

E Full Case) - Review Mode for Michele Wuitmi (submitted)



Case Notes

Day 1

0505 Nurse Notes

Admit note - abbreviated

Patient was transferred from the emergency department to medical surgical unit room 113 by stretcher. Husband accompanied her. Medications given in the emergency department include: folic acid 1 mg, magnesium oxide 400 mg, thiamine 100 mg, ondansetron 4 mg, and diazepam 120 mg (total). IV in right antecubital space. Fluids have been running at 75 mL/hour for a total of 250 mL. Jody was assisted into patient gown. She transferred with stand by assistance. Oriented to room, demonstrated call light system and informed to call for assistance as needed. Personal belongings, clothes and cell phone, with patient.

Braden Skin Assessment. Score = 22 (No Risk)

Risk Factor	1	2	3	4	Patient Score
Sensory perception	Completely limited	Very limited	Slightly limited	No impairment	4
Moisture	Constantly moist	Often moist	Occasionally moist	Rarely moist	4
Activity	Bedfast	Chairfast	Walks occasionally	Walks frequently	4
Mobility	Completely immobile	Very limited	Slightly limited	No limitations	4
Nutrition	Very poor	Probably inadequate	Adequate	Excellent	3
Friction and shear	Problem	Potential problem	No apparent problem		3

- Severe risk: total score ≤ 9
- High risk: total score 10-12
- Moderate risk: total score 13-14

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0500 **Handoff**
Handoff Note

Situation: Jody Pederson is 28-year-old female with current symptoms of alcohol withdrawal. Admitted to the emergency department with report of diaphoresis, headache, and tremors and observed tachycardia, hypertension, and tachypnea. Medications given in the emergency department include folic acid 1 mg PO, magnesium oxide 400 mg PO, thiamine 100 mg PO, ondansetron 4 mg IV, and diazepam 120 mg (total) IV. IV in right antecubital space. Fluids running at 75 mL/hour for a total of 250 mL. She had one episode of combative behavior at 0315. Patient has no historic acute medical conditions and has no homicidal or suicidal ideation.

Background: Patient was brought to the emergency department by husband, with worsening symptoms. Her last drink was 28 hours ago, prior to that she was consuming 1 point vodka daily.

Assessment: She is alert and oriented to person, place, time, and situation. Appears mildly distressed. Skin warm and moist. Slight tremor in extremities.

- BP: 168/98
- HR: 102
- R: 18
- Temp: 98.7°F
- SpO2 98% (room air)

Labs drawn. Pertinent labs include, but are not limited to: BAC (0), Drug toxicology, urine (negative), Hgb (10.3), Hct (36), MCV (108), Mg (1.2), K (3.2), BUN (27), Albumin (3.1), total protein (5.8).

Last CIWA score 7 at 0440. Next due at 0540. Diazepam last given 0440. Diazepam to be given per protocol.

Recommendation: Patient on observation status in the emergency department. While she may not need 1:1 supervision for safety concerns, she will benefit from that support and supervision initially. Falls and safety assessments needed.

0440 **Nurse Notes**
Note

No further combative activity. Vital signs: BP 175/90, HR 99, RR 20, Temp 98.8°F, O2 saturation 98%, CIWA score 7. Diazepam 10 mg given per

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se Notes

will benefit from that support and supervision initially. Falls and safety assessments needed.

0440 **Nurse Notes**

Note

No further combative activity. Vital signs: BP 175/99 HR 99 RR 20 Temp 98.8°F O2 saturation 98%. CIWA score 7. Diazepam 10 mg given per protocol. MD notified of elevated pulse and CIWA score of 7. Anticipating transfer to medical surgical unit.

0340 **Nurse Notes**

Note

No further combative activity. Vital signs: BP 180/110 HR 110 RR 20 Temp 99.8°F O2 saturation 97%. CIWA score 8. Diazepam 10 mg given per protocol. MD notified of elevated systolic BP and CIWA score of 8. Received order to transfer patient to medical floor after two consecutive CIWA score 8 or less.

0315 **Nurse Notes**

Note

Patient attempted to pull out IV, remove oxygen. MD notified. Diazepam 30 mg IV given as ordered. To continue CIWA and PRN diazepam per protocol.

0240 **Nurse Notes**

Note

Vital signs: BP 193/119 HR 124 RR 24 Temp 99.7°F O2 saturation 96%. CIWA score 19. Diazepam 30 mg IV given per protocol. MD notified of elevated systolic BP.

0140 **Nurse Notes**

Note

Vital signs: BP 185/108 HR 118 RR 24 Temp 99.8°F O2 saturation 97%. CIWA score 16. Diazepam 20 mg IV given per protocol. MD notified of elevated systolic BP.

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Notes

elevated systolic BP.

0040 Nurse Notes

Note

22 gauge IV to right antecubital space, inserted on first attempt. Positive blood return and flushes without resistance. Secured with transparent dressing and tape, protective tent applied. Patient tolerated insertion without complication.

Normal Saline (0.9%) 75 mL/hour IV. Vital signs: BP 180/102 HR 118 RR 22 Temp 99.8°F O2 saturation 98%. CIWA score 14. Diazepam 20 mg IV given per protocol. MD notified of elevated systolic BP. Ondansetron 4 mg IV given.

0000 Nurse Notes

Admit Note - abbreviated

S: "I feel like I need to get out of my skin." Around noon, reports feeling anxious, restless, and nausea. Symptoms have been worsening throughout the day and now include diaphoresis, headache, and mild tremors. Denies chest and abdominal pain.

O: Jody Pedersen, 28-year-old female, brought to the emergency department by husband. Patient is alert and oriented to person, place, time, and situation. Appears mildly distressed. Skin warm and moist. Slight tremor to hand. Vital signs:

- BP: 175/98
- HR: 115
- RR: 22
- Temp: 99.7°F
- SpO2 saturation 98% (room air)

Pain: 2/10 dull headache

Fall risk: No reported recent or history of falls

Safety screening: She denies physical and mental abuse and feels safe at home and in her relationships.

A: Worsening and severity of reported symptoms and elevate BP, HR, and RR

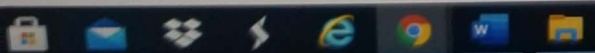
P: The patient was assigned to an open bed. Recommend close monitoring of BP and HR, management of symptoms, and further exploration of the etiology of symptoms.

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12:29 PM 12/2/2020

BANG & OLUFSEN

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Nurse Care Plan

Day 1 - 0000

No care plan at this time

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A: administered, ST: started; SP: stopped; H: held; M: missed; R: refused; PTA: prior to admission

Continuous

	Time	Day 1
Normal saline (0.9%) 75 mL/hr IV	0040	ST

Scheduled

	Time	Day 1
Folic acid 1 mg PO qday	0100	A

	Time	Day 1
Magnesium oxide 400 mg PO qday	0100	A

	Time	Day 1
Thiamine 100 mg PO qday	0100	A

	Time	Day 1
Normal Saline (0.9%) 5 mL IV q8 hours	0000	
	0800	
	1600	

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PRN

	Time	Day 1
Ondansetron 4 mg PO q4 hr PRN nausea	0040	A

	Time	Day 1
Diazepam 30 mg IV q1 hr PRN per protocol	0240	A
	0315	A

	Time	Day 1
Diazepam 20 mg IV q1 hr PRN per protocol	0040	A
	0140	A

	Time	Day 1
Diazepam 10 mg IV q1 hr PRN per protocol	0340	A
	0440	A

	Time	Day 1
Normal Saline (0.9%) 5-10 mL IV PRN for medications/flush	0040	5 mL
	0140	5 mL
	0240	5 mL
	0315	5 mL

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Day/Time	Pulse	BP	RR	Temp		SpO ₂
				°F	°C	
Day 1 0500	102	168/98	18	98.7	37.1	98
Day 1 0440	99	175/99	20	98.8	37.1	98
Day 1 0340	110	180/110	20	99.8	37.7	97
Day 1 0240	124	193/119	24	99.7	37.6	96
Day 1 0140	118	185/108	24	99.8	37.7	97
Day 1 0040	118	180/102	22	99.8	37.7	98
Day 1 0000	115	175/98	22	99.7	37.6	98

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Intake/Output

Day/Time	Intake			Output				Weight	
	IV	PO	Enteral	Urine	Drains	Emesis	Feces	lbs	kg
Day 1 TOTAL...	245	0	0	300	0				

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▼ Labs

▼ Day 1

1,25-dihydroxy vitamin D
complete blood count (CBC)
amylase, serum
blood alcohol concentration (BAC)
urinalysis (UA)
drug toxicology testing, urine
lipid profile, serum
phosphorus, serum
magnesium, serum
lipase
glycated hemoglobin (HbA1c)
ammonia
comprehensive metabolic panel (CMP)

lipid profile, serum
phosphorus, serum
magnesium, serum
lipase

glycated hemoglobin (HbA1c)

ammonia

comprehensive metabolic panel (CMP)

liver function tests (LFT)

human chorionic gonadotropin (hCG)

plasma