



Galen College of Nursing
Fundamentals of Nursing
Quarter Clinical Packet

Student's Name: _____ Date: _____

This clinical packet contains information pertaining to your clinical experience.

The information you complete is confidential information.

Therefore, this packet must be guarded at all times to protect your client's privacy.

You must look closely at this packet prior to the clinical experience.

Section I

This section is to be completed during every clinical experience. You may gather the data during report, from the Kardex, or from the chart. The instructor will give you information about turning this packet in.

Section II

In general, this section is to be completed during the clinical experiences after mid-term. Depending upon your progress, the clinical instructor may require this section to be completed earlier than mid-term. The instructor will give you information about turning this packet in.

Section III

This section on Time Management may be required. If your clinical instructor believes that you would benefit from this exercise, he/she will let you know that it is required. Follow the directions on the top and bottom of the page.

Section I

Client's Initials _____ Age _____ Gender _____ Admission Date _____

Code Status _____ Allergies _____ NKA

Admitting Dx _____

Attending Dr. _____

Other information: Pertinent PMH, Social Issues, Family concerns, tests or special examinations scheduled:

Level of Consciousness:	A & O to Person Place, & Time	confused	lethargic	unresponsive	other _____
Speech:	Clear appropriate	slurred	non-verbal	other _____	
Vision:	Normal adequate for needs	impaired	glasses	blind	other _____
Hearing:	Normal adequate for needs	impaired	aides R and/or L	deaf	other _____

Hygiene Assistance Needed:	Independent	min assist	mod assist	total care
Bath:	Shower	bed bath Complete or Partial	HS care	shave
Oral Care:	Brush	swabs	dentures/partial	other _____
Hair Care:	shampoo	comb/brush		
Nail Care:	Clean	trim	manicure	

Activity Level:	Bed rest	As tolerated	Up in chair	Turn & reposition	other _____
Assist needed:	independent	assist	total care		
Amb aids:	walker	cane	crutches	brace	other _____
Assist for transfer:	independent	assist X1	assist X2	mechanical lift	_____
Therapeutic Amb:	distance _____				
ROM:	passive	active	X _____	min or repetitions	

Safety:	low bed	scoop mattress	sensor alarm/personal body alarm	other _____		
Side rails:	None	X1	X2	full rails	½ rails	bed cane

Diet:	diet ordered _____					
Assistance Needed:	independent	set up only	assist	feed	other _____	
Location:	room	dining area	day/sunroom _____	other _____		
Fluid:	restrict _____	cc per shift	encourage _____	cc per shift		
Tube Feedings:	G-tube	J-tube	Dobb Hoff	flush _____	feeding _____	rate _____
Accu-checks frequency:	ac/hs	q6hr	other _____			

Elimination:						
Bladder:						
Uses:	brief	pull-up	BR	bedpan	FX bed pan	BSC
Assistance needed:	continent	incontinent				
Catheter:	type _____		size _____			
Bowel:						
Uses:	brief	pull-up	BR	bedpan	FX bed pan	BSC Colostomy
Assistance needed:	continent	incontinent				
Last BM:	date _____					

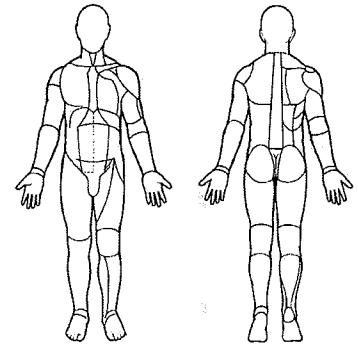
Breakdown/wounds: None Location _____ indicate the area of each with a mark:

Treatment Order:

Medicated creams/lotions: _____

Description of wound: _____

Or Breakdown: _____



Current dressing is: clean dry intact soiled loose

Use back of sheet for more than one wound.

IV site: None

Location _____ hep lock date _____

IV Fluids _____ rate _____

PCA _____ rate _____

Supplemental O₂: None nasal cannula mask RATE _____ LPM

O₂ Saturation _____ Time _____

Incentive Spirometry: Y or N

Data gathered during your clinical experience:

Vital Signs: Frequency: _____

Time: _____ T _____ P _____ R _____ B/P _____

Time: _____ T _____ P _____ R _____ B/P _____

Time: _____ T _____ P _____ R _____ B/P _____

Intake and Output:

% of meals eaten today: breakfast _____% lunch _____% Dinner _____% Snack _____%

Intake:

PO: breakfast _____cc lunch _____cc Dinner _____cc snack _____cc other _____cc

Total PO: _____

Tube Feeding: _____

Total Intake _____cc

Tube Flush: _____

IV: _____

Other: _____

Output: Urine: from catheter _____cc or voided X _____

Diarrhea stool: _____

Drains: _____

Vomitus _____ Total Output _____

Bowel Movement: Amount _____ color _____ consistency _____

Other Information:

Therapeutic Techniques

Examples

1. Using silence
2. Accepting
Yes, uh huh, I follow what you said.
Nodding.
3. Giving recognition
Good morning Mr. S. I noticed that you've combed your hair.
4. Offering self
I'll sit with you for a while. I'll stay here with you.
I'm interested in your comfort.
5. Giving Broad Openings
Is there something you'd like to talk about?
What are you thinking about?
Where would you like to begin?
6. Offering General Leads
Go on.
And then?
Tell me about it.
7. Placing the event in time or sequence
What seemed to lead up to.....?
Was this before or after.....?
When did this happen?
8. Making observations
You appear tense.
Are you uncomfortable when you....?
I notice that you're biting your lips.
It makes me uncomfortable when you.....
9. Encouraging Comparisons
Was this something like.....?
Have you had similar experiences?
10. Restating
Patient: I can't sleep, I stay awake all night.
Nurse: You have difficulty sleeping.
11. Reflecting
Patient: Do you think I should tell the doctor?
Nurse: Do you think you should?

Patient: My brother spends all of my money and then has the nerve to ask for more.
Nurse: This causes you to feel angry?
12. Focusing
This point seems worth looking at more closely.
13. Exploring
Tell me more about that.
Would you describe it more fully?
What kind of work?

- | | |
|---|--|
| 14. Giving information | My name is.....
Visiting hours are.....
I'm taking you to the..... |
| 15. Seeking clarification | I'm not sure that I follow.
What would you say is the main point of what you said? |
| 16. Presenting reality | I see no one else in the room
That sound was a car backfiring.
Your mother is not here. I am the nurse. |
| 17. Voicing doubt | Isn't that unusual?
Really? |
| 18. Seeking consensual Validation | Tell me whether my understanding of it agrees with yours. |
| 19. Verbalizing the Implied | Patient: I can't talk to you or to anyone. It's a waste of time.
Nurse: Is it your feeling that no one understands? |
| 20. Encouraging evaluation | What are your feelings in regard to ...?
Does this contribute to your discomfort? |
| 21. Attempting to translate into feelings | Patient: I'm dead.
Nurse: Are you suggesting that you feel lifeless? Is it that life seems without meaning?

Patient: I'm way out in the ocean.
Nurse: It must be lonely or you seem to feel deserted. |
| 22. Suggesting collaboration | Perhaps you and I can discuss and discover what produces your anxiety. |
| 23. Summarizing | You've said that....
During the past hour you and I have discussed.... |
| 24. Encouraging the formulation of a plan of action | What could you do to let your anger out harmlessly?
Next time this comes up, what might you do to handle it? |

Legal/ Ethical Guidelines

1. The nurse provides service with **respect for human dignity** and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse safeguards the client's **right to privacy** by judiciously protecting information of a confidential nature.
3. The nurse acts to **safeguard the client and the public** when healthcare and safety are affected by the incompetent, unethical, or illegal practice of any person.
4. The nurse assumes **responsibility and accountability for individual nursing judgments and actions**.
5. The nurse **maintains competence** in nursing.
6. The nurse **exercises informed judgment and uses individual competence and qualifications as criteria** in seeking consultation, accepting responsibilities, and **delegating nursing activities** to others.
7. The nurse **participates in activities** that contribute to the ongoing **development of the profession's body of knowledge**.
8. The nurse **participates** in the profession's **efforts to implement and improve standards of nursing**.
9. The nurse **participates in** the profession's **efforts to establish and maintain conditions of employment conducive to high quality nursing care**.
10. The nurse participates in the profession's effort to **protect the public from misinformation and misrepresentation** and to maintain the integrity of nursing.
11. The nurse **collaborates with members of the health professions and other citizens** in promoting community and national efforts **to meet the health needs of the public**.

Daily Worksheet

Health Promotion focus for the day: _____

Instructions:

Identify one Interpersonal Communications Technique you used from those listed on page 5 or 6.

List the technique, the words you used, the clients response, then evaluate the effectiveness of the communication. Complete the information below.

1. Interpersonal Communications Technique used: _____

Quote Your Statement: _____

The client's response: _____

Evaluation: _____

2. State one legal / ethical issue addressed today. (use page 7 of guidelines)

3. Measures taken today by the student to promote client safety:

4. Give an example of a universal precaution or other safety measure taken today to ensure safety for the student nurse or other staff members:

Section II- Physical Assessment

Instructions: Circle all appropriate choices in each section

Mental/Emotional

Calm Cooperative Agitated Combative other _____

Neurological

LOC: alert oriented to person/place/time confused lethargic unresponsive

Pupils: equal unequal round other _____ reactive to light or non reactive brisk or sluggish

Speech: clear slurred appropriate inappropriate facial droop

Functional Level: follows simple commands unable to follow simple commands appropriately

Musculoskeletal

Movement: moves all extremities well stiff weakness contracted R and/ or L Upper and/or Lower

ROM: equal/bilateral limited hemi paresis (R>L / L>R) other _____

Hand grasp: weak (R and/or L) strong (R and/or L) equal bilateral

Gait: steady unsteady limp shuffle non-ambulatory

Assistance: cane walker brace crutches wheel chair other _____

Cardiovascular

Apical rate: _____bpm regular / irregular

Check prences of pulses (+/-) : carotid _____ brachial _____ radial _____ femoral _____
popliteal _____ posterior tibialis _____ dorsalis pedis _____

Quality: WNL weak strong absent **Strength:** = bilaterally R>L L>R other _____

Extremeties: Upper: color _____ hot warm cool cold

Lower: color _____ hot warm cool cold

Edema: None noted trace generalized pitting 1+2+3+4+ location _____

Capillary refill: brisk (<3 seconds) fair (= 3sec) sluggish (>3 seconds)

Skin turgor: good (<3sec) fair (= 3sec) poor (> 3 sec)

Gastrointestinal**Contour:** round flat pendulous**Bowel Sounds:** (+ or -) LLQ___ LUQ___ RUQ___ RLQ___ absent**Palpation:** soft or firm distended or non-distended

Tender or non-tender

Bowel Movement per: BR BSC bedpan incontinent colostomy**Stool amount:** None small medium large**Color:** brown black grey other_____**Consistency:** hard/ dry formed soft loose watery**Stoma:** N/A Site_____ appliance secure: Y or N

Stoma color: pink other_____

Drainage: stool mucus characteristics_____

Skin condition at stoma site: clean dry red other_____

Feeding tubes: None**Type of tube:** G-tube Dobhoff (nose) J-tube**Tube feeding:** type of formula_____ strength_____ rate/ frequency_____ flush_____**Residual checked:** Y or N How Much?_____ Amount_____**Placement Verified:** Y or N Clamped: Y or N**Urinary****Bladder:** distended or non-distended tender or non-tender**Urine output per:** BR BSC urinal bedpan incontinent**Catheter:** N/A type_____ size_____ patent**Secured to:** leg thigh abdomen none**Draining to:** BSD leg bag**Describe:** Color_____ Clarity_____ Odor_____ Amount_____

IV Infusions: N/A

Site: location _____ saline locks PICC Central Line Medi-Port

Date: _____ redness edema dressing intact other _____

Fluids infusing: _____ rate _____ gravity or pump

PCA: drug _____ dose _____ frequency _____ 4-hour lock-out _____

Respiratory

Rate: _____ bpm

Rhythm: regular irregular

Effort: easy unlabored labored use of accessory muscles nasal flaring other _____

Depth: deep shallow WNL

***Breath Sounds:** RUL _____ LUL _____ RML _____ RLL _____ LLL _____

***Place an abbreviation in each lobe:** CL (clear) RH (rhonchi) WH (wheeze)
CR (crackles) DIM (diminished) ABS (absent)

Cough: None noted dry course spastic non-productive productive

Sputum amount: None noted small medium large

Characteristics: None noted thick think yellow tan clear other _____

Supplemental O₂: None noted _____ lpm nasal cannula face mask other _____

O₂ Saturation: N/A _____ % Time _____

Integumentary

Skin: Cool to touch warm hot diaphoretic

Tenting present: Yes No

Color: _____

Skin integrity: Scars _____ Rashes _____

Lacerations _____ Ulcerations _____

Other: _____

Section III – Time Management

Instructions:

In the first column list the nursing care you plan to provide during each time period. You must prioritize your care. Include the supplies you will need, and the name of the other student who will assist if necessary.

Time	Nursing Interventions	Supplies	Evaluation of Plan
0700-0800			
0800-0900			
0900-1000			
1000-1100			
1100-1200			
1200-1300			
1300-1400			
1400-1500			

At the end of the clinical day evaluate each time interval objectively. Answer the following questions:

Did you allow ample time?

Did you over estimate the time needed?

What worked well and why did it work?

What did not work and what interfered with your client care?

