Clinical Judgment Model Concept Map

Title: ____Sepsis_____   *Name:* __Kelsee Quesnelle____   *Date:*__19-05-23____

Recognize Cues Filter information from different sources (eg: signs, symptoms, medical history, etc)	Complaints of fatigue, fever and malaise x3 weeks. Low grade fever, treated with Tylenol and ibuprophen q4-6hours. Pre-hypertension. Low BP for a pre-hypertension patient. Tachycardic. Lethargic.
Analyze Cues Organizing and linking the recognized cues above to step to the client's clinical presentation. Candidates should establish probable client needs, concerns, or problems.	Listen to the clients lungs to assess lung sounds. Assess BP for this patient as he is pre-hypertension and the BP is out of his normal range. Linking the tachycardia and increased temp to signs of sepsis. Bringing these concerns to the Nurse Practitioner who has ordered for the patient to be discharged.
Prioritize Hypothesis Evaluating and ranking hypotheses according to priority (urgency, likelihood, risk, difficulty, time, etc.)	It is a priority to reassess this patient, and cancel the discharge. It is hypothesized that the patient could have a systemic infection resulting in sepsis.
Generate Solutions Identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcome	Asking for help to reassess and investigate the patient's status. The goal is to discover what is presenting in this patient, so it can be treated.
Take Action Implementing the solution(s) that addresses the highest priorities. Important to recognize that sometimes no action is an action itself	Telemetry monitor. Monitor vitals. Normal saline bolus. Blood work – lactate, CBC, chem 7, blood cultures and ABG. Second normal saline bolus. IV access. 1g vancomycin. Transfer to higher level care – MICU.
Evaluate Outcomes Comparing observed outcomes against expected outcomes	These actions resulted in the desired outcome for the patient, due to advocating for the patient.