

Prioritization in nursing



**ASSIGN
BUSTER**

TGP CASE STUDY 2

Q1. Prioritization is a vital skill in nursing profession. Management of patient loading depends on the sharpness of patients and relies on primacy environment. Brown & Edwards said breathing, airway and circulation are very important to sustain life; each is precondition of the other and in that array. The work of ABC's in a gush; if entire airway obstacle take place, It is impossible to breathe, as air does not go into the respiratory tract for ventilation, as a result; oxygen does not go into the lungs and transported to crucial organs and tissues. Furthermore, her ideology in prioritizing is to treat sensitive patients and present troubles over constant patients and possible problems.

1:- Phillip in bed 4 by way of a tracheotomy is the utmost main concern. Durbin said (, a tracheotomy is signify for patients with higher airway obstacle. while the tracheotomy tube is in position, this might cause frustration in the respiratory area instigate an enhancement in mucus creation. This leads to airway obstacle impose tracheal suctioning. Vigilant watch is necessary for patients with tracheotomy as this is openly occupied in airway patency and efficient inhalation . make sure a lucid and patent airway is as a result is primary, hypoxia arise if linger unprocessed.

2:- Colleen in Bed 5 has blood loss internally as this is indication of maelena and haematemesis, this may go ahead to hemorrhagic stun . This shock results from an failure of delivery of oxygen to tissues owed to the failure of blood volume in the vascular organism. To renovate blood volume, she was transfused through blood. on the contrary, this case is not honestly related

to airway and inhalation although comparatively sort out underneath the circulatory module of the algorithm; hence still necessitate vital awareness following Phillip.

3:- In bed 6 Tony makes a diagnosis of type II diabetes through insulin plus dextrose combination should be focus. This kind of combination is developing to keep up normoglycemia, which is important for him as he is to have an endoscopy and kept nil by mouth. Notably, the patient is not presently belligerent of rigorous ache or in a hypoglycemic condition which is an instant life intimidating experience if untreated; therefore this patient must be monitored carefully; on the other hand, care can be tardy after Collen and Phillip.

In bed 3 Max with constant mixture of pantoprazole as organization of sensitive GI blood loss resultant to peptic ulcer syndrome. He offered with haematemesis; though distressing, there is no sign of current blood loss, so Max requires caring monitoring relatively direct interference.

Fifth one is Linda, an aged female with right higher quadrant abdominal ache which could be indicative of cholecystitis She is at present feverish which may be analytic of an contagious process. Even if an increase in temperature exists, there is no straight and instant hazard in the patient's airway and inhalation condition.

Finally, in bed number 2 Jayne was suffered with jaundice resulting to a liver disorder is attended. Likewise, the patient has a significant past of hepatitis C virus disease that can be gain by use of infected needles among

intravenous-drug users. There is no warning of instant hazard for this patient, prompting her to be the less in priority.

. As develop by Heller, the brain is mainly affected after blood glucose level fall. While glucose level in the blood downs to 3.6 mmol/L, efficiency of mind diminishes, as evident by the patient reply to voice in the AVPU balance.

Notably, essential organs not adequately supply with glucose can potentially lead to stun. As a compensatory method blood course is force to the vital organs, this in return restrictions blood flow in apparent tissues causing fresh clammy skin . comparatively, a hormone that reduce blood sugar is insulin; however, patients with type II diabetes may have lack of this hormone; as an effect, insulin therapy is set up. Sam is to go through an endoscopy require him to be kept nil by mouth; as an effect, this can cause a important drop in the blood glucose. In the case, Sam's blood sugar fall to 1.5 mmol/L which can lead to abduction and potentially coma? To argue against this, dextrose is used to sustain the blood sugar within constant levels.

Infusion pumps are manage via a 50 mls needle driver. Actrapid insulin is included in a 50 mls bag of 0.9 NaCl. It is very important to check the blood sugar cautiously as this would be basis on correction of infusion rates. in addition actrapid insulin has an instant onset and can cause rigorous hypoglycemia

Procedures to reverse hypoglycemia are as follows:

1. A decrease in the insulin at the charted lowest rate.

This is the instant action as this is the chief cause of hypoglycemia; this act prevents a further turn down in blood sugar stage .

2. STAT dose of 25 mls of 50% dextrose, following 5 minutes a repeat BGL is done.

The main purpose is to repair blood sugar within secure limits. Sam is planned for an endoscopy and kept nil by mouth. Hence, giving the prescription orally is held up. But in severe cases dextrose is given intravenously due to awareness condition of patient and for quicker absorption.

3. Regular monitoring of BGL every 15-30 minutes until BGL's are 6.6 mmol/L and beyond.

Dextrose infusion might induce hyperglycemia. in addition, the insulin mixture is set at the lowest price, it is estimated that blood sugar will considerably raise. so, watchful BGL monitoring is compulsory to monitor efficiency of treatment

4. Keep insulin infusion, as insulin manages ultimately will run out.

Whole cessation of insulin may consequence to ketoacidosis. There is an impair usage of glucose as a variety of energy; the body make use of fat as a alternate which consequences to ketone formation. too much ketones can be a life threatening trouble due to intense acidosis.

5. Reduce insulin infusion and stimulate the rapid reaction team if patient befall semi-comatose from hypoglycemia.

As argued by Brown & Edwards, hypoglycemia causes brain energy deficiency. A decrease in the insulin should reduce the probability of a further fall in glucose levels. Instant warning of RRT to intrude is crucial to check further corrosion of patient. Predominantly, harsh hypoglycemia is like to hypoxia, within minutes patients contain grave brain harm; therefore instant interference should be applied.

It is the duty of Nurses to provide a safe and quality care. However, work in the ward can be very challenging; therefore, nurses must learn how to prioritize care.

The fresh graduate nurse was incapable to document clarification and manage prescription in advance due. These actions are authentic apprehensions in the excellence of care given to patient as this can hurt patients; it is the job of the registered nurse to supply secure and appropriate supply of medications. Prioritization and allocation of care are necessary mechanism of cooperation in the nursing career; vigilant thought of the availability of assets and staff, their experience and work responsibilities.

A nurse head overlook and administer the registered nurses. In addition, they offer update on condition of patients and assessment of care. CNS can offer maintain for new graduate registered nurses, in conditions of medication confirmation or specialist advices on exact nursing care., EEN's can also support in manage medication . AIN's are an vital part of the group. They can give basic nursing heed, support in activities of everyday living of patients and examination of vital signs.

Allocation of work to additional member of the healthcare team is essential in completion of tasks. Fresh graduate nurses can also dialog with team leaders and the NUM in regards to issues in their responsibilities. During collaboration workload is common; as a result, this provides finest care and decrease burnout in the place of work

Airway obstacle for a patient with tracheostomy is a main concern. The patient is coughing regularly and vehemently with blood stain sputum. This is a sign of extreme mucus accumulation and trauma in the airway.

Obstruction from dry emission and mucus plugs, bleeding and irritation from the tube friction against the exterior lining of the respiratory tract are important issues of a patient with a tracheostomy Phillip is the uppermost main concern while airway barrier indicates a life threatening position; therefore a speedy reply should be started. Whereas waiting, the nurse should carry out a most important review to establish the acuteness of condition beside with appropriate clinical interference.

Suctioning is very important for clients not capable to clear their airway efficiently. Saline is used an irrigation for solid emissions. It does not consider the secretions; however, it wet the airway, loosens mucus, and arouses an effective cough. Furthermore, supply oxygen 100% by means of bag valve mask or frankly in the tracheostomy. Hyperoxygenation of the patient is necessary as protracted suctioning can cause hypoxemia itself. Hypoxia lasting more than 4 minutes may possibly cause cardiopulmonary arrest and irreversible brain damage; therefore, enduring vital surveillance monitoring particularly oxygen saturation is necessary

In bed 3 also has a critical distress but this can be delayed for the intervening time after the patient with an airway compromise is attended. In addition, pantoprazole's half-life is just about an hour. Basically, a few minutes postponement to the patient in bed 3 would not guide to a life frightening situation