**Written Assignment NUR2203– Nursing the Surgical Patient: Task overview**

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| **Assessment**  | Nursing the Surgical Patient |
| **Assignment Objectives** | 1. Demonstrate the use of research evidence for nursing practice applied to the care of a surgical patient
2. Augment skills in clinical decision making and reasoning through synthesising and analysing information required to care for a surgical patient
3. Apply appropriate assessment, problem solving, planning, prioritising of interventions to care for the selected client scenario chosen
4. Demonstrate the nurse’s role in monitoring and implementing prioritised nursing interventions in response to identified patient needs
5. Demonstrate the ability to communicate specific patient care issues succinctly according to scholarly writing and referencing conventions
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| **Assessment Purpose** | **Standard 1**: Thinks critically and analyses nursing practice.RNs use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centred and evidence-based frameworks.**Standard 4**: Comprehensively conducts assessments. RNs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.**Standard 6:** Provides safe, appropriate and responsive quality nursing practice.RNs provide and may delegate, quality and ethical goal directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.**Standard 7**: Evaluates outcomes to inform nursing practice.RNs take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly(NMBA 2018) Registered Nurse standards for practice Retrieved from: http://www.nursingmidwiferyboard.gov.au/Codes-GuidelinesStatements/Professional-standards/registered-nurse-standards-for-practice.aspx |
| **Due Date** | **September 13, 2021 2355 pm** 1. Submit via Turnitin
2. Late submission penalties will apply unless written extensions requests have been approved (see 4.2.4 https://policy.usq.edu.au/documents/14749PL#4.2\_Assignments )
3. Work submitted more than ten (10) University Business Days after the due date without an approved extension will have a Mark of zero (0) recorded.
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| **Length** | 2000 words +/-10% (including headings) (word length includes in-text referencing and excludes your reference list)  |
| **Marks out of:****Weighting:** | A total of 40 marks = 40% (refer to Marking Rubric) |
| **Formatting Style** | Assignments should be presented using:1. Double Line Spacing
2. Times New Roman, 12-point font
3. Use APA 7th formatting style. The first line of each paragraph is indented. The reference list starts on a new page with the heading References. References are listed alphabetically and have the second and subsequent lines indented <https://usq.pressbooks.pub/apa7/>
4. Present your assignment in a scholarly fashion i.e. academic writing conventions and written in the third person
5. Bullet points, numbering, use of tables or figures must not to be used
6. Use subheadings for each section
7. Separate page for references. The reference page is not included in the word count
8. Marking RUBRIC sheet attached as a separate document
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|  | **Submission** **information**

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| **What you need to submit** | One Microsoft Word document that contains the following items: * **Your assignment document.**
* **No coversheet but footer must include**: *surname\_initial\_studentnumber\_coursecode\_A1\_page no*
* **Please use Marking Rubric to guide you, and submit the Marking Rubric as a separate document**
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| **Submission requirements** | This assessment is to be submitted electronically via the *Assessment Submission link* on NUR2203 Study Desk. It must be submitted in electronic format as a Microsoft Word document via Turnitin. **The Turnitin process** **may take up to 24 hours** to produce a report. Therefore, allow adequate time for this and address any issues of plagiarism detected by Turnitin before final submission.  |
| **File Name Conventions** | Save your document with the following naming conventions: ***surname\_initial\_studentnumber\_coursecode\_A1.doc/docx******e.g. Jones\_S\_001789789\_NUR2203\_A1.doc*** |
| **Marking and Moderation** | * This task will be marked against the Marking Rubric available on Study Desk.
* All staff who are assessing your work meet to discuss and compare their judgements before marks or grades are finalised. A rigorous moderation process is undertaken for this course, hence no remarking of assessment pieces will be considered.
* Final release of grades will normally be within three weeks of submission. This same timeframe applies for any approvals for an extension of time, commencing at the time of submission
* Academics can help clarify assignment questions, but **we are not able to review drafts**
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| **Academic Integrity**  | Students should be familiar with USQ’s policy on Academic Integrity: https://policy.usq.edu.au/documents/13752PLCompletion of the Academic Integrity learning activity is highly recommended.Turnitin has been enabled so that students can check for similarity matching within their assessment and make amendments prior to the due date to demonstrate academic integrity. |
| **Late Submissions Penalty** | * Students are encouraged to access the USQ assessment policy: https://policy.usq.edu.au/documents/1357PL
* Applications for an extension of time will only be considered if received in accordance with the USQ Assessment procedure https://policy.usq.edu.au/documents/14749PL and the Assessment of Compassionate and Compelling Circumstances Procedure: https://policy.usq.edu.au/documents/131150PL
* Requests for assignment extensions need to be made PRIOR to the due date
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| **Resources available to complete task** | USQ academic writing style is provided in links available on the course Resources Tab. https://www.usq.edu.au/library/study-support/assignmentsReferencinghttps://www.usq.edu.au/library/referencing |
| **Case Study**  | Mrs Wendy Green a 64-year-old Teacher presented to her GP three weeks ago with a 3-month history of abdominal pain and diarrhoea. A colonoscopy and CT scan revealed a tumour in the ascending colon. Wendy was scheduled for an open right hemi-colectomy.Please refer to the following pre- and post-operative assessment data to answer the assignment questions. **Pre-operative clinical data**

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| **Objective Data** | **Past Medical History** | **Social History** |
| * Weight reported 92kgs
* Height reported 168 cm
* BP 155/100
* HR 88
* RR 18
* Temp 38.8C
* Urinalysis - normal

Current Medication* Simvastatin 40mg nocte
* Captopril 100 mg mane
* Aspirin 100 mg mane
* Ventolin prn
 | * Hypercholesterolemia
* Hypertension
* Asthma
* Obstructive sleep apnoea (OSA) confirmed with sleep study January 2011
* Uses CPAP machine at night
* Myocardial infarction (MI) 2007 with left coronary artery stenting
 | * Married with 2 grown children
* Teacher
* Consumes 6 units of alcohol per day
* Independent with daily cares
* Smokes 10 cigarettes/day

Family history* Father RIP bowel cancer
* Mother 84 years of age: history of cardiac disease
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**Postoperative clinical data**Wendy returned from theatre at 2000 following an open right hemicolectomy for a poorly differentiated adenocarcinoma of the ascending colon with lymph node metastasis in four of the 28 dissected lymph nodes. You are the registered nurse looking after Wendy on the day shift following her surgery.

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| **Observations 0800** | **Medications** | **Post-operative orders** |
| * BP 90/55mmHg
* Pulse: 110 and regular Respiratory rate: 12/min shallow SpO2 95% 2 litres via nasal prongs, Temperature 37.8°C Axilla,
* Sedation score = 1-2
* Vacudrain in-situ 400 ml in bag
* Estimated blood loss (EBL) in OT 600ml
* Urine output via a Foley IDC: 10-15 mls/hour <1ml/kg/hour last three hours
* Pain score 6 on a scale of 0-10
* Midline abdominal dressing (minimal ooze)
 | * Simvastatin 40mg nocte
* Captopril 100 mg/day
* Aspirin 100 mg mane
* Fentanyl PCA 20mcg bolus: 5 minute lockout
* Regular paracetamol 1G QID (PO/IV)
* Tramadol 50-100mg QID prn (PO/IV)
* Oxygen 2L via nasal prongs
* Intravenous infusion: Sodium Chloride 0.9% (Normal Saline) (NaCl) 80ml/hour
* IV Cefoxitin 2gms TDS
 | * Midline abdominal dressing
* Mobilise day 1 with physiotherapist
* Sips of fluid only
* Remove IDC 0800, day 1
* DVT prophylaxis –TED stockings
* Pain management
* GP follow up 2/52
* OPD appointment 6/52 with Dr Bryant
* Wendy will have 20 doses of adjuvant chemotherapy as an outpatient over the next three months.
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| **Task description** | This assignment requires you to consider the case scenario of Wendy Green who has undergone a laparotomy.Your answer will concentrate on the **first 24 hours** of post-surgical care.**Subheadings are required for each question****1. Provide an INTRODUCTION (approximately 100 words)** An introduction will provide clear scope about the direction of your assignment. This includes providing some background to your essay (not restating the case) and defining the issues that you will be addressing in your discussion. **Part A: Analyse the case to identify potential clinical issues and relevant nursing care (1100 words)**This section will focus on the first 24 hours of post-surgical care and involves prioritising nursing care for Wendy. Consider Wendy’s co-morbidities including obstructive sleep apnoea (OSA), previous MI, asthma, hypertension, and hypercholesterolemia in the context of having a general anaesthetic (GA) and in identifying your clinical issues.1. Identify **THREE (3) PRIORITY** clinical issues for Wendy e.g. at risk of severe pain
2. Identify **NURSING INTERVENTIONS** for each of the **three** clinical issuese.g. Encourage deep breathing exercises hourly
3. Provide **RATIONALES** for each nursing intervention. Rationales justify your interventions and are referenced. Suggestion: Intervention: Encourage deep breathing exercises including use of the spirometry, hourly; Rationale: Smith (2019) surmises that this promotes normal lung expansion increases oxygen levels, and is useful in preventing pneumonia and atelectasis

**Part B: Discharge planning (700 words)**1. Plan and prioritise discharge advice for Wendy.
2. In the discharge plan, consider the appropriate post-operative education for Wendy including the surgical procedure. Concisely provide a discharge plan and education around medication, prevention of post-operative complications, psychosocial issues, and lifestyle modification.
3. Refrain from merely providing generic information. Be succinct and appropriate in your advice but also critically evaluate the information in the case and specifically relate this to your discharge plan.

**Provide a CONCLUSION** **(approximately 100 words)**  Your conclusion succinctly summarises the main points of your assignment but this section is not an opportunity to introduce new information. |

**Submission** **information**

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| **Assignment Tips** |

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| **ASSIGNMENT**  | **DETAILS** |
| **Introduction** **(approx. 100 words)** | Provide an overview of the structure of the assignment. Provide a brief overview of how you will approach each section. Outline examples in your essay that will be used to respond to the assignment question. Do not restate the case  |
| **Part A: Identifying clinical issues, proposing nursing interventions and rationales**  |
| **Clinical issues**  | * Choose three (3) prioritised actual or potential clinical issues. Be mindful of the 24-hour post-operative period
* Consider pathophysiology Wendy’s co-morbidities, current medications, surgery, and response to general anaesthesia
* Consider the relevant assessment data you have been given in the case and other assessment data you will need to collect to care for Wendy
* It is expected that the information in this section will be referenced (Academic sources 5-6 would be reasonable for this section
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| **Prioritised interventions supported with researched rationales** | * Evidenced based nursing interventions and rationales should relate to pathophysiological processes and aim to improve clinical outcomes.
* The rationales support your interventions and justify why you have prioritised clinical issues. Rationales need to be referenced. (Academic sources 5-6 would be reasonable for this section
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| **Part C - Discharge planning (700 words)**  |
|  | * Consider both physiological and psychosocial aspects in discharge planning. (3-5 academic sources are expected for this section)
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| **Conclusion (100 words)** | * Provide a critical review and summarise the main findings of the assignment.
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