



NURS13141 Acute Alterations in Health in Complex Care Environments

Term 1 - 2022

Profile information current as at 20/04/2024 01:30 pm

All details in this unit profile for NURS13141 have been officially approved by CQUniversity and represent a learning partnership between the University and you (our student). The information will not be changed unless absolutely necessary and any change will be clearly indicated by an approved correction included in the profile.

Corrections

Unit Profile Correction added on 10-03-22

In Assessment 1, under the heading "Instructions", you are **not** required to prepare a handover.

General Information

Overview

Acute alterations in health occur suddenly, may be severe in onset, and may be exacerbated in chronic health conditions. In this unit, you will learn how to conduct clinical reasoning for people across the lifespan who experience acute, severe alterations in health. You will focus on care delivery, communication, person-centred care, and working in partnership with the interdisciplinary health care team to care for the deteriorating person in a complex care environment. This unit challenges you to think innovatively to justify and prioritise nursing care requirements to enable optimal health outcomes for people facing the challenges of an acute alteration in their health.

Details

Career Level: *Undergraduate*

Unit Level: *Level 3*

Credit Points: 6

Student Contribution Band: 7

Fraction of Full-Time Student Load: 0.125

Pre-requisites or Co-requisites

Pre-requisites: NURS12163 Chronic Health and Community Care NURS12164 Professional Experience Placement 3 or NURS13133 Clinical Nursing Practice 4

Important note: Students enrolled in a subsequent unit who failed their pre-requisite unit, should drop the subsequent unit before the census date or within 10 working days of Fail grade notification. Students who do not drop the unit in this timeframe cannot later drop the unit without academic and financial liability. See details in the [Assessment Policy and Procedure \(Higher Education Coursework\)](#).

Offerings For Term 1 - 2022

- Online
- Rockhampton

Attendance Requirements

All on-campus students are expected to attend scheduled classes – in some units, these classes are identified as a mandatory (pass/fail) component and attendance is compulsory. International students, on a student visa, must maintain a full time study load and meet both attendance and academic progress requirements in each study period (satisfactory attendance for International students is defined as maintaining at least an 80% attendance record).

Website

[This unit has a website, within the Moodle system, which is available two weeks before the start of term. It is important that you visit your Moodle site throughout the term. Please visit Moodle for more information.](#)

Class and Assessment Overview

Recommended Student Time Commitment

Each 6-credit Undergraduate unit at CQUniversity requires an overall time commitment of an average of 12.5 hours of study per week, making a total of 150 hours for the unit.

Class Timetable

[Regional Campuses](#)

Bundaberg, Cairns, Emerald, Gladstone, Mackay, Rockhampton, Townsville

[Metropolitan Campuses](#)

Adelaide, Brisbane, Melbourne, Perth, Sydney

Assessment Overview

1. **Presentation**

Weighting: 50%

2. **Case Study**

Weighting: 50%

Assessment Grading

This is a graded unit: your overall grade will be calculated from the marks or grades for each assessment task, based on the relative weightings shown in the table above. You must obtain an overall mark for the unit of at least 50%, or an overall grade of 'pass' in order to pass the unit. If any 'pass/fail' tasks are shown in the table above they must also be completed successfully ('pass' grade). You must also meet any minimum mark requirements specified for a particular assessment task, as detailed in the 'assessment task' section (note that in some instances, the minimum mark for a task may be greater than 50%). Consult the [University's Grades and Results Policy](#) for more details of interim results and final grades.

CQUniversity Policies

All University policies are available on the [CQUniversity Policy site](#).

You may wish to view these policies:

- Grades and Results Policy
- Assessment Policy and Procedure (Higher Education Coursework)
- Review of Grade Procedure
- Student Academic Integrity Policy and Procedure
- Monitoring Academic Progress (MAP) Policy and Procedure – Domestic Students
- Monitoring Academic Progress (MAP) Policy and Procedure – International Students
- Student Refund and Credit Balance Policy and Procedure
- Student Feedback – Compliments and Complaints Policy and Procedure
- Information and Communications Technology Acceptable Use Policy and Procedure

This list is not an exhaustive list of all University policies. The full list of University policies are available on the [CQUniversity Policy site](#).

Unit Learning Outcomes

On successful completion of this unit, you will be able to:

1. Explain the pathophysiological changes that occur when a person experiences acute alterations in health.
2. Apply the decision-making framework for nursing (NMBA 2020) to prioritise and justify care for the person experiencing acute alterations in health.
3. Examine the role of the nurse and other members of the interdisciplinary team in the care of a person in a complex care environment.
4. Analyse and apply the best available evidence, for safe, quality practice for a person experiencing an acute alteration in health.

Content in this unit incorporates a number of professional nursing requirements

Nursing and Midwifery Board of Australia decision-making framework (DMF) - nursing

Nursing and Midwifery Board of Australia Registered Nurse Standards for Practice

Thinks critically and analyses nursing practice

Maintains the capability for practice

Develops a plan for nursing practice

Evaluates outcomes to inform nursing practice

Nursing and Midwifery Board of Australia Nursing Code of Conduct

Legal compliance

Person-centred practice

Cultural practice and respectful relationships

Professional behaviour

Teaching, supervising and assessing

Research in health

Health and wellbeing

International Council of Nursing Code of Ethics for Nursing

Nurses and People

Nurses and Practice

Nurses and the Profession

Nurses and co-workers

National Safety and Quality Health Service Standards

Clinical governance

Partnering with consumers

Preventing and Controlling healthcare-associated infection

Medication safety

Comprehensive care

Communicating for safety

Blood management

Recognising and responding to acute deterioration

Patient Safety Competency Framework

Person-centred care

Therapeutic communication

Cultural competence

Teamwork and collaborative practice

Clinical reasoning

Evidence-based practice

Preventing, minimising and responding to adverse events

Infection prevention and control

Medication safety

Aged Care Quality Standards

Consumer dignity and choice

Ongoing assessment and planning with consumers

Personal care and clinical care

Services and supports for daily living

Organisation's service environment

Alignment of Learning Outcomes, Assessment and Graduate Attributes



Alignment of Assessment Tasks to Learning Outcomes

| Assessment Tasks | Learning Outcomes | | | |
|-------------------------------|-------------------|---|---|---|
| | 1 | 2 | 3 | 4 |
| 1 - Presentation - 50% | • | • | • | • |
| 2 - Case Study - 50% | • | • | • | • |

Alignment of Graduate Attributes to Learning Outcomes

| Graduate Attributes | Learning Outcomes | | | |
|--|-------------------|---|---|---|
| | 1 | 2 | 3 | 4 |
| 1 - Communication | • | • | • | |
| 2 - Problem Solving | • | | | |
| 3 - Critical Thinking | • | • | • | • |
| 4 - Information Literacy | | | | • |
| 5 - Team Work | | • | • | |
| 6 - Information Technology Competence | | | | |
| 7 - Cross Cultural Competence | | | | |
| 8 - Ethical practice | | • | • | • |
| 9 - Social Innovation | | | | |
| 10 - Aboriginal and Torres Strait Islander Cultures | | | | |

Textbooks and Resources

Textbooks

There are no required textbooks.

IT Resources

You will need access to the following IT resources:

- CQUniversity Student Email
- Internet
- Unit Website (Moodle)

Referencing Style

All submissions for this unit must use the referencing style: [American Psychological Association 7th Edition \(APA 7th edition\)](#)

For further information, see the Assessment Tasks.

Teaching Contacts

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Schedule

Week 1 - 07 Mar 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--|---|--|
| Professional issues in complex nursing | See Moodle - Weekly commitments Module 1 content | Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700 |

Week 2 - 14 Mar 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|---------------------------|---|--|
| Primary Survey and Triage | See Moodle - Weekly commitments and Module 2 content | Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700 |

Week 3 - 21 Mar 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|------------------|---|--|
| Secondary Survey | See Moodle - Weekly commitments and Module 3 content | Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700 |

Week 4 - 28 Mar 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--|---|--|
| Management of the deteriorating patient | See Moodle - Weekly commitments and Module 4 content | Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700 |

Week 5 - 04 Apr 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700

Gastrointestinal Alterations

See Moodle - Weekly commitments and Module 5 content

Presentation Due: Week 5 Friday (8 Apr 2022) 5:00 pm AEST

Vacation Week - 11 Apr 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Week 6 - 18 Apr 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Cardiac Alterations Part 1

See Moodle - Weekly commitments and Module 6 content

Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700

Week 7 - 25 Apr 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Cardiac Alterations Part 2

See Moodle - Weekly commitments and Module 7 content

Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700

Week 8 - 02 May 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Respiratory Alterations

See Moodle - Weekly commitments and Module 8 content

Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700

Week 9 - 09 May 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Alterations in Diabetes and nutrition status

See Moodle - Weekly commitments and Module 9 content

Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700

Week 10 - 16 May 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Alterations in renal status and multi-organ failure

See Moodle - Weekly commitments and Module 10 content

Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700

Week 11 - 23 May 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Alterations in neurological status and shock

See Moodle - Weekly commitments and Module 11 content

Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700

Week 12 - 30 May 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Review week

See Moodle - Weekly commitments and Module 12 content

Online tutorial Wednesday 0900 -1000 and Thursday 1600-1700

Case Study Due: Week 12 Monday (30 May 2022) 5:00 pm AEST

Review/Exam Week - 06 Jun 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Exam Week - 13 Jun 2022

| Module/Topic | Chapter | Events and Submissions/Topic |
|--------------|---------|------------------------------|
|--------------|---------|------------------------------|

Assessment Tasks

1 Presentation

Assessment Type

Presentation

Task Description

Aim

The aim of this assessment is to demonstrate your critical thinking and clinical reasoning to manage the care of a person with an acute alteration in health. The information required to undertake this assessment is covered in Modules 1-5 of this Unit. The assessment is based on the following scenario.

Case Scenario: Patient presentation to ED (Emergency Department) of Mrs Ellen Brennan (Scenario 1)

Ellen Brennan is a 74-year-old female. Ellen is the primary carer for her 79-year-old husband Bill, who is in the early stages of dementia. She has Type 2 diabetes, hyperlipidaemia and hypertension. Her current medications are:

- Metformin Hydrochloride 500mg before the morning and evening meal
- Simvastatin 10mg nocte
- Atenolol 50mg mane
- Aspirin (Cartia) 100mg mane

You are a new graduate RN on duty in this Emergency Department. Ellen presents to the ED at 0840 hours via ambulance that was called by Ellen's son Kevin. When visiting his mother earlier this morning, Kevin noticed she was unable to stand-up straight and was constantly bent forward and holding her abdomen. Ellen informs you that she had a fall yesterday and hit her head. She has a large haematoma on the left side of her forehead and a graze on her left knee. She complains that she has a burning pain in the chest and sharp pains in her stomach. She also has been experiencing diarrhoea since lunchtime yesterday after she had eaten a roast chicken sandwich and has not eaten anything since. Ellen says she has been taking two Ibuprofen tablets every 6 hours since she had the abdominal pain but the pain in her stomach is getting worse, now rating 6/10. She also complains of a bad headache. She says she has been taking her regular medications but feels very unwell. She appears withdrawn and sad; she is also crying. Ellen has an IV cannula in the back of her left hand with Sodium Chloride 0.9% being administered at 125ml/hour. Enroute to the hospital Ellen vomited 170mls of dark (coffee ground) coloured fluid. Ellen has equal rise and fall of the chest and is cool to touch. Ellen is now triaged and moved to a cubicle in the ED.

The physical assessment data for this patient is: temperature 37.3 C, BP 100/55 mmHg, radial pulse 80 and regular, respirations 22, oxygen saturation 96% in room air, and PEARRLA. Pain 6/10 in abdomen. Peripheral BGL reading was 3.0mmol/L. On auscultation, lungs were clear and air entry was equal on both sides. Palpation of abdomen identified tenderness over bilateral upper abdominal quadrants. She has not voided since yesterday evening.

She states that she is worried about her husband and who will care for him if she remains in hospital. When asked how she has been feeling, she adds that she has been feeling incredibly sad lately and has been crying a lot. Bill and Kevin arrive at the hospital to check on Ellen at 0930. Kevin tells you his father can stay with his family tonight however he is unsure what he will do if Ellen is admitted for more than one or two nights. Kevin says his wife Debbie is unable to care for Bill long term as they have 3 young children aged 6 months to 4 years to care for, and she works part-time in the evenings. The only other family member is unable to help as she lives overseas.

In this assessment, you will demonstrate your ability to think critically, examine complex patient cues, and use clinical reasoning to direct the care for the patient. You will need to succinctly present an overview of a patient experiencing an acute alteration in health and provide a handover in the emergency department to enable multidisciplinary care for Ellen. To do this, you are required to develop a 12-to-15-minute oral presentation using PowerPoint slides to address the points below:

| Slide | Slide information | Slide requirements |
|------------|--|---|
| Slide 1 | Assessment title, your name and student ID | |
| Slide 2 | Primary assessment and Triage (2 mins) | Present a primary assessment and identify the cues in this case study. Allocate and rationalise Ellen's triage score/s. |
| Slide 3 | Secondary assessment (2 mins) | Present a secondary assessment and identify the cues in this case study. |
| Slide 4-5 | Overview of possible pathophysiological changes the patient is experiencing (3 mins) | Using the clinical reasoning cycle, discuss your processing of the identified cues, and present possible pathophysiological issues that Ellen may be experiencing. |
| Slide 6-8 | Three evidence-based nursing interventions (4 mins) | From the information you have presented, outline and prioritise three nursing interventions for Ellen. Provide an evidence-based rationale for each nursing decision. Share your reflection on the decision-making framework that you applied prior to providing each nursing intervention. |
| Slide 9-10 | Two evidence-based interdisciplinary team interventions needed (2 min) | From the information you have presented, outline two interdisciplinary team interventions for Ellen. Provide an evidence-based rationale for each intervention. |
| Slide 11 | References | Do not need to verbally present these. Present in APA 7 th edition format |

1. Your PowerPoint slides need to provide the main points only of your discussion, set out clearly and in logical flow. Guidelines for presenting PowerPoint presentations effectively are provided on the unit Moodle site.

2. Present your PowerPoint verbally as a video presentation using Zoom with recording on. This will need to be uploaded to the unit Moodle site. Instructions for doing this are provided on the unit Moodle site.

Literature and References

In this assessment use at least 4 contemporary references (<5 years) to support your discussion. You may also use seminal scholarly literature where relevant. Suitable references include peer-reviewed journal articles as well as textbooks and credible websites. When sourcing information, consider the 5 elements of a quality reference: currency, authority, relevance, objectivity, and coverage. Grey literature sourced from the internet must be from reputable websites such as from government, university, or peak national bodies: for example, the Australian College of Nursing.

Requirements

- You may write and present in the first-person perspective.
- Use professional language.
- Use the seventh edition American Psychological Association (APA) referencing style. The CQUniversity Academic Learning Centre has an online [APA Referencing Style Guide](#).

Resources

- You can use unit provided materials and other credible sources (e.g., journal articles, books) to reference your argument. The quality and credibility of your sources are important.
- We recommend that you access your discipline specific [library guide](#): the [Nursing and Midwifery Guide](#);

Submission

Submit your assessment via the unit Moodle site as per instructions by Friday 8th April 5.00pm.

Marking Criteria

Refer to the marking rubric on the Moodle site for more detail on how marks will be assigned.

Learning Outcomes Assessed

1. Explain the pathophysiological changes that occur when a person experiences acute alterations in health.
2. Apply the decision-making framework for nursing (NMBA 2020) to prioritise and justify care for the person experiencing acute alterations in health.
3. Examine the role of the nurse and other members of the interdisciplinary team in the care of the person in the complex care environment.
4. Analyse and apply the best available evidence, for safe, quality practice for a person experiencing an acute alteration in health.

Assessment Due Date

Week 5 Friday (8 Apr 2022) 5:00 pm AEST
submitted via Unit Moodle site

Return Date to Students

Week 7 Friday (29 Apr 2022)
Returned via Unit Moodle site

Weighting

50%

Assessment Criteria

UNIT CODE NURS13141

ASSESSMENT 1 MARKING RUBRIC

| Key Criteria | High Distinction 84.5 - 100% | Distinction 74.50 - 84.49% | Credit 64.50 - 74.49% | Pass 49.50 - 64.49% | Fail <49.5% | Fail (content absent) 0% | Mark |
|--|--|---|---|--|---|--|------|
| Structure, Presentation and Referencing (15%) | Excellent presentation of assignment as per assessment instructions. Consistently accurate with spelling and grammar. Consistently accurate and appropriate attribution of ideas with referencing. A minimum of 8 relevant and high-quality references used including 6 journal articles and websites. (15-12.7) | Well-presented assignment as per assessment instructions. Generally accurate with 1 or 2 spelling and grammatical errors. Generally accurate with referencing. A minimum of 7 relevant and quality references used including 5 journal articles and websites. (12.6-11.2) | Well-presented assignment as per assessment instructions. Occasional inaccuracies with 3 or 4 spelling and grammatical errors. Occasional inaccuracies with referencing. A minimum of 6 relevant references used including 4 journal articles and websites. (11.1- 9.7) | Adequate assignment presentation mostly follows assessment instructions. Frequent inaccuracies with 5 to 7 spelling and/or grammatical errors. Several inaccuracies with referencing. A minimum of 4 relevant references used. (9.6 - 7.5) | Poorly presented assignment does not follow assessment instructions. Multiple errors, and/or many inaccuracies in spelling and or grammar (> 7 errors). Many inaccuracies with referencing. Less than 4 relevant references used. (7.4-1) | Submission is missing most aspects of task. Little evidence of task requirements. 0 No references used and/or reference sources inferior quality 0 | /15 |

| | | | | | | | |
|---|--|---|--|---|---|---|-----|
| Approach and Argument Primary assessment and triage score (15%) | Clearly and accurately presents and explains all aspects of the primary assessment. Provides clear and appropriate rationale for triage score/s. (15-12.7) | Clearly and accurately presents and explains most aspects of the primary assessment. Provides appropriate rationale for triage score/s. (12.6-11.2) | Mostly accurate presentation and explanation of the primary assessment. Triage score/s provided with adequate rationale. (11.1-9.7) | Satisfactory presentation and explanation of the primary assessment. Triage score/s provided with adequate rationale. (9.6-7.5) | Presents with some explanation the primary assessment and triage score/s. Some attempt at rationalising triage score/s. (7.4-1) | Insufficient discussion and/or many inaccuracies in primary assessment and triage score/s, and rationale (0) | /15 |
| Secondary survey (10%) | Presents a clear and accurate evaluation and identification of all key secondary survey findings. (10-8.5) | Presents a clear and accurate evaluation and identification of most of the key secondary survey findings. (8.4-7.5) | Presents a reasonably clear and accurate evaluation and identification of most key secondary survey findings. (7.4-6.5) | Presents the highest priority secondary survey findings. Satisfactory evidence provided of how these were evaluated and identified. (6.4-5) | Insufficient evidence of an evaluation and/or identification of key secondary survey findings. (4.9-1) | Secondary survey findings not discussed or inaccurate (0) | /10 |
| Pathophysiological changes (15%) | Clearly and accurately presents and explains, through use of the clinical reasoning cycle, key pathophysiological changes the patient may be experiencing. (15-12.7) | Clearly and accurately presents and explains, through use of the clinical reasoning cycle, most of the key pathophysiological changes the patient may be experiencing. (12.6-11.2) | Clear explanation, through use of the clinical reasoning cycle, most of the key pathophysiological changes the patient may be experiencing. Some aspects could have been discussed in more detail and/or clarity. (11.1- 9.7) | Satisfactory discussion and demonstration of use of the clinical reasoning cycle, of some of key pathophysiological changes the patient may be experiencing. (9.6 - 7.5) | Insufficient discussion and/or many inaccuracies of the pathophysiological change's patient may be experiencing. (7.4-1) | Submission is missing most important aspects of the pathophysiological changes the patient may be experiencing. Little evidence of task requirements. (0) | /15 |
| Evidence-based nursing interventions (30%) | Clearly and accurately presents and explains 3, prioritised and evidence-based nursing interventions. Exemplary linking patient data to inform these interventions. Clear demonstration of appropriate use of decision-making framework ¹ for all interventions (30-25.4) | Clearly and accurately explains 3 prioritised and evidence-based nursing interventions. Very good attempt at linking patient data to inform these interventions. Demonstration of appropriate use of decision-making framework ¹ for all interventions (25.3-22.4) | Clearly and accurately explains 2-3 prioritised and evidence-based nursing interventions. Good attempt at linking patient data to inform these interventions. Demonstration of appropriate use of decision-making framework ¹ for 2-3 interventions (22.3-19.4) | Presents 2-3 prioritised evidence-based nursing interventions. Satisfactory linking of patient data to inform these interventions. Satisfactory attempt at using the decision-making framework ¹ for 2-3 interventions (19.3-15) | Insufficient and/or inappropriate presentation and explanation of nursing interventions. Some attempt at describing how patient data were used to inform these interventions. Limited evidence use of the decision-making framework ¹ (14.9-1) | Nursing interventions not satisfactorily discussed or inaccurate. Minimal or inaccurate linking of physical assessment data to inform interventions. No evidence of use of appropriate decision-making framework ¹ (0) | /30 |
| Interdisciplinary team interventions needed (15%) | Clearly and accurately presents and explains 2 appropriate and prioritised interdisciplinary team interventions needed. Exemplary evidence-based rationale for each need. (15-12.7) | A mostly clear and accurate explanation of 2 appropriate and prioritised interdisciplinary team interventions needed. Very good attempt at providing evidence-based rationale for each need. (12.6-11.2) | A mostly clear and accurate explanation of the 1-2 highest priority interdisciplinary team interventions needed. Good attempt at providing evidence-based rationale for each need. (11.1- 9.7) | Explains 1 appropriate and prioritised interdisciplinary team intervention needed. Satisfactory rationale provided with adequate supporting evidence. (9.6 - 7.5) | Insufficient and/or inappropriate prioritisation and explanation of interdisciplinary team interventions needed. (7.4-1) | Interdisciplinary team interventions needed not discussed or inaccurate (0) | /15 |

Key: ¹ must include reference to Nursing and Midwifery Board of Australia (NMBA). (2020). Decision-making framework for nursing and midwifery

Referencing Style

- [American Psychological Association 7th Edition \(APA 7th edition\)](#)

Submission

Online

Submission Instructions

Online through Moodle

Learning Outcomes Assessed

- Explain the pathophysiological changes that occur when a person experiences acute alterations in health.
- Apply the decision-making framework for nursing (NMBA 2020) to prioritise and justify care for the person experiencing acute alterations in health.
- Examine the role of the nurse and other members of the interdisciplinary team in the care of a person in a complex care environment.
- Analyse and apply the best available evidence, for safe, quality practice for a person experiencing an acute alteration in health.

2 Case Study

Assessment Type

Case Study

Task Description

Aim

The aim of this assessment is for you to demonstrate your knowledge of managing a person with an acute alteration of health in complex care environments. Please read the case scenario below, which follows on from Assessment 1 and is a continuation of Ellen Brennan's hospital journey.

Mrs Ellen Brennan (Scenario 2)

Provisional diagnosis and initial medical treatment: After review by the ED doctor, a provisional diagnosis of gastro oesophageal reflux disease is made.

Ellen has been ordered:

- 1000ml IV 4% Dextrose and 1/5 Normal Saline over 12 hours
- 12 lead ECG and telemetry. Her ECG shows sinus rhythm.
- Oral Esomeprazole 20mg daily
- Mylanta 20ml orally q4h PRN
- IV morphine 5mg q6h/PRN
- Metformin Hydrochloride 500mg before the morning and evening meal
- Simvastatin 10mg nocte
- Atenolol 50mg mane
- Aspirin (Cartia) 100mg mane
- Light diabetic diet and qid blood glucose readings via glucometer
- 4 hourly observations
- ward urinalysis
- stool chart and occult blood testing of each stool specimen.
- Ellen is to fast from 2400 hours in preparation for an endoscopy the next day.

Ellen is transferred to the medical ward at 1500 hours.

It is now 0700hrs the next day. You have commenced your shift as a new graduate RN on the medical ward and are assigned to care for Ellen.

0730hours - Blood was collected from Ellen for Full Blood Count (FBC), Urea and Electrolytes (U&E), Liver Function Tests (LFTs), X-match. She was showered and prepared for the Operating Room. Her oral morning medications were withheld as she was fasting from 2400 hours with only sips of water allowed until 2 hours before procedure. Her BGL was 4.5 mmol/L.

0830hours - Ellen is taken to the endoscopy suite.

0925 hours - Ellen has an endoscopy. The results of the endoscopy show she has a gastric ulcer. The doctor documented in Ellen's chart a revised diagnosis of bleeding gastric ulcer.

1000hours - Ellen arrives back on the ward. Her husband and daughter-in-law Debbie are present.

1010 hours - Ellen vomits a large amount of dark (coffee ground) coloured fluid. This is measured to be 240mls. Her observations after this episode are BP (Blood Pressure) 72/40mmHg, pulse 138 and irregular, respirations 24 per min, oxygen saturations 88% on room air with noisy breathing. She appears disorientated to time and place. She is pale and her skin is clammy to the touch. Her telemetry monitor shows atrial fibrillation.

Instructions

In this assessment, you will demonstrate the ability to succinctly present an overview of a patient experiencing an acute alteration in health and prepare a plan of care.

From the information provided in this case study:

1. Using the clinical reasoning cycle, discuss your processing of the identified cues, and the possible pathophysiological issues that Ellen may be experiencing. (600 words)
2. Identify and prioritise three nursing interventions for Ellen. Provide an evidence-based rationale for each nursing decision. Share your reflection on the decision-making framework that you applied prior to providing each nursing intervention. (600 words)
3. Identify and prioritise two interdisciplinary team interventions needed to provide care for Ellen. Provide an evidence-based rationale for each intervention and identify the member/s of the interdisciplinary team that you need to collaborate with to undertake these interventions. (600 words)

Literature and References

In this assessment use at least 10 contemporary references (<5 years) to support your discussion. You may also use seminal scholarly literature where relevant. Suitable references include peer-reviewed journal articles as well as textbooks and credible websites. When sourcing information, consider the 5 elements of a quality reference: currency, authority, relevance, objectivity, and coverage. Grey literature sourced from the internet must be from reputable websites such as from government, university, or peak national bodies: for example, the Australian College of Nursing.

Requirements

- Use a conventional and legible size 12 font, such as Times New Roman or Arial, with 1.5 line spacing and 2.54cm page margins (standard pre-set margin in Microsoft Word).
- Write in the third-person perspective.
- Use professional language
- Use the seventh edition American Psychological Association (APA) referencing style. The CQUniversity Academic Learning Centre has an online [APA Referencing Style Guide](#).
- The 1800 words count excludes the reference list but includes in-text references and direct quotations.

Resources

- You can use unit provided materials and other credible sources (e.g., journal articles, books) to reference your argument. The quality and credibility of your sources are important.
- We recommend that you access your discipline specific [library guide: the Nursing and Midwifery Guide](#);
- Submit a draft before the due date to review your Turnitin Similarity Score before making a final submission. [Instructions are available here](#).

Submission

Submit your assessment via the unit Moodle site as per instructions by Monday 30th May, 5.00pm.

Marking Criteria

Refer to the marking rubric on the Moodle site for more detail on how marks will be assigned.

Learning Outcomes Assessed

1. Explain the pathophysiological changes that occur when a person experiences acute alterations in health.
2. Apply the decision-making framework for nursing (NMBA 2020) to prioritise and justify care for the person experiencing acute alterations in health.
3. Examine the role of the nurse and other members of the interdisciplinary team in the care of the person in the complex care environment.
4. Analyse and apply the best available evidence, for safe, quality practice for a person experiencing an acute alteration in health.

Assessment Due Date

Week 12 Monday (30 May 2022) 5:00 pm AEST

Moodle

Return Date to Students

Exam Week Friday (17 June 2022)

Weighting

50%

Assessment Criteria

| Key Criteria | High Distinction 84.5 - 100% | Distinction 74.50 - 84.49% | Credit 64.50 - 74.49% | Pass 49.50 - 64.49% | Fail <49.5% | Fail (content absent) 0% | Mark |
|--|--|---|--|---|--|---|------|
| Structure 10% | Clear, succinct, and accurate presentation in all parts (5-4.5) | Clear, succinct, and accurate presentation in most parts (4) | Well-presented presentation in most parts. Some parts could have been clearer (3.5) | Satisfactory presentation of required information as per assessment instructions. Some parts lacked clarity (3-2.5) | Inadequate presentation of required information as per assessment task. Lacked clarity in many parts, and/or was not clearly presented (2-1) | Assessment task poorly presented, no clarity or relevance to topic. (0) | /5 |
| | Presentation was consistently accurate with spelling, grammar, sentence structure and logical flow of discussion (5-4.5) | Mostly accurate with 1-2 minor errors in spelling, grammar, sentence structure and logical flow of discussion (4) | Generally accurate with 3-4 errors in spelling, grammar, sentence structure and logical flow of discussion (3.5) | Occasionally accurate with 5-7 errors in spelling, grammar, sentence structure and logical flow of discussion (3-2.5) | Many inaccuracies (>7) with spelling, grammar, sentence structure and logical flow of discussion (2-1) | Poorly written submission where errors with spelling, grammar and sentence structure made logical flow of discussion impossible (0) | /5 |
| Approach & Argument 80% Pathophysiological changes (30%) | Clearly and accurately explains, through use of the clinical reasoning cycle, key pathophysiological changes the patient may be experiencing. (30-25.4) | Clearly and accurately explains, through use of the clinical reasoning cycle, most of the key pathophysiological changes the patient may be experiencing. (25.3-22.4) | Clear explanation, through use of the clinical reasoning cycle, most of the key pathophysiological changes the patient may be experiencing. Some aspects could have been discussed in more detail and/or clarity. (22.3-19.4) | Satisfactory discussion and demonstration of use of the clinical reasoning cycle, of some of key pathophysiological changes the patient may be experiencing. (19.3-15) | Insufficient discussion and/or many inaccuracies of the pathophysiological change's the patient may be experiencing. (14.5-1) | Submission is missing most important aspects of the pathophysiological changes the patient may be experiencing. Little evidence of task requirements (0) | /30 |
| Evidence-based nursing interventions (30%) | Clearly and accurately explains 3, prioritised and evidence-based nursing interventions. Exemplary linking of patient data to inform these interventions. Clear demonstration of appropriate use of decision-making framework ¹ for all interventions (30-25.4) | Clearly and accurately explains 3 prioritised and evidence-based nursing interventions. Very good attempt at linking patient data to inform these interventions. Demonstration of appropriate use of decision-making framework ¹ for all interventions (25.3-22.4) | Clearly and accurately explains 2-3 prioritised and evidence-based nursing interventions. Good attempt at linking patient data to inform these interventions. Demonstration of appropriate use of decision-making framework ¹ for 2-3 interventions (22.3-19.4) | Presents 2-3 prioritised evidence-based nursing interventions. Satisfactory linking of patient data to inform these interventions. Satisfactory attempt at using the decision-making framework ¹ for 2-3 interventions (19.3-15) | Insufficient and/or inappropriate presentation and explanation of nursing interventions. Some attempt at describing how patient data were used to inform these interventions. Limited evidence of use of the decision-making framework ¹ (14.5-1) | Nursing interventions not satisfactorily discussed or inaccurate. Minimal or inaccurate linking of patient data to inform interventions. No evidence of use of appropriate decision-making framework ² (0) | /30 |

| | | | | | | | |
|---|--|--|---|---|---|--|-----|
| Interdisciplinary team interventions (20%) | Clearly and accurately explains 2 appropriate and prioritised interdisciplinary team interventions needed. Exemplary evidence-based rationale for each need. Clearly identifies the relevant member/s of the interdisciplinary team needed to collaborate with to undertake these interventions. (20 - 17) | A mostly clear and accurate explanation of 2 appropriate and prioritised interdisciplinary team interventions needed. Very good attempt at providing evidence-based rationale for each need. Identifies the member/s of the interdisciplinary team needed to collaborate with to undertake these interventions (16-15) | A mostly clear and accurate explanation of 1-2 highest priority interdisciplinary team interventions needed. Good attempt at providing evidence-based rationale for each need. Identifies most of the member/s of the interdisciplinary team needed to collaborate with to undertake these interventions (14.5 -13) | Explains 1 appropriate and prioritised interdisciplinary team intervention needed. Satisfactory rationale provided with adequate supporting evidence. Identifies some of the member/s of the interdisciplinary team needed to collaborate with to undertake these interventions (12.9-10) | Insufficient and/or inappropriate explanation of interdisciplinary team interventions needed. Did not clearly identify member/s of the interdisciplinary team needed to collaborate with to undertake these interventions (9.9 - 1) | No explanation of interdisciplinary team interventions needed. Did not identify member/s of the interdisciplinary team needed to collaborate with to undertake these interventions (0) | /20 |
| Referencing Referencing is consistent throughout APA (American Psychological Association) 7 10% | Consistently integrates up-to-date references to support and reflect all ideas, factual information and quotations (5) | Generally, integrates up-to-date references to support and reflect ideas, factual information and quotations (4) | Frequently integrates up-to-date references to support and reflect ideas, factual information and quotations (3.5) | Occasionally integrates up-to-date references to support and reflect ideas, factual information and quotations (3-2.5) | Infrequent attempts to integrate up-to-date references to support and reflect ideas, factual information and quotations (2-1) | Fails to attempt to integrate up-to-date references to support and reflect ideas, factual information and quotations (0) | /5 |
| | Consistently accurate with referencing as per APA 7th. A minimum of 10 references are used including 7 journal articles and relevant websites (5) | Generally accurate with referencing as per APA 7th. A minimum of 10 references are used including 6 journal articles and relevant websites (4) | Occasional inaccuracies with referencing as per APA 7th. A minimum of 10 references used including 5 journal articles and relevant websites (3.5) | Frequent inaccuracies with referencing as per APA 7th. A minimum of 10 references are used including 4 journal articles and relevant websites (3-2.5) | Many inaccuracies with referencing as per APA 7th. A minimum of 10 references are not used. Less than 3 journal articles sourced. Websites not used (2-1) | Minimal references in reference list. The required number of journal articles is not sourced. Websites not used (0) | /5 |

Key ¹ must include reference to Nursing and Midwifery Board of Australia (NMBA). (2020). Decision-making framework for nursing and midwifery

Referencing Style

- [American Psychological Association 7th Edition \(APA 7th edition\)](#)

Submission

Online

Submission Instructions

Online through Moodle

Learning Outcomes Assessed

- Explain the pathophysiological changes that occur when a person experiences acute alterations in health.
- Apply the decision-making framework for nursing (NMBA 2020) to prioritise and justify care for the person experiencing acute alterations in health.
- Examine the role of the nurse and other members of the interdisciplinary team in the care of a person in a complex care environment.
- Analyse and apply the best available evidence, for safe, quality practice for a person experiencing an acute alteration in health.

Academic Integrity Statement

As a CQUniversity student you are expected to act honestly in all aspects of your academic work.

Any assessable work undertaken or submitted for review or assessment must be your own work. Assessable work is any type of work you do to meet the assessment requirements in the unit, including draft work submitted for review and feedback and final work to be assessed.

When you use the ideas, words or data of others in your assessment, you must thoroughly and clearly acknowledge the source of this information by using the correct referencing style for your unit. Using others' work without proper acknowledgement may be considered a form of intellectual dishonesty.

Participating honestly, respectfully, responsibly, and fairly in your university study ensures the CQUniversity qualification you earn will be valued as a true indication of your individual academic achievement and will continue to receive the respect and recognition it deserves.

As a student, you are responsible for reading and following CQUniversity's policies, including the [Student Academic Integrity Policy and Procedure](#). This policy sets out CQUniversity's expectations of you to act with integrity, examples of academic integrity breaches to avoid, the processes used to address alleged breaches of academic integrity, and potential penalties.

What is a breach of academic integrity?

A breach of academic integrity includes but is not limited to plagiarism, self-plagiarism, collusion, cheating, contract cheating, and academic misconduct. The Student Academic Integrity Policy and Procedure defines what these terms mean and gives examples.

Why is academic integrity important?

A breach of academic integrity may result in one or more penalties, including suspension or even expulsion from the University. It can also have negative implications for student visas and future enrolment at CQUniversity or elsewhere. Students who engage in contract cheating also risk being blackmailed by contract cheating services.

Where can I get assistance?

For academic advice and guidance, the [Academic Learning Centre \(ALC\)](#) can support you in becoming confident in completing assessments with integrity and of high standard.

What can you do to act with integrity?



Be Honest

If your assessment task is done by someone else, it would be dishonest of you to claim it as your own



Seek Help

If you are not sure about how to cite or reference in essays, reports etc, then seek help from your lecturer, the library or the Academic Learning Centre (ALC)



Produce Original Work

Originality comes from your ability to read widely, think critically, and apply your gained knowledge to address a question or problem