

Please answer the following after completing your eLearnings (~38 minutes)

eLearning 1: Overview of Hyperspace (9:40 min):

1. Match the section of the Hyperspace screen: A, B or C

Storyboard: C

Home Workspace: A

Main Toolbar: B

2. True or False: You need to log out when you are done working in Hyperspace: True

eLearning 2: Documenting in Flowsheets (8:17 min):

1. You took a patient's temperature an hour ago in the Pediatrics department and are just now getting around to documenting it in Flowsheets. To begin documentation, you should click:

- Add Column
- Insert Column

- File
- In the Details report

2. True or False: A nurse can see flowsheet documentation that was completed by other clinical users. Assume that there is no restrictions set up at your organization: True

3. You are documenting in a patient's chart and notice a piece of paper icon next to a patient's previous heart rate value. What does this icon mean?

- This value was taken from a monitor.
- The value was changed after clicking file.
- There is a comment entered for the value.
- The document has not been filed yet.

eLearning 3: Documenting an IV Fluid & Med Drips (10:07 min):

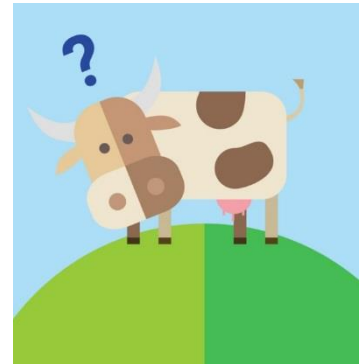
1. True or False: Intake volume is documented automatically. False

2. How do you see suggested intake volumes?

- Click the medication icon
- Click the syringe
- Review the Intake/Output report
- Click the IV bag icon to open the calculator

3. What MAR action do you use when titrating a medication drip?

- Restarted
- New Bag
- Rate/Dose Change
- Titration



eLearning 4: Manage LDAs using LDA Avatar (3:39 min):

1. What actions can be taken on LDAs from the LDA Avatar? Select all that apply.

- Assess LDAs
- Add LDAs
- Remove LDAs
- Document Vitals

eLearning 5: Administering Medications on the MAR (6:05 min):

1. On the MAR, how can you quickly find administration instructions for a medication?

- Look at the medication row
- Click the Admin instructions button
- Click the View Instructions check box

2. True or False: After a medication has been administered, it cannot be edited: False

3. True or False: You can see medications from prior hospitalizations on the MAR: False



Nursing Student Final Scenario (ANSWERS)

- 0800-** Safety Assessment: Yes: Emergency Equipment at Bedside/Soft Touch Nurse Call/ID/Head rail(s) up, What matters most is "Little Pain". Fall Risk assessment is 0, RASS score is - 1 bed, content, alert, self, supine, IV: PIV infused 71 ml/hr, infusing, dressing - clean, dry and occlusive, Site is clean, dry intact, compare site to other extremity (T.L.C. for PIV)
- 0830-** VS: 37.2 oral, 124 apical/reg, 28, 102/60 rt. Arm, automatic, Royal blue, 98% on RA R finger, intermittent, lying BPEWS (4 Age group)- 1; Alarms: Monitor not on currently, Clinician Notification: Change in Patient status, Linus Lumen RN, Face to Face, At Bedside, Notified RN of new rash from lotion, Allergy/Contraindication should be charted
Neuro, Resp, Cardiac WNL
Integumentary- flat, irreg warm blotchy red rash, upper right arm (creates a LDA & assesses the rash)
Braden score, numbers may vary 0-25
Abdominal dressing, clean, dry and intact, Rash Assessment worsening, open to air, etc.
Musculoskeletal WNL, GI- Abnormal (X): soft, tender, hypoactive, passing flatus, no N/V
GU and Psychosocial WNL
All 9 subsystems are documented on.
- 0900-** Abdomen hurts, 6 out of 10, Scale 0-10 (VNRS), RASS 0- Bed, Alert & Content, Right, lower abdomen, Aching- Goal 3 set by Pt, Mom, Nursing. Medication given, distraction-Bubbles. PIV IV infused 74 ml/hr, IV documented; dressing - clean, dry and occlusive, Site is clean, dry and intact, compare site to other extremity (T.L.C. for PIV)
1. 1:30 am today
 2. Prn- Q6h
 3. oral
 4. 5 ml (would be 540 mg acetaminophen)
 5. 75 mg/kg/day = 3337 mg/day; dose is Q 6 hr prn so 834 mg/dose maximum
- Offered: 240 ml milk, cheerios, toast, and banana
- 1000-** RASS score 0, Sitting in chair, alert and content, self position, patient is out of bed, Re-assess Pain- right lower abdomen, now is a dull ache; pain level is a 3, Goal is 3 (Pt, Mom & Nurse), watching TV
Intake: 120 ml, milk, cheerios, toast, and ½ banana
300 ml, continent of urine, Yellow/straw, clear, no abnormal odors
PIV IV infused 75 ml/hr; dressing - clean, dry and occlusive, Site is clean, dry and intact, compare site to other extremity (T.L.C. for PIV)
Family Communication: Complete bath, toothbrush, toothpaste, linens changed, high touch surfaces cleaned. Visitors: Mother, sibling
- 1015-** Mother present, ambulated in hall, measured in minutes, 5, tolerated well, independent
- 1030-** Shift Completed

Remind Students:

- Need to fill in all the spaces for BPEWS score to tabulate - remember to add age category is 4.
- Document IV assessment every hour NS clear volume infused
- Don't duplicate fluid intake (offered versus what they actually drank)
- Final I/O should be 340/300