Clinical Reasoning in Nursing Practice

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In the health field, there are certain practices that a health scientist must experience. Not everything is always smooth in the daily to daily patient work activities. There are rules that should be followed to strengthen the relationships between the nurses. Those rules also make sure that everything is done accordingly.

One of the best nursing graduate programs that affect all kinds of people is the mental graduate program (Duckett, 2015). People don't like such a program since some nurses are never able to deal with people with mental illness. This is the program I like most. There are reasons why I support such a program. Equality should be everywhere in all corners of the world. No one should be higher than the other in terms of life issues. People with mental problems deserve a good life similar to the other patients. In different hospitals and regions, health scientists put patients with mental illness aside and treat other patients, showing less concern for these people. Mental illness is a problem like any other that can be treated. When patients with mental illness go on sufficient medication, one can't even notice the difference compared to a person who has no mental problems. People suffering from such illnesses can be born that way, or some can get affected while in daily living conditions. All should be treated fairly (Alfaro-Lefevre, 2015).

I didn't want to become a nurse because of money or a good life; it was because of the passion I had for helping people with mental illness, among other patients. It is the passion that drives me to do such a program. One of my most important characteristics is that I am patient with things in life, and I know that even if they take time, they will bear fruits. Mental illness nurses need patience; otherwise, they can give up. One can't expect a mentally ill guy to be okay in the next few weeks. It can take up to a year, but still, the possibility is that he/she can be okay one day. A loving heart is also a must that I have towards such people. During the medication and care period, the nurses chat, laugh, and play with the patients. If one has a heavy heart towards them, that is not possible. A loving heart towards such patients is mandatory.

Section 2

A seizure is an abnormal brain nerve distraction in a person (Erickson et al. 2018). When a person is suffering from this disease, there can be no symptoms at all, or one can be unconscious at some time. It is a scary occurrence when it happens, and people around the patient can really freak out. To a nurse, it is a common thing that can happen anytime. Such people need to be taken care of. A seizure can happen at any time. Hence, such patients should be looked upon every second. When such people experience such occurrences, they can fall on any object since they are always unaware of themselves. They can even be injured at the moment. At some point, if they settle in a bad position

where they can swallow vomit or saliva, they can hardly breathe, which can lead to serious consequences. If not in a hospital environment, if the seizure takes more than 3 minutes, medical attention should be accessed immediately (Angus, 2018).

After the seizure, there are certain things that should be done to ensure the patients are safe enough. The male patient I found in the bathroom after a seizure can be in danger if I don't follow certain precautions. One of these precautions is to check if there are any injuries. Since the patient did fall on the floor, there are high chances of injuries since the bathroom has other structures which, if he came in contact, can be harmed. I would check the injuries and, if minimal, dress them immediately to avoid contamination. If the injuries are serious, a checkup is important to see if there are rib fractures, internal bleeding, and such serious issues that need medical attention immediately. There can be external breeding, which can also be checked and dressed up to stop blood loss.

The position of the patient also matters. If the patient looks upwards in a way that allows any saliva or vomit to be swallowed, there can be the need to change the position. The position can bring along serious consequences. If the patients swallow the saliva, the windpipe can be blocked, leaving tiny or no spaces for air circulation in and out. These can bring health problems or even death if they extend for a long time without notice. If the patient is in that position, then he should look downwards on his side so as to vomit outwards. If I am late, I can also use my fingers to remove the excess saliva and vomit from the mouth to give breathing in and out of its field.

There are other minor care activities. One of the precautions is to loosen the clothing of the patient (Folland, 2016). It will make him feel cool and relaxed until he fully recovers. Since he did fall in the bathroom, I should also carry him to a safe area where there are no objects that can harm the patient. The patient should also not consume any drink or even eat anything before he fully recovers. The reason is that he can just swallow anyhow because he is not fully unaware, which leads to other issues. I should also stay with the patient till he fully recovers to prevent any injuries and to make sure he is safe.

Section 3

In some incidences, certain things happen at the same time (Betancourt et al. 2016). All of them are important, but a nurse must prioritize the most important ones first to the last. If a nurse can't do this, then there is a very high chance that some things might not be successful, leading to patient injuries or even death during difficult moments. In such a scenario, a nurse finds him/herself alone, and he/she has to do all the things that the patient requests within the stipulated period (Lee, 2018).

Patient 3

The patient in this section is Mr. Young. The patient's mode of medication cannot be oral. The nurses have to be there physically since the method used is the infusion method. It should be the first

priority that I should think of since the IV flask is almost empty and hence needs to be refilled in order to keep the patient in the best condition. Furthermore, the infusion pump alarm is also on and needs to be switched off by making the pressure pump regenerate again and ready to service the patient. Since all these activities must be done physically, it can be the way to start, and others can follow. If the infusion pump and the IV flask are not checked in time, there can be serious complications (Dumas, 2016).

Patient 1

She is Mrs. Peterson, who is half paralyzed. It shows that it can be hard for her to move from one place to another. She needs direct contact or else physical assistance. She needs assistance to ensuite her bowels, which is needed and should be carried out within a short period of time so that the patient can at least feel relieved. Since she is said to have a high fall risk, she should be the second taken care of. Her problem is that she can still wait for patient three but can't wait long for the other patients. If it takes a very long time, there can be a mess.

Patient 4

He is Mr. Stavropoulos, who had been admitted due to acute asthma. He should come third. His service is not as important as the first two since he had taken medication at exactly 0700 hours. Also, acute asthma is not severe but can be dangerous when the asthma attack is severe. However, the vent line should be done before or at the specified time; otherwise, there can be severe problems.

Patient 2

She is Mrs. Walters, and she is to undergo surgery. However, her checklist is not located and has to be searched. The time to locate the checklist can vary depending on where it can be. Surgery can wait for a few minutes or hours, but it is also very important. She may come last, but her condition should also be looked upon soon and soon enough. However, she had to be last since other patients had conditions that couldn't wait long enough compared to her condition.

To conclude this section, priority management is important in nursing management. Such occasions will forever happen, and decisions have to be made depending on urgency.

Section 4

As indicated earlier, in nursing, there are professional ethics that should be followed. Not all people adhere to this call. In every place, there can't be one person who hardly follows what the rules say. When rules are broken, there are serious consequences that may follow to the related subjects. In

health, the subject here is a living thing, a human being. The most precious thing in life. Any mistake can judge between death and life. However, some people tend to forget that. Every department in the health center is responsible for the patient's safety. Some nurses are not human enough to take care of their patients in one piece. The nursing field is only for the chosen few who have a heart of love and patience. To solve such issues, nurses have professional ethics and practices, which, if not followed, can have consequences.

One of the important virtues in the nurse's practice is respect. In healthcare, there are different categories of employees with different ranks. Respect is given to every single person in that healthcare, including the patient. According to case 4.2, the case is forced out of the recovery room while her pain score is 6/10. Under such conditions, the patient should not be forced out of the recovery room since her pain score is very high. The recovery RN does not show respect to the patient. The patient's life is more important than anything else. Furthermore, that's why the RN is there in the first place, and that's why he is paid. He should respect the patient's life since letting the patient come out of the recovery room in pain will make her experience a lot of pain.

Respect should also be among health scientists. Whichever rank one is in, there should be respect for the one below and above. An individual's opinion should also be heard in such a field since people have different experience scenarios. In this case, the recovery RN has handed such a patient under bad conditions, which is not fair to both the patient and me.

The case situation has to be managed, though, since this is a patient's life. A pain score of 6/10 is high (Frattini et al. 2018). It shows that the patient is suffering. One of the immediate actions that I can take is to report the case to the nurses at the above ranks and explain the scenario. My recommendation to them is that the patient should be kept in recovery till the pain score lowers to lower levels. Management can act according to how they think is best. Another issue to be followed is that the nurse in the recovery room should also suffer serious consequences from the management. There are rules to be followed; if broken, human life can be in danger. The nurse should be punished for acting as an example to other nurses. Human life should come first (Norman et al. 2017).

The above decision may fail, and there is a need to understand the situation. The patient's score cannot be ignored, but she can also be kept in another place to settle first before anything else. A score of 6 shows she can also walk and do some minor things. If that's the case, with the correct medication prescribed and more, I can keep her in another room and take care of her in the process of recovery. I can also offer her guidelines and advice on dietary and other ways of making sure her health is top-notch. If, in any case, the patient goes home with the pain score still at 6, I would sit down with her and give her precautions on the don'ts. She should go and be taken care of. I should give advice to the family on medication like painkillers, which include Panadol, to help the patient survive the pain. They also should know the ways to make sure she lives well till the pain reduces. They should also know that the patient should come back for a checkup so that I can make sure she is totally okay and ready to do other activities (Stoddart, 2017).

In conclusion, Professional rules should be followed at any given time to avoid such incidents in the future (Trowbridge et al. 2015).

References

Alfaro-Lefevre, R. (2015). *Critical Thinking, Clinical Reasoning, and Clinical Judgment E-Book: A Practical Approach*. Elsevier Health Sciences.

Angus, L., Chur-Hansen, A., & Duggan, P. (2018). A qualitative study of experienced clinical teachers' conceptualisation of clinical reasoning in medicine: Implications for medical education. *Focus on Health Professional Education: A Multi-Professional Journal*, *19*(1), 52-64.

Barton, C. J., Lack, S., Hemmings, S., Tufail, S., & Morrissey, D. (2015). The 'Best Practice Guide to Conservative Management of Patellofemoral Pain': incorporating level 1 evidence with expert clinical reasoning. *Br J Sports Med*, *49*(14), 923-934.

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. I. (2016). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public health reports*.

Boulware, L. E., Cooper, L. A., Ratner, L. E., LaVeist, T. A., & Powe, N. R. (2016). Race and trust in the health care system. *Public health reports*.

de las Peñas, C. F., Cleland, J., Courtney, C., Hall, T., & Puentedura, L. (2016). Evidence-based clinically-informed manual therapy clinical reasoning for headache management. *Manual Therapy*, *25*, e5-e6.

Drummond, M. F., Sculpher, M. J., Claxton, K., Stoddart, G. L., & Torrance, G. W. (2015). *Methods for the economic evaluation of health care programmes*. Oxford University Press.

Duckett, S., & Willcox, S. (2015). *The Australian health care system* (No. Ed. 5). Oxford University Press.

Dumas, J. P., Blais, J. G., & Charlin, B. (2016). The relationship between clinical reasoning assessment in musculoskeletal physiotherapy and clinical placement. *Manual Therapy*, *25*, e167.

Erickson, G., Wagner, K. L., Morgan, M., Hepps, J., Gorman, G., & Rouse, C. (2018). Assessing Clinical Reasoning in an Environment of Uncertainty: A Script Concordance Test for Residents and Fellows in the Neonatal Intensive Care Unit.

Folland, S., Goodman, A. C., & Stano, M. (2016). *The Economics of Health and Health Care: Pearson International Edition*. Routledge.

Frattini, E., Monfrini, E., Bitetto, G., Ferrari, B., Arcudi, S., Bresolin, N., ... & Di Fonzo, A. (2018). Clinical

Reasoning: A 75-year-old man with Parkinsonism, mood depression, and weight loss. *Neurology*, *90*(12), 572-575.

Lee, L., Weston, W., & Hillier, L. (2018). Education to Improve Dementia Care: Impact of a Structured Clinical Reasoning Approach. *Family medicine*, *50*(3), 195-203.

Norman, G. R., Monteiro, S. D., Sherbino, J., Ilgen, J. S., Schmidt, H. G., & Mamede, S. (2017). The causes of errors in clinical reasoning: cognitive biases, knowledge deficits, and dual process thinking. *Academic Medicine*, *92*(1), 23-30.

Stoddart, G. L., & Evans, R. G. (2017). Producing health, consuming health care. *Why are some people healthy and others not?* (pp. 27-64). Routledge.

Trowbridge, R. L., Rencic, J. J., & Durning, S. J. (Eds.). (2015). *Teaching clinical reasoning*. American College of Physicians.