

Concept Maps and Critical Thinking: Making Your Patient Whole Again

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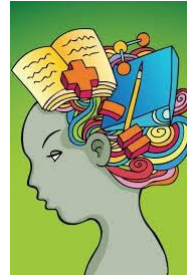
BGSU VIRTUAL NURSING SYMPOSIUM 2021

What I Hope You Get Out of This Presentation

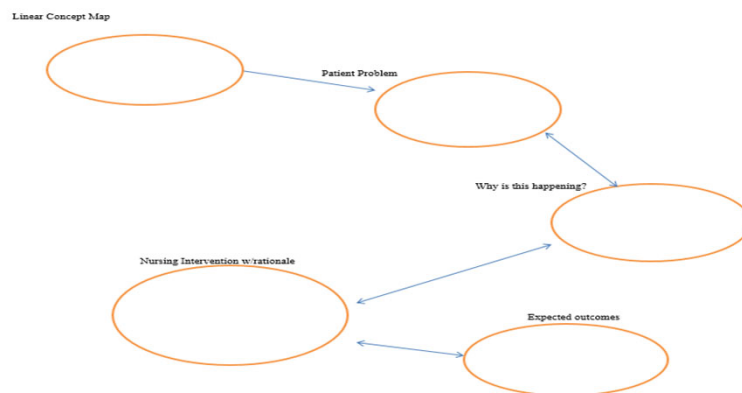
- The ability to identify uses of concept maps to provide a holistic approach to patient care
- The ability to recognize pros to using guided schematic processing in lecture and clinical
- The ability to examine the use of concept maps for NGN student preparation

Concept Maps

- Developed by Novak 1972
- Ausubel's Theory of Meaningful Learning
- Schematic processing
- Tanner's Clinical Judgement Model
- NCSBN Clinical Judgement Measurement Model



Nursing Fundamentals Linear Concept Map



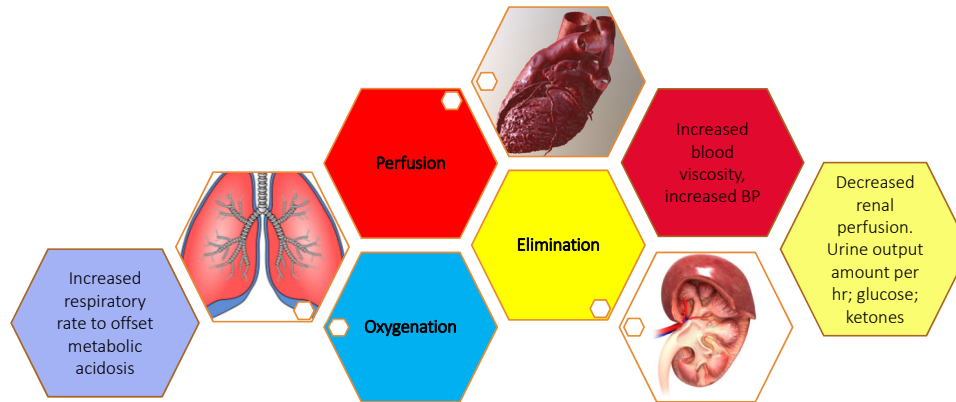
Nursing Care Planning Concept Map

#1 Alteration in:	Concept Care Map	#2 Alteration in:
Supporting assessment data (Signs & Symptoms)	Patient (initials, age, admitting diagnosis)	Supporting assessment data (Signs & Symptoms)
Pathophysiology of problem	Related Concepts	Pathophysiology of problem
Nursing Diagnosis Statement	Related Medications	Nursing Diagnosis Statement

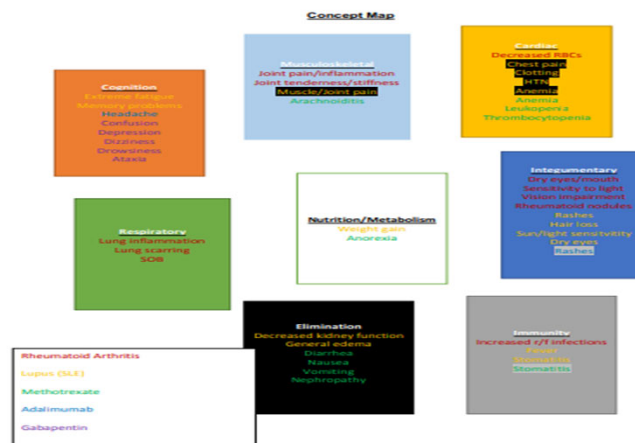
#1 Alteration Continued Short term Goal/Outcome	Related Labs/Diagnostics	#2 Alteration Continued Short term Goal/Outcome
Interventions (at least 4)	Consults or Interventions Needed	Interventions (at least 4)
Evaluation of short-term Goal/Outcome Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Unmet <input type="checkbox"/>	Patient/Family Teaching Needs	Evaluation of short-term Goal/Outcome Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Unmet <input type="checkbox"/>
Supportive criteria:		Supportive criteria:
Scholarly sources for interventions #1 Alteration (reference):		Scholarly sources for interventions #2 Alteration (reference):

#1 Alteration in:	Nursing 122 Concept Care Map COPD WEEK 2	#2 Alteration in:
Oxygenation Supporting assessment data (Signs & Symptoms): SOB, wheezing, tachypnea, anxiety, intolerance, SpO2 - 88% room air, fragmented speech, Total body weakness Pathophysiology of problem: - repeated exposures to respiratory irritants causes damage to cilia - Damage to airways results in ↑ mucus & spasm - Destruction of alveoli & capillary bed impairs gas exchange Nursing Diagnosis Statement: Alteration in oxygenation related to COPD exacerbation as evidenced by O2 saturation of 88% on room air, SOB, wheezing and tachypnea at 28/min.	Patient (initials, age, admitting diagnosis): H.W. 82 y/o male Admitting Dx: COPD exacerbation Related Concepts: Oxygenation, Stress + coping, perfusion, comfort, nutrition Related Medications: Albuterol, prednisone, Theophylline, O2 @ 2L nasal cannula (CONTINUED)	Stress + Coping Supporting assessment data (Signs & Symptoms): HE: 110 BP: 170/100 pt states - I am anxious + worried about my deteriorating health + medical costs. pt has not been able to participate in his usual activities for 1-2 months. Pathophysiology of problem: - threat to self-image, feelings in anticipation of a perceived or actual threat - Anxiety - a state with that is hard to control + ultimately impairs judgment, decision-making, & sympathetic nervous system. Nursing Diagnosis Statement: Alteration in stress + coping related to increased anxiety levels and excessive worry due to his deteriorating health as evidenced by elevated HR + BP and patient verbalizing anxiety and worries.
Short term Goal/Outcome for #1 Alteration: Patient will increase and maintain oxygen saturation levels above 92% within 1 hour. Interventions (at least 4): - Humidified oxygen @ 2L via nasal cannula - Fluid intake of 2000-3500 ml/day - Semi/High Fowler's positioning - Teach effective coughing techniques? Evaluation of Short-term Goal/Outcome: Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Unmet <input type="checkbox"/> Supportive criteria: Patient is able to achieve oxygen saturation of 92% while resting, when up walking around. Supportive criteria: Scholarly sources for interventions (reference for alteration 1): Pearson Nursing - A Concept Based Approach to Learning (vol. 1) p. 1075-1079	Related Labs/Diagnostics: PFT, ABGs, pulse oximetry, PFT/OT Consults or Interventions Needed: Respiratory, social worker, case manager, pharmacist, PFT/OT Patient/Family Teaching Needs: - O2 therapy at home - Avoid respiratory irritants - recognize pneumonia and flu vaccine - early Sx of COPD exacerbation - Referrals for home care services	Short term Goal/Outcome for #2 Alteration: Patient will demonstrate 3 effective ways to avoid and/or manage stress + anxiety by discharge. Interventions (at least 4): - Deep breathing and progressive relaxation techniques - Educate on guiding statements such as caffeine/alcohol - Educate on his illness and anxiety if effectively manage signs of anxiety and breathing relaxation technique. Evaluation of Short-term Goal/Outcome: Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Unmet <input type="checkbox"/> Supportive criteria: Patient is able to describe what stimulates anxiety and how to avoid it and demonstrate deep breathing/relaxation technique. Scholarly sources for interventions (reference for alteration 2): Pearson Nursing - A Concept Based Approach to Learning (vol. 2) p. 2078-2092

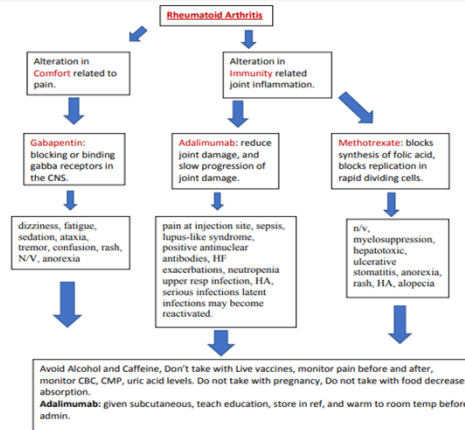
Hyperglycemia



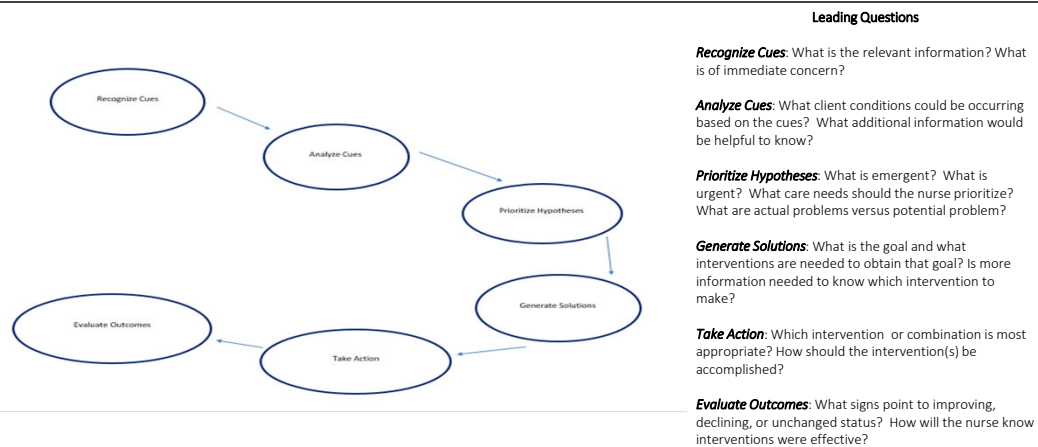
Concept Map for Pharmacology



Concept Map for Pharmacology



Linear Map for NGN Case Study



References

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