Strategies

to use in clinical/simulation

Activity: **Clinical judgment case study**

Review the client example below and then follow these steps:

1) **Recognize cues** (assessment): Identify subjective and objective assessment information related to the client's condition and place it in the "Assessment findings" box.
2) **Analyze cues** (analysis); **Prioritize hyphotheses** (analysis): Based on assessment data identify, and prioritize the top three client problems. Write one client problem in each of the "Client problem" boxes.
3) Below each "Client problem," enter the "Supporting assessment" information.
4) **Generate solutions** (planning): Identify a potential client outcome per client problem and enter it in the "Potential client outcomes" box.
5) **Take actions** (implementation): Identify important nursing interventions that should be taken to address each client problem and enter them in the related "Interventions" box for the associated client problem.

CLIENT EXAMPLE

History and physical

- Age: 69
- Weight: 89 kg
- Admitted Dx: Hyperglycemia
- Upon admission, family reported the client had been sick for 3 days experiencing nausea, vomiting, and fever of 102 F (oral)
- PMH: +Nicotine use; DM II; CAD; HTN; Hypercholesterolemia; Neuropathy bilat LE.

Nurses' notes

- Client was confused AOx2
- Turgor-tenting was present; started on an insulin drip that discontinued 4 hours ago and started on regular NPH insulin
- Takes metformin at home for diabetes
- Heart sounds: S_1S_2
- Lung sounds: Expiratory wheezing
- Bowel sounds: Active in all 4 quadrants
- Client reports a headache with a pain level of 8/10
- Client reports excessive thirst and urination
- Client reports fatigue and blurry vision
- Oxygen saturation: 95% on room air
- Serum glucose: 835
- BNP: 32
- Na+: 148
- K+: 4.7

Vital signs

- Temperature: 102.1 F (94.4 C) (oral)
- Respiratory rate: 24/min.
- Heart rate: 108/min.
- B/P: 172/98 mmHg

Assessment findings:

Client problem 2: Add supporting assessment information

Interventions:

Client problem 1: Add supporting assessment information

Interventions:

Client problem 2: Add supporting assessment information

Interventions:

Potential client outcomes

1.
2.
3.

QUESTIONS

- What additional factors should the nurse include in the plan of care for this client? (Generate solutions; Planning)
    - For example: age, religious, nursing knowledge, literacy, or cultural preferences.
- What safety considerations should be included when planning care for this client? (Generate solutions; Planning)
    - For example: fall risk, medication, age, mobility.
- What education should the nurse provide to this client? (Take actions; Implementation)
    - Self-care, health promotion, disease management (for example, medication, diet, activity, ADLs)
- Based on the performed nursing interventions, what client outcomes would you anticipate? (Generate solutions; Planning)
- How will you determine if expected client outcomes are achieved? (Evaluate outcomes; Evaluation)
- Discuss ways to modify or revise the plan of care when client outcomes are not met. (Evaluate outcomes; Evaluation)