PATIENT CHART

Peggy Nelson Simulation # 2

This simulation is somewhat different than those you may have experienced in the past. While you will be caring for both the patient and the caregiver, the focus of the simulation is the caregiver.

Download this tool and attach to chart:

* Preparedness for Caregiving Scale:

<https://hign.org/sites/default/files/2020-06/Try_This_General_Assessment_28.pdf>

SBAR Report Students Will Receive Before Simulation

**Time:** 0700

**Person providing report:** Nurse going off duty

**Situation:** Mrs. Nelson is an 83-year-old female patient recovering from a left fractured hip 2 weeks ago. She had an open reduction internal fixation (ORIF) and was inpatient for 7 days and has been here in our rehab facility for 7 days.

**Background:** Mrs. Nelson experienced delirium following her surgery. Her delirium has improved but she continues to have symptoms of mild dementia. She is alert and oriented to person and place but exhibits some mild confusion and easily forgets the time and date. She is taking acetaminophen as needed for pain. Her daughter, Bridget Hardy, has been here on a consistent basis; comes to visit during breaks from work once or twice a day with lengthy visits in the evening.

**Assessment:** At 0600 her vitals were BP 138/84, P 78, T 37C, RR 18, O2 sat 93%. Mrs. Nelson is making some progress in physical therapy and is able to take a shower with assistance from an aide but needs frequent cueing to use walker and reminders to wear her glasses and hearing aid. The caregiver, her daughter Bridget, is concerned about her mother going home. She thinks her mom needs 24 hours/day supervision to keep her safe, and she cannot fill that role since she works full time, travels often as part of her job, and her family is dependent on her income. She is concerned about finding people to help her mother at home and about the cost to do so.

**Recommendation:** The occupational therapist made a home visit yesterday and her report is on the chart. Please review this with her daughter and make sure that she knows how to contact the social worker to check on progress for equipment delivery to the home. We expect she will be discharged as soon as equipment is delivered. Her daughter seems very worried about caring for her mother. The caregiver preparedness tool is on the chart and may be helpful.

Provider Orders

**Allergies/Sensitivities:** grass, tree pollen, and pet dander

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 7 Discharge Orders  0600 | **Discharge orders**  Discharge following physical and occupational therapy home care evaluations are complete and recommended equipment has been delivered to home  Physical therapy in home three times per week  Social work consult requested  Schedule appointment with orthopedic office in 4 weeks  **Activity:** out of bed ambulating with walker  **Diet:** Regular diet  **Medications:**  Methylprednisolone 4 mg by mouth everyday  Hydroxychloroquine sulfate 200 mg by mouth BID  Levothyroxine sodium 88 mcg by mouth everyday  Losartan potassium 50 mg by mouth everyday  Rivaroxaban 10mg by mouth everyday X 35 days (to end in 14 days)  Acetaminophen 1000 mg by mouth every 4 hours prn for pain  Desmond Ford, MD |

Progress Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 7 in Rehab Unit  0700 | OOB ambulating with walker with contact guard assist; plan to discharge patient home when equipment is delivered to home; social work consult ordered. Gabriel Brand, MD |
| Day 7 in Rehab Unit  0900 | Home safety assessment completed yesterday. Completed form on chart.  Phyllis Webster, OT |
| Day 7 in Rehab Unit  1100 | 83-year-old female patient 2 weeks post-op left Hip ORIF. Moderate pain reported to left hip when ambulating: at rest 2/10; with activity 5/10; described as “burning, cramping pain.” Patient making progress in ambulating. Left hip range of motion and strength are increasing allowing for improved ambulation and weight bearing as tolerated on the left lower extremity. Recommendations for discharge to home include a hospital bed, raised toilet seat and an OT evaluation for grab bars in the shower and near the toilet. Patient requires frequent reorientation on need to use walker for ambulating and asking for assistance when getting OOB. Recommend continued PT three times per week at home.  Claire Simpson, DPT |

Nursing Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Day 6 in Rehab Unit  2100 | Spoke to medical team today about possible discharge home tomorrow. Social worker is arranging delivery of needed equipment to the home. Daughter is tearful at times questioning how “this is going to work” and commenting on potential financial strain that her mother’s care will place on the family. She verbalized that she wants to hire supplemental homecare workers to keep her mother safe in the home related to the physical care and meeting her own work demands. Jennie Lee, RN |
| Day 7 in Rehab Unit  0700 | Reviewed medications with caregiver in preparation of discharge. Caregiver verbalizes understanding of medication, times of administration and side effects to monitor patient for. Sean Parker, RN |

Medication Administration Record

Scheduled & Routine Drugs: (reflects previous 24 hours in rehabilitation unit)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Hours of Administration:** | **Date of administration:** | **Initials** |
| Day 1 | Methylprednisolone | 4 mg | oral | every day | 0900 | xx/xx/xxxx | *SP* |
| Day 1 | Hydroxychloroquine sulfate | 200 mg | oral | twice a day | 0900  2100 | xx/xx/xxxx  xx/xx/xxxx | *SP*  *JL* |
| Day 1 | Levothyroxine sodium | 88 mcg | oral | every day | 0900 | xx/xx/xxxx | *SP* |
| Day 1 | Losartan potassium | 50 mg | oral | every day | 0900 | xx/xx/xxxx | *SP* |
| Day 1 | Rivaroxaban 10 mg by mouth everyday x 35 days (to end in 14 days) | 10 mg | oral | everyday | 0900 | xx/xx/xxxx | *SP* |

PRN and STAT Medications

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | | **Initials** |
| Day 1 | Acetaminophen | 1000 mg | oral | Every 4 hours prn for pain | Day 6 | 1030  1600 | *SP*  *SP* |

Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
| SP | Sean Parker |  |  |
| JL | Jennie Lee |  |  |

Vital Signs Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Day 7 in Rehab Unit** | **Day** | **Day** | **Day** | **Day** | **Day** |
| **Time:** | 0600 |  |  |  |  |  |
| **Temperature:** | 37 |  |  |  |  |  |
| **Heart Rate/Pulse:** | 78 |  |  |  |  |  |
| **Respirations:** | 18 |  |  |  |  |  |
| **Blood Pressure** | 138/84 |  |  |  |  |  |
| **O2  Saturation:** | 93 |  |  |  |  |  |
| **Weight:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Nurse Initials:** | *JL* |  |  |  |  |  |

**Home Safety Checklist**

**Patient:** Peggy Nelson  **DOB:** 7/12/YYYY

**Date completed:** xx/xx/xxxx  **Completed by:** Phyllis Webster, OT

**Hallways and Entrances**

**Y N**

Do rugs stay in place when you use your foot to push them?

Are the rugs and runners securely fastened down? Does the carpet lay flat or does it need to be re-stretched? ***“Not all are secured, they need to be fastened down.”***

Are there any tripping hazards (electrical cords, pets, children’s toys, etc.)? ***“My mom has tripped over the dog several times in the last month.”***

Is the lighting adequate?

Do you have night lights that allow you to safely maneuver to the bathroom at night?

Can the entrances to rooms be accessed with assistive equipment (walkers, wheelchairs, scooters, etc.)? ***“It is a tight squeeze to get my mom in the bathroom with her walker. I have to let her side step in there to get the walker through the door.”***

**Stairways**

**Y N**

Are there handrails securely fastened to the wall on both sides of stairs?

Do the handrails extend so you may make the turn at the top or bottom of the stairwell?

Are you able to securely hold on to the handrail (would you be able to catch yourself if you slipped)? ***“I have to remind my mom to hold on the handrail and I walk directly behind her if she is attempting to go upstairs in her house.”***

Are you able to control the lights with light switches at the top and bottom of the stairwell?

Are the stairs free of tripping hazards?

Are you able to clearly see each step and the edge of each step as you climb and descend?

**Living Areas**

**Living Room/Family Room/Great Room**

**Y N**

Are you able to rise from a seated position (are there armrests to assist with both sitting and standing)? “***My mom has to push up on the armrests and it usually takes her a couple of times to do so.”***

Is there enough room to have your walker (or other assistive device) next to you? ***“I have rearranged the furniture so that there will be enough room for her walker in the living room.”***

If you have a land line are you able to reach it easily from the seating area? ***“Yes, her phone is next to her chair.”***

Are the electrical cords out of your walking path?

Is your pathway clear or do you need to address clutter to be safe when walking***? “I need to organize my mom’s clutter occasionally as she likes to pile up newspapers and her mail.”***

Are you able to access lighting without having to enter the living areas in the dark?

**Kitchen**

**Y N**

Do you slip on your kitchen floor? ***“She has fallen in the kitchen a couple of times near the sink.”***

Are the rugs rubber backed or secured? ***“I took away the rug in front of the sink as she was getting her walker caught on it.”***

Are you able to reach the items you use frequently without a step-stool? ***“I have moved all the items to the countertop that she needs.”***

Are you able to access lighting without having to enter the kitchen in the dark? Is it adequate? ***“Yes”***

Are you able to reach the stove/oven controls while using your walker/assistive device? ***“Yes, but I don’t want her going near the stove at this point.”***

Are potholders and towels within easy reach, but not too close to any heat source?

Are you able to transport coffee, plates, ingredients while using your assistive device? ***“No, she needs help to get things to the table.”***

Does your smoke detector work?

**Bedroom**

**Y N**

Do you have a light source within reach of your bed? ***“Yes, she leaves the little lamp on all night.”***

Do you have a smoke detector in your bedroom?

Is it functional? ***“Yes”***

 Is your phone within reach should you need to answer or call for help? ***“My mom does not have a phone in her bedroom.”***

Are you able to get in and out of bed without flexing your hip more than 90 degrees? ***“She needs help with getting in and out of bed, I usually lift her legs up while she is positioning herself in the bed.”***

Are you able to access your dresser drawers and closet easily (will the assistive device allow you to be close enough to do this safely)? ***“It is a little tight, but we usually lay out the items that she needs so she doesn’t have to go into the closet with her walker.”***

**Bathroom**

**Y N**

Are you able to access your bathtub or shower safely? ***“Not without assistance”***

Do you have grab bars that are secured for the shower, tub, toilet (not towel racks)? ***“Yes, they installed these after she broke her hip.”***

Do you have a shower chair as you may become fatigued and need to sit down? ***“Yes”***

Is your shower large enough to hold the shower chair and you comfortably? ***“Yes”***

Is your flooring skid resistant? ***“I have put a shower mat down so that she doesn’t slip.”***

Are the rugs rubber backed or secured?

Do you have a raised toilet seat or is the toilet seat high enough that you will not need to flex your hip more than 90 degrees? ***“Yes, the hospital sent one home with her.”***

Is your hot water heater set to 140 degrees or less to prevent burns?

Will you need a hand-held portable shower head? ***“We have one in her shower.”***

**Doorways/Exterior**

**Y N**

Is there outdoor lighting at all entrances to your home?

Are walkways in good repair as to avoid catching walker legs/crutch tips/feet/shoes?

If you have steps, are there hand rails?

Do the steps have non-skid treads?

Do you need a ramp to access your home? ***“I wish we had a ramp as it would make things much easier.”***

Are the thresholds low to facilitate easy access?

**Other Safety Concerns**

**Y N**

Do you have an evacuation plan in case of fire, earthquake or other natural disaster?

For example:

* + - As elevators do not operate in the event of fire, are you able to navigate stairs? N/A
    - Do your storm cellar stairs have hand rails? N/A

Do you have emergency contact information close to your phone or if you only have a mobile device are they programmed into your phone? ***“Yes, near the phone in the living room.”***

If you have pets, do you have a plan in place to address their needs during your recovery? ***“She insists on keeping the dog even though I think it is not doable.”***

Do you have a way to call for help if you fall and are unable to stand (e.g. lifeline, medical alert device)? ***“We have a medical alert device around her neck that she uses when she falls.”***

Do you have a system to assist with management of your medication? ***“I lay out her medicine for her in a weekly pill case.”***

**COMMENTS:**

**OT SOAP Note**

**Problem:** Maintaining safety in the home

**S:** Patient with mild dementia being discharged home

**O:** Patient attempts to walk without the use of the walker and requires frequent cueing and reminders to use walker for ambulating. Her daughter is working on some homecare arrangements since patient needs supervision.

**A:** Home safety checklist completed with patient’s daughter, Bridget Hardy. Patient lives in a split-level home with 8 steps from first floor to second level where patient’s bedroom and bathroom are located. Bathroom space is noted to be tight so recommended that daughter have bathroom door removed for easier access.

**P:** Continue PT visits when discharged to work with patient on safe ambulation with walker. Provide patient’s daughter with homecare referral for ordering bedside commode, raised toilet seat, grab bars in the shower and near the toilet. Items are to be delivered home prior to patient’s discharge from rehab unit. Family to think about installation of a ramp leading to the front door of the home.

Phyllis Webster, OT

Form developed by Kathryn Sexson, PhD, APRN, FNP-BC. Permission for use provided to the National League for Nursing

Discharge Instructions

Patient: Peggy Nelson

Date: \_\_\_\_\_\_\_\_\_\_\_

1. You are being discharged to home with family member after rehabilitation following repair of a fractured hip.
2. Continue to use your walker and raised toilet seat at home. Increase your activity as tolerated.
3. Call your primary care physician Dr. Desmond Ford @ #123-456-7890, if you have fever, difficulty breathing, or other symptoms return.
4. You have a follow-up appointment with Dr. Nina Granger in orthopedic office in 4 weeks

\_(date & time)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office phone number: 123-789-0456.

MEDICATIONS: Continue your current medications as ordered:

Medication Reconciliation Form

**Allergies/Sensitivities:** Grass, pollen and pet dander

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/DC** | **Teaching done /RN initial** |
| Methylprednisolone | 4 mg | oral | every day | Rheumatoid arthritis | X/XX/XX | C  DC | Yes/ *SP* |
| Hydroxychloroquine sulfate | 200 mg | oral | twice a day | Rheumatoid arthritis | X/XX/XX | C  DC | Yes/ *SP* |
| Levothyroxine sodium | 88 mcg | oral | every day | Hypothyroidism | X/XX/XX | C  DC | Yes/ *SP* |
| Losartan potassium | 50 mg | oral | every day | Hypertension | X/XX/XX | C  DC | Yes/ *SP* |
| Rivaroxaban X 35 Days | 10 mg | oral | every day (to end in 14 days (XX/XX/XX) | Prevention of deep vein thrombosis (DVT) | X/XX/XX | C  DC | Yes/ *SP* |
| Acetaminophen | 1000 mg | oral | every 4 hours as needed for pain | Pain relief | X/XX/XX | C  DC | Yes/ *SP* |

|  |
| --- |
| Signature RN: Sean Parker, RN  Print Name: Sean Parker, RN Date: xx/xx/xxxx |

Patient or Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_