Example: Rubric for Success

WVU School of Nursing

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| List scores for Practice test B and LSRN Final. Include scores for all attempts up to 90%. | Interpret results from practice test B. and LSRN final.  List both general and specific content areas that need review.  Example: General: Basic Care and Comfort.  Specific: Indications of true labor | After doing the FOCUS REVIEW, taking the test again and doing the LSRN final **discuss** 5 specific content areas that you mastered and 5 that need further review. | Note study, organizational and test taking skills used to master tests. Include thoughts and feelings that reflect insight into the process you plan to use to master the comprehensive final. |
| **RN Comprehensive Practice B**   * First Attempt: 7.2 % * Second Attempt: 93.3% | **RN Comprehensive Practice B**  **Management of Care: 66.7**   * Professional Responsibilities: Supporting a Client’s Wishes * Managing Client Care: Appropriate Delegation of Tasks * Maintaining a Safe Environment: Evaluating Staff Performance * Managing Client Care: Delegating Tasks to an Assistive Personnel * Diabetes Mellitus Management: Client Who Has a New Diagnosis of Type 1 Diabetes Mellitus * Coordinating Client Care: Addressing Family Concerns * Practice Settings and Aggregates: Evaluating Understanding of Hospice Care * Managing Client Care: Priority Action to Implement Staffing Changes * Care of Special Populations: Identifying Resources to Improve Healthcare for Migrant Farmworkers * The Intra professional Team: Initiating a Referral for Occupational Therapy   **Safety and Infection Control: 83.3%**   * Infection Control: Isolation Precautions for a Client Who Has Pneumonia * Communicable Diseases: Priority Action   **Health Promotion and Maintenance: 71.4 %**   * Nursing Care During Stages of Labor: Priority Assessment for a Client Who Is Receiving Oxytocin * Prenatal Care: Evaluating Client Understanding of Common Prenatal Discomfort * Thorax, Heart, and Abdomen: Performing an Abdominal Assessment * Cognitive and Sensory Impairments: Conducting Visual Acuity Testing   **Psychosocial Integrity: 76.9%**   * Stress and Defense Mechanisms: Identifying Client Use of Dissociation * Effective Communication: Communicating with a Living Donor Prior to Organ Donation * Group and Family Therapy: Identifying Informal Roles of Group Members   **Basic Care and Comfort: 84.6%**   * Vitamins, Minerals, and Supplements: Identifying Potential Interactions with Ginseng * Nasogastric Intubation and Enteral Feedings: Verifying Correct Tube Placement   **Pharmacological and Parenteral Therapy: 73.9%**   * Medications for Depressive Disorders: Identifying Adverse Effects of Amitriptyline * Dosage Calculation: Calculating IV Drip Rate * Psychotic Disorders: Evaluating the Effectiveness of Chlorpromazine * Blood Neoplasms: Planning Care for a Child Who Is Immunosuppressed * Pharmacokinetics and Routes of Administration: Mixing Medications for IM Injection * Chemotherapy Agents: Administering Doxorubicin   **Reduction of Risk Potential: 72.2%**   * Gastrointestinal Therapeutic Procedures: Preparing a Client for a Paracentesis * Hematologic Disorders: Expected Laboratory Values in a Client Who Has Hemophilia A * Hemodialysis and Peritoneal Dialysis: Laboratory Values to Report to the Provider   **Physiological Adaptation: 52.4%**   * + Nursing Care of Newborns: Maintaining Thermoregulation   + Cystic Fibrosis: Creating a Plan of Care for a Child Who Has an Infection * **Fluid and Electrolyte Imbalances - (2)**   + Acute Infectious Gastrointestinal Disorders: Evaluating Treatment for Hypotonic Dehydration   + Fluid Imbalances: Manifestations of Fluid Volume Deficit * **Illness Management - (2)**   + Hematologic Disorders: Planning a Discharge Plan for a Child Who Has Thrombocytopenia   + Disorders of the Eye: Identifying Visual Changes Due to Cataracts * **Medical Emergencies - (1)**   + Hematologic Disorders: Priority Intervention for Sickle Cell Crisis * **Pathophysiology - (2)**   + Disorders of the Eye: Identifying Manifestations of Retinal Detachment   + Hyperthyroidism: Expected Findings * **Unexpected Response to Therapies - (1)**   + Respiratory Management and Mechanical Ventilation: Adverse Effects of Positive End-Expiratory | **RN Comprehensive Practice B**  **Management of Care: 93.3%**   * The nurse should be able to recognize that irritability is a sign of increased intracranial pressure. * As a nurse, it is her responsibility to support the clients’ decisions. * The nurse should recognize that chlorpromazine is an antipsychotic medication I thought it is was a blood pressure medication * I was not aware that a client who has pneumonia will have confusion, fatigue, lethargy and anorexia. * A nurse should be aware that epinephrine increases cardia workload and oxygen demand, and signs may be chest pain. * I wasn’t aware that Hospice care provides bereavement services after a family member death * When checking an infant pulse, the nurse should check the apical pulse and count beats at least 1 min. * When performing, a digital evacuation stool the nurse should insert a lubricated gloved finger & advance along the rectal wall. * It’s the nurse’s responsibility to report any suspected physical abuse to child protective services. * The priority action for is air way breathing. Increase fluid reduces the tissue and organ ischemia. * A nurse should instruct a patient to avoid taking deep breathes during a thoracentesis because wit may puncture the pleura * Daily weighing is part of the scope of AP practice that the nurse can delegate. * When the nurse has a patient with an AV fistula he or she should auscultate affected extremity every 4 hrs for a bruit for patency. * I have learnt that compartment syndrome causes increased pain pallor, and paresthesia * The nurse should recognize this urine specific gravity is significantly elevated, indication if dehydration from vomiting. * Regarding the Romberg test the nurse test once they eye are close and once they are open.   **Safety and Infection Control: 100%**   * I believe I always struggled with the values of a PPT and INR, I am aware that a therapeutic value for a PPT is 40 seconds. * As nurse, it is important to know the signs of a detached retina that is floating dark spots. Cloudy vision indicates cataracts, while Halos indicate glaucoma. * The nurse should document time, the name of medication and route in which the medication was given on the client record. * An important sign regarding an appendectomy is sudden relief of pain this is an indication of ruptures appendix. * The new born should be fed when they give cues along with suction the newborns mouth first to remove secretions that the newborn could aspirate when suctioning the nares . * A nurse should report this sodium level because it indicates hypernatremia and possibly kidney disease. * A cataract is a cloudy are in the lens of the eye. * Pneumonia is a droplet. For some reason I thought it was airborne * A child who has hypotonic dehydration has a serum sodium level below normal.   **Reduction of Risk Potential: 100%**   * Patients on MAOI should not eat foods that contain tyramine that includes- broccoli, yogurt, cream cheese. * The nurse should instruct the elderly patients to have someone install grab bars around bathtubs and toilets to decrease falls. * When a client is unable to give informed consent in an emergency, health care personnel may proceed with lifesaving care. * Air borne precautions requires negative pressure air flow that has at least 6-12 air exchange. * Valproic can hepatic toxicity, it is important for the nurse to check liver functions * Finding that indicate varicella are fever and fluid filled vesicles. * The nurse should instruct the client that she will need to fast the night before the test to prevent inaccurate test results. * Tremors are manifestations of hyperthyroidism. * I did not remember the nageles rule which is adding 7 days to the first day of the clients LMP and then subtracting 3 months.   **Physiological Adaptation: 100%**   * The nurse should teach the pregnant client to wear supportive bra overnight and sleeping on her side to promote placental perfusion. * The nurse should instruct the client to wear clothing made with cotton fabric to reduce risk of fire. * As a nurse manager, it is her duty to teach that advocacy is a leadership role that can help other to grow personally. * When there is decreased urine output and bladder spasms indicate internal obstructions of the catheter. It’s the nurse job to irrigate the catheter with 0.9 sodium chloride. * The nurse should inform clients on birth control that there can be a drop-in body temperature prior to ovulation * Patients with cystic fibrosis metabolizes antibiotics more rapidly and require higher dose of antibiotics to help fight aggressive infections. * The nurse should inspect the client mucosa for petechiae every 8 hr. as doxorubicin can cause thrombocytopenia and increase risk for bleeding * Signs of hypoglycemia is irritability. I read the question and thought it was asking about hyperglycemia. * The nurse should inform the client that short term memory loss is a common adverse effect of ECT. * The nurse should recognize that a client using dissociation by separating painful events from conscious mind. * The priority action the nurse should when dealing with a type 1 diabetic is to ensure the client understands the medication regimen. * The nurse should delegate providing gastrostomy feeding to a AP, because it is within their scope of practice. * The interdisciplinary conference address family concerns about providing optimal care for a client. | There are some details that I need to work on. However, I think that I have been doing a good job reading the questions. I have improved by using practice questions and knowing why each answer is right or wrong.  I have noticed one specific aspect that I have lacked and it doing calculation questions.  The focus reviews have helped a lot to see what I need to study. |

Diana McCarty 5/15/17