Student Name: D#: Date:

Course: Session: Year:

# DIRECTIONS

* The Direct Patient Care Documentation (DPCD) reinforces the link between didactic and clinical learning and promotes clinical judgment.
* **Each time you are at the clinical site, complete the following sections of the DPCD on one patient you provided care, utilizing priority data, and include a detailed reflection.**
	+ **Day 1: Complete Section A (I-SBAR, Pathophysiology, and Student Assessment) and Section D (Clinical Experience Reflection)**
	+ **Day 2 and Subsequent Clinical Days: Complete the entire DPCD (Section A, Section B, Section C, and Section D) per clinical day**
* If any area within this document was not performed or does not apply, place “N/A” in that section.
* Engage in dialogue with your faculty to review the DPCD during your clinical learning experience.
* Utilize the resources referenced on your course syllabus. If additional resources are utilized, cite the reference on this document.
* Submit within 24 hours (or as directed by the course leader), can be handwritten or typed.
* **Grading: See DPCD Grading Rubric. Evaluated as Satisfactory or Unsatisfactory on the Clinical Learning Evaluation.**
	+ Satisfactory rating meets the following:
		- Clinical Learning Competency: Completes all clinical learning experiences and requirements successfully. (PO 5) Performance Descriptor: Completes all assignments related to the clinical learning experience within established guidelines.

# SECTION A: I-SBAR, PATHOPHYSIOLOGY, STUDENT ASSESSMENT

|  |
| --- |
| **I-SBAR (Utilize for Receiving Report) NOTE: Prepare to deliver a hand-off report at the end of your shift** |
| **I – Introduce Yourself** | Your Name/Title:  |
| **S –****Situation** | Patient Initials:  | Provider:  |
| Age:  | Grade:  | Patient Chief Complaint/Medical Diagnosis (Include Clinical Significance):  |
| Gender/Identity:  |
| Admit Date:  |
| Allergies:  |
| Code Status:  |
| Chief Informant/Caregiver Initials:  |
| **B –****Background** | Past Medical History (Include Clinical Significance):  | Past Surgical History:  |
| Social History/Socioeconomic Factors:  |
| **A –****Assessment** | B/P:  | HR:  | RR:  | TEMP:  | SpO2:  | PAIN:  |
| Blood Glucose Monitoring:  | IV Site:  | Lab/Test Results:  |
| Diet:  | IV Fluids:  |
| Current Height/Weight with Percentiles:  | Weight on Admission with Percentile:  |
| I and O:  | Isolation Precautions: [ ]  Contact [ ]  Droplet [ ]  Air |
| Respiratory (Supplemental Oxygen):  |
| Cardiovascular:  |
| Neurological:  |
| GI/GU (Last BM):  |

|  |
| --- |
| **I-SBAR (Utilize for Receiving Report) NOTE: Prepare to deliver a hand-off report at the end of your shift** |
| **A –****Assessment** | Musculoskeletal:  |
| Integumentary:  |
| Psychological/Psychosocial/Family Support:  |
| Safety Concerns (QSEN Risks Identified):  |
| **R –****Request/ Recommendations** | Discharge Plans/Teaching Needs:  |
| Priority Concerns:  |
| Potential Complications:  |

|  |
| --- |
| **Pathophysiology of Priority Medical Diagnosis** |
|   |
| How do their comorbidities impact the priority medical diagnosis (e.g., how diabetes influences heart disease)?  |

|  |
| --- |
| **Student Assessment Findings** |
| Time:  | B/P:  | HR:  | RR:  | TEMP:  | SpO2:  | PAIN:  |
| Time:  | B/P:  | HR:  | RR:  | TEMP:  | SpO2:  | PAIN:  |
| **Pain Assessment (Pain Scale Used and Pain Location):**  |
| O (Onset): Did your pain start suddenly or gradually get worse?   | R (Radiation): Does the pain travel or spread anywhere else? If so, where?  |
| P (Palliative, Provocative): What makes the pain better/worse?  | S (Severity): What is the intensity of the pain?  |
| Q (Quality): How is the pain described?  | T (Temporal): Is the pain constant or does it come and go?  |
| Height/Weight & Percentile:  | IV Access (type/size, reason, assessment of IV site, last dressing change):  |
| I and O:  |
| Blood Glucose Monitoring:  | IV Fluids (Type of Fluid, Rate: weight-based calculation, Reason):  |
| Supplemental Oxygen:  |
| Age Appropriate Activities:  | Nutritional Plan:  |
| Rest and Sleep (hours appropriate for age):  | Abuse Screen Completed? [ ]  Y [ ]  N | Abuse Concerns:  |
| **Immunizations Received:** |
| DTAP/Tdap  | Hep A/B  | Hib  | PCV13  | Pneumococcal polysaccharide (PPSV23)  | Influenza  | HPV  | IPV  |
| MMR  | RSV  | MenACWY  | Meningococcal Conjugate  | Varicella  | Rotavirus  | Booster Men B  | Other  |
| Psychological/Psychosocial/Family Dynamics/ Support (Behavior (appropriate for setting, crying, irritable, acting out, clinging, inconsolable, poor concentration, aggressive, lack of self-control, anxiety, depression, risk for suicide), Interaction (Interactive/playful -appropriate/inappropriate), withdrawn, regressed, Parents/caretakers (adopted, blended, one-parent family, divorce, ill family member, who is present at the bedside/do they stay at the bedside):  |

|  |
| --- |
| **Student Assessment Findings** |
| Patient/Caregiver Identified Teaching Needs (coping mechanisms, stress management, home safety considerations including accident/error prevention):  |
| Head and Neck – inspect and palpate: Fontanel (flat, soft, sunken, full, bulging, tense, closed), trachea, mouth (mucous membranes, teeth, tooth decay):  |
| Neurologic: mental status, pediatric reflexes, cranial nerves, sensory, motor, speech (clear, slurred, baby cry, nonverbal):  |
| **Glasgow Coma Scale (Pediatric)** |
| **Eyes Option** | Spontaneously | 4 |   | **Pupils** (Size and Reaction: ++ Brisk, + Sluggish, – No reaction, C- Eyes closed by swelling): | R:  | L:  |
| To Speech | 3 |   |
| To Pain | 2 |   | **Eye Movement** (Normal, Nystagmus, Strabismus, Other): |
| None | 1 |   |
| **Best Motor Response** | Obeys Commands | 6 |   | **Hand Grip** (Equal/Unequal/Weakness):  | R:  | L:  |
| Localizes Pain | 5 |   | **LOC** (Alert/Oriented x 4, Sleepy, Irritable, Comatose, Lethargic, Awake, Sleeping, Drowsy, Agitated): |
| Flexion Withdrawal | 4 |   |
| Flexion Abnormal | 3 |   |
| Extension | 2 |   | **Muscle Tone** (Normal, Arching, Spastic, Flaccid, Weak, Decorticate, Decerebrate, Other): |
| None | 1 |   |
| **> 2 Years** | **< 2 Years** |  |
| Oriented | Smiles, Listens, Follows | 5 |   | **Fontanel/Window** (Soft, Flat, Sunken, Tense, Bulging, Closed, Other): |
| Confused | Cries, Consolable | 4 |   |
| Inappropriate Words | Inappropriate Persistant Cry | 3 |   |
| Incomprehensible Words | Agitated, Restless | 2 |   | **Mood/Affect** (Happy, Content, Quiet, Withdrawn, Flat, Hostile): |
| None | No Response | 1 |   |
| Endotracheal tube or trach | T |   |
| **Total:**  |
| Respiratory (lung sounds, breathing effort, accessory muscles, flaring):  |
| Cardiovascular/Peripheral Vascular (jugular vein, carotid arteries, apical heart rate, cardiac sounds, rhythm, murmur, gallop, pacemaker, capillary refill):  |
| Gastrointestinal (inspection, umbilical hernia, abdominal girth, bowel sounds, palpation, contour):  |
| Bowel Continence/Incontinence:  | Last BM:  | Bowel Plan:  |
| Catheter:  | Incontinence:  | Toileting Plan:  | Diapers:  |
| **Musculoskeletal (ROM, cardiovascular/peripheral vascular)** |
|  | **RUE** | **RLE** | **LUE** | **LLE** |
| Mobility = present/decreased/absent |   |   |   |   |
| Color = pink/pale/dusky/cyanotic/mottled |   |   |   |   |
| Temperature = warm/cool |   |   |   |   |
| Sensation = A- absent/T-tingling/I-intact |   |   |   |   |
| Cap. Refill = < 2 sec./ > 2 sec. |   |   |   |   |
| Lymphatic:  | Endocrine:  |
| Pelvic (female LMP, sexual history):  | Chronological Age vs. Developmental Age (Erickson, Piaget, Kohlberg) (Describe the developmental age of the patient according to the theorist):  |
| Specialty Assessments (mental status exam, etc.):  |

|  |
| --- |
| **Student Assessment Findings** |
| **Changes from Initial Assessment (During your scheduled clinical day):**  |

**SECTION B: TELEMETRY, PRIORITY LABS/DIAGNOSTICS, MEDICATION INFORMATION, PRIORITY PROVIDER ORDERS, NURSING NOTES**

|  |
| --- |
| **Telemetry Rhythm Analysis (If applicable, determine the following and review Tele Strip with your Faculty/NFF)** |
| PRI:  | QRS:  | QT:  | Rate:  | Rhythm Interpretation:  |
| What assessment findings/cues are associated with your patient’s rhythm?  |
| Identify the priority treatment based on your assessment findings (cues) and how you would evaluate for effectiveness.  |

PRIORITY LABS (CBC, PT/INR, ETC.) & DIAGNOSTICS (X-RAYS, SCANS, BIOPSIES, ETC.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Test** | **Result/Date** | **Norm** | **Reason Abnormal/Reason for Drawing if Normal** |  | **Test** | **Result/Date** | **Norm** | **Reason Abnormal/Reason for Drawing if Normal** |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
| 1. What patient findings are associated with these lab/diagnostic findings?  |
| 2. What interventions are associated with these lab/diagnostic findings?   |

MEDICATION INFORMATION Med Rec. Completed: Y N

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Classification** | **Rationale** | **Home/ Current/New** | **Freq./Time Due** | **Contraindications/ Interactions** | **Nursing Interventions/ Considerations** | **Patient Education** |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |

PRIORITY PROVIDER ORDERS

|  |  |  |
| --- | --- | --- |
| **Priority Order** | **Date Ordered/Frequency** | **Reason ordered for patient, anticipated interventions, potential complications, and teaching required** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

NURSING NOTES

|  |  |
| --- | --- |
| **Date/Time** | **Nursing Note** |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

# SECTION C: CLINICAL JUDGMENT MEASUREMENT MODEL

The Clinical Judgment Measurement Model (CJMM) identifies six cognitive skills needed to make appropriate clinical judgments. Complete the following section using the CJMM and reflecting on all the data/cues (Assessment, Labs/Diagnostics, Orders and Patient information) from your assigned patient.

ASSESSMENT

ANALYSIS

PLANNING

IMPLEMENTATION

EVALUATION

RECOGNIZE CUES

ANALYZE CUES

PRIORITIZE HYPOTHESIS

GENERATE SOLU- TIONS

TAKE ACTION

EVALUATE OUTCOMES

|  |
| --- |
| **Recognize Cues –** Identify relevant and important information from different sources (e.g., medical history, vital signs). |
| List the data/cues that are relevant and are interpreted as clinically significant. | Significant Data/Cue 1 | Significant Data/Cue 2 | Significant Data/Cue 3 | Significant Data/Cue 4 | Significant Data/Cue 5 |
|   |   |   |   |   |

|  |
| --- |
| **Analyze Cues –** Organizing and linking the recognized cues to the patient’s clinical presentation. |
| Interpret the relevant clinical data/cues. Identify the top three most likely problems.[[1]](#footnote-1)Is additional data needed to confirm the clinical significance of the cues at this point? Be specific; what additional datais needed to confirm? | Potential Problem 1 | Potential Problem 2 | Potential Problem 3 |
|   |   |   |
| Additional Data | Additional Data | Additional Data |
|   |   |   |

|  |
| --- |
| **Prioritize Hypothesis –** Evaluating and ranking hypotheses according to priority (urgency, likelihood, risk, difficulty, time, etc.). |
| Of the potential problems you identified, which problem(s) is most likely present? Which problem is the most concerning and why? |   |

|  |
| --- |
| **Generate Solutions –** Identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcomes. |
| Based on the most urgent problem, what are the priority actions/interventions? For each priority action, what are the desired outcomes? | Priority Action/Intervention 1 | Priority Action/Intervention 2 | Priority Action/Intervention 3 |
|   |   |   |
| Expected Outcomes | Expected Outcomes | Expected Outcomes |
|   |   |   |
| Are there any interventions or actions that should be avoided? Include rationale. |   |

|  |
| --- |
| **Take Action –** Implementing the solution(s) that addresses the highest priorities. |
| How should the interventions or actions above be accomplished? (Performed, administered, requested, communicated, taught, documented, etc..). |   |   |   |
| List environmental and/or individual factors impacting the ability of the nurse to generatesolutions and take action. | Environmental Factor 1 | Individual Factor 1 | Environmental Factor 2 | Individual Factor 2 | Environmental Factor 3 | Individual Factor 3 |
|   |   |   |   |   |   |

|  |
| --- |
| **Evaluate Outcomes –** Comparing observed outcomes against expected outcomes. |
| Compare observed outcomes to expected outcomes – has the patient’s status improved, declined or remain unchanged? |
| Does the observed outcome match expected outcome?If not, what are the additional actions/interventions that should be considered? | Observed Outcomes | Observed Outcomes | Observed Outcomes |
|   |   |   |
| Matches Expected Outcome? | Matches Expected Outcome? | Matches Expected Outcome? |
|   |   |   |
| If the patient status has not improved, what other issues may be present? |   |   |   |
| List environmental and/or individual factors impacting the achievement of outcomes. | Environmental Factor 1 | Individual Factor 1 | Environmental Factor 2 | Individual Factor 2 | Environmental Factor 3 | Individual Factor 3 |
|   |   |   |   |   |   |

**SECTION D: CLINICAL EXPERIENCE REFLECTION AND ONCE PER SESSION REFLECTION**

|  |
| --- |
| **Clinical Experience Reflection** |
| 1. **Communication/Compassionate Care/Interprofessional Care**
	1. Reflect on ways effective or ineffective communication and compassionate care was provided and how this impacted your patient.
	2. Provide examples of how interprofessional care was utilized and the impact this had on patient outcomes.
	3. Identify two (2) delegation tasks utilized/observed during your shift (or anticipated delegation opportunities).

  |
| 1. **Education**
	1. Describe the education you provided to your patient (or observed), including the teaching strategies utilized and any identified barriers.
	2. What education needs to take place in preparation for discharge?

  |
| 1. **Diversity/Equity/Inclusion (Including but not limited to age, sex, race, ethnicity, sexual orientation, gender identity, family structures, geographic locations, national origin, immigrants/refugees, language, religious beliefs, and socioeconomic status)**
	1. Describe the actions and/or practices you utilized or observed that support DEI.
	2. In what ways could there have been more support provided?

  |

|  |
| --- |
| **Clinical Experience Reflection** |
| 1. **Social Determinants of Health: Review the Social Determinants of Health Questionnaire (recommended to complete with your patient)**
	1. Identify any concerns your patient may have regarding economic stability, education access/quality, healthcare access/quality, neighborhood/built environments, and social/community context.
	2. Reflect on your findings and describe how this may impact the patient’s health.

  |
| 1. **Four Spheres of Care (AACN, 2019): Identify how these were addressed while caring for your patient. (If a sphere is not applicable, provide rationale and/or explore how this could be incorporated- if applicable)**
	1. Wellness and Disease Prevention (physical and mental health needs)
	2. Chronic Disease Management (management and preventing complications)
	3. Regenerative/Restorative Care (complex acute, trauma/critical care and acute exacerbations of chronic conditions)
	4. Hospice/Palliative Care (end of life care, supportive care for complex diseases, and or rehabilitative care)

  |

|  |
| --- |
| **Once Per Session Reflection** |
| **Directions:** Once per session, complete the following reflection questions in place of the Clinical Experience Reflection questions (1-5) above, as assigned by your faculty. |
| 1. **Implicit Bias**
	1. Reflect on a time during your clinical experience when you observed or recognized how implicit bias contributed to healthcare disparities in the pediatric population. How did this bias potentially influence the quality of care provided to certain groups of children?
	2. What actions can you take to address both implicit bias and healthcare disparities to ensure equitable care for this population?

  |
| 1. **Self-Care**
	1. Reflect on what you have learned about yourself and how your self-care needs and priorities have changed throughout the program.
	2. Based on your experiences, what new self-care strategies can you implement to better support your well-being moving forward?

  |

1. [↑](#footnote-ref-1)