PG Academic Literacy and Language (ALL) Program
Workshop 3
Semester 2, 2020
Welcome

- Nursing assessments and academic style
- Managing information
- Introduction to Endnote
Review: Workshop 2 Summary

- PRISM
- Structuring your writing
- Paraphrasing and synthesis
- APA referencing workshop
Nursing assessments and academic style

By now, you should have a good idea how you will …

• Plan
• Research
• Read and note-take
• Write your first, second, third draft
• Reference
PSR5101 Assessment 1

• Explore why utilising a structured approach to a written academic reflection is important for the practitioner. Mann, Gordon & MacLeo (2009) suggest that using a structured approach to reflection guides the reflective activity, offering the individual the opportunity to explore their strengths and weaknesses and highlights their learning needs. Furthermore, encouraging the individual to seek evidence validates and enhances their own judgements and adds depth to the reflection.

• This assessment requires the student to critically explore and discuss the strengths and weaknesses of the model and how it has evolved over time. A minimum of three models is required to be explored within this assessment, including justification as to relevancy of this model for use within a healthcare profession.
Minimum of 10 references from peer reviewed journal articles is expected, as well as correctly citing the model under discussion or referred to.

This assessment should be written in the 3rd person.

You are required to include the following:

- A title page is required listing your name, student number and unit title and code
- No table of contents is required, however page numbers are required on each page
- An introduction outlining what it is that this assessment is going to focus on is required
- Relevant headings relating to content being discussed situated within the main body of the work
- A conclusion is also required, concluding this work, with an end text reference list aligning to ECU APA
This week, the UC Kim discussed a couple of articles, which examine the strengths and weaknesses of using a structured approach to reflection.

You’re not required to describe each model, you should discuss collectively their strengths and weaknesses (comparing one to another). For example, how Gibbs has an action plan, which others may not. Barriers to written reflections such as who may read it, or the model is too confusing or hard to understand. All very relevant.
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<th>Criteria</th>
<th>High distinction</th>
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<td><strong>Literature: demonstrated use of relevant literature.</strong></td>
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<td><strong>Concepts and theories: demonstrating understanding of the topic / concept and theories used.</strong></td>
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<td>Evidence of a high level of understanding relating to the concepts / theories used. Demonstrates analysis, reflective and critical thinking. Paper addresses all aspects of the question in an integrated way and contains no irrelevant material or repetition of ideas.</td>
<td>Evidence of substantial understanding relating to the concepts / theories used. Demonstrates some analysis, reflective and critical thinking. Paper addresses all aspects of the question in an integrated way and contains no irrelevant material or repetition but has some weak connections between ideas.</td>
<td>Evidence of understanding relating to key ideas, awareness of their relevance; partial understanding of the concepts and theories used; attempts at analysis. Paper addresses only some aspects of the question and/or contains some irrelevant material and/or repetition of ideas.</td>
<td>Limited to no understanding demonstrated; paper does not answer the question or criteria of the assessment.</td>
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<td>Well organised and clear argument sustained by readings and evidence; argument reflects students critical thinking and synthesis of deeper and less obvious aspects of the argument, demonstrates ability to adapt and apply ideas to new situations.</td>
<td>Some evidence of an argument with some support from the readings and evidence, but is unclear in some important areas, some use of analytical skills and some originality or insight.</td>
<td>Mostly descriptive rather than demonstrating an argument / the argument is not well supported, unclear or logically flawed with limited support.</td>
<td>There is limited to no argument, only description or opinion, with limited to no supporting logic or evidence. Isolated statements are made but are not connected in any logical way.</td>
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**Conclusion: the paper offers a purposive conclusion.**

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<td>Writing style: paper is written in formal Australian English, academic style with clarity and coherence.</td>
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<td>Writing style is satisfactory and clear (written in Australian English) but does not present concepts and ideas in a concise and coherent manner.</td>
<td>Writing style is only just satisfactory and lacks clarity in numerous areas, not written in Australian English throughout paper.</td>
<td>Writing style is poor and unclear, many errors, not written in Australian English / not written from the correct viewpoint e.g. 3rd person / 1st person.</td>
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<td>Grammar, syntax, spelling, sentence structure, paragraph structure, paragraph linking, use of section headings are mostly appropriate; mostly accurate and systematic. Referencing APA – no errors. Word count adhered to.</td>
<td>The paper contains occasional grammatical or spelling errors; inconsistent referencing – APA. Word count adhered to.</td>
<td>The paper contains several grammatical or spelling errors, inappropriate language, and / or incorrect referencing APA / word count not adhered to.</td>
<td>The paper contains frequent grammatical or spelling errors, inappropriate language and layout which is hard to follow. Limited or no referencing APA. Word count not adhered to.</td>
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Nursing assessments and academic style

PSR5101 Models of reflection assignment exemplar

Consider strengths and weaknesses:

• Academic style
• Paragraph structure (TEEL)
• Transitional words and phrases
• Paraphrasing
• Referencing
Reflection is a process of an internal examination of self and exploration of any issue of concerns with creating and clarifying its meaning, which is triggered by personal past or present experience (Boyd & Fales, 1983). Critical reflection can be done in any settings such as nursing and midwifery, medicine, education and social contexts. There are numerous models of reflection developed to assist practitioners to express their opinions and feelings or to reflect the situation and practice (Middleton, 2017; Wain, 2017). The structured reflection models give an opportunity to students and other health professionals to develop the clinical skills through their pre-existing knowledge and better understanding of new context (Wain, 2017). Additionally, critical reflection is essential to fulfil the gap between theory and practice, which helps to empower health professionals and students (Goulet et al., 2016; Middleton, 2017). This essay explores the concept and three models of reflection as well as its importance for health practitioner in the healthcare and education settings.
Reflection is an essential element of critical thinking. People could improve their own behaviour with the help of self-reflection because it deeply examines one’s internal experience (Tashiro et al., 2012). Health practitioners usually reflect their actions on daily basis. However, some triggers, which encourage to reflect the nursing practice, are comparison the present action with past or future situation, confrontation of significant events and accountable situation (Bagheri et al., 2019). Life itself is a good source of reflection and people involved in any profession could reflect their practice through three ways: “technical, practical and emancipatory” (Taylor, 2010, p.11). In the past, reflection was mainly used for describing and planning the nursing activities, but it has used as a learning and teaching tools (Enuku & Evawoma-Enuku, 2015; Teekman, 2000).
The structured models of reflection play a significant role in nursing profession. Enuku and Evawoma-Enuku (2015) argue that it helps nurses to learn and progress the practical skills, by analysing their weak aspects. Additionally, the staffs' regular involvement in thinking and reflecting critically helps them to define their role and the way of work (Welp et al., 2018). That makes their professional life easier, and develops the coping mechanisms. Secondly, reflective thinking enables the person's skills of analysing problems and developing solutions (Enuku & Evawoma-Enuku, 2015; Welp et al., 2018). As a result of good decision making skills, nurse's practice will be opened, confident and real (Enuku & Evawoma-Enuku, 2015). Thirdly, the structured models of reflection help the health personal to assess the patient condition in detail. Sadlon (2018) examined the similar context, the nurse with reflective practice habit thinks about their patient's beliefs and values during providing care. However, the nurse without reflective knowledge deals with the patients mechanistically (Sadlon, 2018). In nursing team work, the practitioners could reflect the progress or limitation of the performance while conducting the task. The systematic reflection
On the other hand, critical reflection is used as one of the teaching methods in education division. Tashiro et al. (2012) emphasise that the student’s learning skills directly promote through reflection. As the reflection process used self-questioning, it helps to clarify the situation by thinking logically and prioritizing things (Teekman, 2000). The students not only develop the skills of expressing their feelings, but also improve their cognitive skills by answering their own questions. In addition, student health practitioners could develop the coping strategies from reflection in the emotional challenging situation (Jacobs, 2016). Additionally, Pai (2016) argue that students’ self-reflection based on their insights and experience from clinical settings help to defend with their anxiety because anxiety limits their competency level. Thus, this is beneficial to health practitioners for their professional and personal growth. Can you spot strengths and weaknesses?
Conclusion

To conclude, reflection is a complex process of expressing the personal feelings, actions and situations. Some structured reflection models developed by Gibbs, John and Schon were explored in this paper, which has been used in nursing and education settings. Those models help people to understand themselves, develop the practical and coping skills and improve their intellectual ability. Compared to other models, Gibbs and Johns model has been commonly used in nursing. The purpose of reflection also changed over time, as it was used only for describing situation, but now it is mainly utilise for learning purposes. Finally, critical reflection not only progresses the health practitioners’ skills but also improves the quality of patient care. Can you spot strengths and weaknesses?
Nursing assessments and academic style

NUR6117 case study assignment exemplar

Consider strengths and weaknesses:

- Academic style
- Paragraph structure (TEEL)
- Transitional words and phrases
- Paraphrasing
- Referencing
Assessment 1 – Case Study

• Length: 2,500 words (plus or minus 10%)
• Digital Word document
• Formatted in 1.5 line spacing
• Due date: Week 5 at 5 pm 24th August 2020
• Electronic submission via Blackboard > Turnitin
• LO1: Analyse the physiological antecedents to deterioration in adults and children
• LO3: Rationalise the role of multidisciplinary team members in the management of the deteriorating patient
Assessments

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<tr>
<th>Assessment Description</th>
<th>Case Study</th>
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<td>Format</td>
<td>Length: 2,500 words (plus or minus 10%). Word digital document. The document should be formatted with 1.5 line spacing.</td>
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<td>Due Date and time</td>
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<td>How to Submit</td>
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<td>Learning Outcomes</td>
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<td>LO3: Rationalise the role of multi-disciplinary team members in the management of the deteriorating patient</td>
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**Instructions**

This assignment involves a written reflection relating to the case study of a deteriorating patient from module 2 – George Hill. You are required to analyse and critically review this case. Using a model of reflection explore what you have learnt from this case, and how this will change your practice moving forward. Support your reflection with references derived from the appropriate literature.
Case study: George Hill from Module 2

George Hill is a 75yo man admitted to hospital for a left total knee replacement on 14th October 2017.

Past medical history of ischaemic heart disease, osteoarthritis and peptic ulcer.

On 15th October at 0940 George vomited a large amount of gastric contents that were coffee ground in colour. When his RN assessed him, she recorded the following vital signs:

- Heart rate 106
- Respiratory rate 24
- Oxygen saturation – 73%
- Blood pressure – 143/69
- Level of Consciousness – A on the AVPU scale

The RN activated a rapid response call according to hospital policy.

The rapid response team attended promptly and increased George’s oxygen therapy to 15lpm via a non-rebreather mask.

The next set of vital signs recorded at 0950 after increased oxygen therapy and a bolus of 300mls of IV normal saline were:

- Heart rate – 96
- Respiratory rate – 20
- Oxygen saturation – 85%
- Blood pressure – 153/81
- LOC – Alert

George was transferred to ICU at 1050 for ongoing management.
Assignment 1

• Due Monday 24\textsuperscript{th} August 2020 5pm
• Written reflection (2500 words) on the provided case study of George Hill
• Electronically submitted via Turnitin (Blackboard)
• Using a model of reflection (eg. Gibbs model of reflection)
Case study exemplar 1

Assignment title: Case Study: A Deteriorating Patient

Unit code and Title: NURS6117 The Deteriorating Patient

Lecturer: Dr Ulrich Steirwandel

Student Name: 

Student Number: 

Date of Submission: 28/08/2019

Word Count: 2306
Assignment Title

Introduction

In Australia as well as globally the characteristics of hospitalised patients are changing, with an increase in patients with complex health issues whom are more liable to be or become acutely unwell during a hospital admission (Bucknall et al., 2017). Observable physiological and clinical abnormalities often precede severe adverse events such as cardiac arrest, unforeseen death and unplanned admissions to Intensive Care Units (ICU) (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2017). However, there is evidence that these warning signs are not necessarily always identified and when they are, may not be acted upon (Bucknall et al., 2017). Confirming that hospitalised patients who deteriorate receive appropriate and timely care is an important safety and quality issue (ACSQHC, 2017). Elements of the deteriorating patient will be discussed comprehensively through analysis, critical evaluation and reflection of a clinical scenario.

Background

In Australian hospitals, the last ten years has seen increased efforts towards frameworks for recognising and responding to deteriorating patients due to findings revealing clinical deterioration is frequently not recognised or responded to in a timely approach (Massey, Chakraborty, & Anderson, 2016). There are many tools accessible in order to assess a patient’s response to illness/disease and treatment. Vital Sign (VS) measurement is the most widely used assessment technique in healthcare settings and is considered a primary indicator of physiological status (Bucknall et al., 2017). The ACSQHC state that the VS studied to be the best predictors of clinical deterioration include respiratory rate, oxygen
saturation, heart rate, blood pressure, temperature and level of consciousness (ACQHC, 2017). Australian evidence-based research revealed that in the presence of three or more abnormal VS, there is an accompanying 19-fold increase in risk of mortality compared with patients with one abnormal VS (Bucknall et al., 2017). This type of research demonstrates the importance of routine VS measurements and appropriate escalation of care in maintaining the safety of patients (Bucknall et al., 2017).

Rapid Response Systems (RRSs) are early warning systems utilising objective activation criteria, which results in expert assessment and management of clinically deteriorating patients (Iddrisu, Hutchinson, Sungkar, & Condsideine, 2018). In Australia the method of a graded RRS which is founded upon predefined severity criteria is recommended. This includes Medical Emergency Teams (METs) for individuals with acute changes who need urgent review (3-5 minutes) and early clinical review (pre-MET) for those patients with early physiological deviations who need appropriate review (< 30 minutes) preceding further deterioration (Iddrisu, Hutchinson, Sungkar, & Condsideine, 2018). Recent initiatives have aimed at improving early recognition of deterioration by introducing a “track and trigger” methodology to patient monitoring. “Track and trigger” approaches are recognised processes which involve periodic measurement of observations (tracking), which have predetermined actions when set thresholds are reached (triggering) (Iddrisu, Hutchinson, Sungkar, & Condsideine, 2018).

The nurse’s role is fundamental in the prompt detection and management of patient deterioration, as they are the health professionals whom have the most patient contact. The success of RRS systems is largely attributed to a Registered Nurse’s clinical decision-making process which includes the documentation and interpretation of vital signs/clinical data and the indicated escalation of care (Iddrisu, Hutchinson, Sungkar, & Condsideine, 2018). Countless patients in acute care settings have extended episodes of physiological instability preceding escalation
of care due to barriers in patient monitoring and documentation. Obstacles to timely RRS activation when responding to clinical deterioration include; inconsistency in regularity of patient assessment, misinterpretation of clinical data, delays in reporting, lack of resources, heavy workloads and poor safety procedures (Idrisu, Hutchinson, Sungkar, & Considine, 2018). There is a significant amount of evidence-based research investigating the reason nurses do not always escalate the care of deteriorating patients appropriately. Supporting this Australian literature reported that health professionals failed to escalate care for patients who met RRS criteria, even though they were concerned about the clinical status of their patient (Idrisu, Hutchinson, Sungkar, & Considine, 2018). This study highlighted “ward culture” influencing staff reporting behaviours, with the expectation that the escalation to RRS was not essential for all patient who met RRS criteria (Idrisu, Hutchinson, Sungkar, & Considine, 2018). It was found that deteriorating patients were identified appropriately but that nurse’s communication style, focusing on subjective phenomena over objective measures were unsuccessful gaining medical attention (Idrisu, Hutchinson, Sungkar, & Considine, 2018).

In the context of Orthopaedics patients such as George Hill, they frequently have existing conditions that can complicate operative procedures (Esoga & Seidl, 2012). These can include pre-existing comorbidities such as heart disease or diabetes, older age and obesity which elevates the possibility for adverse events perioperatively (Esoga & Seidl, 2012). Given George Hills age of 75 years and past medical history of ischaemic heart disease, osteoarthritis and peptic ulcers, it is important to evaluate his risk of clinical deterioration. Possible complications can be attributed to the risks of surgically manipulating bones such as thromboembolic disorders, fat embolism and bleeding, as well as adverse reactions from possible blood transfusions and medications (Esoga, Seidl, 2012). Clinical triggers such as hypertension, hypotension, oxygen
Desaturation, respiratory distress, tachycardia, bradycardia and changes in mental status are some common indicators utilised by clinicians to identify a worsening in their patients’ condition (Patient Safety Surveillance Unit (PSSU), 2016). Monitoring of these vital signs combined with the assessment and interpretation of these clinical findings is integral to the planning and implantation of appropriate and timely interventions to address clinical deterioration (PSSU, 2016). A multitude of different skills alongside knowledge and experience is required for the management of acutely unwell patients (PSSU, 2016). Thus, it is essential clinicians continue seeking timely advice when met by patients unresponsive to treatment and becoming increasingly unwell (PSSU, 2016). Strong communication skills, situational awareness and teamwork continue to be essential components in identifying and addressing clinical deterioration of hospitalised patients (PSSU, 2016).

Discussion

Description of Case Study

The clinical scenario being reflected upon involves George Hill, a 75-year-old male admitted to hospital for a left total knee replacement, with a past medical history of osteoarthritis, ischaemic heart disease and peptic ulcers. On day two of his admission, George vomited a large amount of gastric contents, coffee ground in colour. On the RNs assessment of his vital signs, clinical deterioration was observed, and his care was escalated, as per hospital policy, the RN initiated a rapid response call. The rapid response team’s intervention was to increase George’s oxygen therapy and administer IV fluid; his vital signs were taken again 10 minutes later with improvement. The patient was then transferred to ICU for ongoing management.
Feelings

Upon reading this case study I initially felt worried for the patient and their worsening condition. His heart rate, respiratory rate and oxygen saturation were all outside the normal parameters and his clinical deterioration was concerning. Thoughts crossing my mind included; what will be the outcome for this patient? How will this incident affect his recovery? And is he receiving high quality patient-centred care? However, when reflecting upon the case study I felt assured that his care was timely and appropriate. I was hopeful the early recognition of his clinical deterioration and appropriate interventions would lead to a full recovery. Elements of this case study and how the clinical deterioration was managed motivated me to further explore this patient’s health status and reflect upon my own practice; what actions would I take if George Hill was my patient?

Evaluation

Evaluating the clinical scenario, it is evident that the patient’s care was timely and appropriate. When George began vomiting large amounts of gastric contents, assessment of the patient’s vital signs was indicated, and the RN carried this out promptly. The patient was tachycardic, tachypnoeic, slightly hypertensive and had decreased oxygen saturation. As per hospital policy the RN activated a rapid response call and the team attended to George promptly. The appropriate monitoring of vital signs combined with the interpretation of the clinical findings was integral to planning and implementing appropriate and timely interventions to address George’s clinical deterioration. Increasing Georges
oxygen therapy and a bolus of 300ml IV normal saline were interventions indicated, which within ten minutes improved Georges condition. The prompt actions of the clinical staff in responding to Georges worsening conditions prevented further deterioration.

Analysis

The reason this patient’s clinical deterioration was so well managed can be attributed to the clinical staff’s prompt escalation of care, adhering to hospital policy. This enabled the planning and implementing of timely interventions to address Georges deterioration. Making sense of the situation prompts the question as to why there was a worsening in George’s condition in the first place? George has a past medical history of ischaemic heart disease, osteoarthritis and peptic ulcers. Peptic ulcer disease nursing care involves monitoring, assessing, educating and administering medications as per patient care plans. The nurse should routinely assess and monitor the patient for any signs and symptoms of complications from a peptic ulcer, such as Gastro Intestinal (GI) bleeding (Avital & Schub, 2018). GI bleeding can present as vomiting “coffee ground” emesis or bright blood or dark, tarry stools along with tachycardia, hypotension, abdominal mass or tenderness (Avital & Schub, 2018). A bleeding ulcer may gradually cause anaemia, which can also make a person feel tired or short of breath (Levetin, Jones, Lassonde, Burke, Bauldoff, Guhrud-Howe, Dwyer, & Hales, 2017). On assessment, Georges “coffee ground” vomiting, tachycardia, dyspnoea and decreased oxygen saturation are all possible indicators of a GI bleed. A nurse’s ability to recognise this and escalate care in a timely manner will play a pivotal role in the patient’s outcome.
Deliberating factors as to why this occurred is an important nursing consideration when analysing cases such as George's. Risk factors for Peptic Ulcer haemorrhage relevant to George Hills case include factors that increase gastric acid production and susceptibility to H. pylori infection such as his recent major surgery, certain drugs, food and beverages (e.g. alcohol, fruit juice and caffeine) (Avital & Schub, 2018). Older adults over 60 such as George, with peptic ulcers are also at higher risk of bleeding due to their disproportionate use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), in which they are estimated to be responsible for >50% of peptic ulcer cases (Avital & Schub, 2018).

The RN should also think critically and understand the interventions of the rapid response team, when increasing Georges oxygen therapy and giving a bolus of 300mls of IV normal saline. In haemorrhages associated with a peptic ulcer, initial interventions aim at restoring and maintaining circulation (Levett-Jones et al., 2017). IV normal saline is indicated due to the loss of fluid and electrolytes through Georges vomiting of gastric contents. To prevent shock, it is important to maintain a blood volume and cardiac output adequate to perfuse body tissues (Levett-Jones et al., 2017). The expected outcome of this would be to maintain Georges still normal blood pressure and decrease his tachycardia (Levett-Jones et al., 2017). George’s increased oxygen therapy to 15 lpm via a non-rebreather mask is indicated due to his hypoxia and high respiratory rate. The aim of oxygen delivery is to maintain targeted oxygen saturation levels through the provision of supplemental oxygen (Levett-Jones et al., 2017). This is done in order to relieve hypoxia, lessen the effort of breathing and to maintain sufficient oxygenation of tissues and vital organs, as assessed by SpO2 levels (Levett-Jones et al., 2017). As per the case study, applying oxygen assisted George with his difficulty breathing and hypoxia, dropping his respiratory rate from 24 to 20 and increasing his oxygen saturation from 74% to 85% within 10 minutes.
Serious complications can occur from peptic ulcer disease, with haemorrhage being the most common, accounting for 40-55% of all upper Gastro Intestinal (GI) bleeding cases (Avital & Schub, 2018). The unstable vital signs in this clinical scenario could possibly indicate a major haemorrhage and haemorrhagic shock and are associated with a poor prognosis so must be acted on swiftly (Avital & Schub, 2018).

**Action Plan**

Reflecting on clinical scenarios such as the case of George Hill prompt me as student nurse to think about what actions I would take as a RN when confronted with a deteriorating patient. Moving forward into my career as an RN I will continue to think critically and analyse the nursing practice of myself and other clinical staff. I will build my clinical knowledge in order to recognise and understand why patients deteriorate, utilising evidence-based research and the advice of senior nursing staff. On my next clinical placement, I will utilise hospital resources to further my knowledge of hospital protocols, policies and guidelines in managing deteriorating patients. Through this, I will better understand different hospital approaches and also recognise similarities between organisations when managing acute patients. Importantly, I will also revisit the National Safety and Quality Health Service Standards which strive to protect patients from harm and to improve the safety and quality of health service provision (ACSQHC, 2017). I will revise the standard which relates to Recognising and Responding to Acute Deterioration, which describes the systems and processes set in place to respond effectively to patients when their condition deteriorates (ACSQHC, 2017).

**Conclusion**
The RNs role involves continuous monitoring, assessment and care, adhering to patient care plans to prevent or rapidly identify and intervene when complications and patient deterioration occur. It is therefore important nurses have sound clinical knowledge, judgement, critical thinking and clinical decision-making skills (McCartney, 2017). The nurses’ ability to recognise and respond appropriately to George’s signs of acute deterioration in a timely manner play a significant role in his outcome (McCartney, 2017). Through examining contemporary literature and critically analysing the clinical scenario of George Hill and conducting a thorough reflection, I have gained a better understanding of the elements of “The Deteriorating Patient”.
References


Hospitals, Health Services and the Community. Department of Health: Perth.
Summary: Body paragraphs: purpose and structure

**Paragraph structure:**
- Topic sentence
- Supporting sentences – Point, Explanation, Evidence
- Concluding sentence

**Introduction structure:**
- Topic/Orientation
- Focus/Thesis statement
- Structure/outline

**Conclusion structure:**
- Restatement of the thesis statement
- Summary of the main points
- Broad statement
Module 1 - Part 1: The Academic Writing Process

Part 1: The Academic Writing Process
Coming up next

- Managing information
- Introduction to Endnote

SNM Librarian
Lisa Webb