

Two new grads are sharing their clinical experiences.

I really feel confused about how to do a correct assessment. I asked for help, but no one cares.



I know the feeling. Yesterday, I was floated to the Telemetry floor and my patient complained of chest pain. I did not know how to handle it, so I took a short break to chill out. Later on, my charge nurse chewed me out for not acting fast.



**THE CLINICAL SETTING STEP BY STEP**



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HI NURSES,

WELCOME TO "THE CLINICAL SETTING STEP BY STEP".  
THE GOAL OF THIS PROGRAM IS TO MAKE LEARNING  
SIMPLE AND EASY.

FOR THOSE WHO ARE NEW TO THE PROFESSION OR  
ARE UNFAMILIAR WITH A PARTICULAR TOPIC, THERE IS  
SOMETHING HERE FOR YOU.

SIMPLE EXPLANATIONS AND ILLUSTRATIONS  
ARE PRESENTED TO ACHIEVE THIS GOAL.

THIS PROGRAM IS ONGOING AND CLINICAL TOPICS WILL  
BE ADDED ON A REGULAR BASIS.

MARGARET AGARD RN, BSN, CCRN

## RED ALERT



THE CONTENT OF THIS PROGRAM IS INTENDED TO HELP NURSES WHO ARE NEW AND INEXPERIENCED. IT IS IN NO WAY INTENDED TO BE USED AS A SUBSTITUTE FOR YOUR INSTITUTION'S POLICIES AND PROCEDURES OR DOCTOR'S ORDERS. I HOPE YOU ENJOY LEARNING!



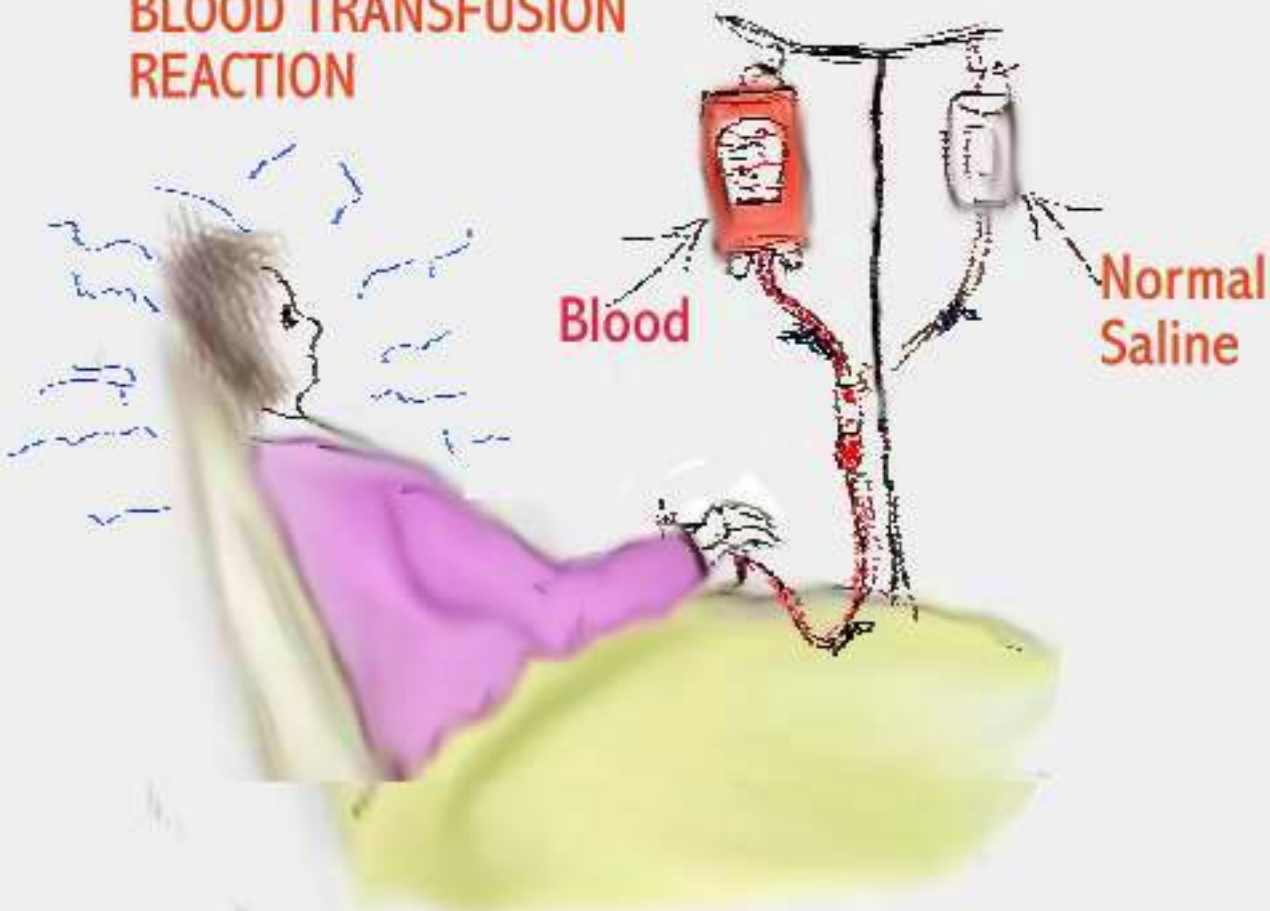
I am so happy  
I'm learning so  
much.



## CHAPTER I

1. BLOOD TRANSFUSION REACTION
2. MYOCARDIAL INFARCTION
3. HYPOKALEMIA (LOW POTASSIUM)
4. HYPONATREMIA (LOW SODIUM)
5. HYPOVOLEMIC SHOCK

## BLOOD TRANSFUSION REACTION



Jay is a 45 year old male who was admitted for GI bleeding. His H/H was low and he had two units of PRBCs ordered. The first unit was started 30 minutes ago and he is having a reaction. He is having chills.

# BLOOD TRANSFUSION REACTION

MD notified

Jay calls for help!

Blood

Normal Saline #2

INTERVENTION

-IV clamps are turned off and blood transfusion stopped.


-Normal Saline is hung using new IV tubing.

-Vital signs, O2 saturation and lung sounds are checked. Documentation is done.

Orders received

ASSESSMENT #1

The nurse arrives and quickly assesses the situation as a blood transfusion reaction.



blood tubing disconnected and saved for lab evaluation

## BLOOD TRANSFUSION REACTION

**RECORD**  
any past history of blood transfusions or reaction.

Normal Saline

New IV tubing

IV site clear

Possible signs of transfusion reaction:

- anxiety
- chills
- flushing
- itching
- shortness of breath
- chest pain

## HELPFUL HINTS

- Prior to transfusing blood it is important to follow your doctor's orders .
- Next follow institution's policy for Type and cross-match. Typically blood products are checked by 2 licensed personnel.
- follow your institution's policy for checking vital signs. Be alert to signs of blood reaction.

# MYOCARDIAL INFARCTION

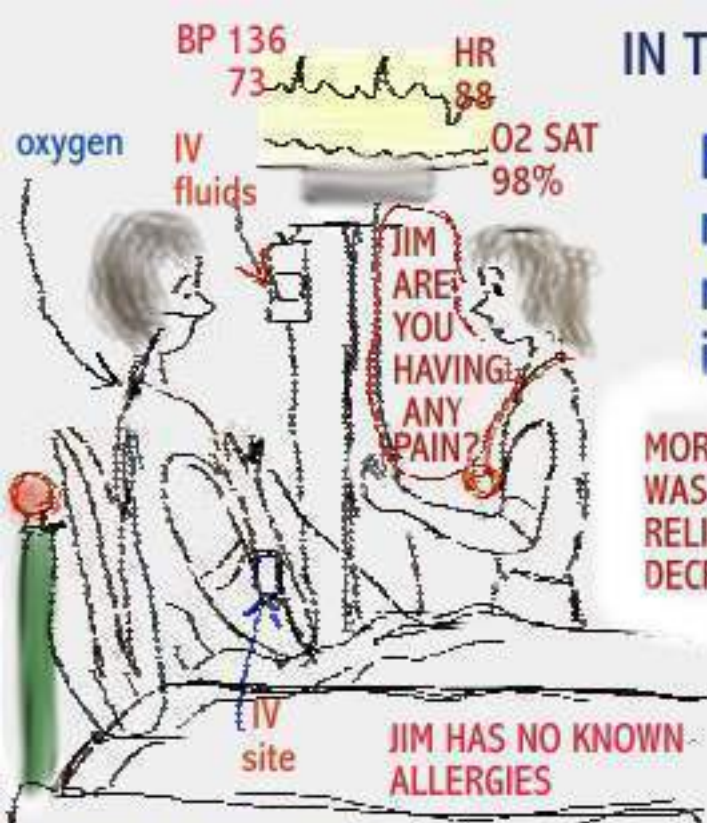
CHEST PAIN  
MAY BE SHARP,  
BURNING,  
SQUEEZING,  
OR FEEL LIKE  
PRESSURE IN  
THE CHEST.  
CHEST PAIN  
MAY RADIATE  
TO THE JAW,  
FINGERS OR  
SHOULDER.



JIM IS VERY  
ANXIOUS!

Jim is a 45 year old male who does a stressful job. He brags about eating any time of day or night, without gaining weight. He hates to exercise.

Jim ate a rich meal at 0100 and at 0300 he woke up with a "dead weight" sitting in his chest. He quickly calls 911 and is transported to the ER.



## IN THE ER

EKG  
revealed a  
myocardial  
infarction



MORPHINE SULFATE  
WAS ALSO GIVEN TO  
RELIEVE PAIN AND  
DECREASE ANXIETY.

## ASSESSMENT

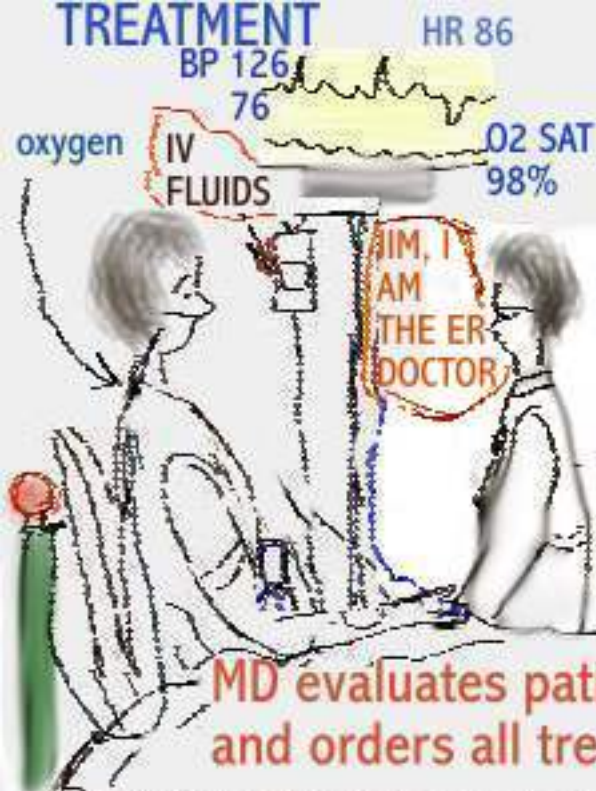
In the ER, assessment and intervention continues. IV, EKG, vital signs, O<sub>2</sub>, history and physical, lab values for cardiac markers, coagulation studies and electrolytes.

## INTERVENTION

### PREHOSPITAL

- Jim was assessed by trained personnel and oxygen, aspirin and nitroglycerin was given. A prehospital checklist for fibrinolytic therapy was done.

The ER was notified prior to Jim's arrival.



IN THE ER

EKG  
revealed a  
myocardial  
infarction



MD evaluates patient  
and orders all treatments.

When a patient has a myocardial infarction, treatment will depend on past history of conditions such as bleeding disorders. TPA (tissue plasminogen activator) a "clot buster" is a form of treatment which can dissolve clots.

PCI ( Percutaneous Coronary Intervention), the common -est form being angioplasty is another form of treatment used. The doctor decides which is suitable.

## HYPOKALEMIA (LOW POTASSIUM)

Mrs.C for calls help



Mrs.C is a 65 year old female who has a history of CHF (congestive Heart Failure). She receives Lasix twice daily. This morning she is having severe leg cramps. Her Potassium is 3.0. normal serum potassium is = 3.5 - 5.0. Hypokalemia (low Potassium) may cause U waves on the EKG.

# HYPOKALEMIA ( LOW POTASSIUM)

HYPOKALEMIA  
MAY CAUSE



## #1 ASSESSMENT

Helpful hint:  
If you have a patient who complains of severe leg cramps, suspect low potassium if Lasix has been ordered and the patient has been putting out large volumes of urine.



## #2

## INTERVENTION

The nurse assesses and documents her findings. She notifies the doctor. Lab values are done as ordered. The results reveal a Potassium- 3.0.



# HYPOKALEMIA ( LOW POTASSIUM)

## Potassium replacement IV



## CAUSES

Hypokalemia may be caused by diuretics such as Lasix, nasogastric suctioning, antibiotics like aminoglycosides and any condition that results in excessive fluid loss.

## TREATMENT

Correction of the serum potassium is necessary to correct hypokalemia. Potassium may be given orally but takes about 1 hour to be absorbed. When given IV, absorption is quick.

## HELPFUL HINTS:

Oral potassium should not be administered on an empty stomach, as it is irritating to the stomach. IV Potassium should be infused slowly and in enough fluid to avoid irritation to the walls of the veins.



SEIZURES

HYPONATREMIA

Chuck is a 34 year old male who was admitted for brain tumor resection. Lab values prior to surgery shows a sodium =122. Normal sodium =135-145. He is having a seizure due to low sodium.

**NEVER** put a tongue blade or artificial airway into the mouth of a patient having a seizure



### INTERVENTION

### HELPFUL HINT

Ask someone to stay with the patient while you notify the doctor and receive further orders.



## SEIZURES

### HYPONATREMIA

### ASSESSMENT

If you suspect there is seizure activity, here are some helpful hints:

- check for airway patency
- remove any object that may cause injury

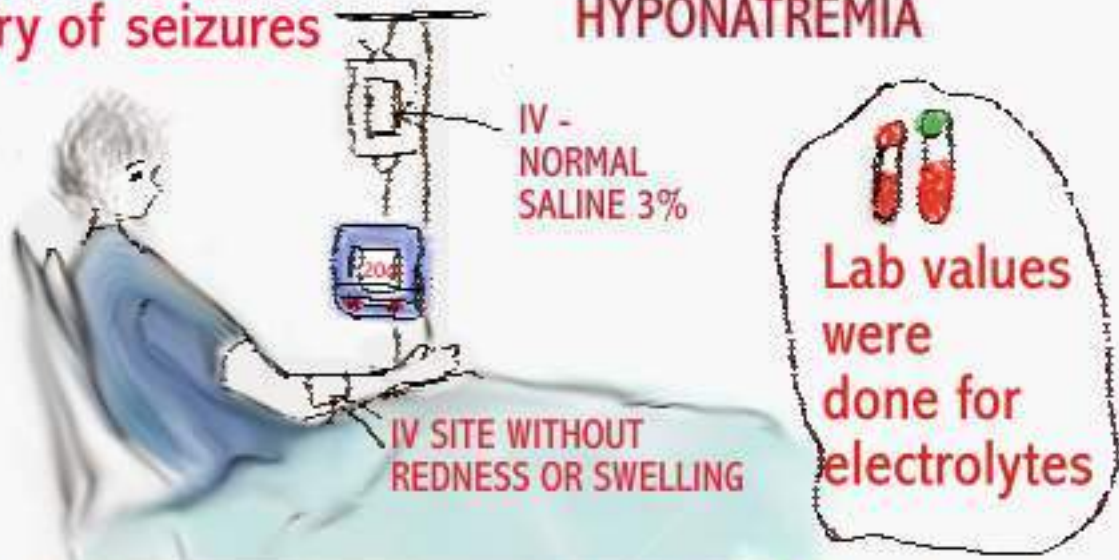
### After the seizure:

- give O<sub>2</sub> if necessary
- assess level of consciousness
- check vital signs (pulse, BP and respirations)
- assess and document the character and duration of the seizure

## TREATMENT AND CAUSES

Chuck has no prior history of seizures

**HYPONATREMIA**



Chuck's sodium was corrected with an MD order of Normal Saline 3% to run at 20cc/hr. He is no longer having seizures.

Causes include :SIADH -Syndrome of inappropriate antidiuretic hormone (a hormonal disorder), head trauma, medications such as barbiturates, drinking too much water and thiazide diuretics.

Lab values are usually done to evaluate when the serum sodium has reached normal levels.

## TRAUMA - HYPOVOLEMIC SHOCK



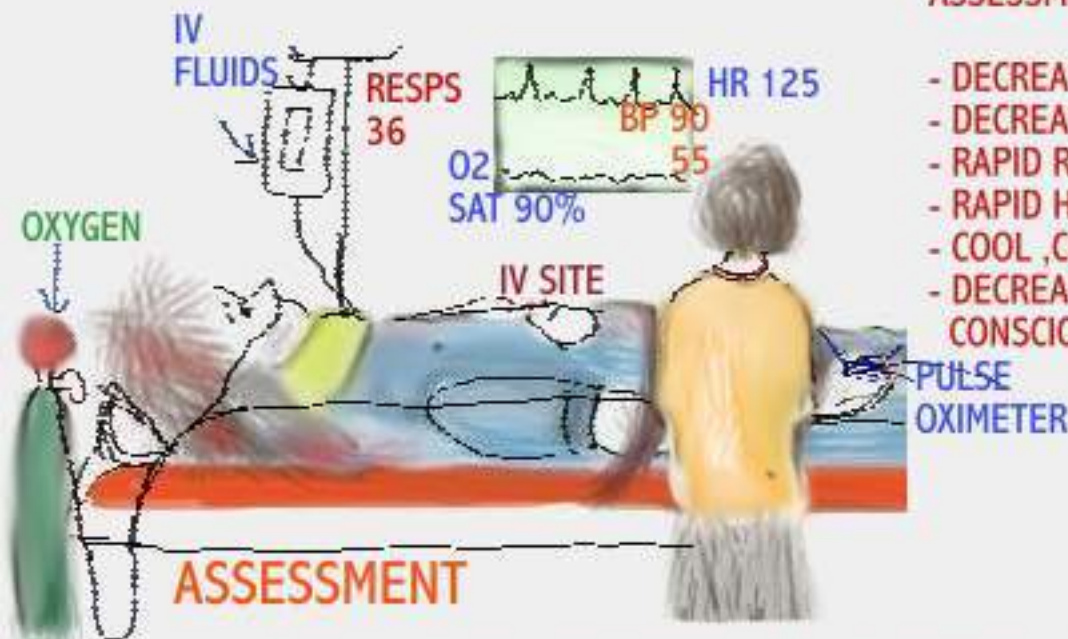
Jeremy was out drinking with friends. Shortly after, he was travelling in the passenger seat unrestrained, when the car struck a tree and Jeremy sustained injuries.

At the scene, he was stabilized by trained personnel and transported to the ER.

On arrival to the ER Jeremy was stable, with BP 118/62, T 97.6F, HR=96, Resps=22 and O2 Sats=97%.

## ASSESSMENT REVEALS:

- DECREASE IN O2 SAT
- DECREASE IN BP
- RAPID RESPIRATIONS
- RAPID HEART RATE
- COOL, CLAMMY SKIN
- DECREASED LEVEL OF CONSCIOUSNESS



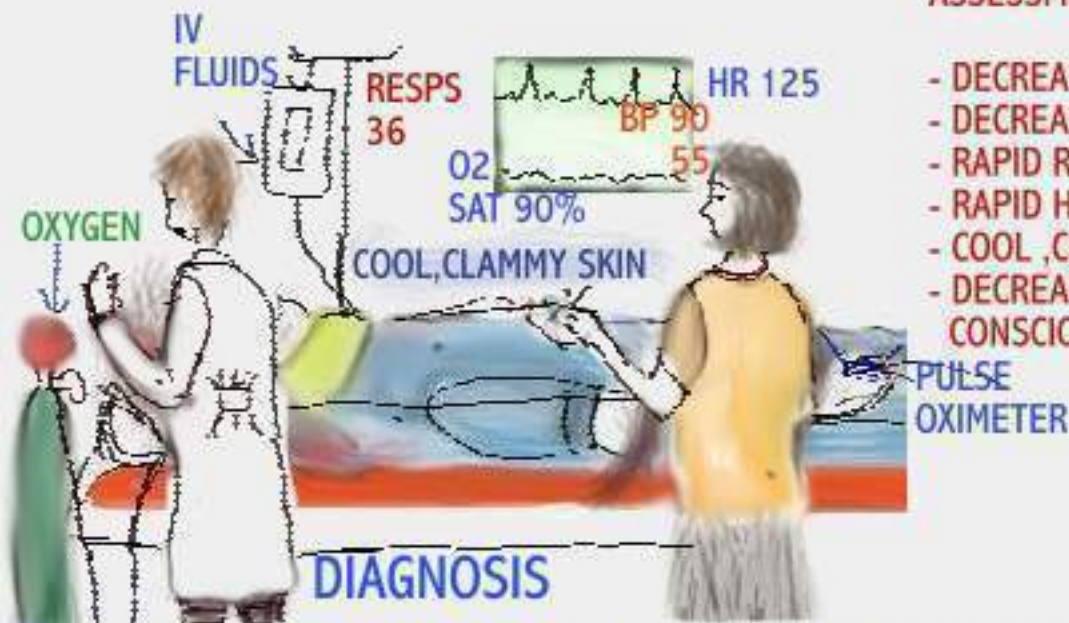
The nurse begins her assessment and notices significant changes in vital signs and a patient who is cool, clammy and a decreased level of consciousness.

## INTERVENTION

Following documentation of her findings, the nurse notifies the ER doctor about the significant changes.

## ASSESSMENT REVEALS:

- DECREASE IN O2 SAT
- DECREASE IN BP
- RAPID RESPIRATIONS
- RAPID HEART RATE
- COOL, CLAMMY SKIN
- DECREASED LEVEL OF CONSCIOUSNESS



The doctor arrives and recognizes this patient is displaying the symptoms of Hypovolemic shock.

## HELPFUL HINT:


Suspect hypovolemic shock if you have a patient who has lost a large volume of blood like in trauma. Bleeding may be internal and not detected until symptoms like the ones above show.

Excessive vomiting, diarrhea or diuretic therapy may also lead to hypovolemia. Complications such as ARDS or renal failure may occur as a result of hypovolemia.



## CHAPTER 2

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



COMING SOON