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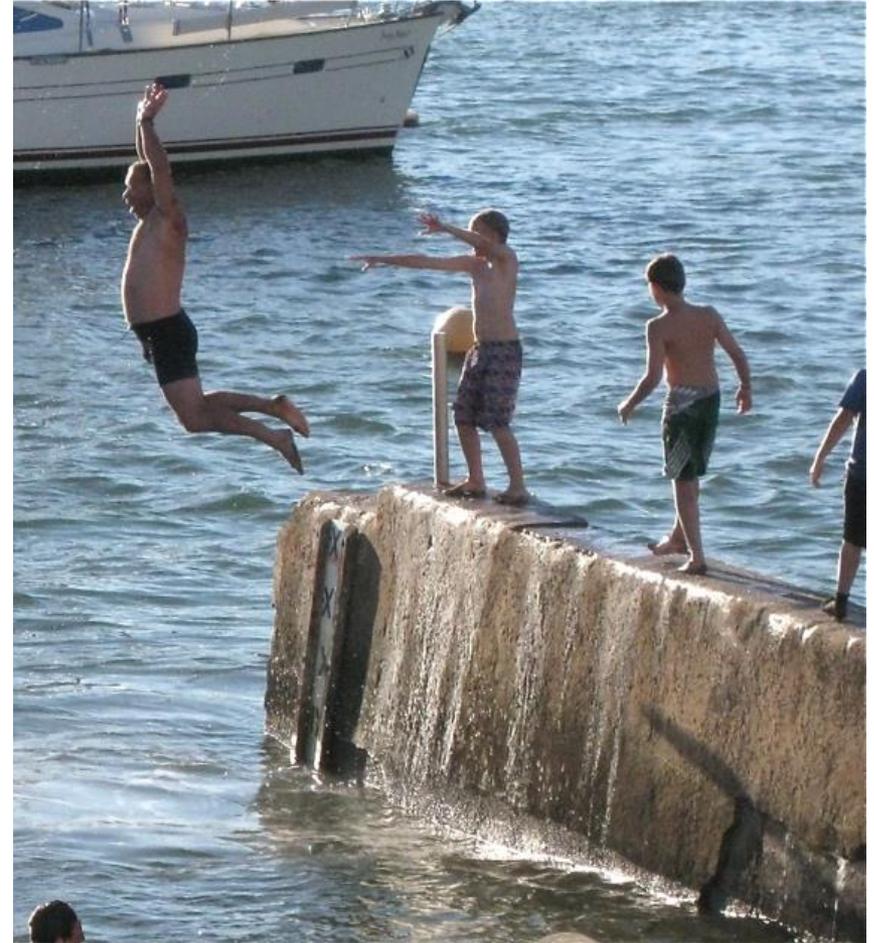
School of Nursing

Kevin Emmons and Joseph Cipriano

**Adapting Health and Illness in Adult Populations
for Next Generation NCLEX (NGN)**

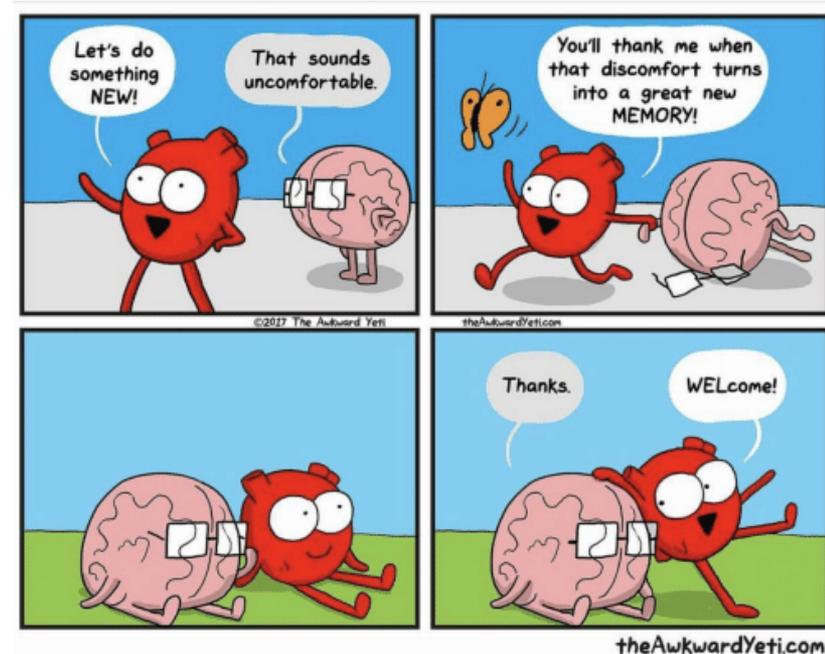
Jumping Off-Point

- Or more like being pushed...
- Previous methods
 - Pre-lecture prep with adaptive quizzing, animations, and selected videos
 - Lecture with occasional oral cases/stories, flipped classroom exercises, etc

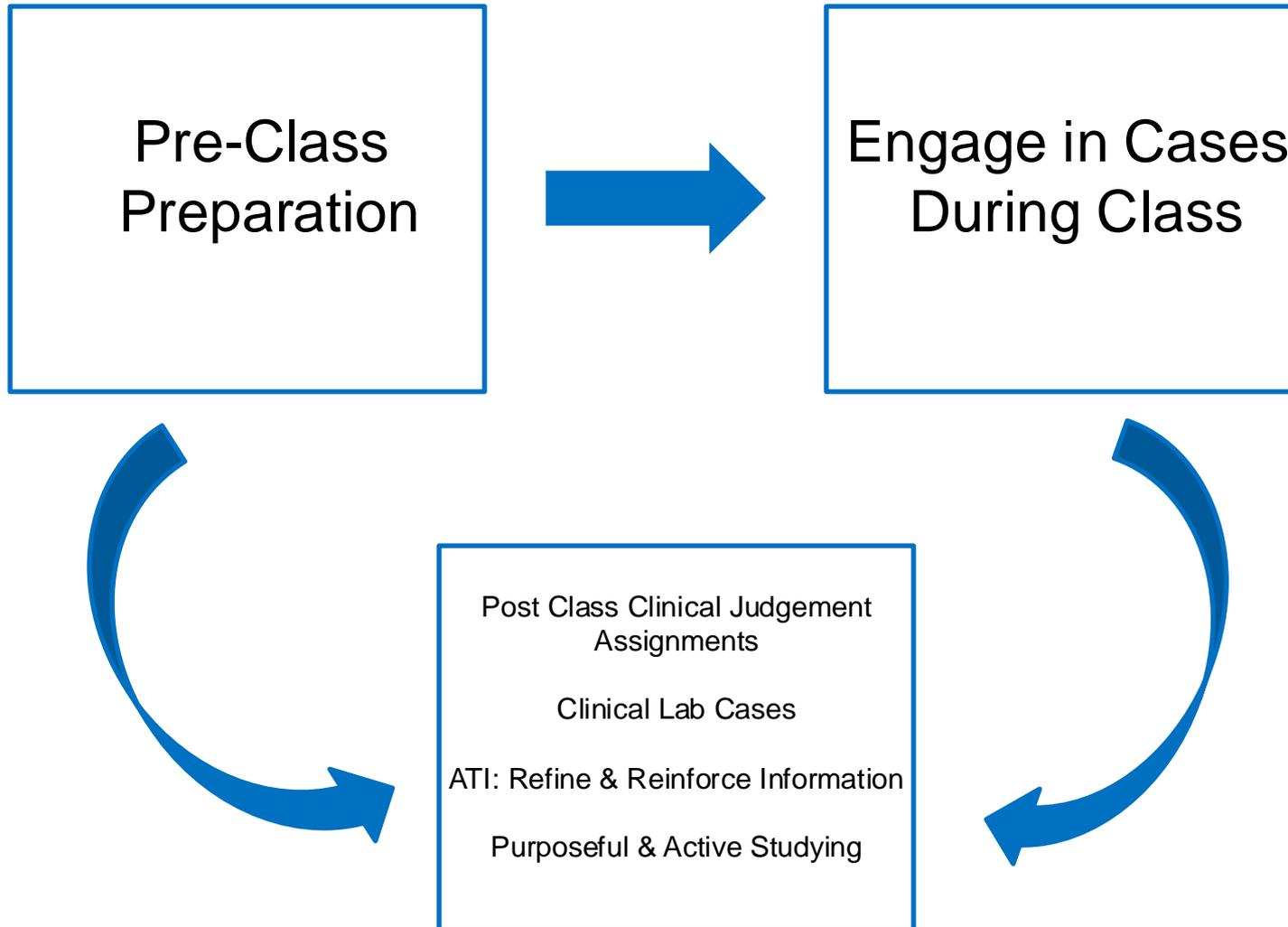


Moving To A New Format

- Switched to more concise book
- Limited pre-class assignments from book website
 - Short focused videos with questions
 - Some quizzing
 - Students can create more if they choose
- Recorded preclass lecture based on ppt and converted to MP4
- Lecture ppts posted for notes
- In class time spent only on guided unfolding cases
- Several post class clinical judgement assignments from book
- With reduced acute care experiences, class cases mirrored clinical CJ and CD exercises



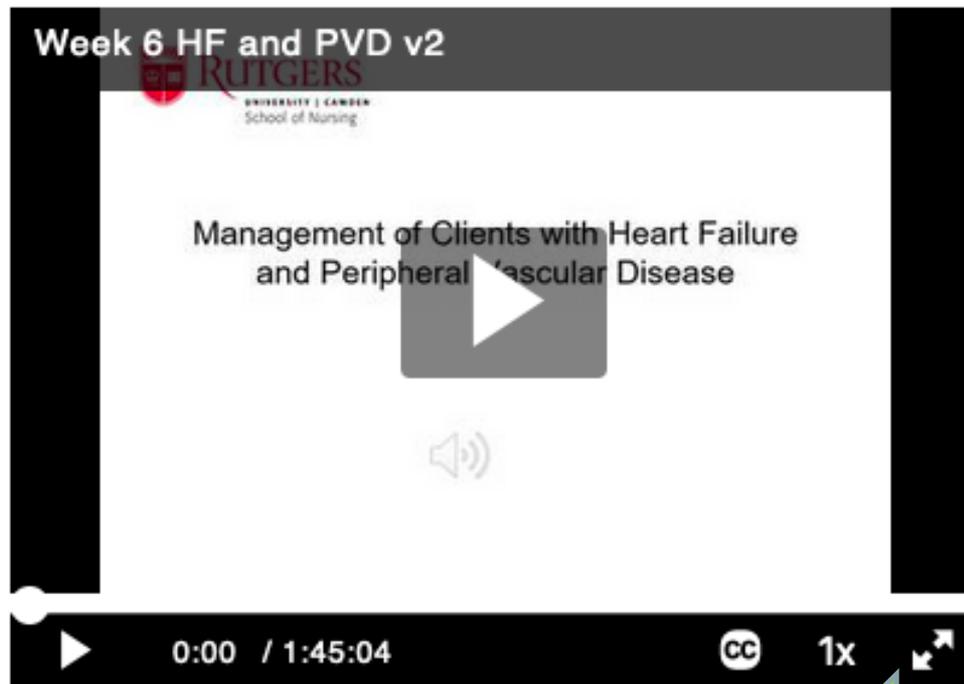
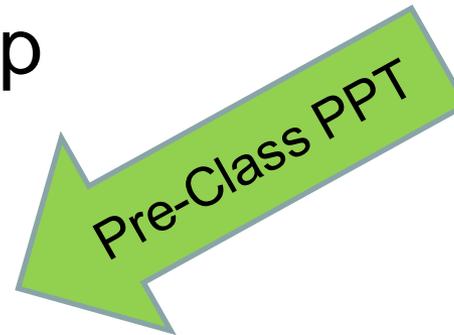
Learning Process



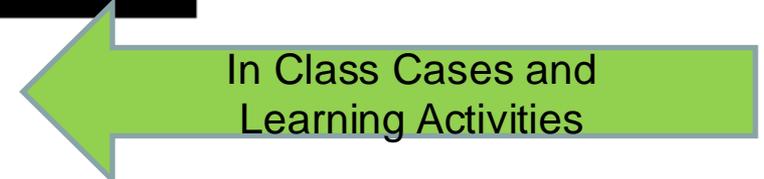
Example of Pre-Class Prep

Class Presentation Downloads

[Week 6 HF and PVD v2 Student Copy.pptx](#) ↓

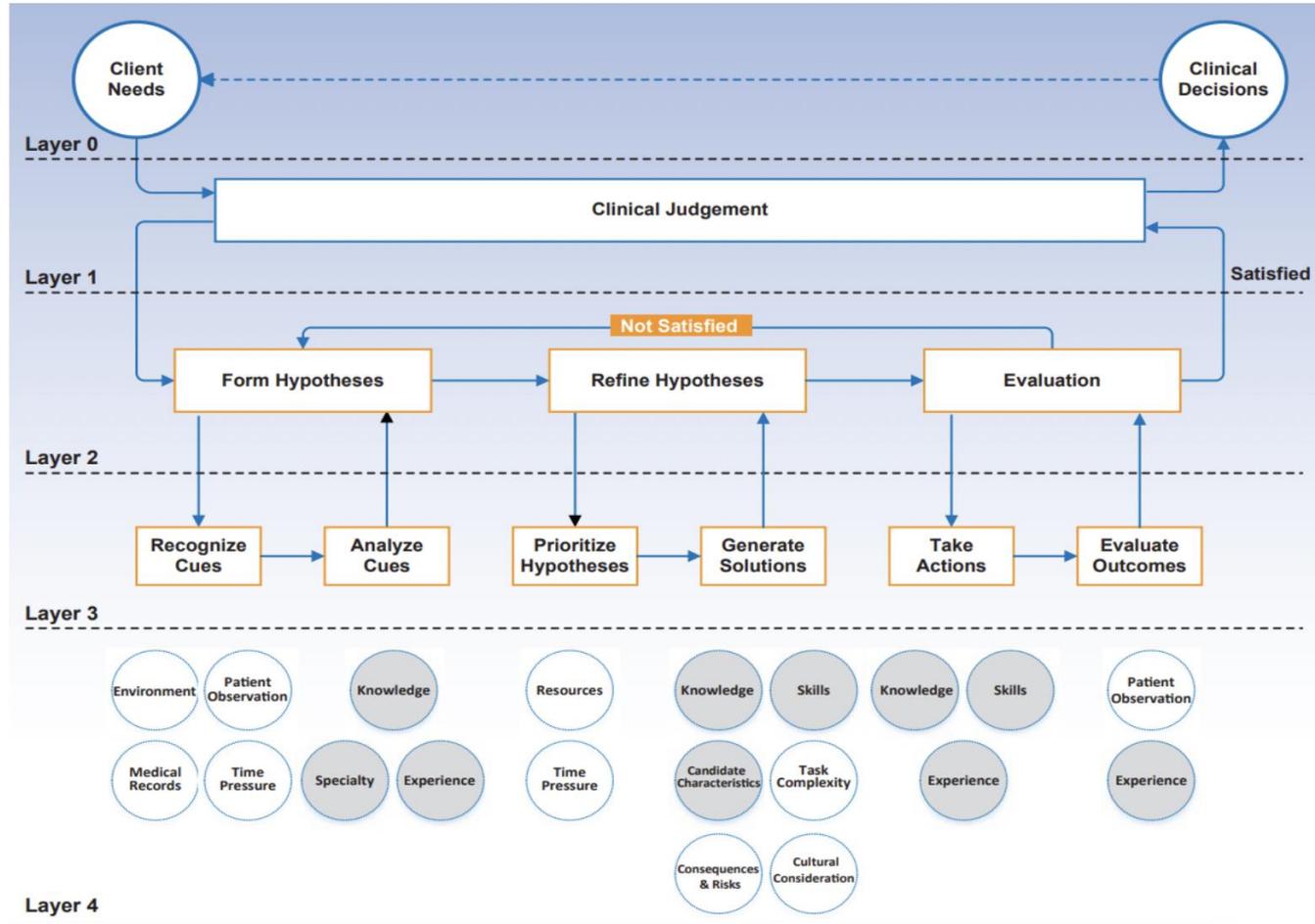


[Week 6 Case Studies Student Copy.pptx](#) ↓



Structure & Minimizing Surprises: Syllabus Topical Outline and Course Shell

Clinical Judgement Model





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Examples of Cases

- Weekly objectives in Canvas
- Case specific topics and objectives given at the beginning of the class /case
- Class is designed as unfolding cases with clinical judgement & clinical decision making exercises throughout

Example Case Introductions



Abraham 67-year-old African-American Male presents to the emergency department with complaints of incomplete emptying x 18 hours, nocturia with 6 to 7 episodes per night, and start and stop of stream when he voids.

He smokes a ½ pack of cigarettes per day for the past 30 years. His PMH includes Hypertension, Hyperlipidemia, Diabetes. PSH Open Cholecystectomy at age 44.

He lives at home with his wife Gail of 42 years and two dogs. He is retired from the US Postal Service.

Abraham's current Medications include Lisinopril-HCTZ 20/12.5mg QD, Rosuvastatin 10mg QD, Metformin 500mg BID, and a daily multi-vitamin.

He is up to date on his vaccines with his Pneumovax 23, Tdap, and COVID-19 (Moderna)



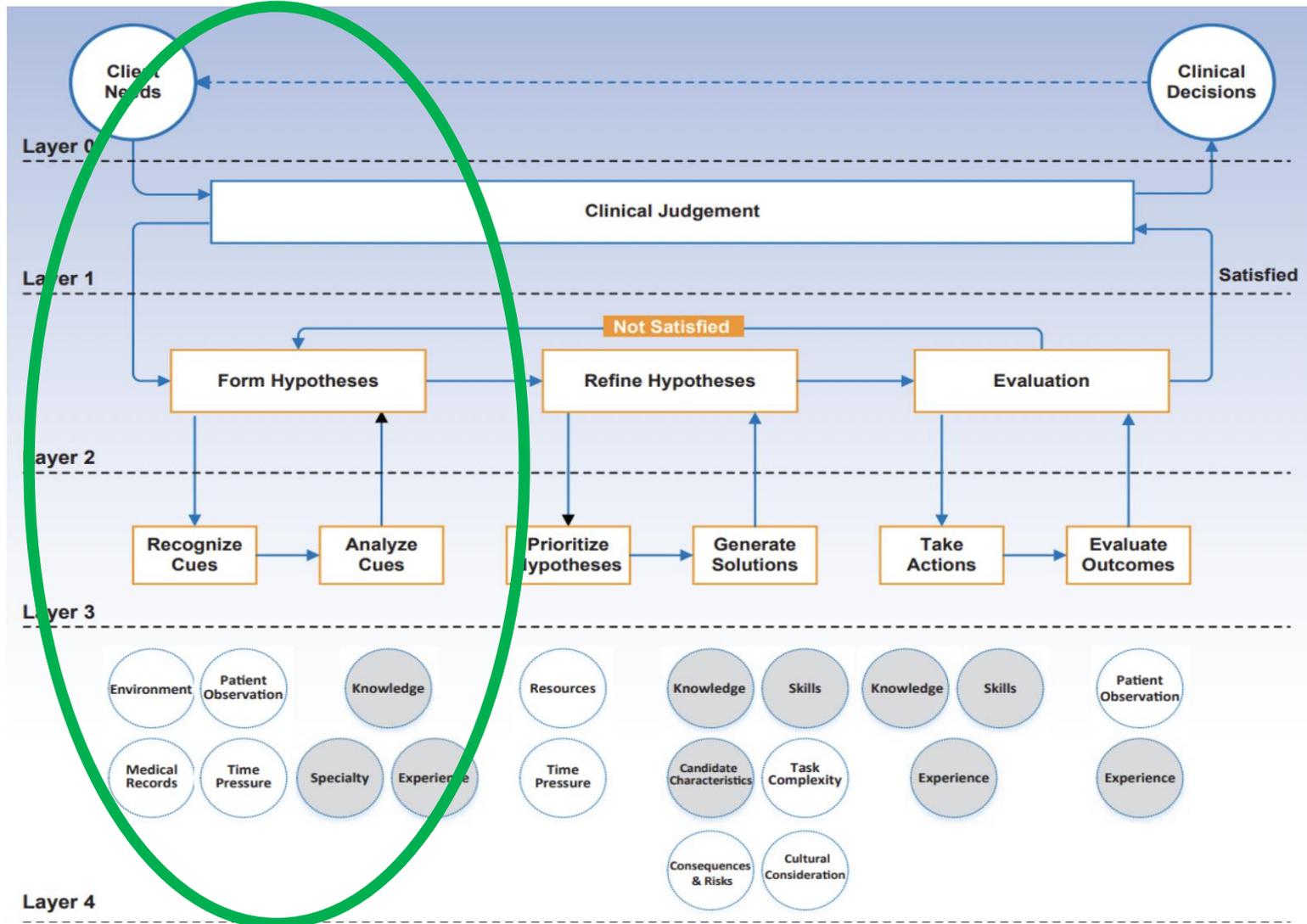
John W. a 68-year-old male, presents to the ER with complaints of worsening b/l leg pain. John reports that he noticed it has become more difficult to walk his dog over the past 6 months. He states "I have to take frequent rests for the pain to go away. Our walk used to be 4 blocks long now I can barely make it one block without having pain." John says his pain is crampy is located from his calves down to his feet. He denies any recent injury or fall.

John has a past medical history of hypertension, type 2 diabetes mellitus, hyperlipidemia, and nicotine dependence. He said, "I've been trying to quit smoking, I've gone from 2 packs a day to a ½ pack." John denies any past surgical history. He is recently retired from his accounting firm where he worked for 46 years. John lives at home with his wife and dog. He states that he has been trying to become more physically active over the past year to reduce his weight.

**Current Medications:**

- Irbesartan 300mg QD
- Atorvastatin 40mg QHS
- Metformin 1000mg BID
- Sitagliptin 50mg QD

Recognizing and Analyzing Cues



Recognizing Cues: Enhanced Hot Spots

Nursing Flowsheet		Provider Flowsheet	Lab Results	Imaging Results	RX	Consult Notes	Telehealth			
Jessica M. 33 F DOB 10/14/19XX MRN: 11387652 Exam Room 2 Allergies: NKDA Well Exam										
Time	Temp	BP	Heart Rate	Respirations	SpO ₂	O ₂ Source	Pain	Height	Weight	BMI
0905	98.1 F oral	164/92	104	16	98%	Room Air	0/10	57"	217lbs	34.0
Nursing Assessment										
HEENT	Head: normocephalic Eyes: PERRLA Ears: TM intact Nose: Symmetrical, Mucosa moist Throat: Tonsils +1 no exudate									
CV	S1/S2/S4, Tachycardia, +1 bilateral ankle edema, +radial, DP & PT pulses									
Respiratory	Clear bilaterally									
GI	Soft non-tender, non distended + bowel sounds in all 4 quadrants, no CVA tenderness									
GU	Not assessed									
MS	BUE 5/5 BLE 5/5, normal gait, moves all extremities, no gross deformities									
Neuro	A&Ox3, pleasant and cooperative									
Skin	Warm, dry, intact.									

Highlight the abnormal findings

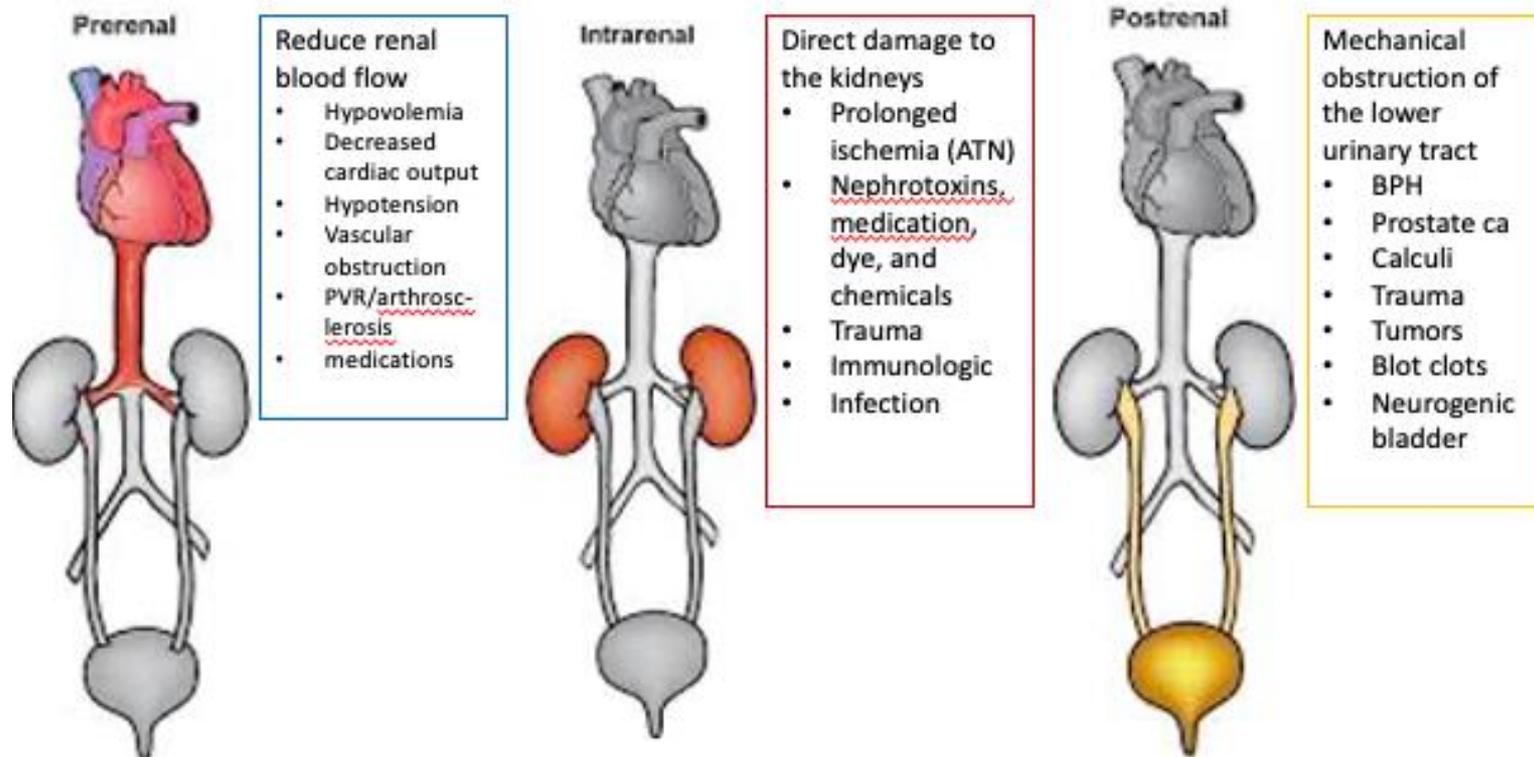
Vitals	Assessment Flowsheet	Nursing Orders	Results	MAR	Notes	History
Hemoglobin	14.8 g/dL					Reference Range Male 14–17.3 g/dL Female 11.7–15.5 g/dL
Hematocrit	44.4%					Males 42–52% Females 36–48%
Platelets	237,000 mm ³					150,000–450,000 mm ³
WBCs	6,400 cell/mm ³					4,500–11,000 cells/mm ³
Sodium	139 mEq/L					135–145 mEq/L
Potassium	4.3 mEq/L					3.5–5.0 mEq/L
Calcium	9.0 mg/dL					8.2–10.2 mg/dL
Glucose	118 mg/dL					70 to 99 mg/dL
BUN	14 mg/dL					8 to 21 mg/dL
Creatinine	0.7 mg/dL					0.5 to 1.2 mg/dL
Total Cholesterol	275 mg/dL					200 mg/dL
LDL	207 mg/dL					Less than 100 mg/dL
HDL	29 mg/dL					Greater than 40 mg/dL
Triglycerides	212 mg/dL					Less than 150 mg/dL

Michelle J. 36 F DOB 2/13/19XX MRN: 19920752 ED22A Allergies: NKDA Attending: Cipriano, J Chief Complaint: Resp Symptoms Full Code										
Time	Temp	BP	Heart Rate	Respirations	SpO ₂	O ₂ Source	Pain	Height	Weight	BMI
1020	100.6 F oral	110/75	108	24	90%	Room Air	0/10	5'10"	120lbs	17.2
Nursing Assessment										
General Appearance	Average to slim build female with a worried facial expression and anxious. Appears pale and tired.									
Neuro	Awake, Alert & oriented to person, place, time, and situation									
HEENT	Oral mucosa dry but intact. Posterior pharynx erythematous. Cervical lymph nodes enlarged b/l									
CV	S1/S2, Tachycardia, no edema, +3 pulses increased, equal to palpation at radial/pedal/post-tibial landmarks, brisk cap refill									
Respiratory	Slight SOB with exertion and crackles heard bilaterally in lower lobes posteriorly									
GI	Abdomen flat, soft/nontender, bowel sounds audible per auscultation in all four quadrants									
GU	Voiding without difficulty, urine clear/yellow. Vaginal exam not perform but patient reports itching and white discharge									
Skin	Warm, dry/ashen, intact									

Highlight the concerning findings

Drag and Drop

Acute Kidney Injury Causes



Recognize Cues: Most Important

Multiple Response Select

Select the findings that require immediate follow-up

Finding	
1. Temperature	
2. Blood pressure	
3. Heart rate	
4. S1/S2	
5. Lung sounds	
6. Dull percussion midway to umbilicus	
7. +2 radial pulses	

Analyzing Cues: Clinical Significance

RELEVANT Data from Presenting Problem:	Clinical Significance:
Extreme fatigue for the past several months and experiencing occasional night sweats.	
During the past week, she has developed a sore throat, dry, nonproductive cough, fever at night with increasing shortness of breath	
Vaginal yeast infection that she has tried to treat with over-the-counter medications with no success.	

Vital Signs:	Clinical Significance:
Temperature: 100.6 F oral	
Heart Rate: 108 bpm	
Respiratory Rate: 24 bpm	
Blood Pressure: 110/75	
SpO₂ : 90% on Room Air	

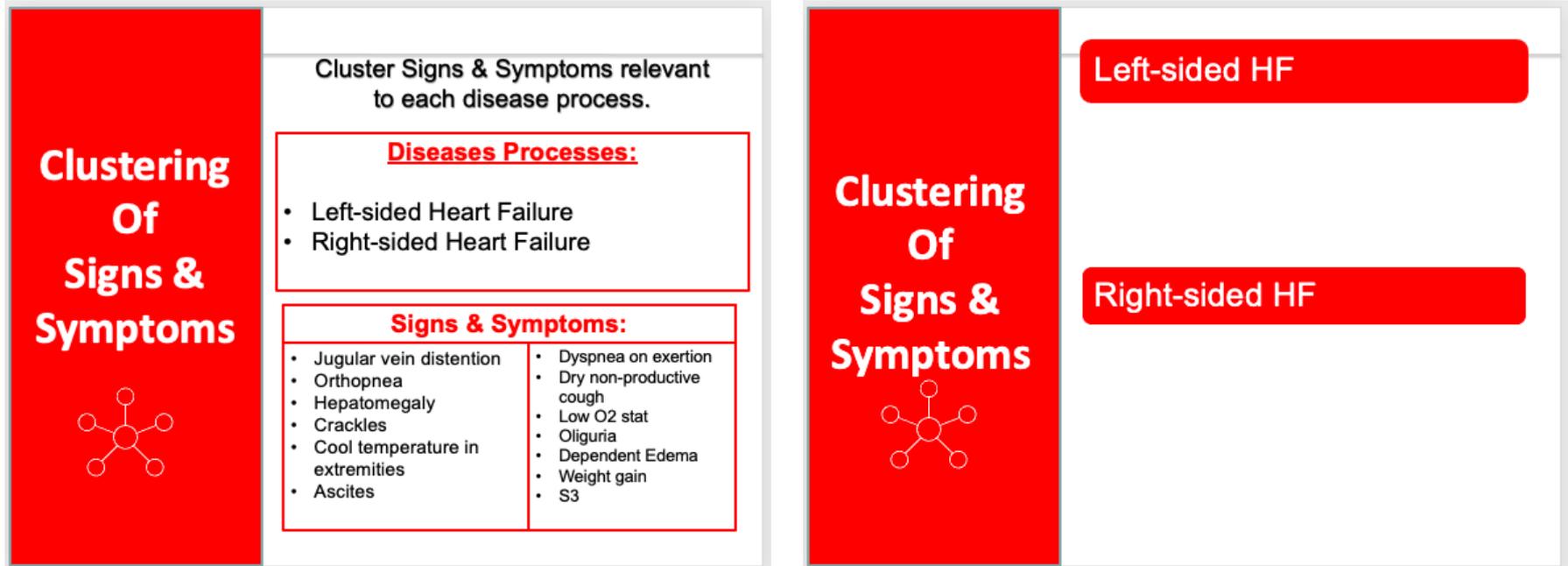
Analyzing Cues

Matrix Multiple Choice

The nurse is concerned for skin cancer based on the physical exam findings. Put the signs and symptoms with the correct condition.

Physical Presentation	Basal Cell Carcinoma	Squamous Cell Carcinoma	Melanoma
Rough/Scaly Tumor			
Waxy nodule			
Asymmetrical			
Red/Blue color			
Flat & Shiny Appearance			

Clustering Cues that Support or Contraindicate a Particular Condition



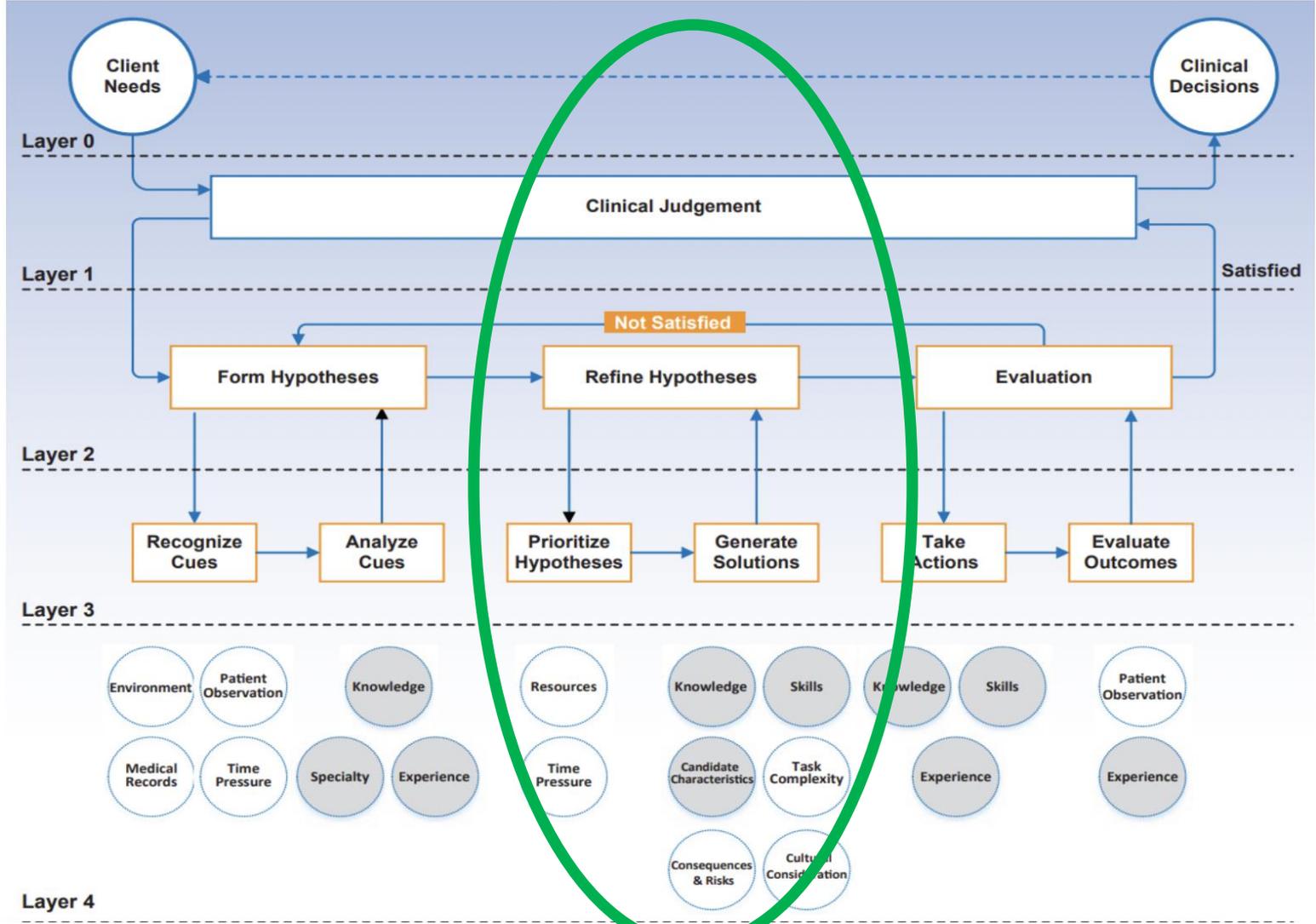
What other information is needed? Anticipated Diagnostic or Lab Orders

Anticipated
Orders



- _____
- _____
- _____
- _____

Prioritizing Hypotheses & Generating Solutions



Prioritize Hypotheses and Generate Solutions

Create a Provider Communication SBAR Based on
Your Analysis?

S

- _____
- _____

B

- _____
- _____

A

- _____
- _____

R

- _____
- _____

Prioritize Hypothesis: On NCLEX This Could Mirror a Cloze Drop Down



Risk for Complications and Rationale BPH and PC

The client is at highest risk for developing **box1** is due to **box2**.

Word Choices box1	Word Choices box2
Acute Kidney Injury (AKI)	Nocturia
Cramping pain	Prostatectomy
Bleeding	Urinary retention
Falls	Spams

- 1.
- 2.
- 3.
- 4.

Generate Solutions

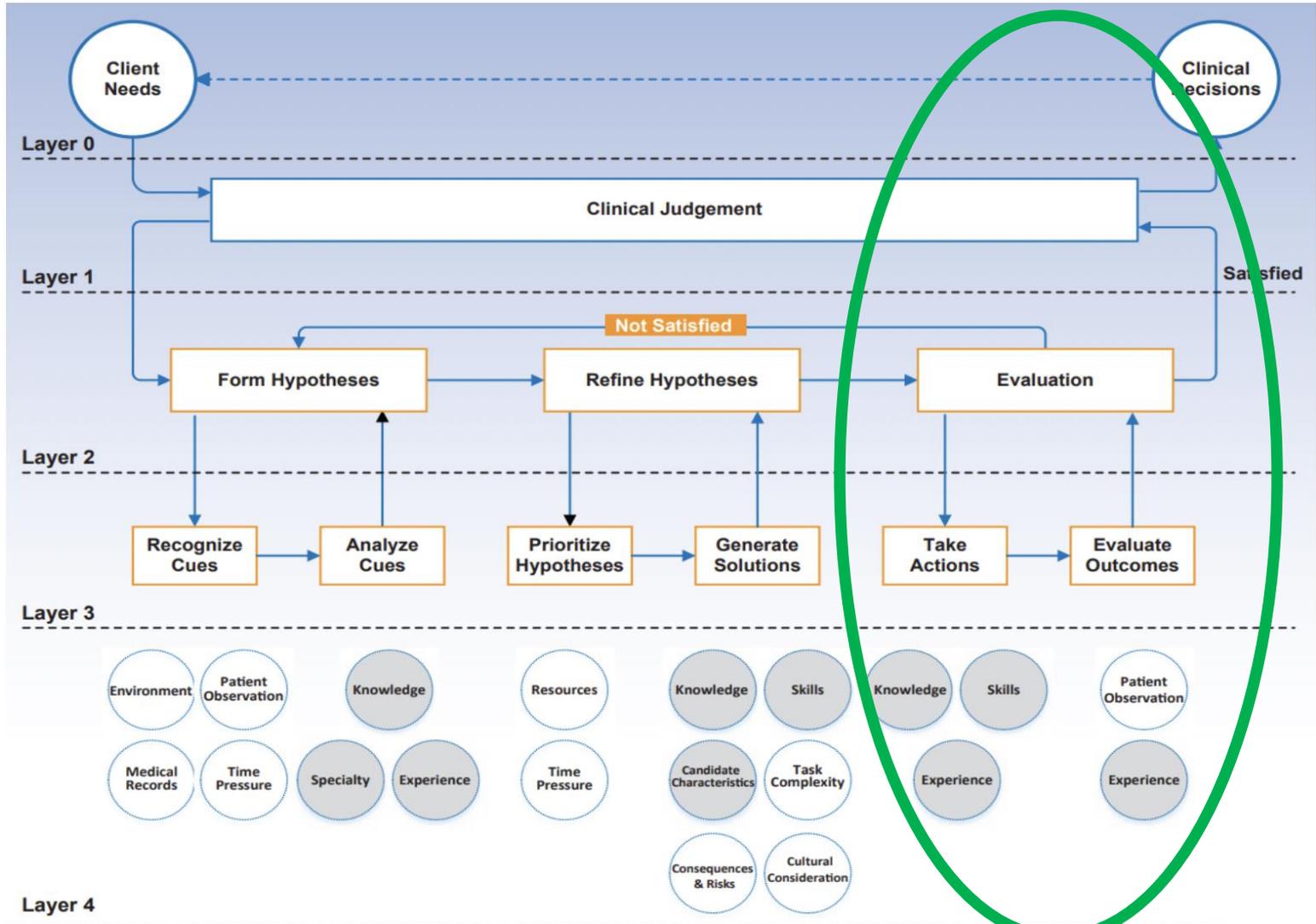


Matrix Multiple Choice

For each potential intervention, click to specify if the potential intervention is anticipated, nonessential, or contraindicated for the client.

Potential Intervention	Anticipated	Nonessential	Contraindicated
Start IV Fluids			X
Obtain EKG		✓	
Straight Catherization	✓		
Foley Catherization		✓	
Bladder Scan	✓		
Obtain a Urinalysis	✓		
Diuretic			X

Take Actions and Evaluate Outcomes



Prioritizing Actions: Drag and Drop

Knowledge Check



The provider has entered in the following orders. Rank orders by level of priority.

Orders

- Establish peripheral IV
- 0.9% Normal Saline at 100 mL/hour
- Trimethoprim/Sulfamethoxazole (Bactrim) 300mg IVPB Q8
- Obtain sputum culture
- Fluconazole 200 mg PO daily
- Titrate oxygen to keep O2 sat >95%

1st (Highest)

2nd

3rd

4th

5th

6th

Prioritizing Actions: Drag and Drop

IV Furosemide is sent up from the pharmacy, fill in the nursing chain of events with the appropriate actions from the box below. Not all choices will be used.

- Check for a reduction of BP and increase in urine output
- Check BP prior to administration
- Administer IV via slow push
- Hold medication if edema +2 or greater
- Verify orders against the medication sent from the pharmacy
- Obtain bandage and cotton ball prior to injection



Evaluating Outcomes and Reducing Failure to Respond: Identifying Improving or Worsening Status After Interventions

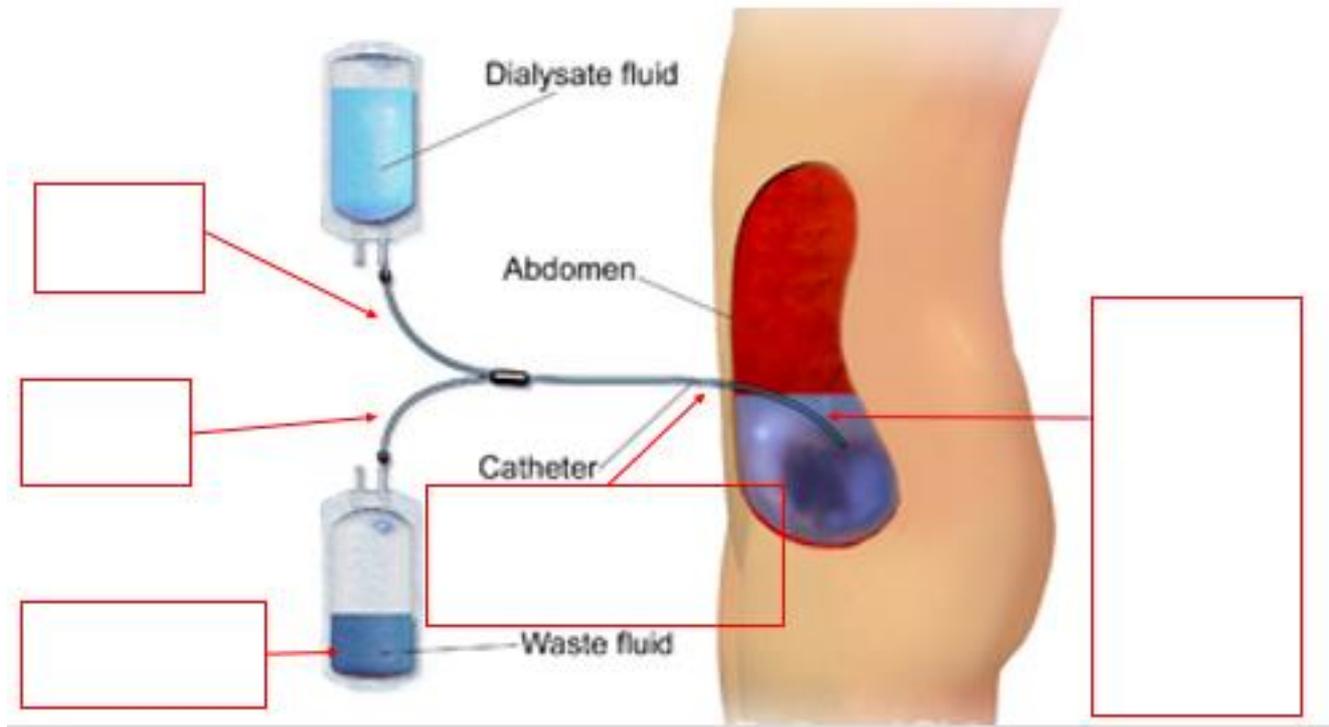
	Current	Previous
Hemoglobin	1 9.8 g/dL	12.5 g/dL
Hematocrit	2 27.3%	37.9%
WBCs	4,700	8,500 cell/mm ³
Platelets	3 75,000	250,000 mm ³
Sodium	140 mEq/L	142 mEq/L
Potassium	3.7 mEq/L	3.8 mEq/L
Calcium	9.8	
Glucose	75	
BUN	10	
Creatinine	1.1	

	Current	Previous
Hemoglobin	10.8 g/dL	10.5 g/dL
Hematocrit	31.0%	30.9%
WBCs	3,000	8,500 cell/mm ³
Platelets	208,000	350,000 mm ³
Neutrophils	80%	70%
Lymphocytes	1%	4%
Sodium	149 mEq/L	142 mEq/L
Potassium	3.6 mEq/L	3.8 mEq/L
Creatinine	0.8 mg/dL	0.74 mg/dL
Rapid HIV	Positive	No record of previous

Evaluating Outcomes: Potential Complications

Drag and Drop

Peritoneal Dialysis Priorities: Potential Complications



Select All That Apply

Discharge Instructions



The nurse is preparing for discharge .
Which the of the following will be included?

- Assess for barriers to adherence
- Medication may be discontinued once viral load is less than 40 copies
- Check with the provider prior to taking anything OTC
- Complete follow up labs every 3 to 6 months as directed by your provider
- Seek medical attention if signs of illness develop
- Medications may be taken with or without regard to food

Evaluate Outcomes

Evaluation



What aspects of the nurse's assessment indicate improving status?

Blood Pressure of 142/86

+2 edema

Respiration Rate of 16

Lungs clear bilaterally

Urine Output of 650mLs

+DP & PT pedal pulses

Soft, non-tender abdomen

Heart RRR

What do we think so far? (Lessons Learned)

- It requires effort
 - Essentially twice the work (prerecord and then develop cases)
 - Once it is done, then you can refine
 - Edit amount of information (what do we actually need cover?)
- Update cases to include more Next Generation NCLEX type questions as we learn what works and what doesn't
- Integrate polling software
 - Right now, students are responding aloud. This is good for students who are engaged but those who don't, just sit back. Attempt to call on students but having polling and numbers would be helpful.
- Take the ppt cases and create a word document patient chart to post in Canvas so students can prep for cases before class
- How do we test this way with ExamSoft?
- We added supplemental information in between cases to reinforce knowledge
 - Open Case>CJ Activity> Review Content>Unfold Case> CJ Activity> Review Content> and so forth