



NURS13141 Acute Alterations in Health in Complex Care Environments

Term 1 - 2023

Profile information current as at 01/05/2024 12:28 am

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 11-04-23

The previous marking rubric is incorrect in relation to the grading range in the Pass and Fail columns. Please use the revised marking rubric below.

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%	Mark
Structure, Presentation and Referencing (15%)	Excellent presentation of assignment as per assessment instructions. Consistently accurate spelling and grammar. Consistently accurate and appropriate attribution of ideas with references. At least 8 relevant high-quality references used (15-12.7)	Well-presented assignment as per assessment instructions. Generally accurate with 1 or 2 spelling and grammatical errors. Generally accurate with referencing. At least 6-7 relevant quality references used (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. At least 5-6 relevant references used (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. At least 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. (7.4-0)	/15
Introduction, situation, and background (10%)	A clear, accurate, and logical presentation of the patient, their current situation, and relevant background to their ED presentation. (10-8.5)	A mostly clear, accurate, and logical presentation of the patient, their current situation, and relevant background to their ED presentation. (8.4-7.5)	A reasonably clear, accurate, and logical presentation of the patient, their current situation, and relevant background to their ED presentation Some aspects could have been discussed in more detail and/or clarity. (7.4-6.5)	Satisfactory presentation to convey sufficient and relevant information. Several aspects could have been discussed in more detail and/or clarity (6.4-5)	Insufficient discussion and/or many inaccuracies in presentation (4.9-0)	/10
Primary assessment and triage score (15%)	Clearly and accurately presents and explains all aspects of the primary assessment. Provides clear and appropriate explanation for triage score. (15-12.7)	Clearly and accurately presents and explains most aspects of the primary assessment. Provides appropriate explanation for triage score. (12.6-11.2)	Mostly accurate presentation and explanation of the primary assessment. Triage score provided with adequate explanation. (11.1- 9.7)	Satisfactory presentation and explanation of the primary assessment. Triage score provided with adequate explanation. (9.6-7.5)	Presents with some explanation the primary assessment and triage score/s. Some attempt at explaining triage score. (7.4-0)	/15
Secondary survey (15%)	Presents a clear and accurate overview of all key secondary survey requirements. Identifies relevant data available to inform survey findings. (15-12.7)	Presents a mostly clear and accurate overview of the key secondary survey requirements. Identifies relevant data available to inform survey findings. (12.6-11.2)	Presents a reasonably clear and fairly accurate overview of most of the key secondary survey requirements. Identifies relevant data available to inform survey findings. (11.1- 9.7)	Presents a satisfactory overview of the key secondary survey requirements. Identifies relevant data available to inform survey findings. (9.6-7.5)	Insufficient presentation of key secondary survey requirements. Does not identify relevant data available to inform survey findings (7.4-0)	/15
Evidence-based nursing interventions (30%)	Clearly and accurately presents and explains 2 appropriate, prioritised, and evidence-based nursing interventions that are within the scope of practice of a graduate RN. Exemplary linking of physical assessment data and patient history to inform these interventions. (30-25.4)	Clearly and accurately explains 2 appropriate, prioritised, and evidence-based nursing interventions that are within the scope of practice of a graduate RN. General elevated level linking of physical assessment data and patient history to inform these interventions. (25.3-22.4)	Clearly and accurately explains 1-2 appropriate, prioritised, and evidence-based nursing interventions that are within the scope of practice of a graduate RN. General elevated level linking of physical assessment data and patient history to inform these interventions. (22.3-19.4)	Presents 1-2 appropriate and prioritised evidence-based nursing interventions that are within the scope of practice of a graduate RN. Satisfactory linking of physical assessment data and patient history to inform these interventions. (19.3-15.0)	Insufficient and/or inappropriate presentation and explanation of nursing interventions. Some attempt at describing how physical assessment data and patient history was used to inform these interventions. (14.9-0)	/30
Evidence-based multidisciplinary intervention (15%)	Clearly and accurately presents and explains 1 appropriate and prioritised multidisciplinary intervention. Exemplary evidence-based rationale provided for the intervention (15-12.7)	A mostly clear and accurate explanation of 1 appropriate and prioritised multidisciplinary intervention. General high-level evidence-based rationale provided for the intervention. (12.6-11.2)	A somewhat clear and accurate explanation of 1 appropriate multidisciplinary intervention. A reasonable level evidence-based rationale provided. (11.1- 9.7)	Satisfactory discussion of an appropriate multidisciplinary intervention. Satisfactory rationale provided with adequate supporting evidence. (9.6 - 7.5)	Insufficient and/or inappropriate prioritisation and explanation of multidisciplinary need (7.4-0)	/15

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 - 2023

- 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](#).

Previous Student Feedback

Feedback, Recommendations and Responses

Every unit is reviewed for enhancement each year. At the most recent review, the following staff and student feedback items were identified and recommendations were made.

Feedback from Student feedback: SUTE

Feedback

I would have liked more constructive feedback on the assignment.

Recommendation

Unit coordinators will work closely with all markers and provide further direction on providing clearer and more constructive feedback. Although the moderation process was followed by the Unit Coordinators as per the University policy, several students within the small number of students who responded to the survey identified this as key issue. Although this is a very small number of students, we will aim to improve feedback content and processes through ensuring more clear direction to markers.

Feedback from Student feedback: SUTE

Feedback

Overall, I absolutely enjoyed this unit. Unfortunately due to placement at beginning of term and work commitments I was unable to get to live lectures, but could relate and had a great understanding of all weeks contents as I was lucky enough to have an excellent PEP4 placement in ICU, so it was all relatable and well understood.

Recommendation

Unit coordinators will ensure that no students are disadvantaged from accessing materials. All tutorial recordings will continue to be uploaded on the same day they occur. The Unit Coordinators were cognisant of the fact that students may not be able to attend live tutorial sessions due to placement and other requirements, and offered multiple opportunities for contact and communication outside of live virtual sessions.

Feedback from Student feedback: SUTE

Feedback

I really enjoyed the content of this subject and can see it is so valuable for our nursing degree. I would appreciate a study guide with weekly questions to assist in our learning.

Recommendation

This Unit comprises a comprehensive amount of clinical information relevant to contemporary practice in acute care settings. To enable students to consolidate this learning and its associated content, Unit Coordinators will extend the range of questions related to each module to reinforce the content and its application to the clinical setting.

Feedback from Student feedback: SUTE

Feedback

Teachers were amazing

Recommendation

Unit coordinators will endeavor to continue to deliver unit content in an engaging and informative way, and provide support for all students throughout the duration of the term.

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

 N/A Level	 Introductory Level	 Intermediate Level	 Graduate Level	 Professional Level	 Advanced Level
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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

Trish Johnson Unit Coordinator
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Stephen Yu Unit Coordinator
s.yu@cqu.edu.au

Prabha Antony Unit Coordinator
p.antony@cqu.edu.au

Schedule

Week 1 - 06 Mar 2023

Module/Topic	Chapter	Events and Submissions/Topic
Complex care environments and review of primary survey	See Moodle - Weekly commitments Module 1 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200

Week 2 - 13 Mar 2023

Module/Topic	Chapter	Events and Submissions/Topic
The principles of triage	See Moodle - Weekly commitments Module 2 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200

Week 3 - 20 Mar 2023

Module/Topic	Chapter	Events and Submissions/Topic
Overview of secondary survey	See Moodle - Weekly commitments Module 3 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200

Week 4 - 27 Mar 2023

Module/Topic	Chapter	Events and Submissions/Topic
Management of the deteriorating patient	See Moodle - Weekly commitments Module 4 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200

Week 5 - 03 Apr 2023

Module/Topic	Chapter	Events and Submissions/Topic
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Online tutorial Wednesday 1300-1400 and Thursday 1100-1200

Professional issues in complex care environments

See Moodle - Weekly commitments Module 5 content

Oral Presentation Due: Week 5 Wednesday (5 Apr 2023) 11:55 pm AEST

Vacation Week - 10 Apr 2023

Module/Topic	Chapter	Events and Submissions/Topic
Week 6 - 17 Apr 2023		
Module/Topic	Chapter	Events and Submissions/Topic
Cardiac alterations 1	See Moodle - Weekly commitments Module 6 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200
Week 7 - 24 Apr 2023		
Module/Topic	Chapter	Events and Submissions/Topic
Cardiac alterations 2	See Moodle - Weekly commitments Module 7 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200
Week 8 - 01 May 2023		
Module/Topic	Chapter	Events and Submissions/Topic
Respiratory alterations	See Moodle - Weekly commitments Module 8 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200
Week 9 - 08 May 2023		
Module/Topic	Chapter	Events and Submissions/Topic
Alterations in nutritional status and complications of diabetes	See Moodle - Weekly commitments Module 9 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200
Week 10 - 15 May 2023		
Module/Topic	Chapter	Events and Submissions/Topic
Alterations in renal and gastrointestinal function	See Moodle - Weekly commitments Module 10 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200
Week 11 - 22 May 2023		
Module/Topic	Chapter	Events and Submissions/Topic
Shock and alterations in neurological status	See Moodle - Weekly commitments Module 11 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200
Week 12 - 29 May 2023		
Module/Topic	Chapter	Events and Submissions/Topic
Review week: how to answer clinical interview questions	See Moodle - Weekly commitments Module 12 content	Online tutorial Wednesday 1300-1400 and Thursday 1100-1200 Case studies Due: Week 12 Monday (29 May 2023) 11:55 pm AEST
Review/Exam Week - 05 Jun 2023		
Module/Topic	Chapter	Events and Submissions/Topic
Exam Week - 12 Jun 2023		
Module/Topic	Chapter	Events and Submissions/Topic

Term Specific Information

Please note: Resubmissions of assessment items are not permitted in this Unit.

Assessment Tasks

1 Oral Presentation

Assessment Type

Presentation

Task Description

Aim

This assessment aims to demonstrate your critical thinking and clinical reasoning to manage the care of a person with an acute alteration in health presenting to the Emergency Department (ED). Information to assist you to undertake this assessment is covered in Modules 1-4.

Instructions

Please read the following patient scenario on which your assessment is based.

Peter is an 82-year-old man living alone after the death of his wife of 55 years two years ago. He has two daughters, Denise and Amanda, who live close by and keep an eye on him. When Denise visited Peter this morning at 0745 hours, she thought he looked quite unwell and seemed “feverish and a bit confused”. She called the ambulance shortly afterwards, and paramedics subsequently brought Peter to the ED where you are working as a new Graduate registered nurse.

On arrival at 0900 hours, Peter had in place nasal prongs at 2 litres of oxygen per minute, and an IV infusion of Sodium Chloride 0.9% 1 litre running at 125 ml/hour. The paramedics had initiated these interventions. The paramedics tell you Peter’s last recorded observations were BP 125/85mmHg, pulse rate 106 beats per minute and slightly irregular, respirations 26 breaths per minute, temperature 38.3°C, SpO2 95% on 2L O2, PEARLA, and that he is disorientated to time and place. You introduce yourself to Peter, and observe that he has a pleasant nature, is slightly short of breath, and appears confused about why he is in the ED. You note that he has a productive cough and expectorates thick green sputum into tissues. He tests negative for Covid on arrival at the ED. Peter is triaged and moved to an admission cubicle.

Denise arrives and informs you Peter is usually in reasonable health, despite a 15-year history of coronary artery disease and hypertension. Peter has never smoked, has no allergies and is up to date with his Covid vaccinations. She also informs you that he recently suffered a gash to his right forearm that she has been cleaning and dressing daily. His current medications are listed below. He hasn’t taken any medications today.

Peter’s current medications are:

- Oral Aspirin 100 mg daily
- Oral Metoprolol 50 mg twice daily
- Oral Amlodipine 5mg daily Oral
- Atorvastatin 20 mg daily

Instructions

- Provide a structured handover based on the ISBAR framework to Team Leader RN and ED doctor based on the patient scenario.
- To do this, develop a 12-15-minute oral presentation using PowerPoint (ppt) slides based on the plan provided below.
- Your ppt slides should provide the main points only of your discussion. The slides will provide a structure for your oral presentation, and you should talk to your slides and expand on the points provided on the slide in your oral presentation.
- Present your ppt and accompanying oral presentation as a video presentation. Instructions for compiling and submitting your presentation are provided on the Moodle site under Assessment Tile/Assessment 1.

Slide	Slide Content	Slide Requirements
Slide 1	Assessment title, your name and student ID	You may choose the design of your ppt. However, it must be presented at a professional standard and easy to read.
Slide 2 (2-3 mins)	ISBAR Overview of Patient	From the information provided in the case scenario, present a structured overview of the patient using the first three components of the ISBAR framework.
Slides 3-4 (2-3 mins)	ISBAR Primary Survey assessment and triage score	Present and explain your primary survey assessment, allocate a triage score and explain why you allocated this score.
Slides 5-6 (2-3 mins)	ISBAR Secondary Survey requirements	Explain how you would undertake a secondary survey, and identify data already available that would help inform your survey findings
Slides 7-8 (3-4 minutes)	ISBAR Recommend two (2) prioritised, appropriate, and evidence-based nursing interventions	Based on your assessment, recommend two appropriate, prioritised, evidence-based nursing interventions for Peter that are within your scope of practice.
Slide 9 (1-2 mins)	ISBAR Recommend one (1) prioritised, appropriate, and evidence-based multidisciplinary intervention	Based on your assessment and the case scenario data, recommend one appropriate, prioritised, evidence-based multidisciplinary intervention for Peter.
Slide 10	References	(Do not need to verbally present these)

Literature and references

In this assessment, use at least four contemporary references (within the last five years, where possible), 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 five elements of a quality reference: currency, authority, relevance, objectivity, and coverage. Information 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

- Consider using a conventional and legible size 20 font, such as Times New Roman or Arial
- You can present in the first-person perspective.
- Use formal academic language in your slides.
- Use the 7th 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.

Marking Criteria

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

Assessment Due Date

Week 5 Wednesday (5 Apr 2023) 11:55 pm AEST

Submit via Unit Moodle site

Return Date to Students

Week 7 Wednesday (26 Apr 2023)

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%	Mark
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Evidence-based multidisciplinary intervention (15%)	Clearly and accurately presents and explains 1 appropriate and prioritised multidisciplinary intervention. Exemplary evidence-based rationale provided for the intervention (15-12.7)	A mostly clear and accurate explanation of 1 appropriate and prioritised multidisciplinary intervention. General high-level evidence-based rationale provided for the intervention. (12.6-11.2)	A somewhat clear and accurate explanation of 1 appropriate multidisciplinary intervention. A reasonable level evidence-based rationale provided. (11.1- 9.7)	Satisfactory discussion of an appropriate multidisciplinary intervention. Satisfactory rationale provided with adequate supporting evidence. (9.6 - 7.4)	Insufficient and/or inappropriate prioritisation and explanation of multidisciplinary need (7.3-0)	/15

Referencing Style

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

Submission

Online

Submission Instructions

Online using instructions provided in the Unit Assessment tile under Assessment 1

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 studies

Assessment Type

Case Study

Task Description

Aim

The aim of this assessment is for you to demonstrate your knowledge of managing persons with acute alterations in health.

Instructions

The information required to undertake this assessment is covered in Modules 1-10 of this Unit. Please read the three (3) case studies below and answer their associated questions.

Case Study 1: Mr Aron Black

You are a new graduate RN assigned to the care of Aron, a 70-year-old male, self-employed plumber who was admitted to the Acute Medical Ward for observation overnight and continuous cardiac monitoring. He presented earlier in the day to the Emergency Department (ED) with a history of palpitations, light headedness, and slight chest tightness. He has no known allergies (NKA) and weighs 95 kg. His initial observations recorded in ED were:

- BP 126/85mmHg
- Pulse rate 90 beats per min and irregular
- Respiratory rate 16 per minute
- SpO2 95% on room air

His pain score was 2/10, described as an intermittent tightening in his chest area with no radiation.

His current medication regime includes Aspirin 100 mg daily, Atenolol 50mg daily, Atorvastatin 40mg daily and Ramipril 5mg twice daily. He was reviewed by the medical team in the ED, where he was placed on the acute coronary syndrome (ACS) pathway. However, this has since been ruled out as a diagnosis. Aron informs you that he has been very stressed lately because work has been very busy, and that he isn't eating as well as he should and has put on a bit of weight.

Aron is connected to continuous cardiac monitoring and the following ECG tracing is recorded.



Case Study 1 Questions (suggested 600 words)

Using the table below, please analyse the above rhythm strip.

Step 1: Heart rate

Step 2: Heart rhythm

Step 3: P Wave

Step 4: PRI

Step 5: QRS Complex

What is the rhythm?

Is this a shockable rhythm?

- **Describe the characteristics of the rhythm. Identify possible causes and explain pathophysiological changes that may have caused Aron to experience this alteration in rhythm.**
- **From your case scenario analysis, present two appropriate, prioritised evidence-based nursing interventions within your scope of practice as a graduate RN. Provide a rationale for each intervention.**
- **Identify two key members of the multidisciplinary team that would most likely be involved in Aron's ongoing management and explain their role.**

Case Study 2: Tyson Moton

You are a new graduate RN on duty in the Emergency Department (ED). Tyson presents to the ED at 0800. Tyson is a 15-year-old male who lives with his mother and his 20-year-old sister Samara. He attends the local high school and enjoys playing hockey with his mates.

He was brought to the hospital by Samara, who was concerned after he told her that he had experienced multiple episodes of vomiting throughout the night. Samara said she had brought her brother to hospital as their mother was working night shifts in a local supermarket the previous night and needed to sleep, and they did not want to worry her. Samara informs you that she became increasingly worried about Tyson, particularly following the last vomiting episode at 0700 this morning, where he seemed to 'pass out.' You observe that Tyson is a bit disorientated to time and place, and lethargic and sleepy. He is triaged and moved to a cubicle in the ED.

You undertake a secondary survey assessment at 0830 hours. The assessment data for Tyson is BP 120/60mmHg, RR (Respiratory Rate) 30 breaths/per min and deep, oxygen saturations at 95% on room air, HR 98 and regular, temperature 37.2° C, and PEARLA. He is 172 cm tall and weighs 60 kg. Tyson has no known medical or surgical history and is usually in good health. He is not on any medications.

Samara stated that Tyson had been losing weight in recent months, but she thought this was due to his unhappiness about their parent's separation. Tyson's urine was pale in colour and tested positive for ketones and glucose. Peripheral BGL reading was unable to be obtained as the reading was recorded as "HI." Tyson denies taking any illicit drugs or drinking alcohol recently.

His pathology results were as follows:

- Glucose: 35 mmol/L (normal range 4.0-7.8 mmol/L)
- Bicarbonate 12 mEq/L (normal range 22-26 mEq/L)
- Venous pH 7.29 (normal range 7.35-7.45)

Case Study 2 Questions (suggested 600 words)

- **Analyse the data presented in this case study and discuss the possible pathophysiological changes that Tyson may be experiencing.**
- **From your case scenario analysis, present two (2) appropriate, prioritised evidence-based nursing interventions within your scope of practice as a graduate RN. Provide a rationale for each intervention.**

- Identify two key members of the multidisciplinary team that would be involved in Tyson's ongoing management and explain their role.

Case Study 3: Cheryl Hope

You are a new graduate RN on duty in the Emergency Department (ED). Cheryl is a 55-year-old female, who presents to the ED stating that she has been experiencing increasing upper abdominal pain for the past few hours. On admission, she appears pale, diaphoretic, and unkempt and smells strongly of alcohol. She tells you that she is homeless and has been sleeping rough for several weeks. You note that Cheryl is bent over, clutching her upper abdomen, and appears quite distressed. She is triaged and moved to a cubicle.

You undertake a secondary survey assessment. Her vital signs are BP 90/65 mmHg RR (Respiratory rate) 25 and slightly irregular, O2 saturation 95% on RA, HR 116 and regular, Temp 35.8° C, and PEARLA. You observe that her abdomen is mildly distended and tender in the upper right quadrant on palpation. Bowel sounds are present on auscultation.

Cheryl denies having any significant medical or surgical history, and states that she is not on any medications except for Ibuprofen, which she takes often for "aches and pains". She does tell you that she has been a heavy drinker for many years, which she says has "caused her many problems." Shortly afterward, she has a large emesis of bright red blood.

Case Study 3 Questions (suggested 600 words)

- Analyse the data presented in this case study and discuss the possible pathophysiological changes that Cheryl may be experiencing.
- From your case scenario analysis, present two appropriate, prioritised evidence-based nursing interventions within your scope of practice as a graduate RN. Provide a rationale for each intervention.
- Identify two (2) key members of the multidisciplinary team that would be involved in Cheryl's ongoing management and explain their role.

Literature and references

In this assessment, use at least 10 contemporary references 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 double line spacing and 2.54cm page margins (standard pre-set margin in Microsoft Word).
- Write in the third-person perspective.
- Use formal academic language.
- Use the 7th edition American Psychological Association (APA) referencing style. The CQUniversity Academic Learning Centre has an online [APA Referencing Style Guide](#).
- The word 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 in word format only.

Marking Criteria

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

Assessment Due Date

Week 12 Monday (29 May 2023) 11:55 pm AEST

Submit via Unit Moodle site

Return Date to Students

Exam Week Friday (16 June 2023)

Returned via Unit Moodle site

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%	Mark
Structure (5%)	Clear, succinct, and accurate presentation in all parts.	Clear, succinct, and accurate presentation in most parts.	Well-presented presentation in most parts. Some parts could have provided more clarity.	Satisfactory presentation of required information as per assessment instructions. Some parts lacked clarity.	Inadequate presentation of required information as per assessment task. Lacked clarity in many parts, and/or was not clearly presented.	/5
	Consistently accurate spelling, grammar, sentence structure and logical flow of discussion. (5-4.3)	Mostly accurate with 1-2 minor errors in spelling, grammar, sentence structure and logical flow of discussion. (4.2-3.8)	Generally accurate with 3-4 errors in spelling, grammar, sentence structure and logical flow of discussion. (3.7-3.3)	Occasionally accurate with 5-7 errors in spelling, grammar, sentence structure and logical flow of discussion. (3.2-2.5)	Many inaccuracies (>7) with spelling, grammar, sentence structure and lacks logical flow of discussion. (2.4-0)	

Pathophysiological changes (30%)	Clearly and accurately explains key pathophysiological changes the patient may be experiencing for Case Study 1. (10-8.5)	Clearly and accurately explains most of the key pathophysiological changes the patient may be experiencing for Case Study 1 (7.5-8.4)	Clear explanation, of most of the key pathophysiological changes the patient may be experiencing for Case Study 1. Some aspects could have been discussed in more detail and/or clarity. (7.4-6.5)	Satisfactory discussion of some of key pathophysiological changes the patient may be experiencing in for Case Study 1. Several aspects could have been discussed in more detail and/or clarity. (6.4-5)	Insufficient discussion and/or many inaccuracies of the pathophysiological change's the patients may be experiencing. (4.9-0) /10
	Clearly and accurately explains key pathophysiological changes the patient may be experiencing for Case Study 2. (10-8.5)	Clearly and accurately explains most of the key pathophysiological changes the patient may be experiencing for Case Study 2 (7.5-8.4)	Clear explanation, of most of the key pathophysiological changes the patient may be experiencing for Case Study 2. Some aspects could have been discussed in more detail and/or clarity. (7.4-6.5)	Satisfactory discussion of some of key pathophysiological changes the patient may be experiencing in for Case Study 2. Several aspects could have been discussed in more detail and/or clarity. (6.4-5)	Insufficient discussion and/or many inaccuracies of the pathophysiological change's the patients may be experiencing. (4.9-0) /10
	Clearly and accurately explains key pathophysiological changes the patient may be experiencing for Case Study 3. (10-8.5)	Clearly and accurately explains most of the key pathophysiological changes the patient may be experiencing for Case Study 3. (7.5-8.4)	Clear explanation, of most of the key pathophysiological changes the patient may be experiencing for Case Study 3. Some aspects could have been discussed in more detail and/or clarity. (7.4-6.5)	Satisfactory discussion of some of key pathophysiological changes the patient may be experiencing in for Case Study 3. Several aspects could have been discussed in more detail and/or clarity. (6.4-5)	Insufficient discussion and/or many inaccuracies of the pathophysiological change's the patients may be experiencing. (4.9-0) /10
Evidence-based nursing interventions (30%)	Clearly and accurately explains 2 prioritised and evidence-based nursing interventions for Case Study 1 that are within their scope of practice. Exemplary linking of patient data to inform these interventions. (10-8.5)	Clearly and accurately explains 2 prioritised and evidence-based nursing interventions for Case Study 1 that are within their scope of practice. Very good attempt at linking patient data to inform these interventions. (7.5-8.4)	Clearly and accurately explains 1-2 prioritised and evidence-based nursing interventions for Case Study1 that are within their scope of practice. Good attempt at linking patient data to inform these interventions. (7.4-6.5)	Presents 1-2 prioritised evidence-based nursing interventions for Case Study 1 that are within their scope of practice. Satisfactory linking of patient data to inform these interventions. (6.4-5)	Insufficient and/or inappropriate presentation and explanation of nursing interventions. Some attempt at describing how patient data were used to inform these interventions. (4.9-0) /10
	Clearly and accurately explains 2 prioritised and evidence-based nursing interventions for Case Study 2 that are within their scope of practice. Exemplary linking of patient data to inform these interventions. (10-8.5)	Clearly and accurately explains 2 prioritised and evidence-based nursing interventions for Case Study 2 that are within their scope of practice. Very good attempt at linking patient data to inform these interventions. (7.5-8.4)	Clearly and accurately explains 1-2 prioritised and evidence-based nursing interventions for Case Study 2 that are within their scope of practice. Good attempt at linking patient data to inform these interventions. (7.4-6.5)	Presents 1-2 prioritised evidence-based nursing interventions for Case Study 2 that are within their scope of practice. Satisfactory linking of patient data to inform these interventions. (6.4-5)	Insufficient and/or inappropriate presentation and explanation of nursing interventions. Some attempt at describing how patient data were used to inform these interventions. (4.9-0) /10
	Clearly and accurately explains 2 prioritised and evidence-based nursing interventions for Case Study 3 that are within their scope of practice. Exemplary linking of patient data to inform these interventions. (10-8.5)	Clearly and accurately explains 2 prioritised and evidence-based nursing interventions for Case Study 3 that are within their scope of practice. Very good attempt at linking patient data to inform these interventions. (7.5-8.4)	Clearly and accurately explains 1-2 prioritised and evidence-based nursing interventions for Case Study 3 that are within their scope of practice. Good attempt at linking patient data to inform these interventions. (7.4-6.5)	Presents 1-2 prioritised evidence-based nursing interventions for Case Study 3 that are within their scope of practice. Satisfactory linking of patient data to inform these interventions. (6.4-5)	Insufficient and/or inappropriate presentation and explanation of nursing interventions. Some attempt at describing how patient data were used to inform these interventions. (4.9-0) /10

Role of the multidisciplinary team (30%)	Clearly identifies 2 key members of the multidisciplinary team and accurately explains their role in the ongoing management for Case Study 1. (10-8.5)	A mostly clear and accurate explanation of 2 key members of the multidisciplinary team and their role in the ongoing management for Case Study 1. (7.5-8.4)	Identifies 2 members of the multidisciplinary team and gives a reasonable explanation of their role in the ongoing management Case Study 1. (7.4-6.5)	Identifies 1-2 appropriate members of multidisciplinary team and gives a satisfactory explanation of their role in the ongoing management Case Study 1. (6.4-5)	Did not clearly identify appropriate members of multidisciplinary team, and/or did not give a satisfactory explanation of their role in the ongoing management Case Study 1. (4.9 - 0)	/10
	Clearly identifies 2 key members of the multidisciplinary team and accurately explains their role in the ongoing management for Case Study 2. (10-8.5)	A mostly clear and accurate explanation of 2 key members of the multidisciplinary team and their role in the ongoing management for Case Study 2. (7.5-8.4)	Identifies 2 members of the multidisciplinary team and gives a reasonable explanation of their role in the ongoing management Case Study 2. (7.4-6.5)	Identifies 1-2 appropriate members of multidisciplinary team and gives a satisfactory explanation of their role in the ongoing management Case Study 2. (6.4-5)	Did not clearly identify appropriate members of multidisciplinary team, and/or did not give a satisfactory explanation of their role in the ongoing management Case Study 2. (4.9 - 0)	/10
	Clearly identifies 2 key members of the multidisciplinary team and accurately explains their role in the ongoing management for Case Study 3. (10-8.5)	A mostly clear and accurate explanation of 2 key members of the multidisciplinary team and their role in the ongoing management for Case Study 3. (7.5-8.4)	Identifies 2 members of the multidisciplinary team and gives a reasonable explanation of their role in the ongoing management Case Study 3. (7.4-6.5)	Identifies 1-2 appropriate members of multidisciplinary team and gives a satisfactory explanation of their role in the ongoing management Case Study 3. (6.4-5)	Did not clearly identify appropriate members of multidisciplinary team, and/or did not give a satisfactory explanation of their role in the ongoing management Case Study 3. (4.9 - 0)	/10
Referencing Referencing is consistent throughout APA (American Psychological Association) 7 th Edition. (5%)	Consistently integrates up-to-date references to support and reflect all ideas, factual information, and quotations.	Generally, integrates up-to-date references to support and reflect ideas, factual information, and quotations.	Frequently integrates up-to-date references to support and reflect ideas, factual information, and quotations.	Occasionally integrates up-to-date references to support and reflect ideas, factual information, and quotations.	Infrequent attempts to integrate up-to-date references to support and reflect ideas, factual information, and quotations.	/5
	Consistently accurate with referencing as per APA 7 th Edition. A minimum of 10 high-quality references are used (5-4.3)	Generally accurate with referencing as per APA 7 th Edition. A minimum of 10 high-quality references are used (4.2-3.8)	Occasional inaccuracies with referencing as per APA 7 th Edition. A minimum of 10 relevant references used (3.7-3.3)	Frequent inaccuracies with referencing as per APA 7 th Edition. A minimum of 10 references are used (3.2-2.5)	Many inaccuracies with referencing as per APA 7 th Edition. A minimum of 10 references are not used. (2.4-0)	

Referencing Style

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

Submission

Online

Submission Instructions

Submit via Moodle site

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