health Nursing topics

- In NUR 133 you will study:
  - Disease topics
  - Procedure/skill topics
  - Medication topics
- Students focus on developing skills in evidence based practice for caring for clients experiencing interdisciplinary problems utilizing a collaborative care approach

Implementing Evidence Based Practice

- Think about interdisciplinary practice to formulate clinical questions
  - Not just what to do, but what is the evidence to justify its inclusion in the plan?
- Access resources
  - Access best evidence (TRIP database, eMedicine, Cochrane)
- Critically analyze the efficacy of recommended actions
- Integrate evidence and make clinical decisions
- Implement change to improve safety and quality
- Evaluate effectiveness of change on safety and quality

What is collaborative care?

- We start with the client’s problem and work from there….
  
  In order to master collaborative care, you’ll need to understand the approach….

In order to understand the client’s problem...

- We need to learn what we need to know…..
  
  Develop skills in obtaining background information about a collaborative problem using EBP resources that provide up-to-date information

  Use of secondary sources in EBP
  
  Example:
  - eMedicine Reference center, National Guideline Clearinghouse, Translating Research Into Practice database

In order to understand the client’s problem...

- We need to learn about disorders following a template to guide acquisition of knowledge
  
  Consistently ask clinical questions to elicit the appropriate background information that is clinically relevant

  Example:
  - Content maps, Diagnostic cluster worksheets
In order to help clients at risk for the disorder...

- We need to study all levels of illness prevention relevant to the disorders and identify nursing actions to promote or restore wellness/quality of life.

  Primary prevention: health seeking behaviors to avoid illness/disease.

  Secondary prevention: early detection of disease.

  Tertiary prevention: taking the integration of a therapeutic regimen to manage disease.

Take out your: Disorder Algorithm Template

Before you care for a client with a disorder, this is what you need to know…

The first thing you do is...

- Define the stressor (the disease or disorder).

  The definition contains the classification and specific differences that makes it unique.

  Example: Pneumonia is a respiratory infection characterized by microbial invasion of bronchioles and alveoli that contribute to hypoxemia and increase the risk for bacteremia.

The next thing you do is ....

- Review the pathophysiology:

  The pathophysiology is the explanation of what is occurring in the body and why as a result of the stressor. It explains the complications that can arise when present.

Critical decision point:

- Are Risk Factors Present?
  - YES
    - Monitoring for presence of signs/symptoms: Focused assessment that indicates the client is currently experiencing the disorder or stressor.
    - Symptom Box
    - Screening/Diagnostic Workup For Disorder if indicated
    - Initiate client education for Health Seeking Behaviors: to identify:
      - Lifestyle modifications
      - Screening protocols
    - Signs and symptoms for early detection of disease
  - NO
    - Negative

Study the disorder to elicit the risk factors:

- Assess for the presence of risk factors, both major and minor or contributing:
  - Risk factors can lead to the development of the disorder.
    - Identified by the nurse to determine the next best action.
  - If risk factors are present:
    - Assess for the presence of the disorder by performing focused H&P.
  - If risk factors are not present:
    - Initiate health education using the diagnosis, Health Seeking Behaviors.

  "Critical decision point:"
  - Are Risk Factors Present?
    - YES
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      - Screening/Diagnostic Workup For Disorder if indicated
      - Initiate client education for Health Seeking Behaviors: to identify:
        - Lifestyle modifications
        - Screening protocols
      - Signs and symptoms for early detection of disease
    - NO
      - Negative
If the focused assessment is positive...

- Are positive findings present?
- Potentially unstable?
- Follow collaborative plan of care for the exacerbation of the disorder using the diagnostic cluster associated with the disorder.

How do I follow a collaborative plan of care?

- Paint a picture of a client who is no longer experiencing the complication.

OUTCOMES/BENCHMARKS:
- Set benchmarks indicating that the client is no longer experiencing the complication, appears well.

What’s my first nursing action?

ASSESS s/s of the acute complication
Focused assessment that is derived from the yellow symptom box
Assess for contributing factors:
Analysis of contributing risk from the risk factor box

What’s my next nursing action?

Monitor for presence of the disorder
The nurse checks Vital signs, labs and diagnostic tests that confirm the presence of a disorder.

Monitor for presence of contributing factors
The nurse checks labs and diagnostic tests that confirm the presence of contributing factors.

Additional assessment includes monitoring from presence of complications of an exacerbation of the disorder
The nurse checks Vital signs, labs and diagnostic tests that confirm the presence of a complication of the disorder.

What is the nurse’s next best action?

Perform nursing actions that correct the disorder
The nurse administers medications, assists in procedures and initiates lifestyle modifications that are used in the management of the disorder and instructs the client in the rationale.

Perform nursing actions to control contributing factors
The nurse administers medications, assists in procedures and initiates lifestyle modifications that are used to control contributing factors and instructs the client in the rationale.

Perform nursing actions to minimize complications of an exacerbation of the disorder
The nurse administers medications, assists in procedures and initiates lifestyle modifications that are used to minimize complications of the disorder and instructs the client in the rationale.

When do I collaborate?

CALL
The nurse compares the client’s response to the outcomes and benchmarks (evaluation) and determines a course of action for the following:
- Exacerbation of complications
- Worsening disease (refractory disease)
- Client instability
- Deviations from outcomes
- Initiate intensive assessment and monitoring
- Perform emergency management
- Consults and collaborates with members of the Health care team that can best help manage the client’s concern.
- Review Rapid response team policy.
Triggers for calling the Rapid Response Team

If the patient exhibits any of the following EARLY WARNING SIGNS, call the Rapid Response Team without delay and call the patient’s primary team physician.

- **Concerned Worsened**
  - “THE PATIENT DOES NOT LOOK ACT RIGHT”, gut instinct that patient is beginning a downward spiral even if none of the physiological triggers have occurred.

- **Change in Respiratory Rate**
  - The patient’s RESPIRATORY RATE is less than 8 or greater than 30.

- **Change in Oxygenation**
  - PULSE OXIMETER decreases below 90%.

- **Laborious Breathing**
  - The patient’s BREATHING BECOMES LABoured.

- **Sudden Onset of Slurred Speech**
  - Start the Rapid Response Team.

- **Sudden Onset of Unilateral Limb or Facial Weakness**
  - Sudden Onset of a Hemisphere or Sciatic Nerve (Hemiplegia/Hemiparesis).

- **Pupil Dilatation**
  - Pupil Dilatation.

- **Other Alterations in Mental Status or CNS Status**
  - ANY OTHER CHANGES IN MENTAL STATUS OR CNS STATUS such as a sudden dilated pupil, onset of slurred speech, onset of unilateral limb or facial weakness, etc.

In summary…

- Paint the picture of a perfectly well client who is no longer experiencing the stressor then…
  - Assess
  - Monitor
  - Do
  - Call

Clinical practice in the Adult Health setting

- Systematically analyze and retrieve evidence based guidelines for disease specific care.
- Study disorders to understand and employ levels of illness prevention in disease specific care.
- Formulate diagnostic clusters with outcomes and actions to manage these conditions.
- Integrate a holistic approach to individualize care through the analysis of the human response and accurate nursing diagnosis.