Students receive one point for every item on the checklist performed correctly and in the proper sequence. They receive a score of zero for any item not performed, performed out of sequence or performed incorrectly.

**Scenario:** An 76 year old man, day 2 post-op following a bowel resection, with hypervolaemia and early stage pulmonary oedema

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
<th>Behaviour</th>
<th>✓</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considers the patient situation</td>
<td>Observes context and patient situation</td>
<td>Verbalises key observations from handover and initial view of patient: 1. Patient’s age 2. Recent surgery 3. Previous fluid challenges 4. IV 125 mL/hr 5. PCA 6. Patient’s restlessness 7. Patient’s distress 8. Other relevant observation/s</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Collect cues/information</td>
<td>Reviews current information (e.g. handover reports, patient history, patient charts, results of investigations and nursing/medical assessments previously undertaken)</td>
<td>Reviews: 1. Temp 2. HR 3. RR 4. BP 5. O₂ sats 6. Urine output</td>
<td></td>
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</tbody>
</table>
| **Gathers** new information (e.g. undertake patient assessment) | 7. IV rate  
8. FBC – cumulative balance  
9. Medical notes  
10. Nursing notes |
| --- | --- |
| **Assesses:** | 1. Asks patient how they are feeling  
2. HR  
3. BP  
4. RR  
5. Temp  
6. \( O_2 \) saturation  
7. PCA  
8. Catheter drainage  
9. Lung auscultation  
10. Cognitive status  
11. \( O_2 \) flow rate  
12. Pain  
13. BGL  
14. Condition of wound  
15. Peripheral oedema |
| **Recalls** knowledge (e.g. physiology, pathophysiology, pharmacology, epidemiology, therapeutics, culture, context of care, ethics, law etc) | 1. BP is related to fluid status  
2. Resolution of third space fluid shift can result in increased intravascular volume  
3. Post-operatively confusion in older patients can result from ...  
4. Older patients can have renal insufficiency The  
5. Normal electrolyte levels are ...  
6. Morphine can cause vasodilation and reduce urine output |

This resource was created as part of an ATLC Project titled Examining the impact of simulated patients and information and communication technology on nursing students' clinical reasoning.
<table>
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<th>Process information</th>
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| **Interprets:** analyse data to come to an understanding of signs or symptoms. Compare normal Vs abnormal. | Verbalises:  
1. HR high  
2. BP high  
3. RR high  
4. O₂ saturation low  
5. Urine output low  
6. Lung auscultation audible wheeze  
7. Cognitive status confused  
8. Cumulative balance positive  
9. O₂ flow rate 2L min  
10. BGL normal  |
| **Discriminates:** distinguish relevant from irrelevant information; recognise inconsistencies, narrow down the information to what is most important and recognise gaps in cues collected. | Identifies and verbalises:  
1. HR high  
2. BP high  
3. RR high  
4. O₂ saturation low  
5. Urine output low  
6. Cognitive status confused  
7. Electrolyte levels abnormal  
8. Cumulative fluid balance shows positive balance  
9. Other relevant information  |
| **Relates:** discover new relationships or patterns; cluster cues together to identify relationships between them. | Verbalises:  
1. Hypertension and tachycardia can result from increased intravascular volume  
2. Increased intravascular volume can result in hypoxia, tachypnoea and wheeze  
3. A decreased urine output can exacerbate fluid volume excess  
4. Other relevant clinical pattern/s  
5. Increased intravascular volume can cause confusion |
| **Infers:** make deductions or form opinions that follow logically by interpreting subjective and objective | Verbalises:  
1. The patient’s cognitive changes may be the result of hypervolaemia and hypoxia |
| Identify problem / issue | Verbalises: | 1. The patient is hypervolaemic  
2. The patient has pulmonary oedema |
|--------------------------|-------------|---------------------------------------------------------------------|
| Establish goals          | Verbalises: | 1. Improved oxygenation levels within 20-30mins  
2. Improved vital signs within 60 mins  
3. Increased urine output within 15 mins  
4. Decreased confusion with 120 mins  
5. Improved RR, BP, HR within 60 mins |
| Take action              | Initiates: | 1. Increase oxygen flow rate to 10 L via Hudson mask  
2. Sit patient in high Fowler’s position  
3. Monitor O₂ sats  
4. Reduce IV rate  
5. Phone MO using ISBAR  
6. Obtain order for diuretic  
7. Administer diuretic  
8. Monitor vital signs  
9. Monitor urine output |

- Matches current situation to past situations or current patient to past patients (usually an expert thought process)
- Verbalises: 1. I have seen this before when ...  
2. The patient could have a respiratory arrest
- Validates: 1. The patient is hypervolaemic  
2. The patient has cerebral oedema
- Verbalises: 1. If we don’t get an order for a diuretic the patient’s condition will deteriorate  
2. The patient could have a respiratory arrest
- Synthesises facts and inferences to make a definitive diagnosis of the patient’s problem.
- Verbalises: 1. The patient is hypervolaemic  
2. The patient has pulmonary oedema
- Verbalises: 1. If we don’t get an order for a diuretic the patient’s condition will deteriorate  
2. The patient could have a respiratory arrest
- Verbalises: 1. I have seen this before when ...  
2. The patient could have a respiratory arrest
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- Verbalises: 1. If we don’t get an order for a diuretic the patient’s condition will deteriorate  
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<tr>
<th>Evaluate</th>
<th>Evaluates the effectiveness of outcomes and actions. Ask: “has the situation improved now?”</th>
<th>Reviews:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. O₂ sats</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. RR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Urine output</td>
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<tr>
<td></td>
<td></td>
<td>4. BP</td>
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<td></td>
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<td>5. HR</td>
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<td>6. Lung sounds</td>
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<td></td>
<td></td>
<td>7. Cognitive status</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflect on process and new learning</th>
<th>Contemplates what you have learnt from this process and what you could have done differently.</th>
<th>For debriefing:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Next time I would ...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I should have ...</td>
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<tr>
<td></td>
<td></td>
<td>If I had ...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I now understand ...</td>
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