

CASE 1

Madam Lim is a 70-year old lady who sustained a right fractured neck of femur a week ago. She is currently admitted to Intensive Care Unit post open reduction with internal fixation (ORIF) done as she had an episode of hemodynamic compromise intra-operatively.

She is currently intubated with an endotracheal tube (ETT), has a quad lumen central line inserted over the internal jugular vein, a nasogastric tube and a Right hip radiovac drain.

Her current medications are:

- Subcutaneous Enoxaparin 40mg ON
- IV Noradrenaline 0.2mcg/kg/min
- IV propofol 100mg/hr
- IV Fentanyl 50mcg/hr
- IV Tazosin 4.5gm 8hrly

Work as a team to answer the following questions:

- 1) List the indications for each of the invasive line / drain / tube that patient has.
- 2) The ward is busy and you can only afford 10 minutes to render care for Madam Lim. Plan the assessment and care for Madam Lim in this 10 minutes, focusing your nursing effort on the nursing management for her invasive lines.
- 3) After the ward has settled, what other nursing care would you provide to Madam Lim to manage each of her invasive lines?

(Provide rationale for your responses.)

5 days later at the morning round, the doctors suspected that patient has sustained catheter related bloodstream infection (CRBSI).

- 4) List the possible signs and symptoms that could have lead doctors to this suspicion.
- 5) What are the diagnostic investigations to confirm this diagnosis? How would you assist in these investigations?
- 6) Describe how you can decrease patient's risk for CRBSI.

(Provide rationale for your responses.)

As part of discharge planning,

- 7) Discuss the appropriateness of discharging the patient with the existing line.
- 8) Suggest alternatives or discharge education for the patient.

(Provide rationale for your responses.)

CASE 2

Mr Wee is a 50-year old man with a past medical history of Nasopharyngeal Carcinoma (NPC) and has a permanent tracheostomy. He has been admitted to Isolation ward for the past two weeks for tuberculosis complicated with right pleural effusion. Currently he has a right chest drain connected to -10cmH₂O thoracic suction and a left Peripherally Inserted Central Catheter (PICC) line.

Currently he is on:

- IV Levofloxacin 500mg BD
- Acetylcysteine 1 tab om

Work as a team to answer the following questions:

- 1) List the indications for each of the invasive line / drain / tube that the patient has.
- 2) The ward is busy and you can only afford 10 minutes to render care for Mr Wee. Plan the assessment and care for Mr Wee in this 10 minutes, focusing your nursing effort on the nursing management for his invasive lines.
- 3) After the ward has settled, what other nursing care would you provide to Mr Wee to manage each of his invasive lines?

(Provide rationale for your responses.)

5 days later at the morning round, the doctors suspected that patient has sustained catheter related bloodstream infection (CRBSI).

- 4) List the possible signs and symptoms that could have lead doctors to this suspicion.
- 5) What are the diagnostic investigations to confirm this diagnosis? How would you assist in these investigations?
- 6) Describe how you can decrease patient's risk for CRBSI.

(Provide rationale for your responses.)

As part of discharge planning,

- 7) Discuss the appropriateness of discharging the patient with the existing line.
- 8) Suggest alternatives or discharge education for the patient.

(Provide rationale for your responses.)

CASE 3

Madam Tan is a 65-year old lady with who suffered a severe stroke 2 weeks ago. She is currently full ADL dependent and has a tracheostomy, a Percutaneous Endoscopic Gastrostomy (PEG) tube, an IV cannula for daily antibiotics and a urinary catheter in-situ. Today is Day 15 since admission.

Work as a team to answer the following questions:

- 1) List the indications for each of the invasive line / drain / tube that patient has.
- 2) The ward is busy and you can only afford 10 minutes to render care for Madam Tan. Plan the assessment and care for Madam Tan in this 10 minutes, focusing your nursing effort on the nursing management for her invasive lines.
- 3) After the ward has settled, what other nursing care would you provide to Madam Tan to manage each of her invasive lines?

(Provide rationale for your responses.)

During the morning round on Day 21, the doctors suspected that patient has Urinary tract infection (UTI). And her IV cannula has been re-sited on Day 18.

- 4) List the possible signs and symptoms that could have lead doctors to this suspicion.
- 5) What are the diagnostic investigations to confirm this diagnosis? How would you assist in these investigations?
- 6) Describe how you can decrease patient's risk for UTI.
- 7) The patient still requires IV access for medication. What should be done at this point?

(Provide rationale for your responses.)

As part of discharge planning,

- 8) Discuss the appropriateness of discharging the patient with the existing line.
- 9) Suggest alternatives or discharge education for the patient.

(Provide rationale for your responses.)

CASE 4

Mr Rama is a 55-year old man admitted with perinephric abscess and a newly diagnosed chronic renal failure. He has a right subclavian double lumen catheter, Peripherally Inserted Central Catheter (PICC) line and a left nephrotic pigtail. He just came back from a Tenckhoff catheter insertion.

Doctors have prescribed

- IV Tazocin 4.5gms 6hrly

Work as a team to answer the following questions:

- 1) List the indications for each of the invasive line / drain / tube that patient has.
- 2) The ward is busy and you can only afford 10 minutes to render care for Madam Tan. Plan the assessment and care for Madam Tan in this 10 minutes, focusing your nursing effort on the nursing management for her invasive lines.
- 3) After the ward has settled, what other nursing care would you provide to Madam Tan to manage each of her invasive lines?

(Provide rationale for your responses.)

5 days later at the morning round, the doctors suspected that patient has sustained catheter related bloodstream infection (CRBSI).

- 4) List the possible signs and symptoms that could have lead doctors to this suspicion.
- 5) What are the diagnostic investigations to confirm this diagnosis? How would you assist in these investigations?
- 6) Describe how you can decrease patient's risk for CRBSI.

(Provide rationale for your responses.)

As part of discharge planning,

- 7) Discuss the appropriateness of discharging the patient with the existing line.
- 8) Suggest alternatives or discharge education for the patient.

(Provide rationale for your responses.)

Ortho -septic diabetic foot (TKA)	ETT	CVL (subclavian)	Redivac drain	NGT
Severe CAP (airborne iso)	Tracheostomy	PICC	Chest Pigtail	
Ca lung		Port-a-cath	Pleural effusion Pig tail	NGT
	Pigtail (Nepro)	PICC	tenckhoff	
Newly diagnosed renal failure	PICC (right UL)	Double lumen cath (femoral)	Chest tube	
	Tracheostomy	PICC		