# Unfolding Clinical Reasoning Case Study

## Post-op Pain Management 1 of 2 Content/Concept Map

### I. Content

| Anatomy/Physiology: | Atelectasis  
|                    | Acute pain |
| Pharmacology:      | **Home Meds:**  
|                    | 1. Citalopram (Celexa) 40 mg daily  
|                    | 2. Oxycontin SR 40 mg bid  
|                    | 3. Oxycodone 10 mg every 4 hours prn  
|                    | 4. Fluticasone/salmeterol 250/50 (Advair) diskus 1 puff every 12 hours  
|                    | 5. Sildenafil (Viagra) 20 mg tid  
|                    | **Medical Management Meds:**  
|                    | Ondansetron (Zofran) 4 mg IV push every 4 hours prn  
|                    | Dilaudid PCA–Settings:  
|                    | *Bolus: 0.1-0.3 mg every 10”  
|                    | *Continuous: 0.1-0.3 mg  
|                    | *Max every 4 hours: 6 mg  
| Diagnostic/Labs:   | Basic Metabolic Panel (BMP:  
|                    | Complete Blood Count (CBC:  
| Priority Lab Emphasis:  | Hemoglobin  
| (Lab Planning)      |  
| Dosage Calculation: | Ondansetron (Zofran) 4 mg IV push q 4 hours prn  
|                    | 4 mg/2 mL vial  
| Nursing Priorities: | Promote oxygenation...impaired gas exchange  
|                    | Acute Pain  
| Medical Management Priorities:  | Continuous pulse oximetry  
|                                | Titrate O2 to keep sat >90%  
|                                | Incentive spirometer (IS) 5-10x every hour while awake  
|                                | Apply lumbar orthotic brace when up in chair or ambulating  
| Priority Setting:  | 1. Dilaudid PCA  
| Which orders do you implement first and why?  | 2. Continuous pulse oximetry  
|                                   | 3. Ondansetron (Zofran) 4 mg IV push every 4 hours prn  
|                                   | 4. Titrate O2 to keep sat >90%  
|                                   | 5. Incentive spirometer (IS)  
|                                   | 6. Apply lumbar orthotic brace when up in chair or ambulating  
| Patient Education & Discharge Planning: | • Early ambulation  
|                                      | • Proper use of IS and frequency (usually 5-10x every 1-2 hours while awake)  
|                                      | • Reinforce proper use of PCA  
|                                      | • Importance of early Foley catheter removal and 4-6 hour window to have first void after removal. Standard of care is to straight cath if residual urine volume >400 mL with bladder US and has symptomatic low abdominal pain.  

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II. **Concepts** (in order of emphasis)
   
   I. Pain
   II. Gas Exchange
   III. Glucose Regulation
   IV. Perfusion
   V. Inflammation
   VI. Clinical Judgment
   VII. Patient Education
   VIII. Communication
   IX. 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. Physiologic Integrity

   a. 9%—Basic Care & Comfort:
      
      i. Providing comfort and assistance in the performance of activities of daily living
         1. Elimination
         2. Nutrition/oral hydration
         3. Mobility/immobility

   b. 15%—Pharmacological & Parenteral Therapies:
      
      i. Providing care related to the administration of medications and parenteral therapies
         1. Expected actions, adverse/side effects
         2. Medication administration
         3. IV therapies
         4. Dosage calculation

   c. 12%—Reduction of Risk Potential:
      
      i. Reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures

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1. Changes in VS
2. Diagnostic tests
3. Lab values
4. System specific assessments
5. Potential for alterations in body systems

d. 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