



CHAPTER 2

- 1.INSULIN REACTION
- 2.PAIN ASSESSMENT
- 3.STROKE SYMPTOMS
- 4.TRAUMA CARE
- 5.CONGESTIVE HEART FAILURE

INSULIN REACTION

Tammy is a 19 year old female who was diagnosed with Type 1 Diabetes a year ago. Today she is scheduled for OR to have a hernia repair. She has not eaten since midnight.

The night nurse forgot to hold her Insulin and gave her Regular Insulin 10 units.



Tammy is beginning to feel weak and shaky. She presses the call light to call for help.

TAMMY IS HYPOGLYCEMIC!

INSULIN REACTION

ASSESSMENT

The nurse arrived and did an assessment. She noticed Tammy was anxious and shaky. She was also diaphoretic (sweating excessively).



INTERVENTION

The nurse checked the blood glucose by fingerstick and noted a result of 58. She checked the doctor's sliding scale orders and gave 4oz apple juice, as Tammy was able to swallow. She then notified the MD as ordered.

SLIDING SCALE (THIS IS ONLY A SAMPLE)
FINGERSTICK Q 6 HR , GIVE AS FOLLOWS:
BS < 80 = GIVE 4OZ JUICE AND CALL MD.
BS 81- 150= NO TREATMENT NECESSARY
BS 151-200= 3 UNITS REGULAR INSULIN SQ
BS 201-250= 6 UNITS REGULAR INSULIN SQ
BS 251-300 =9 UNITS REGULAR INSULIN SQ
AND CALL MD.

INSULIN REACTION

65

D5NS was started
as ordered

BLOOD
GLUCOSE
AFTER
1 HR = 65

HELPFUL HINTS

If you have a known diabetic who is Insulin dependent and is FASTING FOR OR :

- check orders for IV fluids while patient is fasting.
- check with MD if am dose of Insulin should be held.
- check blood glucose prior to giving Insulin.

Other symptoms of

- hypoglycemia include:
- mental confusion, hunger,
- blurred vision, tachycardia,
- seizures and coma.

If a patient is unable to swallow, Dextrose 50% IV is usually given .



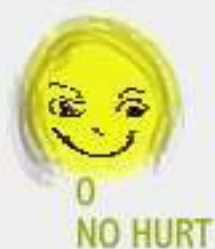
THE NURSE NOTIFIED THE DOCTOR AND RECEIVED ORDERS TO BEGIN IV FLUIDS AND RECHECK BLOOD GLUCOSE IN 20 MINUTES.

PAIN ASSESSMENT

Sara is a 15 year old female who had surgery on a broken wrist. Her pain scale is being assessed using the Wong-Baker Faces Pain Rating Scale.



A SAMPLE



The Wong-Baker Faces Pain Rating Scales is generally used for adults and children > 3 years.

PAIN ASSESSMENT



HELPFUL HINTS:

- FOLLOWING BRAIN SURGERY, OVERSTIMULATION OF THE BRAIN MAY RESULT IN HEADACHES THAT ARE NOT RELIEVED BY PAIN MEDS ONLY. NAUSEA AND VOMITING MAY ALSO RESULT.
- LONG VISITS FROM FAMILY MAY DO MORE HARM THAN GOOD.
- DISCUSS WITH VISITORS IN GENERAL THE NEED FOR REST, FOR BEST RESULTS WITH PAIN CONTROL.
- DO NOT FORGET TO ASSESS THE NEUROLOGICAL STATUS.
- DOCUMENT ALL FINDINGS.

Sally had a frontal lobe tumor resection done 4 hours ago. Surgery went well. Family arrived to visit 3 hours ago and Sally is beginning to have a terrible headache



THE NURSE ARRIVES WITH A PAIN SHOT AFTER ASSESSING THE PAIN SCALE. SHE DID NOT ADVISE THE VISITORS ABOUT THE NEED FOR REST.

PAIN ASSESSMENT

HOW IS YOUR PAIN ON A SCALE OF 1-10?



NUMERICAL RATING SCALE



HELPFUL HINTS: FOLLOW YOUR INSTITUTION'S POLICY FOR PAIN SCALES

WHEN A PATIENT HAS BEEN PLACED ON VENTILATORY SUPPORT, IT IS NOT POSSIBLE TO COMMUNICATE WITH SPEECH. SOME PATIENTS WHO ARE AWAKE AND ALERT, MAY BE ABLE TO POINT AT A PAIN SCALE CHART. IF THIS NOT POSSIBLE, PAY ATTENTION TO SIGNS SUCH AS - HEART RATE, BLOOD PRESSURE, RESPIRATIONS AND AGITATION.



A VENTILATED PATIENT MAY NOT BE ABLE TO DESCRIBE PAIN ON A SCALE OF 1-10, BUT THERE MAY BE OTHER WAYS TO IDENTIFY PAIN.

PAIN CAN CAUSE AGITATION AND TRIGGER A RISE IN PRESSURE. VENTILATOR ALARMS MAY START TO GO OFF!

STROKE SYMPTOMS

Mrs.S had clipping of a brain aneurysm done 5days ago. Last night, she was transferred from ICU to the surgical floor .



Weak
right
arm



She has had no neurological deficits until now, as she tries to use the phone.

ASSESSMENT

The nurse is on rounds at shift change and assesses Mrs.S. He notices she is having difficulty raising her right arm. He also notices her speech is slurred.



DOCUMENTATION

He documents all his findings.

NOTIFY MD AS SOON AS POSSIBLE!

INTERVENTION

The nurse does a full neurological assessment and checks her vital signs and oxygen saturation.

The nurse calls for help to get Mrs.S back to bed. She seems to be having stroke symptoms. He also notifies the doctor of her symptoms.



HELPFUL HINTS

If you suspect a patient is having stroke symptoms:

- get help as soon as possible.
- make sure the patient is safely in bed, with the bed rails up. This will prevent any falls.
- position patient so the airway is not obstructed. Lying on the side will prevent the tongue obstructing the airway.
- assess and document neurological status, vital signs and oxygen sats.

TRAUMA CARE

This patient fell from a roof top while at work. He was in a rural area and had to be air lifted to a Level 1 Trauma facility.



EMERGENCY BOX
CONTAINING
DRUGS, SYRINGES,
NEEDLES ETC.

DEFIBRILLATOR

IV
SITE

AMBU
BAG

IV FLUIDS

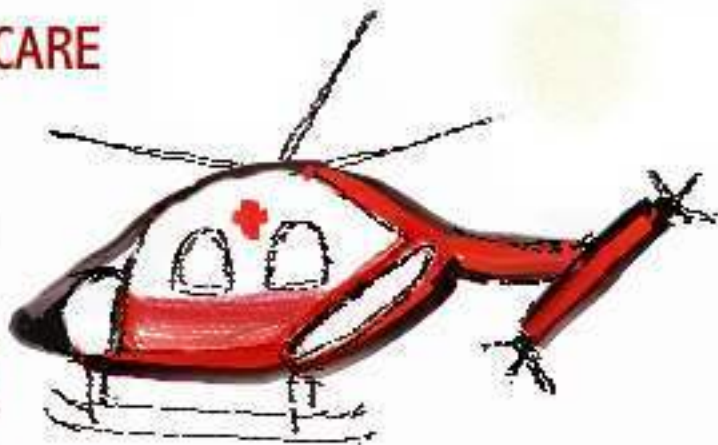
Resuscitative
efforts by
trained staff
members

ENDOTRACHEAL
TUBE

OXYGEN



DEFINING TRAUMA CARE



WHEN SOMEONE IS INVOLVED IN A TRAUMATIC EVENT, WHETHER CAR ACCIDENT, BURNS, FALL, IMPALED OBJECT OR CARDIAC EVENT AND MORE, THE STANDARD OF CARE WILL DEPEND ON THE SEVERITY

OF THE INJURY OR INJURIES. SOMETIMES TRAUMA MAY OCCUR IN A RURAL AREA, OR ONE WHERE A HIGHER SKILL LEVEL IS NOT READILY AVAILABLE. FOR THIS REASON, SERVICES SUCH AS A HELICOPTER SERVICE MAY BE NECESSARY TO TRANSFER THE PATIENT TO A HIGHER LEVEL OF CARE.

TRAUMA LEVELS FALL INTO FOUR CATEGORIES:-

LEVEL 1-OFFERS 24 HOUR SERVICES OF HIGHLY SKILLED STAFF, RESIDENT DOCTOR ON CALL AND CAN ABSORB TRAUMA PATIENTS AROUND THE CLOCK. THEY ALSO INCLUDE RESEARCH AND EDUCATION PROGRAMS.

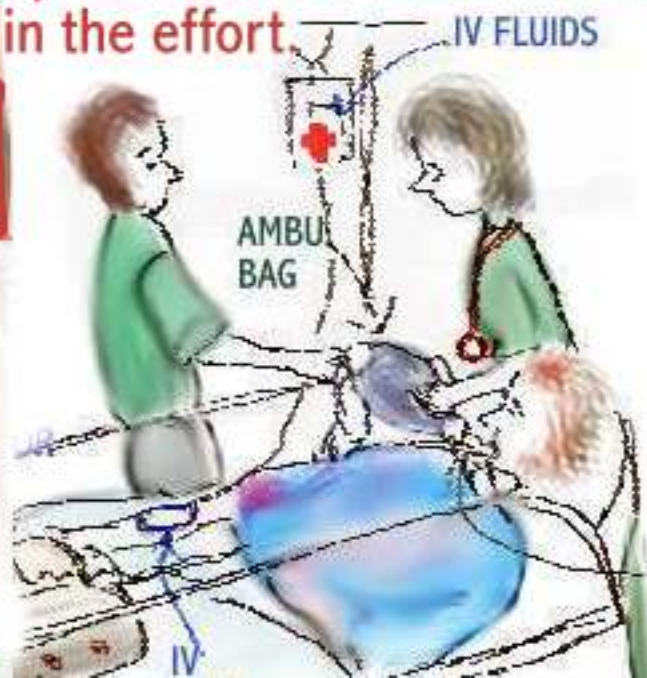
LEVEL 11- TRAUMA CENTER USUALLY WORKS IN CONJUNCTION WITH A LEVEL 1 TRAUMA CENTER, AND HAS 24 HOUR SERVICES. HOWEVER, THIS LEVEL IS NOT REQUIRED TO HAVE A RESIDENT ON CALL OR A RESEARCH PROGRAM.

LEVEL 111- DOES NOT HAVE A 24 HOUR SERVICE, BUT HAS AN INTENSIVE CARE AND A SURGICAL SUITE. PATIENTS REQUIRING A HIGHER LEVEL OF CARE WOULD HAVE TO TRANSPORTED TO LEVEL 1 OR LEVEL 11.

LEVEL 1V- WORKS TO STABILIZE INJURED PATIENTS WHO ARE FAR AWAY AND THERE ARE NO OTHER SERVICES.



Trauma patient was air lifted to a Level 1 Trauma Center. Special trained staff assisted in the effort.



CONGESTIVE HEART FAILURE



Mr.N was admitted for shortness of breath.Past medical history includes a heart attack five years ago.

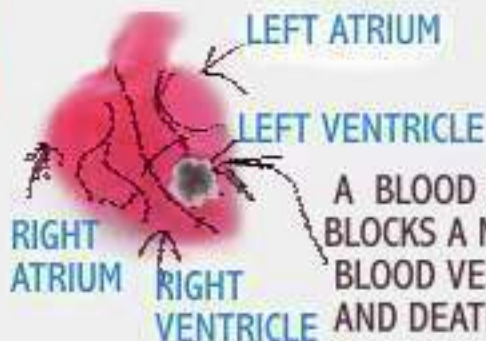
He was resting fairly comfortably. Suddenly, he begins to feel like his heart is "galloping" and extremely short of breath.He becomes very anxious and calls his nurse.

PATIENTS BECOME VERY ANXIOUS!

Nurse help me, I cannot get my breath.

Mr.N, what seems to be the problem?

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PINK, FROTHY SPUTUM AND A DECREASE IN URINARY OUTPUT ARE ALSO SYMPTOMS

HEART FEELS LIKE IT IS GALLOPING.

ASSESSMENT

The nurse comes to assess the patient and notices he is in distress. She checks his lungs, his heart sounds, vital signs and oxygen saturation.

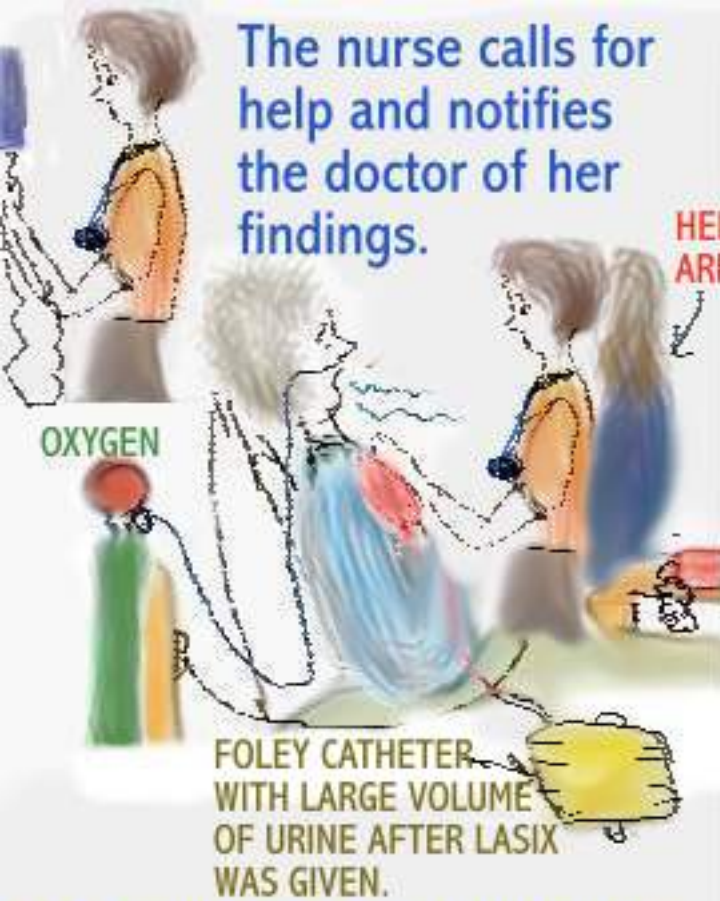


LUNG SOUNDS MAY RESEMBLE BLOWING BACK THROUGH A STRAW



HEART SOUNDS REVEAL- S3 (GALLOP SOUNDS)





The nurse calls for help and notifies the doctor of her findings.

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HELP ARRIVES

FOLEY CATHETER WITH LARGE VOLUME OF URINE AFTER LASIX WAS GIVEN.



THE HEART IS A PUMP THAT PUMPS BLOOD THROUGHOUT THE BODY.

WHEN THE HEART IS DAMAGED, IT WILL NO LONGER BE ABLE TO PUMP BLOOD AROUND THE BODY.

CAUSES OF CONGESTIVE HEART FAILURE

INCLUDE: MYOCARDIAL INFARCTION, HYPERTENSION, CARDIOMYOPATHY AND DAMAGE TO THE VALVES OF THE HEART.

HELPFUL HINTS

IF YOU HAVE A PATIENT WHO IS COMPLAINING OF SHORTNESS OF BREATH AND CHEST PAIN:

- ADMINISTER O2
- QUICKLY ASSESS AND DOCUMENT HIS RESPIRATORY AND CARDIAC STATUS
- DOCUMENT O2 SATURATION AND VITAL SIGNS
- GET HELP, AS THE PATIENT MAY BE VERY ANXIOUS
- NOTIFY MD AS SOON AS POSSIBLE

The nurse was instructed by the doctor to give Lasix IV and Morphine to relieve chest pain/anxiety. EKG, chest x-ray, lab values and transfer to CCU when stable were also ordered. Vital signs, O2 sats, I/O, respiratory and cardiac status were reassessed.



CHAPTER 3

1. DEEP VEIN THROMBOSIS
2. RENAL FAILURE
3. PREECLAMPSIA
4. POST-OP PNEUMONIA
5. POSSIBLE SEPSIS



COMING SOON