

## Scenario Overview

The Urinary Tract Infection scenario focuses on a 78-year-old female newly diagnosed with a urinary tract infection. It addresses client-centered concepts related to multiple diagnoses, early signs of shock, adverse actions of medication, and Buck's traction.

Primary characters you will meet in this scenario:

Viewing **1** of 1



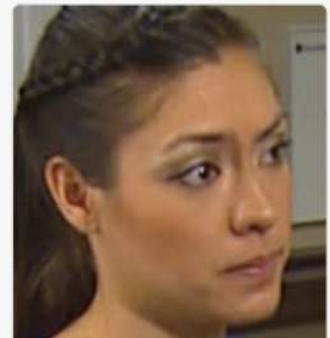
**Angela**  
Registered Nurse,  
Charge Nurse



**Ashley**  
Assistive Personnel



**Craig**  
Registered Nurse



**Debbie**  
Registered Nurse



**Dr. Baxtor**  
Provider



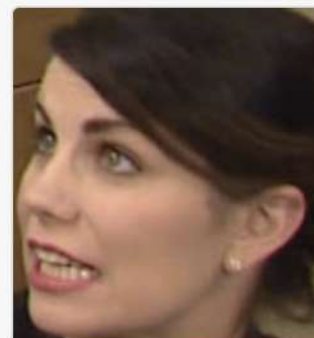
**Kathleen**  
Assistive Personnel



**Lucinda**  
Registered Nurse



**Marta**  
Pharmacist





What additional information would assist Nurse Craig in preparing to care for Mrs. Jordan? List 5 additional pieces of information that should have been included in the report.

**Compare the answer you submitted to the information below:**

1. Levofloxacin (Levaquin) – How much was given and when is the next dose?
2. Agitation – The client's baseline level of orientation. Is this agitation new or getting worse? How do you know she is tired? Did she tell you that or is she sleeping on and off?
3. Probable discharge in next 24 hr – Is there a discharge order or plan?
4. Output – Amount, color and characteristic of urine.
5. IV – The type and amount of IV solution given since arrival in the emergency department. The type and rate of IV solution that is currently infusing. Location of IV site and size of catheter.
6. Vital signs – Range of vital signs, including O2 saturation. Current vital signs.
7. Blood glucose – Results of blood glucose and time obtained.
8. Social status – Any significant others that are with her. Individuals who should be contacted about hospitalization.
9. Medical history – Pre-existing conditions, allergies, and home medications and adherence.
10. Other – Normal level of activity, history of falls, and diet at home.



Levofloxacin (Levaquin): What quantity was administered, and when is the upcoming dosage scheduled?  
Agitation: Assess the client's baseline orientation level. Is this agitation a recent development, or is it worsening?  
How was tiredness determined—did the client express fatigue, or is she intermittently sleeping?  
Probable discharge in the next 24 hours: Are specific discharge orders or plans in place?  
Output: Report the volume, color, and characteristics of urine.  
IV: Provide details on the type and quantity of IV solution administered since arriving in the emergency department. Specify the current type and rate of IV solution infusion. Additionally, note the location of the IV site and the catheter size.



Nurse Craig is assessing Mrs. Jordan. Which of the following actions should the nurse take next?

According to the airway, breathing, and circulation (ABC) priority-setting framework, this is the first intervention the nurse should take to address the client's difficulty breathing.



Apply oxygen per nasal cannula at 2 L/min.

Notify respiratory therapy.

Obtain an order for a breathing treatment.

Auscultate lung sounds.



Nurse Craig observes that Mrs. Jordan is restless and having increased difficulty breathing. Which of the following assessments is appropriate for Mrs. Jordan's needs at this time?

The client is experiencing an acute episode of dyspnea. A rapid focused assessment will allow the nurse to determine the underlying cause of the dyspnea and to intervene quickly. Therefore, this is the correct assessment at this time.



Rapid focused assessment

Secondary assessment

Head-to-toe physical assessment

Reviewing the oxygen saturation trend since admission



Based on the findings from the rapid focused assessment, which of the following actions should Nurse Craig perform first?

The client is demonstrating clinical manifestations of heart failure and hypoxemia. Using the priority-setting framework of ABCs, increasing the rate of oxygen administration is the priority action because this promotes improved oxygenation.



Increase oxygen to 4 L/min.

Instruct the client to take slow, deep breaths.

Administer lorazepam (Ativan) 2 mg PO.

Administer acetaminophen (Tylenol) 325 mg PO.