

# Discussing rationale behind your selection

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The Rationale behind Selection The Rationale behind selection In the creation of an improved staffing design that is highly reasonable and mostly attainable, one must first conduct an evaluation of the existing staff of the hospital units. Assessment should involve studying all units, and this is for understanding each unit's problems, and probably the identification of pressing problems of the nursing services. The workload required in the attending to and caring for the patients follows such considerations as quality of nursing, the schedule of nursing care and the characteristics of patients. The information of the characteristics of patients should be at hand, which includes the number of patients, in this case 10 patients, the diagnoses, the acuity of the illness, including any required significant nursing needs. All these characteristics help the head nurse in staffing a unit, which is crucial for clarifying numbers and groupings required to care for the patients (Kuruvilla, Et al, 2007, p. 626).

In the case stated, we have three professionals, the RN, LPN and CAN, with their job descriptions. The information from the given patients involves three patients, who are critically ill, that includes patients 101, patient 105 and patient 106. The other seven patients are moderately ill and include patients 102, patient, 103, patient 104, patient 107, patient 108, patient 109 and patient 110. Based on information regarding the characteristics of the patients and the professionals present, and upon judging the situation at the unit, the assignment of the work should proceed as follows. The RN professional, who is the nurse in charge, will attend one critically ill patient 105, while the LPN professional attends two critically ill patients, patient 101 and patient 106. The CAN professional will assist both of professionals in any

requirements. The reason why the three patients need urgent medical attention is their current condition. For instance, the patient 106 should be of first priority in the medical attendance, simply because of her situation, that being that he is experiencing pain due to the fracture of the pelvis, plus his girlfriend's possibility of pregnancy. The patient is also drug dependant, and his family is in some arguments with the physician. Therefore, this patient needs the assignment of the physician, and hence, fits the LPN (Boltz, 2011, p. 231).

Since the critical patient 105 needs one hour of wound care plus other characteristics such as bruises and multiple lacerations, the patient should have the attendance of the RN. After LPN attending patient 106, he or she should attend the patient 101, who is critically ill. This is because of age and the family situation. Therefore, he or she should have the second priority of attendance under LPN (Hodge, 1999, p. 5). After the professionals finalizing the critically ill patients, they should attend to the moderately ill patients. The LPN professional should attend to patient 108, patient 107, and patient 104 in that order. The RN professional should attend to patient 109, patient 110, patient 103 and patient 102 in that order. The CAN professional should keep his or her work of providing any assistance to the two professionals, in addition to ensuring all the attended patients are under the required medical care. The LPNs order of attending to patients is attributed to the fact that they require a physician. Patient 108 has unstable vital signs plus the CVA detections, and with his age, needs urgent medications involving neurons checks. Then patient 107 and patient 104 are somewhat stable and require less attention, in which case the LPN will finalize with the assignment in the

unit. The RN will first attend to patient 109 due to the patient being in pain, then attend to patient 110, who is pneumonic then finalize the assignment by attending patients to 103 and 102, who require less attention and probably might go home.

Therefore, the rationale for the critically ill patients is 1: 1 for RN and LPN is 1: 2. For the moderately ill patients, the rationale is 1: 3 for LPN, and 1: 4 for RN. This will ensure that patients receive medical attention and care in the time possible depending on their characteristics (Page, 2004, p. 187).

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