Clinical Judgment Mapping

Directions

1. Choose an unfolding case study and review the initial clinical scenario
2. Complete the concept map using the following directions
   - Identify relevant subjective and objective assessment information related to the client's condition and place it in the Assessment Information box. *(Recognizing cues)*
   - Based upon assessment information, identify, and prioritize the top 3 client problems. Write 1 client problem in each of the Client Problem boxes *(Analyze cues; Prioritize Hypothesis)*
   - Below each Client Problem, enter the Supporting Assessment Information.
   - Identify a potential client outcome per client problem. *(Generate Solutions)*
   - Identify important nursing interventions that should be taken to address each client problem and enter them in the related Intervention box for the associated client problem. *(Take Actions)*
3. Review the unfolding clinical scenario information
   - Utilize the discussion questions to facilitate individual or group learning.

Discussion Questions

1. What additional factors should the nurse include in the plan of care for this client?
   a. e.g., age, religious, nursing knowledge, literacy, or cultural preferences
2. What safety considerations should be included when planning care for this client? *(Generate solutions)*
   a. Fall risk (e.g., medication, age, mobility).
3. What education should the nurse provide for this client? *(Take actions)*
   a. Self-care, health promotion, disease management (e.g., medication, diet, activity, ADLs).
4. How will you determine if expected client outcomes are achieved? *(Evaluate outcomes)*
5. Discuss ways to modify or revise the plan of care when client outcomes are not met. *(Evaluate outcomes)*

Tips for use

Tip 1: Classroom
1. Have students work in small groups to complete the concept map and discussion questions.
2. Identify one person from each group to share results of the concept map
   a. Have subsequent groups add information that was not presented during the initial report out.
   b. Have subsequent groups indicate agreement by making a star or check mark next to existing data.
3. Identify an additional student to share findings of discussion questions.
   a. Each group may share a different discussion question.
4. Use the questions to create large group discussions in the classroom

Tip 2: Post Clinical Conference
1. Have students use the assigned client to create the concept map.
2. Respond to the discussion questions post clinical conference

Tip 3: Face to Face or Online
1. Have students complete the concept map in preparation for class.
2. Facilitate a discussion using the questions in the classroom or online.

Tip 4: Simulation
1. Choose your own scenario from virtual or high-fidelity simulations.
2. Have students complete the concept map.
3. Include the discussion questions as part of your debriefing.

Clinical Judgment Mapping

ati

Admitting diagnosis:

Assessment findings:

Client Problem 1: Add supporting assessment information

Interventions:

Client Problem 1: Add supporting assessment information

Interventions:

Client Problem 3: Add supporting assessment information

Interventions:

Potential Client Outcomes:

1.
2.
3.

Clinical Judgment Mapping

Clinical Scenario

Initial Clinical Scenario:

The nurse is caring for William Samuels, a 74-year-old widower, admitted to the progressive care unit with a diagnosis of heart failure. The client reports worsening shortness of breath and increased fatigue over the past 3 days. The client has a persistent, nonproductive cough, and 3+ lower extremity edema. Other symptoms include bibasilar crackles. A 20-gauge IV lock is in the right hand.

Vital signs: BP 98/56, Temp. 97.4 temporally, HR 106, Resp. 32, O_2 Sat 90% on room air

Labs: BNP level 2,460 mg/mL, K^+ 3.4, Na^+ 136

Chest Xray: pulmonary edema

Orders: The provider has prescribed Lasix 40mg IV twice daily, and potassium chloride 10 mEq PO twice daily.

Unfolding Clinical Scenario Information:

On hospital day 3, Mr. Samuels reports that breathing is easier at rest but continues to have shortness of breath with exertion, mild cough continues, 1+ lower extremity edema, fine bibasilar crackles noted upon auscultation.

Vital signs: BP 112/64, Temp 98.2 HR 97 RR 24, O_2 Sat 93% on room air

Labs: BNP 972 mg/mL, K^+ 3.6, Na^+ 141

Clinical Scenario			
Cognitive Function (Layer 3)	**Factors to Consider. (Layer 4)** Use this section to add additional information to unfold the scenario. Provide new information as needed for each factor	**Client Information** Use this section to add additional information to unfold the scenario. Provide new information as needed. (i.e. Health History, Signs/Symptoms, Findings related to lab/diagnostic results, etc., Complications, Medications, Provider Orders, I&Os, Client Response to Nursing Actions	**Student Response** Refer to the Scenario and additional information added to respond to question.
Recognize Cues Filter information from different sources (i.e., signs, symptoms, health history, environment).	Choose a Factor		What is the subjective data?
	Choose a Factor		What is the objective data?
	Choose a Factor		What are the relevant findings that is related to the client's condition?
	Choose a Factor		
Analyze Cues Link recognized cues to a client's clinical presentation and establishing probable client needs, concerns, or problems.	Choose a Factor		What are the client's problems and related health alterations?
	Choose a Factor		What data is of immediate concern?
	Choose a Factor		What are the potential complications?
	Choose a Factor		

Clinical Scenario			

Cognitive Function (Layer 3)	Factors to Consider. (Layer 4) Use this section to add additional information to unfold the scenario. Provide new information as needed for each factor		Client Information Use this section to add additional information to unfold the scenario. Provide new information as needed. (i.e. Health History, Signs/Symptoms, Findings related to lab/diagnostic results, etc., Complications, Medications, Provider Orders, I&Os, Client Response to Nursing Actions	Student Response Refer to the Scenario and additional information added to respond to question.
Prioritize Hypotheses Establish priorities of care based on the client's health problems (i.e. environmental factors, risk assessment, urgency, signs/ symptoms, diagnostic test, lab values, etc.).	Choose a Factor			What are the changes, patterns, and trends in the client's health condition?
	Choose a Factor			What are the client's priority problems?
	Choose a Factor			
	Choose a Factor			
Generate Solutions Identify expected outcomes and related nursing interventions to ensure clients' needs are met.	Choose a Factor			Collaborate with the healthcare team, client, and care partners, to establish a client outcome(s).
	Choose a Factor			Establish a plan of care.
	Choose a Factor			What potential nursing actions should be included in the plan of care?
	Chose a Factor			What is the potential impact of the previously identified nursing actions?

Clinical Scenario			

Cognitive Function (Layer 3)	Factors to Consider. (Layer 4) Use this section to add additional information to unfold the scenario. Provide new information as needed for each factor		Client Information Use this section to add additional information to unfold the scenario. Provide new information as needed. (i.e. Health History, Signs/Symptoms, Findings related to lab/diagnostic results, etc., Complications, Medications, Provider Orders, I&Os, Client Response to Nursing Actions	Student Response Refer to the Scenario and additional information added to respond to question.
Take Action Implement appropriate interventions based on nursing knowledge, priorities of care, and planned outcomes to promote, maintain, or restore a client's health.	Choose a Factor			What nursing actions should be performed first based on the client's problems and needs?
	Choose a Factor			What responses should you monitor the client for based upon the nursing actions provided?
	Choose a Factor			What patient education should be provided based on the client's problems and needs?
	Choose a Factor			What coordination of care with members of the healthcare team, client, and care partners was included?
Evaluate Outcomes Evaluate a client's response to nursing interventions and reach a nursing judgment regarding the extent to which outcomes have been met	Choose a Factor			What information did you collect to determine if the client outcomes were met?
	Choose an item.			What modification to the client outcomes were made based upon information collected when reassessing the client?
	Choose a Factor			What modifications did you make to client outcomes and plan of care based upon the client's response to the nursing actions?
	Choose a Factor			

Clinical Scenario

1655: This scenario focuses on a 54-year-old male client who reports having chest pain at home after shoveling snow. He states "my chest is tight and the squeezing won't go away even when I sit down." His wife gives him a nitroglycerin tablet.
1725: EMS called report en route to hospital Emergency Department. 3 doses of NTG and ASA given. On oxygen 4L/min/NC, pain 8/10

Cognitive Function (Layer 3)	Factors to Consider. (Layer 4) Use this section to add additional information to unfold the scenario. Provide new information as needed for each factor		Client Information Use this section to add additional information to unfold the scenario. Provide new information as needed. (i.e. Health History, Signs/Symptoms, Findings related to lab/diagnostic results, etc., Complications, Medications, Provider Orders, I&Os, Client Response to Nursing Actions	Student Response Refer to the Scenario and additional information added to respond to question.
Recognize Cues Filter information from different sources (i.e., signs, symptoms, health history, environment).	Setting	En route to hospital via EMS	His chest pains started at 16:55. His wife gave him three doses of nitroglycerin when it started. In addition, she gave him 325 milligrams of aspirin at 17:15.	**What is the subjective data?** chest tightness and squeezing, hard to breath, pain
	Client Observation		VS @ 1722: 99.0F, pulse 104, RR 26, BP 96/56, 94% 4L/min/NC, pain 8/10. He has a peripheral IV access line.	**What is the objective data?** VS, NTG, ASA, allergies, IV access
	Setting	In ER		**What are the relevant findings that is related to the client's condition?** Pain with exertion, vital signs, hard to breathe
	Client Observation			
Analyze Cues Link recognized cues to a client's clinical presentation and establishing probable	Situation & Environment	Awaiting provider review	Pain assessment by Nurse Christine; patient states "my chest feels like it is being squeezed and it's hard to breathe" Rates pain 8/10	**What are the client's problems and related health alterations?** Perfusion, Oxygenation, Pain
	Client Observation		VS @ 1725: pulse 106, RR 24, BP 100/66, 96% 4L/min/NC, pain 8/10.	**What data is of immediate concern?** Pain, O2 4L/NC, BP

Clinical Scenario

1655: This scenario focuses on a 54-year-old male client who reports having chest pain at home after shoveling snow. He states "my chest is tight and the squeezing won't go away even when I sit down." His wife gives him a nitroglycerin tablet.
1725: EMS called report en route to hospital Emergency Department. 3 doses of NTG and ASA given. On oxygen 4L/min/NC, pain 8/10

Cognitive Function (Layer 3)	Factors to Consider. (Layer 4) Use this section to add additional information to unfold the scenario. Provide new information as needed for each factor		Client Information Use this section to add additional information to unfold the scenario. Provide new information as needed. (i.e. Health History, Signs/Symptoms, Findings related to lab/diagnostic results, etc., Complications, Medications, Provider Orders, I&Os, Client Response to Nursing Actions	Student Response Refer to the Scenario and additional information added to respond to question.
client needs, concerns, or problems.	Risk Assessment		Allergies to PCN, Peanuts, Sulfa, Shellfish	**What are the potential complications?** Low BP r/t administration of NTG, unrelieved pain, myocardial ischemia, pulmonary embolism, death
	Choose a Factor			
Prioritize Hypotheses Establish priorities of care based on the client's health problems (i.e. environmental factors, risk assessment, urgency, signs/ symptoms, diagnostic test, lab values, etc.).	Health Records		CXR: no fluid or pneumothorax, heart situated in anterior chest under sternum with no enlarged heart shadows. No rib fractures or tumors. The aorta and aortic arch has calcification and appears intact with no dilation of the artery	**What are the changes, patterns, and trends in the client's health condition?** BP remains low normal, pulse slightly elevated, requires 4L of oxygen, pain remains despite mediation; ST elevation with positive cardiac enzymes, no significant findings on CXR
	Client Observation		VS 1730: pulse 102, RR 22, BP 98/60, 96% 4L/min/NC, pain 8/10	**What are the client's priority problems?** Perfusion, Oxygenation, Pain
	Health Records		12-lead EKG: prolonged p wave, PVCs, ST elevation; Labs: CK 0 mEq/L, Troponin T 0.2 ng/mL, Troponin I 0.06 ng/mL	

Clinical Scenario

1655: This scenario focuses on a 54-year-old male client who reports having chest pain at home after shoveling snow. He states "my chest is tight and the squeezing won't go away even when I sit down." His wife gives him a nitroglycerin tablet.

1725: EMS called report en route to hospital Emergency Department. 3 doses of NTG and ASA given. On oxygen 4L/min/NC, pain 8/10

Cognitive Function (Layer 3)	Factors to Consider. (Layer 4) Use this section to add additional information to unfold the scenario. Provide new information as needed for each factor		Client Information Use this section to add additional information to unfold the scenario. Provide new information as needed. (i.e. Health History, Signs/Symptoms, Findings related to lab/diagnostic results, etc., Complications, Medications, Provider Orders, I&Os, Client Response to Nursing Actions	Student Response Refer to the Scenario and additional information added to respond to question.
	Client Observation			
Generate Solutions Identify expected outcomes and related nursing interventions to ensure clients' needs are met.	Health Records		Diagnosis of ST-Elevation Myocardial Infarction	**Collaborate with the healthcare team, client, and care partners, to establish a client outcome(s).** Provider, family, cath lab team to treat MI and manage pain
	Client Observation		VS 1735: pulse 104, RR 22, BP 102/68, 97% 4L/min/NC, pain 8/10	**Establish a plan of care.** Determine allergies, provide education to patient and family, prepare for cath lab, consider individual preferences and needs
	Cultural Considerations			**What potential nursing actions should be included in the plan of care?** Administer morphine for pain, verify consent for PTCA, frequent monitoring of VS, O2 and telemetry
	Chose a Factor			**What is the potential impact of the previously identified nursing actions?** Hypotension r/t morphine; 60-minute door to intervention time frame (already 10 minutes in)

Clinical Scenario

1655: This scenario focuses on a 54-year-old male client who reports having chest pain at home after shoveling snow. He states "my chest is tight and the squeezing won't go away even when I sit down." His wife gives him a nitroglycerin tablet.
1725: EMS called report en route to hospital Emergency Department. 3 doses of NTG and ASA given. On oxygen 4L/min/NC, pain 8/10

Cognitive Function (Layer 3)	Factors to Consider. (Layer 4) Use this section to add additional information to unfold the scenario. Provide new information as needed for each factor		Client Information Use this section to add additional information to unfold the scenario. Provide new information as needed. (i.e. Health History, Signs/Symptoms, Findings related to lab/diagnostic results, etc., Complications, Medications, Provider Orders, I&Os, Client Response to Nursing Actions	Student Response Refer to the Scenario and additional information added to respond to question.
Take Action Implement appropriate interventions based on nursing knowledge, priorities of care, and planned outcomes to promote, maintain, or restore a client's health.	Situation & Environment	Prep for cath lab	1735: Dr. Patterson obtained informed consent for percutaneous transluminal coronary angioplasty with balloon dilation and stent placement	**What nursing actions should be performed first based on the client's problems and needs?** obtain consent, administer morphine
	Risk Assessment		Prepare for catheterization lab	**What responses should you monitor the client for based upon the nursing actions provided?** Complications of cardiac cath: bleeding, re-perfusion, allergic response to dye; hypotension r/t morphine
	health Records		MAR: Morphine 2mg IV Q10min for moderate to severe pain Benadryl 25-50mg IV Benadryl 25-50mg IV 0.9%NaCl IV @ KVO	**What patient education should be provided based on the client's problems and needs?** educate pt and family of pre and post cardiac cath care
	Choose a Factor			**What coordination of care with members of the healthcare team, client, and care partners was included?** Notify cath lab team/supervisor

Clinical Scenario

1655: This scenario focuses on a 54-year-old male client who reports having chest pain at home after shoveling snow. He states "my chest is tight and the squeezing won't go away even when I sit down." His wife gives him a nitroglycerin tablet.

1725: EMS called report en route to hospital Emergency Department. 3 doses of NTG and ASA given. On oxygen 4L/min/NC, pain 8/10

Cognitive Function (Layer 3)	Factors to Consider. (Layer 4) Use this section to add additional information to unfold the scenario. Provide new information as needed for each factor		Client Information Use this section to add additional information to unfold the scenario. Provide new information as needed. (i.e. Health History, Signs/Symptoms, Findings related to lab/diagnostic results, etc., Complications, Medications, Provider Orders, I&Os, Client Response to Nursing Actions	Student Response Refer to the Scenario and additional information added to respond to question.
Evaluate Outcomes Evaluate a client's response to nursing interventions and reach a nursing judgment regarding the extent to which outcomes have been met	Client Observation		VS 2100 Temp 96.8F, pulse 96, RR 14, BP 112/66, 98% 2L/min/NC, pain 0/10 Telemetry: Sinus rhythm with PVCs	**What information did you collect to determine if the client outcomes were met?** VS, post-cath assessment, cardiac rhythm, interview with client, post-procedure note
	Situation & Environment	Post-cath recovery	Nurse Rodney performs post-cath assessment. Vascular closure site dry and intact right groin, no hematoma noted, 2+ pulses PT/DP. Pain 0/10	**What modification to the client outcomes were made based upon information collected when reassessing the client?** Administer Benadryl r/t dye used during cath procedure
	Client Observation		Client reports itching and coughing after procedure. Pt states "it feels like I'm coming down with a cold, and my nose is kind of stuffy, and I can't quite catch my breath"	**What modifications did you make to client outcomes and plan of care based upon the client's response to the nursing actions?** Continue monitoring client allergic response, teach patient to apply pressure at groin site when coughing
	Client Observation		VS 2110 pulse 98, RR 20, BP 118/70, 96% 2L/min/NC, pain 0/10	