Unfolding Reasoning Case Study

**Peripheral Arterial Disease Content/Concept Map**

### I. Content

| Anatomy/Physiology: | Peripheral artery disease  
|                     | Post-traumatic stress disorder (PTSD)  
|                     | ETOH withdrawal |
| Pharmacology:       | **Home Meds:**  
|                     | 1. Albuterol (Ventolin) MDI 4x/day and prn  
|                     | 2. Clopidogrel (Plavix) 75 mg po daily  
|                     | 3. Diltiazem (Cardizem) SR 240 mg po daily  
|                     | 4. Metformin (Glucophage) 1000 mg po bid  
|                     | 5. Lisinopril (Prinivil) 20 mg po daily  
|                     | 6. Metoprolol (Lopressor) 50 mg po bid  
|                     | Atorvastatin (Lipitor) 40 mg po daily |

**Medical Management:**

1. Heparin IV drip per therapeutic protocol  
   (4,200 unit IV bolus/1150 unit IV continuous drip)  
2. Protamine Sulfate IV push 0.5 mg/per every 100 units of current IV drip (1150 units)

| Diagnostic/Labs: |  
|                  | • Basic metabolic panel (BMP)  
|                  | • Complete cell count (CBC)  
|                  | • Hemoglobin A1c  
|                  | • Lipid profile  
|                  | • Urine analysis (UA)  

**Priority Lab Emphasis:**

- Creatinine: 1.4

| Dosage Calculation: |  
|                    | • Heparin 4,200 unit IV bolus (1000 unit/mL vial)  
|                    | • Protamine Sulfate IV push 0.5 mg/per every 100 units of current IV drip (1150 units) 10 mg/mL vial |

| Nursing Priorities: | **Ineffective tissue perfusion-right lower extremity (RLE)**  
|                    | • Monitor/assess CMS of RLE vigilantly for any changes from current baseline  
|                    |   ○ Routine assessments include any subtle changes in ability to dopple pulses, warmth and color of RLE in comparison to left as well as the 6 P’s:  
|                    |     • PAIN  
|                    |     • PALLOR  
|                    |     • PULSELESSNESS  
|                    |     • PARESTHESIAS  
|                    |     • POLAR (coolness)  
|                    |     • PARALYSIS |

**Medical Management Priorities:**

- Sudden arterial obstruction of blood flow to right lower extremity  
  - Protamine Sulfate IV push  
  - OR ASAP

**Patient Education & Discharge Planning:**

- **Immediate**  
  - Provide what is needed to prepare for OR and what this change of status represents
II. Concepts (in order of emphasis)
   I. Perfusion
   II. Clotting
   III. Pain
   IV. Clinical Judgment
   V. Patient Education
   VI. Communication
   VII. Collaboration

III. NCLEX Client Need Categories
   I. Safe and Effective Care Environment
      a. 20%—Management of Care
         i. Providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others, and healthcare personnel
            1. Establish priorities
            2. Collaboration w/treatment team
            3. Advocacy

   II. Health Promotion & Maintenance:
      i. 9%—The nurse provides and directs nursing care of the client and family/significant others that incorporates knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.
         1. Disease prevention
         2. Physical assessment
         3. Client education

   III. Psychosocial Integrity:
      i. 9%—Nurse provides care that promotes and supports the emotional, mental, and social well-being of the patient and family who are experiencing stressful events.
         1. Coping mechanisms
         2. Therapeutic communication
         3. End of life care

   IV. Physiologic Integrity
      a. 15%—Pharmacological & Parenteral Therapies:
         i. Providing care related to the administration of medications and parenteral therapies

© 2013 Keith Rischer/www.KeithRN.com
1. Expected actions, adverse/side effects
2. Medication administration
3. IV therapies
4. Dosage calculation

b. 12%—Reduction of Risk Potential:
   i. Reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures
      1. Changes in VS
      2. Diagnostic tests
      3. Lab values
      4. System specific assessments
      5. Potential for alterations in body systems

c. 13%—Physiological Adaptation:
   i. Managing and providing care for clients with acute, chronic, or life threatening health conditions.
      1. Pathophysiology
      2. F&E imbalances
      3. Medical emergencies

IV. QSEN Skills
   I. Patient-centered Care
      a. Implementation of care plan and evaluation of care
      b. Provide patient-centered care with sensitivity and respect for the diversity of human experience
      c. Assess presence and extent of pain and suffering. Assess levels of physical and emotional comfort
      d. Elicit expectations of patient & family for relief of pain, discomfort, or suffering
      e. Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs

   II. Evidence-based Practice
      a. Base individualized care plan on patient values, clinical expertise and evidence

   III. Teamwork and Collaboration
      a. Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care (SBAR). Assert own position/perspective in discussions about patient care