

DxR Nursing SELECT

教師的個案示範手冊

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一、課程描述：本課程目標是引導學生執行乳癌合併骨轉移的護理，以培養外科臨床推理能力。

*小秘訣：學生在一般外科病房實習，會接觸到乳癌病人和提供臨終關懷，所以選擇這個乳癌合併骨轉移的案例，作為 PBL 的研討個案。所以老師可以根據科別屬性不同，選擇適合的案例研討。

二、修課對象：護理系學生三年級、修習一般外科實習學生。*(已有內外科護理知識的學生)*

三、課程單元：乳癌合併骨轉移

*小秘訣：從 DxR Nursing SELECT 的 15 個案例中，根據教學目標/修課對象選擇合適的案例。

四、學習目標：完成本次模擬教學，學生能夠

1.辨別乳癌合併骨轉移的症狀與徵象。

*小秘訣：根據老師選擇的案例不同時，此名稱可變更

2.執行及判別身體評估，及影像/實驗室檢查結果。

3.建立適當合宜的護理診斷。

4.提供具優先順序的護理措施。

5.有效評量護理成效，及提出改善方法。

五、授課方式：

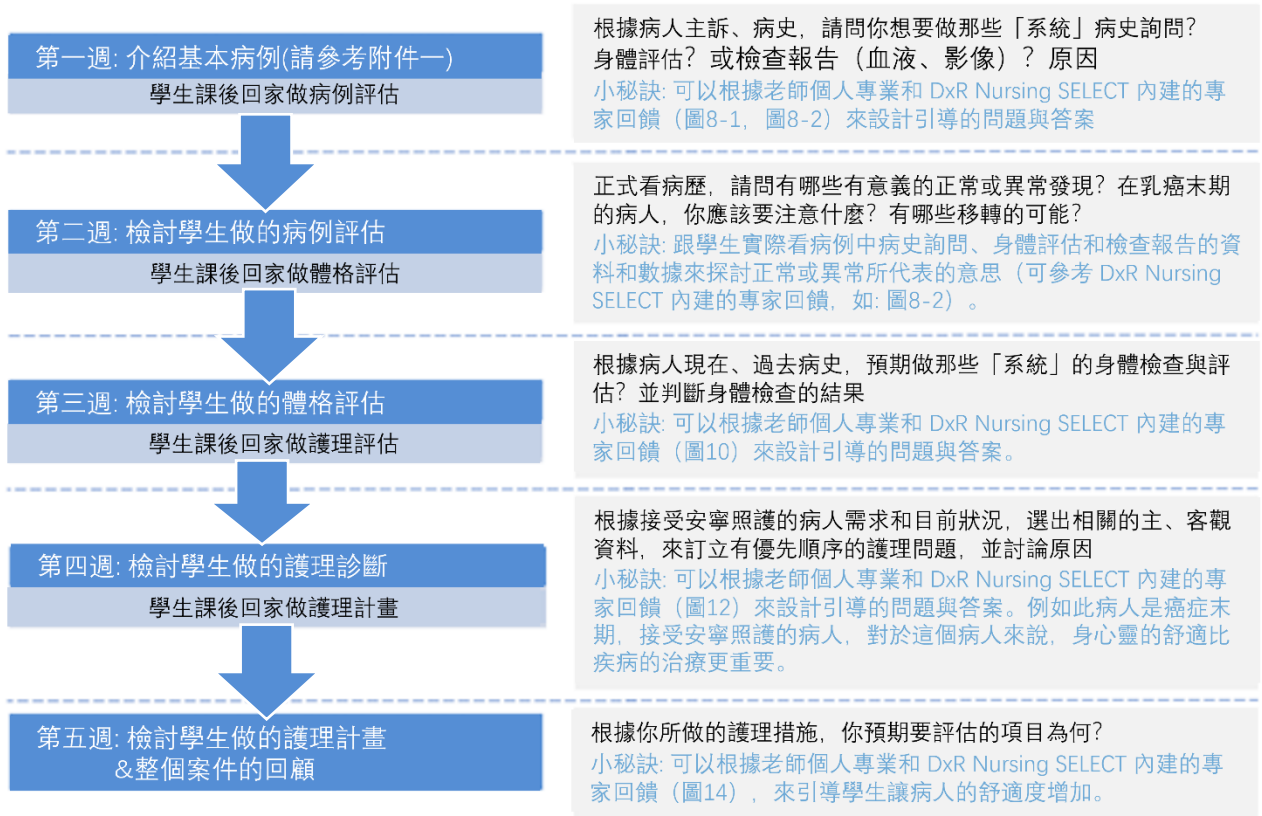
1. 教學資源：採用 DxR Nursing SELECT 的模擬個案

2. 以 PBL 方式進行，提供個案模擬情境，實習期間共進行 5 週研討。(敬請詳閱下頁授課大綱)

*小秘訣：此教案是以外科臨床實習學生為主，小班制課程一次七位學生。老師若是授課人數眾多，或是希望在課程 1~2 小時一次做完整個教案，可以請學生課前先做完，再於課程中檢討。

六、授課大綱：

老師引導學生的問題範例



說明：

DxR Nursing SELECT 共有五個情境模組(病例評估/體格評估/護理診斷/護理計畫/評價)，第一週至第四週的當週課程中會給一個模組讓學生課後操作，下次課程檢討結果及原因。

此教案利用 DxR Nursing SELECT 教學時，五個模塊會一次全開，學生若要課前全部先做也可以，學生在做完後也可以立刻知道正確答案。初衷以學生自學為主，純粹訓練學生思考邏輯。

***小秘訣：**教學重點要瞭解學生做這些決定的「原因」，才能培養學生邏輯思考能力。所以老師知道學生要學什麼、帶他們研討，這才是 PBL 和翻轉教室的精神！

七、課程內容

前置作業

課程開始前，打開瀏覽器並輸入專屬網址(註 1)，使用 DxR Nursing SELECT 登入、安裝病例及創建用戶代碼資料。(如圖 1 至圖 4-3 所示)

注 1: 專屬網址若不清楚者，請詢問貴單位管理人員

圖 1：登入老師帳號

圖 2-1：創建班級

圖 2-2：創建班級，設立名稱及日期

圖 3：選擇案例&導出該案例專家回饋資料

<p>Jacqueline C. Burns Case ID: NURS013 Case Version: 5 Core Version: 5</p> <p>Jackie Burns is a 47-year-old breast cancer patient being admitted to the Palliative Care Unit with complaints of pain, tremors, confusion, muscle weakness, and nausea that are uncontrolled at home.</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>你可以選擇病例中開放所有任務，或是跟著教學目標，只開放某些任務（或另可設定任務順序）</p>	
<p>Tomas Cervantes Case ID: NURS014 Case Version: 5 Core Version: 5</p> <p>Tomas Cervantes, age 75, presented earlier today to the Emergency Room with the chief complaint of left-sided weakness, first discovered when he awoke from sleeping today. He had been asleep for 8 hours. "I woke up this morning and had difficulty getting out of bed. I could not move my left leg. I also had some difficulty moving my left arm. It felt weak. I could only raise it up for a minute or so, then it would fall back down to my side. It was like I had no control over my limbs. Then when I took a drink of water for a dry throat, I started coughing and choking. It felt like there was something stuck in my throat. In addition, half of my face drooped in the mirror."</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>Sophia Giovanni Case ID: NURS002 Case Version: 5 Core Version: 5</p> <p>Five weeks ago Sophia Giovanni underwent a right partial mastectomy and axillary lymphadenectomy for breast cancer. Four weeks post discharge she began chemotherapy as an outpatient. She has received two doses on Fridays. Today is Monday and she walks into the oncology clinic reporting persistent nausea with some vomiting not relieved with the prescribed prochlorperazine.</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>Matthew Harrison Case ID: NURS003 Case Version: 5 Core Version: 5</p> <p>Mr. Matthew Harrison was admitted through the ER for acute lower abdominal pain with vomiting earlier this morning. A diagnosis of acute appendicitis was made and an emergency appendectomy was performed. Mr. Harrison has arrived on your floor from the recovery room. His wife accompanies him to the floor.</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>點“導出條件”，可印出該案例的專家回饋資料備課</p>	
<p>Jacqueline C. Burns Case ID: NURS013 Case Version: 5 Core Version: 5</p> <p>Jackie Burns is a 47-year-old breast cancer patient being admitted to the Palliative Care Unit with complaints of pain, tremors, confusion, muscle weakness, and nausea that are uncontrolled at home.</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>此教案以「乳癌合併骨轉移」為示範說明。</p>	
<p>Tomas Cervantes Case ID: NURS014 Case Version: 5 Core Version: 5</p> <p>Tomas Cervantes, age 75, presented earlier today to the Emergency Room with the chief complaint of left-sided weakness, first discovered when he awoke from sleeping today. He had been asleep for 8 hours. "I woke up this morning and had difficulty getting out of bed. I could not move my left leg. I also had some difficulty moving my left arm. It felt weak. I could only raise it up for a minute or so, then it would fall back down to my side. It was like I had no control over my limbs. Then when I took a drink of water for a dry throat, I started coughing and choking. It felt like there was something stuck in my throat. In addition, half of my face drooped in the mirror."</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
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<p>Virginia Simmons Case ID: NURS011 Case Version: 5 Core Version: 5</p> <p>Virginia Simmons has just been dismissed from the hospital where she had stayed for 2 weeks with a diagnosis of pneumonia. She is returning to the assisted living facility and is being assessed for acceptance. Ginny's sister died in the adjoining long-term care facility 17 days ago following 13 months of care with a diagnosis of Alzheimer's disease. Ginny and her sister had lived together all of their lives. Ginny was admitted to the hospital the evening of her sister's funeral.</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>Alice Taylor Case ID: NURS012 Case Version: 5 Core Version: 5</p> <p>Mrs. Alice Taylor is seen in the emergency room. She tells you that she has recently learned that she is pregnant and she was referred by her family physician for evaluation due to shortness of breath and rapid heart rate.</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>Barry Turner Case ID: NURS009 Case Version: 5 Core Version: 5</p> <p>Barry Turner, 29 years old, is being admitted to the ICU with a two-day history of nausea and vomiting and loose stools. He has a history of End Stage Renal Disease (ESRD) with Hypertension (HTN) and has been on Continuous Ambulatory Peritoneal Dialysis (CAPD) for two months. The ER physician diagnosed him with 1) hypertensive Emergency, 2) ESRD, 3) nausea, vomiting, diarrhea, likely viral gastroenteritis.</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>Joseph Robert Wentzel Case ID: NURS010 Case Version: 5 Core Version: 5</p> <p>Joseph Robert Wentzel, a disabled coal miner from rural Kentucky, was recently treated as an outpatient for a respiratory infection, but became increasingly short of breath at home. He has just been admitted to your medical/surgical unit with the diagnosis "exacerbation of chronic obstructive pulmonary disease with cor pulmonale."</p> <p> <input type="checkbox"/> Select All Tasks <input type="checkbox"/> Chart Assessment <input type="checkbox"/> Physical Assessment <input type="checkbox"/> Nursing Dx <input type="checkbox"/> Care Plans <input type="checkbox"/> Evaluation </p>	Export Criteria
<p>Save Changes Preview</p>	<p>Delete Unit</p>

上方案例勾選後，請點“保存更改”

圖 4-1：創建用戶代碼，課程開始後派給學生

在該案例下，根據「學生人數」而決定創建用戶代碼的數量
舉例說明：不同用戶代碼，就代表不同課程案例。
用戶代碼=鑰匙，給學生後他們才能進入該案例操作

Units

Settings & Cases | **User Codes & Records** | Group Reports

0 Records Add Access Codes **Create** Download Rescore All

No records found.

2 填寫創建用戶代碼的數量

圖 4-2：下載用戶代碼並分發給學生，讓學生啓用該案例

joytest

Units

Settings & Cases | **User Codes & Records** | Group Reports

3 Records Add Access Codes **Create** **Download** Rescore All

Viewing records 1 to 3 of 3 total

UNCLAIMED SELECT-0085-1-1cd-3	Total:	0/0	=	0%
UNCLAIMED SELECT-0736-1-1cd-2	Total:	0/0	=	0%
UNCLAIMED SELECT-0818-1-1cd-1	Total:	0/0	=	0%

圖 4-3：下載用戶代碼的格式為 EXCEL 表

user_and_access_codes_144 [Compatibility Mode] - Excel

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do... Charity Hui Share

Clipboard Font Alignment Number Styles Cells Editing

A1 Access Code

	A	B	C	D	E	F	G	H	I	J	K	L
1	Access Code	User										
2	SELECT-0270-1-90-1											
3	SELECT-0937-1-90-2											
4	SELECT-0948-1-90-3											
5	SELECT-0540-1-90-4											
6	SELECT-0860-1-90-5											
7	SELECT-0047-1-90-6											
8	SELECT-0485-1-90-7											
9	SELECT-0340-1-90-8											
10	SELECT-0444-1-90-9											
11	SELECT-0297-1-90-a											
12												
13												

Users & Access Codes

Ready 100%

第一週課程

- 1、提供 DxR Nursing SELECT 資訊：請學生完成帳戶創設(如圖 5 所示)，此時會給學生用戶代碼(如圖 6-1, 圖 6-2 所示)。
*小秘訣：每位學生僅需創建自己的帳號密碼一次即可，搭配不同老師給的用戶代碼，就可以加入不同的案例研討。
- 2、簡介該案例(如圖 7 所示，另可搭配附件一 PBL 案例研討說明)
- 3、進行 PBL(1)：根據個案過去病史和入院原因（主訴），讓學生研討「預期」進行的實驗室檢查與身體檢查資料。
*小秘訣：老師提供過去病史和入院原因，就可以帶學生研討造成這個病人這些症狀的原因，所以應該要在「病歷」中收集哪些重要資料？以幫助護理師進一步評估。研討後，學生回家須自行實際操作病歷評估(如圖6-3至圖6-6所示)，並點選重要資訊，下次課堂可研討哪些資訊有選，哪些沒有選，原因為何。

圖 5：登入學生帳號

圖 6-1：學生兌換用戶代碼

圖 6-2：學生查看老師給的案例

The screenshot shows the 'Units' page in the DxR Nursing application. At the top, there is a navigation bar with 'Nursing', 'Support', 'FAQ', and 'Video Help'. Below this, a 'Units' section contains instructions: 'To redeem an access code for a new assignment, type/paste your assigned code into the Access Code field' and 'Click the View Unit button for your assigned unit to access the case(s)'. The 'Access Code' field is highlighted with a red box, and the 'Redeem Access Code' button is also highlighted. Below the access code field, there are dropdown menus for 'Sort by:' (Unit Name), 'Optional secondary sort...' (Ascending), and a 'Sort' button. A list of units is displayed, with the first unit 'Joy DEMO' highlighted by a red box. The unit details include the code 'SELECT-0531-1-18e-3', the date range 'May 17, 2021 @ 02:00 PM — March 31, 2022 @ 08:00 PM', and the creator 'Asia Pacific, DxR'. A 'View Unit' button is located at the bottom of the unit details.

Units

To redeem an access code for a new assignment, type/paste your assigned code into the Access Code field

Click the View Unit button for your assigned unit to access the case(s).

Access Code

Access Code Redeem Access Code

Sort by: Unit Name Optional secondary sort... Ascending Sort

Joy DEMO

SELECT-0531-1-18e-3

May 17, 2021 @ 02:00 PM — March 31, 2022 @ 08:00 PM

Created by: Asia Pacific, DxR

View Unit

學生已加入老師所開的班級(例如 Joy Demo)，點擊“查看單元”後可查看老師給的案例

圖 6-3：學生課後自行操作

The screenshot shows the 'My Scores' page in the DxR Nursing application. The page title is 'joytest' and the case ID is 'SELECT-0085-1-1cd-3'. Below the title, there is a 'Units' section with instructions: 'Read the presenting situation for the case you would like to work on.', 'Click the blue link (Start, Continue, or Retake) for the task (Chart Assessment, Physical Assessment, Nursing Dx, etc.) you would like to work on. You will be prompted to review the patient information and the Instructions before you start.', and 'The Review link allows you to see your results for a task that you've already completed.' Below the instructions, there is a table of scores. The first row is for 'Jacqueline C. Burns' with Case ID: NURS013, Case Version: 5, and Core Version: 5. The table has columns for 'Chart Assessment Start', 'Physical Assessment Start', 'Nursing Dx Start', 'Care Plans Start', and 'Evaluation Start'. The 'Chart Assessment Start' button is highlighted with a red box.

Units / joytest

joytest

SELECT-0085-1-1cd-3

Units

Cases My Scores

Read the presenting situation for the case you would like to work on.

Click the blue link (Start, Continue, or Retake) for the task (Chart Assessment, Physical Assessment, Nursing Dx, etc.) you would like to work on. You will be prompted to review the patient information and the Instructions before you start.

The Review link allows you to see your results for a task that you've already completed.

Jacqueline C. Burns

Case ID: NURS013 Case Version: 5 Core Version: 5

Jackie Burns is a 47-year-old breast cancer patient being admitted to the Palliative Care Unit with complaints of pain, tremors, confusion, muscle weakness, and nausea that are uncontrolled at home.

Chart Assessment Start Physical Assessment Start Nursing Dx Start Care Plans Start Evaluation Start

讓學生課後完成病歷評估，下次課堂上檢討結果

圖 6-4：學生操作頁面，進行該案例病歷評估「初步評估」選擇

The screenshot shows the 'Admission Data' page in the DxR Nursing application. The page title is 'Admission Data' and the case ID is 'SELECT-0085-1-1cd-3'. The page contains a form for patient information, including 'Name: Jacqueline C. Burns', 'Prefer to be called: Jackie', 'Age: 47', 'Emergency Contact/Relationship: Stephen Burns, spouse', 'Language: English', 'Arrival Mode: Ambulatory/Carried', 'Stretcher', 'Wheelchair', 'Assistive Devices: None', 'Contacts', 'Dentures (Partial)', 'Dentures (Upper)', 'Dentures (Lower)', 'Glasses', 'Hearing Aid', 'Cane/Crutches', 'Wheelchair', and 'Braces (Teeth)'. The 'Chart Assessment Start' button is highlighted with a red box. A yellow box highlights the 'Reason for Seeking Medical Attention' field, which contains the text: 'Left rib and shoulder pain not controlled at home, tremors, confusion, muscle weakness, nausea.' The 'Chart Assessment Start' button is also highlighted with a red box.

DxR nursing SELECT

Jacqueline C. Burns

March 15 @ 11:00 Hospital Palliative Care Unit

Presenting Situation

Initial Assessment Late Medical Management Links Instructions Credits

Admission Data

Admission Data

Admission Vital Signs

Medical History

Medications

Substances

Allergies

Psychosocial

Nutritional

Temperature/Skin

Gastrointestinal

Neurological

Cardiovascular

Respiratory

Renal/Urinary

Endocrine/Reproductive

Admission Data

March 15 @ 11:00 Hospital Palliative Care Unit

Name: Jacqueline C. Burns

Prefer to be called: Jackie

Age: 47

Emergency Contact/Relationship: Stephen Burns, spouse

Language: English

Arrival Mode:

Ambulatory/Carried

Stretcher

Wheelchair

Assistive Devices:

None

Contacts

Dentures (Partial)

Dentures (Upper)

Dentures (Lower)

Glasses

Hearing Aid

Cane/Crutches

Wheelchair

Braces (Teeth)

Reason for Seeking Medical Attention: Left rib and shoulder pain not controlled at home, tremors, confusion, muscle weakness, nausea.

學生把認為關於此病人重要的資訊選取為紅色

圖 6-5：學生操作頁面，進行該案例病歷評估「實驗室」數據選擇

Jacqueline C. Burns
March 15 @ 11:00
Hospital Palliative Care Unit

Presenting Situation

Current Task:

1. Chart Assessment
2. Physical Assessment
3. Nursing Diagnosis
4. Planning/Intervention
5. Evaluation

Exit Task

Task Complete

Initial Assessment Labs Medical Management Links Instructions Credits

My Pertinent Items

Labs

Hospital Palliative Care Unit
March 15 @ 11:00

Complete Blood Count (CBC)

Hospital Palliative Care Unit — March 15 @ 11:00

Lab Description

Lab	Patient	Normals
WBC	7,200/ μ L ($7.2 \times 10^3/L$)	4,500-11,000/ μ L ($4.5-11 \times 10^3/L$) Pregnant or Postpartum: 5900-25,700/ μ L ($5.9-25.7 \times 10^3/L$)
RBC	4.2 m/ μ L ($4.2 \times 10^{12}/L$)	4.00-6.20 m/ μ L ($4.0-6.2 \times 10^{12}/L$) Pregnant or Postpartum: 3.0-5.0 m/ μ L ($3-5 \times 10^{12}/L$)
Hemoglobin	10.8 g/dL (6.79 mmol/L)	12-16 g/dL ($7.65-9.9 \text{ mmol/L}$) Pregnant or Postpartum: 10-18 g/dL ($6.3-11.2 \text{ mmol/L}$)
Hematocrit	31.1%	35-47% Pregnant or Postpartum: 30-44%
MCV	68 fL	82-93 fL

圖 6-6：學生操作頁面，進行該案例病歷評估「治療方式」選擇

Jacqueline C. Burns
March 15 @ 11:00
Hospital Palliative Care Unit

Presenting Situation

Current Task:

1. Chart Assessment
2. Physical Assessment
3. Nursing Diagnosis
4. Planning/Intervention
5. Evaluation

Exit Task

Task Complete

Initial Assessment Labs Medical Management Links Instructions Credits

My Pertinent Items

Medical Management

Medical Management
March 15 @ 11:00 — Hospital Palliative Care Unit

Medical Diagnosis(es): Status post left modified radical mastectomy with follow-up chemotherapy and radiation therapy. Possible metastatic disease, hypercalcemia. Rule out pathological fracture of the left third or fourth rib.

Active Medical Management:

Checklist:

- Monitoring: Vital signs routine, I&O, neuro checks q shift and prn
- Activities: Bedrest with bathroom privileges. Assist of one when transferring or ambulating.
- Diet: Regular soft diet as tolerated, increase fluid intake 4000 mL/24 hr.
- Procedures: Chest x-ray, CT scan, bone scan, MRI of the brain and spine for suspected metastatic disease
- CBC, Electrolyte panel with differential, UA, CEA, CA 15-3 now

Medications (Routine):

Hydrocodone (Effexor) 7.5 mg q day

Medications (As Needed):

Oxycodone/Acetaminophen (Percocet) 1 or 2 tab. Q 6 hrs. prn pain.

Ibuprofen (Motrin) 600 mg. Q 4 hrs. prn bone pain.

Ancillary Medical Management:

Bolus 500 mL 0.9% normal saline now, then:

IV 0.9% saline @ 31 mL per hour; after 24 hrs. of IV hydration, repeat Ca+ level.

Begin 24 hr. urine collection now for a creatinine clearance test.

Draw serum creatinine in 6 hrs.

Call results to physician.

Consider zoledronic acid (Zometa) therapy if Ca+ levels continue to be elevated.

Education: Hypercalcemia signs and symptom management; preparation for upcoming tests and potential results. Need for assistance to RR, use of call light

圖 7：簡介該案例

Nursing Support FAQ Video Help

Units / joytest

joytest

SELECT-0085-1-1cd-3

Units

Cases My Scores

- Read the presenting situation for the case you would like to work on.
- Click the blue link (Start, Continue, or Retake) for the task (Chart Assessment, Physical Assessment, Nursing Dx, etc.) you would like to work on. You will be prompted to review the patient information and the Instructions before continuing.
- The Review link allows you to see your results for a task that you've already completed.

Jacqueline C. Burns
Case ID: NURS013 Case Version: 5 Core Version: 5

Jackie Burns is a 47-year-old breast cancer patient being admitted to the Palliative Care Unit with complaints of pain, tremors, confusion, muscle weakness, and nausea that are uncontrolled at home.

Chart Assessment Start Physical Assessment Start Nursing Dx Start Care Plans Start Evaluation Start

老師可把此個案簡介加以敘述，列出研討

第二週課程

進行 PBL(2)：執行入院評估(含病史及實驗室檢查)，讓學生選擇有意義的資料。(搭配解答和學生說明，如圖 8-1, 圖 8-2 所示)

*小秘訣：請學生根據今天研討的病人問題方向和病歷評估所獲得的資料，想想看有哪些相搭配的「體格評估」需要完成？原因如何？請學生課後完成第二模塊「體格評估」，下次課堂上檢討結果。

圖 8-1：搭配該案例解答中的「專家回饋」，研討上週學生自行操作的結果及原因

NURS013



從專家回饋，老師可以知道這些要帶學生考慮到的問題，所以病歷評估（病史及實驗室檢查）中應該要選擇這些資料。搭配圖 8-2 和學生說明。

(該案例的專家回饋資料之步驟可參考圖 3)

Chart Assessment

Expert Feedback

The chart assessment reveals a 47-year-old female who had a left modified radical mastectomy two years ago for breast cancer and has recently undergone chemotherapy and radiation to the chest wall, the supraclavicular nodes, and the internal lymph nodes next to the breast bone after cancer was discovered to have spread to at least four lymph nodes. The patient reports pain, confusion, muscle weakness and tremors, and nausea. The physician has diagnosed her with possible metastatic disease and hypercalcemia (Lab results reveal Ca=15.3). The hypercalcemia is the likely cause for her current complaints of tremors, muscle weakness, and confusion and must be addressed quickly to prevent further complications. The patient has lost 10 pounds in the last 6 months and reports a poor appetite and limited fluid intake, leading to concerns about her fluid and nutrition status. Additionally, she has constipation, which is a common side effect of regular use of narcotic pain medications (oxycodone/acetaminophen) and limited fluid intake. Aside from her physical diagnoses, this client also suffers from depression, as evident from her lack of interest in activities, significant worry. This should be taken into consideration when planning her care.

圖 8-2：該案例解答（參考專家回饋）

Initial Assessment ➔ Neurological ➔ Pain:

At home, rated pain 6 to 7 on a 0 to 10 scale in left side, exacerbated with movement, deep breathing, cough.

Equivalents:

Initial Assessment ➔ Admission Data ➔ Reason for Seeking Medical Attention:

Left rib and shoulder pain not controlled at home, tremors, confusion, muscle weakness, nausea.

Initial Assessment ➔ Musculoskeletal ➔ Symptoms: ➔ Pain with Exercise

☑ Pain with Exercise – left side and left shoulder

Initial Assessment ➔ Musculoskeletal ➔ Range of Motion: ➔ Partial

☑ Partial – In the left arm

Initial Assessment ➔ Neurological ➔ Other Comments:

Non-verbal cues: facial grimacing, occasionally moans when moving, coughing

舉例來說，病人有疼痛的問題，所以病歷中，我們應該要「選擇」跟疼痛相關的資料。

第三週課程

- 進行 PBL (1): 進行系統身體檢查與評估。(如圖 9-1, 圖 9-2 所示)
- (2) 引導學生列出所需執行的身體檢查與評估, 並輪流研討「原因」。
- (3) 協助學生正確判讀身體評估的結果。(如圖 10 所示)

圖 9-1: 學生操作頁面, 進行該案例體格檢查選擇

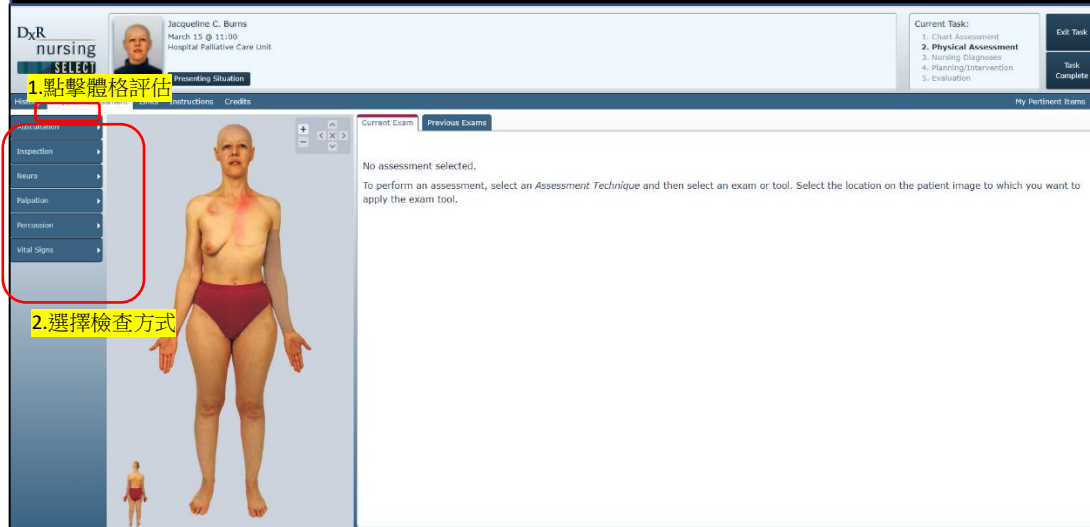


圖 9-2: 學生操作頁面, 引導學生思考進行身體檢查與評估的原因



圖 10: 搭配該案例解答, 研討上週學生自行操作的結果及原因



第四週課程

建立合宜的護理診斷：搭配選擇病人主觀、客觀的資料。(如圖 11-1 至圖 11-4 所示)
*小秘訣：老師在課堂上可根據病史、體格檢查、實驗室數據來找出合適的診斷(搭配解答和學生說明，如圖 12 所示)。請學生課後完成第四模塊「護理計劃」，下次課堂上檢討結果。

圖 11-1：學生操作頁面，護理診斷選擇說明

DxR nursing SELECT

Jacqueline C. Burns
March 15 @ 11:00
Hospital Palliative Care Unit
Presenting Situation

Current Task:
1. Chart Assessment
2. Physical Assessment
3. **Nursing Diagnoses**
4. Planning/Intervention
5. Evaluation

Dx Efficiency
March 15 @ 11:00 — Hospital Palliative Care Unit

Your goal for this module is to identify the **8 priority diagnoses** for this client case.
You should select at least one diagnosis from each of the domains listed when you click the Nursing Diagnosis tab.
You should also select the client data that support each diagnosis.

每個案例要求的護理診斷皆不同，利用病歷評估、體格評估中收集到的發現，進行相對應護理診斷聯結。

圖 11-2：學生操作頁面，進行該案例護理診斷選擇

DxR nursing SELECT

Jacqueline C. Burns
March 15 @ 11:00
Hospital Palliative Care Unit
Presenting Situation

Current Task:
1. Chart Assessment
2. Physical Assessment
3. **Nursing Diagnoses**
4. Planning/Intervention
5. Evaluation

Dx Efficiency
March 15 @ 11:00 — Hospital Palliative Care Unit

select each appropriate diagnosis...

1. 點擊護理診斷
2. 點擊所有診斷
3. 點擊你對患者評估的護理診斷

Then select the items that confirm that diagnosis...

Initial Assessment — Reason for Seeking Medical Attention:
Left rib and shoulder pain not controlled at home, tremors, confusion, muscle weakness, nausea.

Initial Assessment — Admission Vital Signs — P:
110

Initial Assessment — Admission Vital Signs — R:
28

Initial Assessment — Admission Vital Signs — Temp:
Oral - 99.8° F (37.7° C)

Initial Assessment — Medical History — Major Medical Problems — Cancer
☒ **Cancer** — Two years ago, diagnosed with Stage III-A breast cancer; recently found to have spread to at least 4 lymph nodes; has recently undergone chemotherapy followed by radiation to the chest wall and supraclavicular lymph nodes and internal lymph nodes next to the breast bone

Initial Assessment — Medical History — Major Medical Problems — Psychological Problem
☒ **Psychological Problem** — depression

圖 11-3：學生操作頁面，進行該案例護理診斷選擇

DxR nursing SELECT

Jacqueline C. Burns
March 15 @ 11:00
Hospital Palliative Care Unit
Presenting Situation

Current Task:
1. Chart Assessment
2. Physical Assessment
3. **Nursing Diagnoses**
4. Planning/Intervention
5. Evaluation

Dx Efficiency
March 15 @ 11:00 — Hospital Palliative Care Unit

select each appropriate diagnosis...

4. 選擇你對患者評估的護理診斷

Then select the items that confirm that diagnosis...

Initial Assessment — Reason for Seeking Medical Attention:
Left rib and shoulder pain not controlled at home, tremors, confusion, muscle weakness, nausea.

Initial Assessment — Admission Vital Signs — P:
110

Initial Assessment — Admission Vital Signs — R:
28

Initial Assessment — Admission Vital Signs — Temp:
Oral - 99.8° F (37.7° C)

Initial Assessment — Medical History — Major Medical Problems — Cancer
☒ **Cancer** — Two years ago, diagnosed with Stage III-A breast cancer; recently found to have spread to at least 4 lymph nodes; has recently undergone chemotherapy followed by radiation to the chest wall and supraclavicular lymph nodes and internal lymph nodes next to the breast bone

Initial Assessment — Medical History — Major Medical Problems — Psychological Problem
☒ **Psychological Problem** — depression

5. 查看各項目，點選能夠指向該護理診斷的項目

圖 11-4：學生操作頁面，此案例的護理診斷選擇八種

Select each appropriate diagnosis...

舉例：

引導學生分辨主觀資料/客觀資料的不同，以及運用資料形成整體健康問題判斷的證據。

圖 12：搭配該案例解答中的「專家反饋」，研討上週學生自行操作的結果及原因

Nursing Dx

Expert Feedback

For a palliative care patient such as Jackie Burns, pain is the priority concern (Nursing Dx - Acute Pain). The patient's pain is evident by her statements of pain, limited movement, etc. Nausea can even be a result of severe pain. Additionally, she may be suffering from various types of pain: Visceral pain as a result of damage/injury to

her internal organs from the cancer or the chemotherapy treatment; superficial pain from radiation burns and invasive lines; even somatic pain as a result of being sedentary, constipation from pain medications and poor intake, etc. Frequent assessment, intervention, and evaluation is necessary to control her pain and keep her comfortable. Scheduled pain medications are recommended for chronic pain, with PRN medications for breakthrough pain that is not otherwise controlled. Pain medication, however, may lead to constipation and/or nausea, which must also be evaluated frequently, but are not priority concerns. The patient's disorientation/confusion is also of concern as this can be a result of an underlying complication (such as cancer metastasis to the brain), chronic use of narcotics, sensory overload (from the hospital setting), etc.

Regardless of the underlying cause, safety should be a priority concern and interventions should focus on maintaining her safety. This patient is at Risk for Injury (Risk for Falls is an acceptable equivalent) based on many factors, including chronic fatigue, disorientation, use of narcotic pain medications, and muscle weakness. It is essential that the nurse provide preventive interventions as needed to keep the patient safe. Monitoring her fluid status to prevent complications from dehydration or electrolyte imbalance.

Selecting Dx

Fluid Volume, Deficient

Selecting Confirming Items

Initial Assessment ► Nutritional ► Eating Problems: ► Nausea

► Nausea

此病人是癌症末期，接受臨終關懷的

病人，對於這個病人來說，身心靈的

舒適比疾病的治療更重要

(該案例的專家回饋資料之步驟可參考

圖 3)

第五週課程

針對所提供的護理計劃，應評值些什麼？(如圖 13-1 至圖 13-3 所示)

*小秘訣：研討護理措施之適切性(搭配解答和學生說明，如圖 14 所示)，與規劃適當護理活動與評值。利用 DxR Nursing SELECT 進行整個案例回顧與檢討(如圖 15-1, 圖 15-2 所示)。最後老師可以查看每位學生成績進行總結(如圖 16-1, 圖 16-2 所示)。

圖 13-1：學生操作說明頁面

The screenshot shows the DxR Nursing SELECT interface. At the top, there is a header with the user's name (Jacqueline C. Burns), date (March 15 @ 11:00), and location (Hospital Palliative Care Unit). Below this, there is a navigation bar with tabs: History, Care Plans, Links, Instructions, Credits. The main content area is divided into two columns. The left column is titled 'Nursing Diagnoses' and lists several diagnoses with their outcomes. The right column is titled 'Nursing Interventions' and is currently empty. A red 'Alert!' box is overlaid on the screen, stating: 'In this module, you will be scored based on the nursing interventions that you select for the client. Some of the available interventions may be inappropriate or potentially harmful for this client, so please select interventions carefully. Depending on your instructor's preferences, scoring penalties may be applied to certain care planning errors.' Below the alert box, there is a yellow text box with the following text: '錯誤的護理措施會有扣分的機制，因為護理計劃是直接應用到病人身上，錯誤的護理措施可能會讓病人有生命安全威脅，課堂上應研討護理措施適切性。'

圖 13-2：學生操作頁面，進行該案例護理計劃

The screenshot shows the DxR Nursing SELECT interface. At the top, there is a header with the user's name (Jacqueline C. Burns), date (March 15 @ 11:00), and location (Hospital Palliative Care Unit). Below this, there is a navigation bar with tabs: History, Care Plans, Links, Instructions, Credits. The main content area is divided into two columns. The left column is titled 'Nursing Diagnoses' and lists several diagnoses with their outcomes. The right column is titled 'Nursing Interventions' and lists several interventions. A red box highlights the 'Nursing Interventions' list. A yellow text box is overlaid on the screen, stating: '每個護理診斷皆需選擇護理干預，且數量不限'. Below the yellow text box, there is a red text box with the following text: '點擊左面的每項診斷，並點選右邊正確的護理干預在患者身上進行計劃'.

圖 14：搭配該案例解答，向學生說明錯誤的護理措施會影響病人

Nutrition, Imbalanced: Less Than Body Requirements	
Consult with dietician to establish daily caloric requirements	
Restrict socialization during meals	老師可根據前面的護理診斷優先順序，進而向學生說明護理計劃順序 (該案例的專家回饋資料之步驟可參考圖 3)
This intervention is inappropriate. This activity does not meet the client's needs at this time.	
Not expected to cause harm to the client.	
Offer small, frequent meals	
Control pain and nausea before meals	
Encourage and offer good oral hygiene	
Pureed diet	
This intervention is inappropriate. This activity does not meet the client's needs at this time.	
Not expected to cause harm to the client.	
Encourage family/caregiver to bring appropriate foods from home	
Consult with physician/provider for temporary nasogastric tube placement	
This intervention is inappropriate. This activity does not meet the client's needs at this time.	
Not expected to cause harm to the client.	

圖 15-1：利用 DxR Nursing SELECT「評價」模塊，進行整個案例回顧與檢討

Presenting Situation

Jacqueline C. Burns
March 17 @ 12:30
Hospital Palliative Care Unit

Current Task:
1. Chart Assessment
2. Physical Assessment
3. Nursing Diagnoses
4. Planning/Intervention
5. Evaluation

Exit Task
Task Complete

History Progress Scenario Flow Sheets Labs Medical Management Links Instructions Credits

History

March 15 @ 11:00 - Hospital Palliative Care Unit

The chart for Jacqueline C. Burns reveals a 47-year-old female who had a left modified radical mastectomy two years ago for breast cancer and has recently undergone chemotherapy and radiation to the chest wall, the supracavicular nodes, and the internal lymph nodes next to the breast bone after cancer was discovered to have spread to at least four lymph nodes. The patient reports pain (rated pain 6 to 7 on a 0 to 10 scale in left side, exacerbated with movement, deep breathing, cough), confusion (oriented to self, but not to place and time), muscle weakness and tremors, and nausea. The physician at the palliative care unit where she is being treated has diagnosed her with possible metastatic disease and hypercalcemia. The hypercalcemia is the likely cause for her current reports of tremors, muscle weakness, and confusion and must be addressed quickly to prevent further complications. She has lost 10 pounds (4.5 kg) in the last 6 months and reports a poor appetite and limited fluid intake, leading to concerns about her fluid and nutrition status. Additionally, the patient reports constipation, which is a common side effect of regular use of narcotic pain medications (oxycodone/acetaminophen) and limited fluid intake. Aside from her physical diagnoses, this client also suffers from depression, as evident from her lack of interest in activities and significant worry, and body image issues related to her mastectomy scar.

Medical Diagnosis: Status post left modified radical mastectomy with follow-up chemotherapy and radiation therapy. Possible metastatic disease, hypercalcemia. Rule out pathological fracture of the left third or fourth rib.

Click Labs to view current and previous lab results.

Click Medical Management to view current and previous medical management orders.

Physical Assessment findings on admission include:
Alert and oriented to her self, but not to place or time, lethargic, flat affect, generalized weakness; unable to stand.
Mild tachycardia (110); low-grade fever (100.8° F, 38.2° C); Resp: 28, clear, shallow, and diminished on the lower left side, pain exacerbated by movement and coughing; BP: 102/68; Hypoactive bowel sounds: RUQ, LUQ; absent in LLQ; Height: 68 inches (173 cm); weight: 141 lbs, (64 kg.); BMI: 21.4
Assessment of implantable venous access catheter reveals a tender, reddened area, but no other signs of infection or complications. The mastectomy site shows a well-approximated, healing scar with no signs of infection. Moderate edema in left arm.

Current Nursing diagnoses and Outcomes include:
1. PAIN, ACUTE (Client report of pain; self-rated pain as 6 on a 0 to 10 pain scale; x-ray and lab tests indication of possible metastatic disease). OUTCOMES: Client verbalizes decrease in pain as evidenced by self-report of pain at 4 or less on a 0 to 10 pain scale within 30 minutes of administration of pain medication; Client verbalizes her pain is maintained at a level acceptable to the client
2. SKIN INTEGRITY, IMPAIRED (reddened area left upper and mid chest, implanted port upper left chest, fluid volume deficit, decreased appetite). OUTCOMES: Redness on left upper and mid chest will resolve by the fourth day after admission
3. CONSTIPATION (client reports no bowel movement for 3 days, nausea, hypoactive bowel sounds RUQ, LUQ; absent in LLQ). OUTCOMES: The client will have a bowel movement within 24 hours of admission; The client will

圖 15-2：利用 DxR Nursing SELECT「評價」模塊，進行整個案例回顧與檢討

Presenting Situation

Jacqueline C. Burns
March 17 @ 12:30
Hospital Palliative Care Unit

Current Task:
1. Chart Assessment
2. Physical Assessment
3. Nursing Diagnoses
4. Planning/Intervention
5. Evaluation

Exit Task
Task Complete

History Progress Scenario Flow Sheets Labs Medical Management Links Instructions Credits

Labs

Hospital Palliative Care Unit
March 15 @ 11:00

Complete Blood Count (CBC)

Hospital Palliative Care Unit - March 15 @ 11:00

Lab	Patient	Normal
WBC	7,200/ μ L (7.2×10^3 /L)	4,500-11,000/ μ L ($4.5-11 \times 10^3$ /L)
RBC	4.2 m/ μ L (4.2×10^{12} /L)	4.00-6.20 m/ μ L ($4.0-6.2 \times 10^{12}$ /L)
Hemoglobin	10.8 g/dL (6.70 mmol/L)	12-16 g/dL ($7.40-9.9 \text{ mmol/L}$)
Hematocrit	31.1%	35-47%
MCV	68 fL	92-93 fL
MCH	29.2 pg (11.96 fmoL)	26-34 pg (11.61-21.11 fmoL)

圖 16-1：查看學生成績步驟

joytest

September 19, 2022 @ 12:00 AM — September 23, 2022 @ 12:00 AM — Asia/Hong_Kong

1. 點擊「管理單元」

Manage Unit **Preview**

joytest

Units

Settings & Cases User Codes & Records Group Reports

3 Records Add Access Codes Create Download Rescore All

Viewing records 1 to 3 of 3 total

UNCLAIMED	Total:	0/0	=	0%*	*0 of 5 Case Sections Complete
SELECT-0736-1-1cd-2					
UNCLAIMED	Total:	0/0	=	0%*	*0 of 5 Case Sections Complete
SELECT-0818-1-1cd-1					
CHEN YU, WU	Total:	1/37	=	3%*	*1 of 5 Case Sections Complete
SELECT-0085-1-1cd-3					

2. 學生用戶名

3. 顯示任務詳情

3. 點擊「完成」可查看該學生的任務詳情

模塊總分

Complete - 00:04:35

In Progress - 00:05:17

In Progress - 00:09:12

In Progress - 00:02:30

In Progress - 00:03:22

+ Section Total:

Section Total:

1/37 = 3%

0/0 = 0%

0/0 = 0%

0/0 = 0%

0/0 = 0%

圖 16-2：學生成績介面

DxR nursing SELECT

Jacqueline C. Burns
March 15 @ 11:00
Hospital Palliative Care Unit

Presenting Situation

Current Task:
1. Chart Assessment
2. Physical Assessment
3. Nursing Diagnoses
4. Planning/Intervention
5. Evaluation

Exit Task Review Task

Score Report Credits

Score Report
Reset Record Rescore Record

點擊這裡查看學生“選擇數據”

Selecting Data: 1/35 = 3% Questions: 0/2 = 0% Module Total: 1/37 = 3%

Correct Selections (1) Non-criteria Selections (3) All Selections (4) Omitted Selections (34)

Initial Assessment — Temperature/Skin — Problems and Description: — Tubes/Appliances Present

Tubes/Appliances Present — port for chemotherapy implanted in R upper chest

Equivalents:

Initial Assessment — Admission Data — Assistive Devices: — Venous Access Device

Venous Access Device

Initial Assessment — Psychosocial — Other Comments:

Voiced concern about not getting better, fears for family and finances in that event.

Equivalents:

Initial Assessment — Psychosocial — Concerns about Care After Discharge:

Ability to work, perform ADLs if weakness, pain continue. Fear about cancer metastases, possible further treatments.

Initial Assessment — Endocrine/Reproductive — Breast Self-Exam:

Not since left mastectomy

老師可以從後臺觀看學生的成績報告，請學生課堂上說明選擇此數據的原因，類似於翻轉課堂的方式

附件一

以乳癌合併骨轉移為例，PBL 案例研討資料(學生版)

一、個案概述

1. 病人：Jackie Burns
2. 診斷：Breast Cancer s/p left radical mastectomy
3. 入院原因：47 歲女性，因為疼痛、意識混亂、肌肉無力、手抖和噁心持續惡化，所以從家裏來門診，經評估，入安寧病房治療。
4. 入院生命徵象：HR:110,BP:108/68mmHg, R=28/min, Temp: 38.4°C。
5. 過去病史：兩年前對乳腺癌進行了左側根治性乳房切除術，目前正在接受化療和放療。左邊鎖骨上和乳房旁邊淋巴結（至少四顆）有癌細胞轉移。病人主訴過去六個月體重減輕約 5 公斤，胃口不好和便秘。

二、個案資料背景如下：

1. 教育程度：碩士（M B A）
2. 職業：藥廠的總經理
3. 外觀：蒼白、兩眼黑眼圈，訪談過程皆閉眼
4. 心理社會狀況：身體心像改變（自己無法正視傷口的疤痕，也從未讓先生看過傷口），角色功能喪失（無法參與小孩活動）
5. 家庭狀況：為家庭主要經濟來源，但最近因為生病無法上班，病人很不高興。
6. 過去病史：兩年前被診斷有 Stage III 乳癌，最近發現轉移到四顆淋巴結，接受放療及化療（左胸）
7. 抽煙：一天一包（20 年），三年前戒煙
8. 藥物：Tamoxifen citrate 40mg QD; Ondansetron 4mg, TID; Multi-Vitamin with calcium 1tab qD