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