Clinical Scenario

Section 1: Clinical Question

Caring for patients with seizures requires close monitoring of the patients as the stroke can occur at any time to the patient. When a seizure occurs to the patient, the necessary first aid would be performed to the patient to ensure that they are safe. Seizures are abrupt and spontaneous brain electrical disorders, ranging from mild to the extent of death (Brodie, Schachter, & Kwan, 2012). Older people also are vulnerable to dropping. Around one-third of those aged over 65 will be decreased every year at least once. Many of these falls have a fever, which can lead to epilepsy and neurological and behavioral disorders. Other prevalent concerns are drug-side effects and interactions, with about 25 percent of older people taking 4 or 6 drugs.

After discovering the patient undergoing seizure on the bathroom floor, Firstly, an individual who has an attack can appear to vomit. Roll the person onto the floor, ideally sideways, so that the vomit is not choked or inhaled. If you can, it is easier to roll him to the side. Do not limit him if the guy behaves aggressively. Just make sure that all items that could injure the individual are eliminated. The next thing to do is check after the person is turned on his side if he is still breathing. Check for something that can hinder the airway, such as food, if there is trouble breathing. The person undergoing a seizure might be able to harm himself unintentionally. An individual who has seizures may strike his head accidentally on the floor, so ensure that a pillow or some other soft object is put under the head to prevent further injury.

The primary assessment of the patient is essential. Patenting and respiratory rate determine the patient's airway. Many patients with convulsions experience only very brief apnoea spells, although others can be longer. Usually, the airways can be sealed, and a nasopharyngeal airway may be implanted if necessary. Secondary assessment can also be done by assessing any injury that might have been obtained due to the fall. After the seizure, it is essential to take an assessment

of the consciousness of the person. Assessment is done through vital assessment and the Glasgow Coma Scale (GCS). Action with the patient must be measured, and adjustments continuously tracked during the patient's complete contact. The Glasgow Coma Scale is a numerical test based on the patient's optimal response to openness, verbal response, and muscle response. It is essential to introduce the sighting charts to the patient. Sighting charts will help in assessing the sight response of the patient. The patient should also be introduced to toileting charts. The toileting charts will help them know how to handle themselves if they have an attack while in the toilet. After that, the patient should be educated on the various things that they can use to obtain help while having a seizure. The patients can be educated on how to use call bells to call for help and use walking aids that would help in their safety.

Section 2: Prioritization

When the following the criteria of handling patients, he needs to keep and ensure that the patients are safe is given priority, and the need to ensure that the patient needs to feel comfortable can be sorted later after the urgency of the safety has been met (Röing, Rosenqvist, & Holmström, 2013). Therefore, the handling of the patient who requires safety would be done first, and then the next aim is to preserve a degree of ease. Therefore, I would continue and resolve this query in compliance with my preferences, which would be in line with the criteria for handling patients safety-first, followed by comfort. First, I would look at patient one that is Mrs. Peterson. I would help her find any available staff to help assess patients at significant risk for dropping anytime. The risk of falling that the patient has pain threshold increases safety with regards to their patients. Therefore, the necessary actions are much more essential to ensure that the safety measure of protecting the patient is put in place to ensure that the risk that could occur to the patient is

minimized at all cost. I would ensure that one of the staff stays with Mrs. Peterson to ensure that she does not get out of the bed until her falling threat is put under control.

I would then move to the third patient that is Mr. young. The people who experience discomfort and pain are usually at risk because a particular disorder usually causes the pain. Pain is situational and patient, and an alarm of infusion sounds, and the flask seems empty. Evaluate his pain level and see if you should give him some pain relief to stop a rise of the dosage. Releasing the pain will ensure that we keep out in the patient or reduce the pain as much as we can. Only after ensuring that the patient's pain is reduced can we think of other things to do to the patient to ensure that the patient feels comfortable. Our second aim was to ensure safety comfort. Patient 3 would thus be the second patient we care for according to the patients' agency of care. Then, we go-ahead to search for patient four, who has just been admitted to acute asthma, and see him as a new patient since his blood sugar calculation was perfect at 07:00 am. The patient would therefore not need urgent services. The patient being checked at 7.00 am and being confirmed to be in good condition will mean that the patient's safety is guaranteed and that we would only consider dealing with the patient's comfort by administering the specific drugs that the patients came for. I would then check up the staff who was with the first patient Mrs. Peterson to put her back to her bed and check her falling status. After that, I would finally locate and give it to the ANUM for Mrs. Walter, patient checklist. This patient would be in the office at 8:00 am and probably have to be told. Mrs. Walter's issue is neither a safety nor a comfort issue but rather a preparation situation. After providing the files, she can then be given the various required instructions that she should do in order to prepare herself for the theatre room. After all this, I would then settle to take the break first scheduled to be provided at 8.00 am before I continue with other duties.

As indicated in the above prioritization procedure, I would follow the principle of handling the patients whose safety is of much importance and should be sort as fast as possible. The order will be a positive move since it will reduce the risk that might occur due to the risks that the various patients might undergo if the risk is not handled. When handling the risks, I also ensured that the patients who had the highest risk were handled first, followed by the patient who posed a lower risk. After handling the patients with the risks, I then moved to handle the patients who were having comfort issues and handled them according to the comfort that the patients required. I finally finished by providing the file details, which were to be used to give the patient instructions of preparing for the theatre as her comfort. Taking a break first was the last resort. Taking breakfast as a last resort is because it is unnecessary and would be taken after all the patients have been handled. With the procedure, I would have followed the correct prioritization

Section 3: Professional

In the situation of Mr., Stanley there would be a dynamic cause of action to be taken. My response to this situation would be the patient under my care with hypoglycemia is attended to, then I would proceed to help the Resident medical officer with the procedure that the officer is supposed to conduct. As nurses, we are governed by professional conduct and requirements that we must adhere to while we are at work. Professionalism in nursing is not about a dress and a respectfully spoken expression. It covers several important principles for increasing the healthcare level while optimizing everyday processes, standards, and judgments. Have a method for treating patients strategically following a stressful meeting. The strategy would include goals and a treatment plan that considers the intelligence levels, mental capacities, and individual patients' deficiencies. Fair objectives that keep the sides responsible will lead to will potential problems. Treatment for the individual, the community, and culture are the focus of nursing individuality.

The career is based on a theoretical knowledge body that determines its qualifications, capabilities, and standards. A nurse performs a given treatment and practices an ethics code for work. In decision-making and practice, trained nurses have control.

In this situation, the other staff in the medical institution were absent. The ANUM had therefore handed over the duties to the Resident Medical Officer while they were away. As a nurse, I would be handling and taking care of the two patients simultaneously as another staff was not around, and the duty was handed to me by ANUM. Mr. Stanley has the ascitic tap after 1.30. In this situation, being that I am handling two patients, I would effectively organize myself to the situation whereby when Mr. Stanley would be undergoing the procedure after 1.30 would be available to help as a nurse. At the same time, I would have left the other patient suffering from hypoglycemia is left attended to until the procedure session with Mr. Stanley would have been completed.

In this situation, it was clear that the Residential Medical Officer did not know the exact time or the appropriate time that the procedure was supposed to be undertaken. In this situation, there would be a conflict of work between the Resident Medical Officer and me. I would have to approach the Residential medical officer so that we can be able to solve the situation. I would use the means of dialog. It sounds easy because it is just a matter of making negotiations verbally with someone. To develop a safe working atmosphere, since I would be working with the Residential Medical Officer, I must learn to communicate about problems that I will be facing at that particular moment that he required my assistance during the procedure. Proper communication is critical in the sense of acute care when disputes frequently exist in volatile and traumatic settings. Play of roles and case scenarios will make learning simpler and promote open dialog effective. Through dialog, I will explain to the Residential medical officer the condition of dilemma that I will be in

if the procedure was to be carried out at that particular moment. In this manner, I, together with the Resident Medical Officer, will discuss the issue at hand and find a solution. I would be able to inform the Residential officer of the period of 1.30 that Mr. Stanley was to receive the ascitic tap. If we would have a successful dialog Residential Medical officer, we will be able to conduct the procedure according to how I planned them.

In case the Residential medical Officer insists on performing the procedure at that particular moment, I would then have to consider and attend to the patient suffering from hypoglycemia. The level of hypoglycemia, also referred to as low blood sugar, is the below-average level of blood sugar. Hypoglycemia is a condition that can lead to many symptoms, including torment, discomfort, confusion, lack of awareness, epilepsy, or death (Morales, & Schneider, 2014). I would request the Residential medical office to guarantee me some time to attend to the patient to ensure that the patient will be safe as we conduct the procedure on Mr. Stanley.

In conclusion, communication is essential. It helps organize and set up an order, especially when people do not understand each other. Therefore, as a professional nurse, I would ensure that both the patients are attend to without risking one patient's safety over the other. Proper communication will also ensure good communication and agreement between the Resident Medical Officer and me.

Reference

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