Unfolding Clinical Reasoning Case Study:

Breast Cancer Content/Concept Map

I. Content

| Anatomy/Physiology: | Neutropenic fever  
| Pharmacology:      | Chemotherapy       |
|                   | **Home Meds:** |
|                   | none             |
| **Medical Management:** | Vancomycin 1000 mg IVPB  
|                   | Ondansetron (Zofran) 4 mg IV every 4 hours prn  
|                   | Acetaminophen (Tylenol) 650 mg every 4 hours  
|                   | Hydromorphone (Dilaudid) 0.5-1 mg IV push every 4 hours prn |

| Diagnostic/Labs: | Chest x-ray (CXR)  
|                 | Complete blood count (CBC)  
|                 | Basic metabolic panel (BMP)  
|                 | Lactate  
|                 | Urine analysis (UA)  
|                 | Urine culture (UC)  
|                 | Blood cultures x2 sites |

| Nursing Priorities: | Fluid volume deficit/dehydration  
|                    | Nausea  
|                    | Acute pain |

| Medical Management Priorities: | Neutropenic fever with possibility of sepsis  
|                               | Fluid volume deficit/dehydration  
|                               | Nausea  
|                               | Acute pain |

| Priority Setting: Which orders do you implement first and why? | Vancomycin 1000 mg IVPB Every 24 hours  
|                                                               | Ondansetron (Zofran) 4 mg IV every 4 hours prn  
|                                                               | Acetaminophen (Tylenol) 650 mg every 4 hours  
|                                                               | Hydromorphone (Dilaudid) 0.5–1 mg IV  
|                                                               | Neutropenic precautions  
|                                                               | Establish peripheral IV  
|                                                               | 0.9% NS 1000 mL IV bolus x2 |

| Patient Education & Discharge Planning: | Manage nausea  
|                                         | Manage pain  
|                                         | Review neutropenic fever |

II. Concepts (in order of emphasis)

I. Cellular Regulation
II. Pain
III. Perfusion
IV. Fluid and Electrolyte Balance
V. Infection
VI. Thermoregulation
VII. Immunity
VIII. Clinical Judgment
IX. Patient Education

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X. Communication

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
         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