

THINK Like a Nurse

Practical Preparation
for Professional Practice

SECOND EDITION



Keith Rischer, MA, RN, CEN, CCRN

what do you need to know to be well prepared for professional practice?

You can't know it all and you don't need to. But what content in nursing school is most important and must be mastered so you can successfully transition to real-world clinical practice after graduation? What character and personality traits must the nurse possess to be a true health care professional?

THINK Like a Nurse: Practical Preparation for Professional Practice was written to answer these questions and teach the concept of "thinking like a nurse" so every nursing student who graduates knows the essence of what is required for professional nursing practice.

Every new nurse needs a mentor to guide them as he or she ventures out on this new journey. Join the author as he shares what he has learned about caring for others over thirty years of clinical practice.

You'll be encouraged to take a look "under the hood" and identify your strengths as well as weaknesses as a novice nurse. Once a weakness has been identified, practical tools and strategies are presented so they can be remedied and become your strength!



Keith Rischer, MA, RN, CEN, CCRN is an author, blogger, nurse educator, and staff nurse who has practiced for thirty-one years in a wide variety of clinical settings. Defined by his passion for nursing and excellence in education, he is a recognized authority on clinical reasoning and its relevance to nursing practice. His innovative work on clinical reasoning has been published in the literature as well as the

current fourth edition of *Kozier & Erbs Fundamentals of Nursing* textbook. He has presented his insights to nursing students and nurse educators at conferences and workshops across the country. His blog and creative tools to develop nurse thinking are available on his website, www.KeithRN.com.

"This book is a powerful resource for nursing students. They can read/review this book each semester and subsequently improve their ability to "think like a nurse" with each clinical experience as they progress through their nursing program and even their first year of nursing practice."

Shirlee J. Snyder, EdD, RN
Co-author of *Kozier & Erbs Fundamentals of Nursing*

"After reading this book as a new graduate, I am more confident to go into my nursing practice. The wealth of practical information in this short read is like having a year's worth of nursing experience under my belt. I highly recommend this valuable book for new grads!"

Tamera Wimbley, RN

THINK Like a Nurse helps the brand new nurse understand how to prioritize what actions are most critical and puts those concepts into clear, logical, and useable steps. I will be using this book for all my new grads transitioning into practice."

Willi Ellison, MSN, RN, CEN, CCRN
Nurse Residency Coordinator
Dignity Health/St. Rose Hospitals,
Las Vegas, Nevada



Praise for *THINK like a Nurse*

From Students:

"Nursing school has limitations to what can be taught before you graduate and enter the profession. THINK like a Nurse! addresses this and provides the new nurse with need to know content, along with Keith's clinical pearls, to help you see the 'big picture' of patient care. I strongly recommend this invaluable book for all nursing students and/or new graduates."

-Andrea Baland, RN

"This is a must read for all nursing students and new graduates. The content is invaluable and will encourage you to live up to your full potential as a new nurse!"

-Desiree Rohling, RN

"After reading this book, I am more confident to go into my nursing practice. The wealth of practical information in this short read is like having a year's worth of nursing experience under my belt. I highly recommend this valuable book for new grads!"

-Tamera Wimbley, RN

"I found 'THINK like a Nurse!' very helpful in getting me to think MORE like a nurse, and LESS like a nursing student...think- less deer-in-the-headlights!"

-Claire Schuchard, RN

"THINK like a Nurse! helped me with my job as a newly graduated RN. I truly enjoyed reading and reflecting upon your nursing experiences. I found it particularly helpful that you considered holistic nursing in chapter 1. I also liked how you organized your book starting from the foundation then building up to the applied sciences and critical thinking."

-Renate Jeddahlyn P. Depuno, RN

New graduate residency program

St. Rose Dominican Hospital, Las Vegas, Nevada

"When I read THINK like a Nurse! my first thought was, 'Wow! Where was this book when I was in nursing school?' I enjoyed how much of a condensed version of nursing school this book was. I would definitely recommend this book to my friends who are still in nursing school because I feel it would help benefit them a lot and better prepare them for the 'real' nursing world."

-Samantha Fernando, RN

New graduate residency program

St. Rose Dominican Hospital, Las Vegas, Nevada

"As a new grad on the floor, I've come to realize that because I am so focused on doing all the tasks, I sometimes forget to stop and take my time to think about why I am doing what I'm doing. Reading this book made me aware of this and aware of the fact that I can change. I am happy to say that I feel that I've improved my abilities to think like a nurse with the help of this informative book."

-Marian Maniago, RN

New graduate residency program
St. Rose Dominican Hospital, Las Vegas, Nevada

“The case studies were very useful in connecting the dots and applying critical thinking. This book was not boring at all. I liked the house analogy and it did put things in perspective. I wish I had this book while in nursing school.”

-Jennifer Antoin-Nuguid, RN
New graduate residency program
St. Rose Dominican Hospital, Las Vegas, Nevada

“Overall THINK like a Nurse! definitely prepares new grads for their role as an RN. I benefitted most from the content on lab values. This content opened my investigative approach to nursing as well as helping me to become more aware of my patient’s situation.”

-Jean-Claude Perrenoud, RN
New graduate residency program
St. Rose Dominican Hospital, Las Vegas, Nevada

“I liked that the book was very personal, as if Keith was speaking directly to you. This book condensed and summed up a lot of important information used in nursing that allowed me to easily recall and apply to practice such as lab values, common disease processes and what to expect. I feel THINK like a Nurse! should be utilized not only by new grads, but also nursing students.”

-Jerisha San Sebastian, RN
New graduate residency program
St. Rose Dominican Hospital, Las Vegas, Nevada

“THINK like a Nurse! provided meaningful insight into helpful hints about transitioning from a student to a professional nurse.”

-Shenna Babu, RN
New graduate residency program
St. Rose Dominican Hospital, Las Vegas, Nevada

From Nurse Educators:

“As an experienced bedside nurse and educator, I have always tried to help the brand new nurse understand how to prioritize what actions are most critical. THINK like a Nurse! puts all of those concepts into clear, logical, and useable steps. My students really appreciate the clinical “pearls,” the lab overviews, and the cardiac medication reviews. I will be using this book for all my new grads transitioning into practice.”

-Willi Ellison, MSN, RN, CEN, CCRN
Residency Coordinator
Dignity Health/St. Rose Hospitals, Las Vegas, Nevada

“THINK like a Nurse! provides relevant information in an easy-to-read, clear, and focused manner along with helpful advice from an expert nurse and teacher. This practical information is integrated with

important professional issues and content such as civility, QSEN, the ANA Code of Ethics, and providing safe and holistic patient-centered care. I believe this book is a powerful resource for nursing students. They can read/review this book each semester and subsequently improve their ability to “think like a nurse” with each clinical experience as they progress through their nursing program and even their first year of nursing practice.”

-Shirlee J. Snyder, EdD, RN
Co-author of Kozier & Erb’s Fundamentals of Nursing

“I highly recommend THINK Like a Nurse. This book is perfect for student nurses in the last semester of their nursing program and for new graduate nurses. Keith takes the common core knowledge and skills that the new nurse needs and drills them down to the nuggets of wisdom needed to be successful in practice. His thoughts and experiences in practice are insightful and easy to apply. A great resource for nurse educators too!”

Melinda M. Luther, MS, RN, CNE
Professor and Chair
Department of Nursing
Nashua Community College
Nashua, New Hampshire

“Our clinical faculty appreciate Think Like a Nurse and begin using it in the first semester clinical week one! The medication and lab references are very helpful in narrowing the amount of information of students to digest. The “Clinical Reasoning Questions to Promote Nurse Thinking” is an excellent tool for the clinical instructor as they guide their students to begin to think like a nurse.”

Janet Wessels, MSN, RN, PHN
Director, Entry Level Masters Program
School of Nursing
Azusa Pacific University
San Diego, California

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Foreword

As a student, I have known Keith from my first year of nursing school; he was one of my fundamental nursing instructors, who is now a nursing colleague in the float pool at the hospital we both work at. Keith's passion for nursing is evident not only in his practice at the bedside but also through his teaching. The clinical reasoning case studies that he created and presented to our class challenged us to think in a way that we had not experienced to this point in nursing school. His objective was to get us to "think" like a nurse. As his students in lecture, we had to take a step back and look at the bigger picture of what was truly going on with the patient in the clinical scenario. As a class we had to identify what the clinical data represented and as nurses what interventions we should implement to intervene and prevent a worst possible scenario from happening. Keith was constantly challenging and encouraging us.

Keith had faith in us, and laid a foundation of knowledge that was applied at the bedside. Keith pushed us to start utilizing the same clinical reasoning questions during clinical. Not only did this prepare us before caring for our patients, but it also helped us to be more proficient and consistent with our skills. On a personal level, Keith cares. He was present during a crisis in my life during nursing school. He not only showed compassion for my situation and care as a friend, but his knowledge and grasp of nursing was evident.

This book has been extremely helpful to me in many ways. Not only did it remind me of all the clinical handouts Keith created that I relied on during clinical (i.e., most commonly used medication, clinical reasoning questions, etc.), but also reminded me of the living "house" nursing represents...the foundation, walls, and roof. Keith also reminded us of the centrality of caring to nursing. The content in chapter 3 on the foundation of nursing must be carefully read and not overlooked or missed by the reader. Keith goes into further detail on how to pull what we have learned from the classroom and apply it to the bedside, and how trending data is essential in practice. Keith uncovers the clinical pearls that are relevant to practice is something every new graduate entering the workforce should review and apply. The content on bullying is a must read as well. I highly recommend this book to be read by new graduate nurses and applied at the bedside to help prepare you for practice.

Heather Squillacioti, RN
Normandale Community College graduate, 2012
Minneapolis, Minnesota

Introduction

Why This Book Was Written

Are You Afraid to Be a Nurse?

Though the main title of my book is titled *Think Like a Nurse*, would you be surprised to discover that fear is one of the most prevalent emotions that most nursing students experience when they begin to contemplate the reality of being an autonomous professional nurse who is completely responsible for patient care once in practice? Fear that they have what it takes. Fear that they may hurt their patients. Fear that they might miss something. In addition to fear, new nurses admit to being unsure of themselves, uncomfortable, nervous, and not just fearful, but scared once they are off orientation and are now on their own for the first time.

These emotions are not unusual but are normal. But like any emotion, fear, anxiety, and lack of self-confidence can also be debilitating if not faced head on. By providing **NEED** to know content that was written by a nurse educator who has remained current in clinical practice, you can be confident that this resource will empower any student or new nurse to not only face their fear, but conquer their fears through what I have written.

In addition to this cauldron of emotions, depending on the shift you work and the clinical setting, you may be responsible for 4-8 patients in an acute care setting and double this in transitional or skilled care setting. How will you priority set and manage your time to accomplish all that is needed to be completed while in nursing school you were responsible for one to two patients in the clinical setting?

As a result of this lack of preparation for real world practice, high levels of stress, anxiety, burnout, and turnover are common for the new nurse in the first year of practice (Cho, Laschinger, & Wong, 2006). Many new graduate nurses leave the profession in the first year because of job stress, lack of organizational support, poor nurse-physician relations, unreasonable workloads, uncivil work environments, and difficulty transitioning to practice (Clark & Springer, 2012).

To prevent you from being a casualty of this current lived reality and prepare you for real world practice, I have written *THINK Like a Nurse* to highlight the most important content relevant to the bedside and why they must be mastered and understood. Clinical reasoning is the ability of the nurse to think in action and reason as a situation changes (Benner, Sutphen, Leonard, & Day, 2010) and is the essence of how a nurse thinks in practice, but it is not currently and consistently integrated in nursing education. To develop this skill in your practice, I break down the complexity of clinical reasoning so you can understand this nurse thinking skill and incorporate it into your practice.

A Practical Guide & Solution

I have written **THINK Like a Nurse** to help you as a student or new nurse transition successfully and not only survive but **THRIVE** in clinical practice! The challenge that you face is to translate your knowledge from textbooks to the bedside where it matters most! Knowing that too much information (TMI) is an ongoing concern in nursing education, the last thing that nursing students need is another book! But the essence of *THINK Like a Nurse! Practical Preparation for Professional Practice* is very different from any other textbook you may have already purchased. It will provide a practical **SOLUTION** to prepare and help you transition successfully to autonomous professional practice through an emphasis of using and applying knowledge and understanding clinical reasoning, not just learning or memorizing content.

Building the “Living House”

To help visualize the professional development that is needed as you transition to the responsibilities of the professional nurse, I will use the metaphor that the student development while in nursing education mirrors the building of a house; not a static structure, but a unique, vibrant “living” house that is a reflection of how you choose to build and add to it over time.

Nursing is a living and vibrant practice that requires your personal involvement and engagement to promote the well-being of those you care for. Just as a home often undergoes remodeling as a family grows over time, the same is true for the professional nurse who may change practice settings or advance their education to “remodel” their practice setting to management, education, or nurse anesthesia. The “living” house of professional practice will be developed in the following chapters of this book.

A house must have a firm and stable foundation. The ethical comportment or the art of nursing is this foundation for every nurse. Caring behaviors, nurse engagement, and professionalism in practice must be present or your nursing practice could be on shaky ground before it even begins. Once the foundation is laid it is time to build, and the walls of professional practice are the applied sciences of nursing: pharmacology, fluid and electrolytes, and anatomy and physiology.

I will contextualize these essential sciences to the bedside so you can see the relevance of mastering this content and therefore enhance your ability to recognize potentially dangerous clinical trends and provide the best possible care for your patients. Finally, the roof of professional practice consists of critical thinking and clinical reasoning, which is the thinking that is required by the nurse that completes the house and ties everything together.

Though most students can write a three part nursing diagnostic statement and use this as a priority for a written care plan, this emphasis will not always prepare you to transition to thinking like a nurse in practice. As a nurse in practice, you must be able to **THINK IN ACTION** especially when the status of your patient changes. This is the essence of clinical reasoning and is an essential thinking skill that must be understood, incorporated, and practiced.

The house of professional practice is in need of supporting structures that include safety, education, and expert practice. Safety is practically situated in all that a nurse does at the bedside. The nurse must also embrace the role of educator and realize how patient education can positively impact patient



outcomes and even prevent readmissions. Though it takes time to progress to expert practice, what it takes to get there will be identified so that you can be the best that you were trained and created to be!

Finally, we will tie the house together with real world clinical scenarios to apply all that you have learned in this book as well as your nursing education. You will be able to practice clinical reasoning by using the unfolding clinical reasoning case studies on COPD/pneumonia, heart failure, and sepsis which situate foundational concepts and content for practice. Each case study has a fully developed answer key that thoroughly explains the rationale to promote your learning. This allows you to PRACTICE nurse thinking before you enter into practice.

It is only recently that I pursued my passion to teach and became a nurse educator. I care deeply about your professional success and want to do what I can to establish you on a rock-solid foundation as you transition to professional practice. One of my greatest frustrations as a nurse educator has been the inherent difficulty of sharing the depth of my clinical experience with my students because I have been spread so thin as a clinical educator. Though I enjoy the dynamics of clinical education, I feel like a ping pong ball bouncing from one “crisis” to the next. So now that you have the time and I have put my thoughts in writing, I invite you to pull up a chair and let me share what will help you to be practically prepared for professional practice.

Unique Content

Other books that I have read by clinical nurses emphasize their personal approach to nursing and what they have learned with almost no references from the nursing literature to support their perspective. *THINK Like a Nurse* is grounded in the literature of what is best practice with over 150 citations. I incorporate the theory and best practice recommendations from the literature and through my lens and filter of an expert nurse, as well as a nurse educator, make it practical, easy to apply, and integrate into your practice.

New nurses will also find this resource relevant to help smooth out the bumps as you transition to real world practice. The highlights of this unique resource include:

- Emphasizes the most important content and information. Reflection questions at the end of each chapter facilitate professional growth.
- Additional resources that will help develop the professional development at the end of each chapter.
- Practical application exercises that will help make needed connections to strengthen understanding of essential content.
- Clinical reasoning case studies that will strengthen your knowledge and practice nurse thinking on the topics of COPD/pneumonia, heart failure, and sepsis.
- Clinical tools and handouts that will strengthen your knowledge of pharmacology, labs, and clinical reasoning that include:
 - ✓ Worksheet: Medications That Must Be Mastered
 - ✓ Handout: Most Commonly Used Categories of Medications
 - ✓ Worksheet: Lab Planning
 - ✓ Handout: Clinical Lab Values and Nursing Responsibilities
 - ✓ Handout: Clinical Reasoning Questions to Develop Nurse Thinking
 - ✓ Worksheet: Patient Preparation

- Emphasizes real-world clinical practice derived from my lens of over thirty years in the clinical setting.

Though *THINK Like a Nurse!* will help prepare you for the bedside, the implications of students who are not well prepared to think like a nurse must be carefully considered. If a student who is now a new nurse is unable to think in action and clinically reason by recognizing a change in status, what will be the ultimate consequence if for example, sepsis progresses to septic shock before it is recognized? A patient could die as a result.

I See Dead Patients

“I see dead people” was a famous quote by Cole Sears from the hit horror movie *The Sixth Sense* in 1999. Fortunately, it was only a movie. Unfortunately, I have seen clinical situations as a rapid response nurse that foreshadowed a patient death as a result of the primary nurse’s “failure to rescue” and clinically reason when there was a change of status that went unrecognized until it was too late. This is one scenario I will never forget.

Jenny was a newer nurse who graduated a year ago (some details changed to protect patient confidentiality). She had an elderly male patient named Ken. He had a perforated appendix, but it had been removed successfully two days prior and he was clinically stable. Around midnight, he became restless. His BP was slightly elevated at 158/90 and his HR was in the 100s. He had a history of mild dementia and was not able to readily communicate his needs, so Jenny gave him 1 tablet of Percocet, assuming he was in pain. Two hours later, he continued to be restless and Jenny thought that she heard some faint wheezing. She noted that he was now more tachypneic with a respiratory rate of 28/minute. He did have a history of COPD and had an albuterol nebulizer prn ordered, so that was given.

Two hours later, Jenny called me as the rapid response nurse to come and take a look at her patient. She was concerned but was unable to recognize what the problem could be and wanted a second opinion. After Jenny explained the course of events that transpired to this point, I took one look at Ken and realized that he was in trouble. He was pale, diaphoretic, and his respirations had increased to 40/minute despite the nebulizer two hours ago. He was not responsive to loud verbal commands. The last BP was still on the screen and read 158/90. I asked, “*When was the last BP checked?*” Jenny stated it was four hours prior. While obtaining another BP, I touched Ken’s forehead. It was notably cold, as were his hands. The BP now read 68/30.

Recognizing that Ken was in septic shock, and that IV fluids and vasopressors would be needed emergently, I looked for an IV and found only one, a 24 gauge catheter in the left hand. This is the smallest size IV catheter and is typically used with infants and small children. Realizing that Ken needed a central line and that there was little that could be done to initiate even the most basic life-saving treatments to rescue Ken on the floor, he was emergently transferred to ICU. Within thirty minutes Ken was intubated, a central line was placed, and three vasopressors -- norepinephrine [Levophed], phenylephrine [Neosynephrine] and Vasopressin -- were required to get his systolic blood pressure greater than 90 mmHg.

After this transfer was completed, I asked Jenny a simple clinical reasoning question: “*What was the most likely complication that Ken could experience based on his reason for being hospitalized?*” Jenny admitted that she hadn’t thought about it because she was so focused on getting all of the tasks done with her four other patients.

Had Jenny asked herself this question while caring for Ken, but more importantly answered it, she would have been thinking like a nurse by vigilantly looking and assessing for EARLY signs of the most likely complication Ken could experience because of his perforated appendix...SEPSIS. Although early signs of sepsis were present at midnight, it was not recognized until it was too late for Ken. He died the next day.

I share this illustration not to frighten you or cause you to reconsider your choice to become a nurse, but to sober you with the incredible responsibility that is inherent as a nurse. Though I am in the twilight years of clinical practice, I remain passionate and highly engaged in caring for others because I continue to see the difference that excellent nursing care makes. This book is a labor of love to communicate to the next generation what is absolutely foundational and nonnegotiable to nursing care and practice.

Whether you are considering the nursing profession or are now a student who has fulfilled all required prerequisites and have been admitted to the nursing program of your choice, in the next chapter, I want you to carefully reflect and take a simple quiz to determine if you have what it takes to be a nurse.