Anita: Thank you for taking the time to speak with me.

Of course, Dr. Douglas.

Anita: I'm getting a little antsy, just sitting in bed with these compression stockings and a stack of magazines . . . I'm normally very busy.

Anita: I wanted to discuss the length of my stay, if there's anything I can do to . . . expedite my discharge? I think I've been cooped up here long enough. I’d like to leave today, if possible.

What is the most appropriate response to Anita in this situation?

**I hear and understand what you are saying. We'll certainly do what we can to make sure you don't stay any longer than you have to! The provider didn't say you were ready to be discharged today, but I can bring up your concerns with him today. In the meantime, why don't we discuss your feelings further?**

Anita: Alright, I think that would be constructive.

Why is this the best response to Anita's concern?

**This answer reiterates that a nurse is not able to decide if a patient may be discharged without the input of their provider, although the patient's perspective should still be heard, acknowledged, and addressed.**

Anita: Why can't I leave now?

**While your entire healthcare team monitors your progress, ultimately your provider decides when you may be discharged. This will be when you have satisfied certain benchmarks, such as using your walker by yourself, transferring, and going up and down stairs. If we discharged you too soon, it could put you at risk for another fall. I know you miss home, but your safety is of the utmost importance.**

Anita: I’ll admit, that’s not what I wanted to hear. I understand what you’re saying, though. Another fall is the last thing I need.

Why is this the best response to Anita's concern?

**This answer provides medical reasoning for why early discharge could jeopardize patient safety, in addition to correctly representing Toolkit policy.**

Anita: I understand that I need to make more progress before I can go home. The walker is an eyesore, but I know it keeps me stable, keeps me upright. What can I do in the meantime to help my recovery?

What is the most appropriate response to Anita's concern?

**Continue doing your exercises and following the physical therapist’s instructions. Eat well, get plenty of rest, and take your medications as recommended by your provider. It’s great that you’re motivated, but just remember that pushing too hard and too fast can end up causing damage in the long-run.**

Anita: I understand. My husband has always called me a go-getter, but I’ll try to dial it back.

Why is this the best response to Anita's concern?

**This answer reiterates the importance of providing education on medical interventions in order to protect patient safety.**

Anita: Now, when I am discharged, will I be able to go home? My husband and I have four dogs, you know. They’re a handful, but I do miss them. I just couldn’t do a rehabilitation facility. They don’t seem very . . . comfortable.

What is the most appropriate response to Anita in this situation?

**Whether you go home or go to a rehabilitation facility is determined by how much progress you have made toward these benchmarks. Other factors include your support system, as well as the safety of your home. The provider will always recommend the option that is best for your health and safety.**

Anita: I understand. My husband Jeffrey is very supportive. He will be able to help me, in addition to running the house. He's already said that he's going to put all of the rugs in storage and put up a gate to keep the dogs out of the way.

Why is this the best response to Anita's concern?

**This answer promotes patient safety, while providing accurate information about discharge.**

Anita: By the way, what happened to the woman down the hall? I kept hearing her coughing and wheezing, but it’s been pretty quiet lately. I hope she’s doing alright.

What is the most appropriate response to Anita's concern?

**I’m not at liberty to share another patient’s private health information. Be assured she is being well cared for.**

Anita: Oh, okay. I should’ve known.

Why is this the best response to Anita's concern?

**This answer avoids betraying patient confidentiality.**

Anita: Thanks for having a chat. I was hoping I could go home today, but you’ve answered my question. I know I've got some more work to do, especially when it comes to getting out of bed and taking the stairs. Now I know why it's so important that I stay a little longer.

No problem, Dr. Douglas. You're on the right track so far. We can check in tomorrow and revisit this subject. You'll be out of here before you know it!

Anita: Thank you, I appreciate that.

All right, Mr. Patel. Dr. Martinez has cleared you to go home. I just need to go over some discharge education with you, and you will be all set.

Miranda: Isn't that great, babe?

Arun: That's wonderful. I can't wait to get out of here.

I'm going to start off our conversation with a brief discussion of what brought you to our hospital in the first place and the treatment that you have received here. After that, we'll go over what you will need to do to continue your care at home. As we discuss each step, we'll also talk about why it's important for you to take the actions that we recommend.

Arun: Whatever you've got to do. I just want to go home.

Miranda: It's been a long few days.

We want to get you home, too. We also don't want you to have to come back anytime soon. That's why this conversation is necessary. It's important that you have the tools and knowledge that you need to give yourself the best care possible.

Arun: Got it.

What is the most appropriate summary of Mr. Patel's hospital stay?

Arun: That's true, I guess. It felt like a lot more was going on, though. [AUDIO COMING SOON]

**You arrived at our hospital with gastroenteritis and were showing signs of dehydration and confusion. You hadn't been able to keep your diabetes medication down, which had raised your blood sugar and led to you going into a hyperosmolar, hyperglycemic state. This means that your body was trying to expel the excess sugar through your urine, which contributed to your dehydration. You were treated with IV fluids and insulin to hydrate you and bring your blood sugar back under control, and you were given promethazine to soothe your nausea. At this point, your blood sugar has returned to an acceptable level and your nausea has decreased.**

Arun: That sounds about right.

Why is this the best summary of Mr. Patel's hospital stay?

For review, here are the selections that were available in the previous problem:

**The correct selection uses clear language to briefly but thoroughly describe Mr. Patel's hospital experience. It neither skips over important information nor relies on jargon.**

We're sending you home with promethazine to treat your nausea.

Arun: OK.

promethazine 25 mg PO b.i.d. x 7 days

What is the most appropriate set of instructions for how Mr. Patel should manage his promethazine?

**This prescription is for 25 mg of promethazine to be taken twice a day for a week, as needed, for nausea. If the nausea continues, follow up with your primary care provider. If you forget a dose, take it immediately unless it's close to time for the next dose. Never take an extra dose to make up for missing a dose. If you overdose or show signs of an allergic reaction, get emergency help immediately. Store the pills at room temperature.**

Arun: 25 mg twice a day for a week. Got it. I'll talk to my doctor if there are any problems.

Miranda: Hey, when you say "as needed," does that mean he can take it more than twice a day?

No, that would be a maximum of twice a day.

Miranda: OK.

Why is this the best version of the instructions for how to take promethazine?

For review, here are the selections that were available in the previous problem:

**The correct selection includes a complete and accurate set of instructions.**

What is the most appropriate discussion of possible serious adverse effects for the drug promethazine?

**There are a number of serious adverse effects that can be caused by promethazine. You should stop using promethazine and seek out emergency care immediately if you experience severe drowsiness, light-headedness, confusion, hallucinations, fidgeting and increased irritability, spontaneous muscle movements, nervous system disorders, sudden weakness or illness, yellowing of the skin or eyes, increased bruising or bleeding, an increased or decreased heartbeat, or seizures.**

Arun: OK, I'll call it in if I notice any serious effects.

Miranda: I'll keep an eye on him, too.

Why is this the most appropriate discussion of possible serious adverse effects for the drug promethazine?

For review, here are the selections that were available in the previous problem:

**You provide Mr. Patel an accurate list of serious adverse effects to look out for and advise him of what to do if he experiences them.**

What is the most appropriate discussion of common adverse effects for the drug promethazine?

**There are some common adverse effects that you may experience while taking promethazine. These include dizziness, drowsiness, tinnitus, dry mouth, double vision, and difficulty sleeping. You should avoid alcohol while taking promethazine, as it can make some of these effects worse. Since it can make you drowsy and dizzy, you should be careful if you drive, operate heavy machinery, or do anything else that requires a quick reaction time. Promethazine will also make you more susceptible to sunburn, so it's a good idea to use sunscreen when you go outside.**

Arun: It's kind of funny that you have to use sunscreen to take nausea medicine. Medicine is weird.

Why is this the most appropriate discussion of common adverse effects for the drug promethazine?

For review, here are the selections that were available in the previous problem:

**You provide Mr. Patel with a complete, accurate list of promethazine's common adverse effects and tell him what he should avoid doing while taking it.**

One thing that we like to do at Shadow General is to have our patients "teach back" what we have taught them during discharge education. So that I can get a general idea of how well you followed what we just discussed, would you please go over how you are supposed to take promethazine and what you should look out for while taking it?

Arun: I'll do my best. So . . . I take 25 mg of the promethazine twice a day. If my nausea gets worse or doesn't get better, I should talk to a doctor about it. If I miss a dose, I should take twice the usual dose when it comes time for the dose after that one. I'm not going to remember all of those side effects, but I'll keep a list of them on hand for reference. I'll get emergency help if I have a serious side effect, like seizures or hallucinations. I'll be aware of the more common side effects, like drowsiness and dizziness, and I'll be careful if I end up doing anything that requires a quick reaction time. I won't drink -- which is easy because I already don't drink -- and I'll be careful about getting too much sunlight -- which is also easy, because I'm a grad student. We're not known for getting a lot of sun.

What is the most appropriate response to Mr. Patel's attempt to "teach back" how he is supposed to take promethazine?

**Actually, if it is already time for your next dose, you should skip the missed dose and return to your normal schedule. Aside from that, it seems like you have a good grasp on how to manage your promethazine.**

Arun: Oh, that's right. It was take the missed dose immediately unless it's already time for the next dose. I remember now.

Why is this the best response to Mr. Patel's attempt to "teach back" how he should take his promethazine?

**You offer a correction for your patient's error in a respectful and considerate way.**

There are a number of lifestyle changes you may want to make to improve your overall health and decrease the likelihood of diabetes-related complications in the future. For a patient with your conditions, diet and exercise are especially important. I know that you have already received some education on how to put together a healthy vegetarian diet, but we are going to go into some more detail in this conversation on how diet and exercise affect the body.

Arun: I've got so much going on with school that I don't really have time to be a "diet and exercise" kind of guy. But I'm listening.

What is the most appropriate recommendation to give Mr. Patel regarding diet and exercise?

**It's a good idea to work with a diabetes educator or a dietitian to develop a meal plan that works for you and helps you meet your blood glucose target. One popular diabetic diet is the 1800-calorie, low sugar and low carbohydrate diet, which can help patients lose weight or stabilize their weight. You should also try to drink 8 cups of water a day to stay at the appropriate level of hydration. When it comes to exercise, aerobic exercise can help your body use insulin, improve blood circulation, lower blood pressure, and lower blood glucose, while strength training can lower blood glucose and make you more receptive to insulin. The American Diabetes Association recommends getting 30 minutes of aerobic activity 5 days a week and performing strength training two times a week. This kind of diet and exercise can lower your risk for diabetes-related complications, like the HHS for which you were just treated.**

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Arun: That makes sense. I understand how important it is, but I'm not sure I'll have time to do all of that.

Miranda: If it's this important to your health, we'll figure it out. Maybe we could start exercising together or something. I know we can make it fun if we try. I believe in us.

Arun: Thanks, Miri. You don't have to do that, but . . . . honestly, that might help.

Why is this the most appropriate recommendation to give Mr. Patel regarding diet and exercise?

**You make accurate recommendations and explain their importance in a clear and respectful way, without assigning blame.**

Now, so that I know you understand it, please go over the recommendations for diet and exercise that we just discussed.

Arun: It sounds like it's important to stay hydrated, to get regular exercise, and to stick to a low-calorie, low-sugar, and low-carbohydrate diet plan that works for me. 8 cups of water a day will help keep me from getting dehydrated. The diet should help with weight regulation and blood glucose. Aerobic exercise and strength training can help my body process insulin and lower my blood glucose.

What is the most appropriate response to Mr. Patel?

**That's correct! You show a good understanding of the importance of diet and exercise, and it sounds like you know what you need to do to get started.**

Arun: Thanks. At least I know what to do. Now I just have to find the time to do it. I'll try, though. I don't want to have to go through this again.

Why is this the best response to Mr. Patel's "teaching back" his instructions for diet and exercise?

For review, here are the selections that were available in the previous problem:

**You positively reinforce Mr. Patel's comprehension, without offering redundant, unnecessary, or insulting feedback.**

It's very important that you begin monitoring your blood glucose and blood pressure regularly.

What is the most appropriate set of instructions on monitoring blood glucose and blood pressure?

**Make sure to check your blood pressure at least one time a day. Check your glucose once the morning before you eat breakfast and then once later in the day, 2 hours following any meal. Record the results so that you can bring them to appointments with your primary care provider. This log can help you track the effectiveness of your care plan and let you and your provider know the kinds of changes you will need to make to keep your blood glucose and blood pressure in a healthy range.**

Arun: Ugh, I really have to do the finger-prick test twice each day? I hate needles -- even little ones.

Why is this the most appropriate set of instructions on monitoring blood glucose and blood pressure?

**You provide comprehensive instructions on when to take blood pressure and blood sugar readings and explain why it is important to monitor and keep a record of those readings.**

All right, so, when should you be taking your blood pressure and blood sugar readings, and why are these readings important?

Arun: They're important because they show how well my care plan is working, and I can share the record with my doctor. Then we can use those readings to make decisions about what to do next. The blood pressure is once every day. For the blood sugar, I should be taking it two times a day, once before breakfast and then later, two hours after any meal. To be honest, I don't see myself taking it that often. I really hate needles, even tiny ones like you use for the finger-prick test. I don't want to have to pierce the skin twice a day.

What is the most appropriate response to Mr. Patel's "teaching back" his monitoring instructions?

**It sounds like you have a good grasp of what to do and why it's important. I know that the finger-prick test is uncomfortable for you, and I'm sorry that it's so difficult. Keep in mind, though, that maintaining a continual record of your blood sugar could be an important part of keeping your diabetes under control without insulin. If you end up on insulin, that could mean more needle use, or the need to use an insulin pen or jet injector. Now, there are some new glucose-monitoring products that do not use needles, but if that ends up not being an option, I strongly recommend that you continue to test your blood glucose with the finger-prick test.**

Arun: That thing about the needle-free glucometer is interesting. I'll see what I can find out. But if I have to, I guess I'll just suck it up and use the finger-prick test. I really don't want to deal with insulin.

Miranda: Don't worry, babe. I'll help take the blood glucose readings if you need. You won't even have to look.

Why is this the most appropriate response to Mr. Patel's "teaching back" his monitoring instructions?

**You reiterate the importance of Mr. Patel monitoring his blood glucose, bringing up a possible negative outcome of not doing so properly, while responding to his dislike of needles with respect and empathy.**

Illnesses like gastroenteritis can be outside of your control. Sometimes, an illness will make you unable to take your medication, and that is why it's important for patients to develop a plan for what to do when this happens. The American Diabetes Association actually has some specific recommendations for how to make a sick-day plan, and I think it would be a good idea for us to go over them.

Arun: Sounds like a plan.

Miranda: It would be helpful to know what to do if something like this happens again. It was really scary.

What is the best way of explaining a sick-day plan to Mr. Patel?

**You can make this plan with your doctor or a diabetes educator. It should include when you should call the members of your diabetes care team, how often you should take your blood sugar and measure your urine ketones, and what medications you should take. It will also include a description of how to eat, when and if you can still eat. I recommend that you actually draft up this plan and keep it in a place that's easy for you to find. You should also keep critical phone numbers -- for your doctor, your diabetes educator, and your dietitian -- with the plan, so you don't have to go hunting for them.**

Arun: Wow, yeah, it would have been helpful to have all of that on hand.

Miranda: We never thought about doing something like that.

Why is this the best way of explaining a sick-day plan to Mr. Patel?

For review, here are the selections that were available in the previous problem:

**You explain the concept of a sick-day plan and help Mr. Patel understand how to start developing one with expert help.**

So that I know you got all of that, I'm going to ask you to "teach back" what's important about a sick-day plan. What is a sick-day plan and why do you need one?

Arun: All right, I'll try. A sick-day plan is pretty much what it sounds like -- a plan for what I do if I get sick. It includes things like what medications to take, when I take my blood glucose or measure urine ketones, and who I should call when. I need to set it up with my doctor, my diabetes educator, and my dietitian. Which honestly sounds kind of intimidating. I don't have a dietitian or a diabetes educator, and I'm not sure I can afford going to two more specialists.

What is the most appropriate response to Mr. Patel's concern?

**Having a dietitian and a diabetes educator on your healthcare team can be really valuable, and I recommend you work with your insurance company to explore your options. However, if getting these specialists proves to be an impossibility, you can still develop a sick-day plan with your primary care provider.**

Arun: That's fair. I'll see what I can do.

Why is this the best response to Mr. Patel's concern?

**You respond to Mr. Patel's financial concern honestly and with empathy.**

You're going to need to follow up with your primary care provider. You will let them know what happened and work with them on what to do next.

What is the most appropriate way to instruct Mr. Patel to follow up with his primary care provider?

**Make an appointment to follow up with your primary care provider within one week.**

Arun: Within a week. Got it.

Why is this the most appropriate way to instruct Mr. Patel to follow up with his primary care provider?

For review, here are the selections that were available in the previous problem:

**You give Mr. Patel a clear, specific instruction with a clear deadline.**

All of your paperwork is in order. Whenever you are ready, you should be clear to leave the hospital. Just let the nurses' station know, and a member of the hospital staff will meet you with a wheelchair to escort you from the building.

Arun: That is great. I'm looking forward to being back home.

Miranda: Does he really need a wheelchair?

Shadow General policy is for all patients to be wheeled out of the hospital upon discharge.

Miranda: I bet it's just some liability thing.

While this practice does cut down on liability issues for hospitals, at heart, it's designed to support patient safety. Many patients, coming off of bedrest and unfamiliar medications, are at risk for falls at the time of their discharge.

Arun: The wheelchair's fine. I just want to get out of here -- no offense. Really, you guys have been great. Thank you for all of your help.

Dr. Tremblay: Hi, I was passing through and thought you might want a quick update about Mrs. O'Connor. Her condition is stabilizing since going to the ICU; it took a while, but her breathing is improving, and her oxygen saturation, and her vitals, everything's getting better. Slowly but surely, at least. So, I wanted to thank you for advocating for the unit transfer -- it was the right call. I'm glad you spoke up about it, even when I pushed back.

Thank you for the update, Dr. Tremblay. I appreciate the understanding, as well as the kind words.

Dr. Tremblay: Well, that's all I've got for now. Keep up the good work out there, nurse.

Angela: Now's a good time to keep refining our Discharge Protocol! So we'd decided earlier that if a nurse provides discharge teaching at night, and subsequently has to hand over care of the patient due to their shift ending, then they should inform the new nurse of the need to physically wheel the patient out. That's a solid start! So, looking at the Discharge Protocol in the Toolkit, where are the gaps we can continue to flesh out?

How will you respond to Charge Nurse Angela?

**We need to clarify who does what aspects of the discharge.**

Angela: Yes, you're onto something.

Why is it important to define who does what aspects of the discharge?

**This policy addition would help prevent situations where staff members don't complete tasks that they incorrectly think a different staff member has claimed.**

Angela: Let's mock up some language for the Toolkit. How would you word this policy?

What could the new policy look like?

**"The nurse in charge of the patient's care will complete all aspects of the discharge, unless they must delegate certain tasks.**

Angela: That sounds perfect.

Why is this an appropriate policy?

**It prevents staff members who are not in charge of a patient's care from executing tasks that the nurse in charge may have already done or delegated.**

Angela: We can also clarify in this discharge section what types of nurses can execute what aspects of the discharge. The Toolkit should already speak to this part. What would you say?

What is the most appropriate policy?

**"RNs can complete and/or delegate all discharge tasks. LPNs can go over with patients any educational materials already written by RNs; LPNs can also wheel patients out of the hospital. UAPs can wheel patients out of the hospital."**

Angela: That's exactly right!

Why is this the most appropriate policy?

**The licensure competencies in this case determine what level of involvement staff can have with discharge education.**

Angela: Now, there's one more part of the discharge protocol that seems to be missing.

How should you respond to Charge Nurse Angela?

**We're lacking a policy about having a conversation with the patient on the best time to be discharged**

Angela: Exactly!

Why is this an appropriate choice?

**Discussing discharge times with the patient helps them to make ride arrangements and feel in the loop about their schedule.**

Angela: How might you phrase this for the Toolkit?

How will you respond to Charge Nurse Angela?

**"The nurse in charge will talk to any staff delegated to assist with the discharge, telling them what time the discharge is scheduled for."**

Angela: Something else needs to happen before that.

**"The nurse in charge of the patient's care will talk to the patient about what time will work for them to be discharged. The nurse in charge will then relay this time to any staff delegated to assist with the discharge."**

Angela: That works perfectly.

Why is this an appropriate policy?

**This policy ensures that the patient's scheduling needs are addressed, and that the delegatees are informed about when they are needed to help with the discharge.**

Before you go, I just wanted to say -- I'm so impressed with all the hard work you've done over the past few days. While you've faced a number of challenges, the important thing is that you always communicated professionally, stayed true to policies, and advocated for your patients' health and safety. We might not always have easy days around here, but they are fulfilling -- it's all about helping people, right? Anyway, thanks for everything, and I'm looking forward to having you on the team!