Nurse Practitioner Case Example

QUALITY ASSURANCE

Name: June Mallory Date: January 21, 2024

Collection of Personal Information: Please review the Privacy Policy on the College of Nurses of Ontario's (CNO) website (www.cno.org/privacy) to understand how your personal information will be used.

The following activity is based on the standards of practice found in the *Nurse Practitioner* practice standard (pages 4-6).

Instructions

Select one specific client case from your clinical practice. All sections should be based on the same client case. Do not include any client or colleague identifiers. Please refer to the cno.org/qa for detailed instructions.

Please complete all fields. If something is not applicable to your case example, please indicate "not applicable", do not leave it blank.

Section 1: Client Case Overview

Provide an overview of your client, and reason for the NP-client interaction. Include any relevant past medical history and medication.

- 24-year-old female with a past medical history of post-coital spotting and pelvic cramping x 2 months.
- Within a primary care setting- not the most responsible primary care provider for the client.
- PMH: none Medication: none

Section 2: Health Assessment

NPs integrate an evidence-informed knowledge base with advanced assessment skills to obtain the information necessary for identifying client diagnoses, strengths, and needs.

Based on the client presentation, describe the health assessment you completed.

- See assessment and questions below.

What are some specific questions you asked the client, and why?

- How heavy is the bleeding, how often are you changing pad? Any fevers/nausea/vomiting. Tell me about the pelvic pain – how would you rate your pain 1-10- does it come and go or is it constant -, do your symptoms happen every time - or is it intermittent – r.o PID
- Date of LMP: r.o pregnancy. Have you ever had a PAP test and if so a history of an abnormal PAP- cervical cancer may cause spotting?
- Do you have any other symptoms such as rashes/lesions in vulvar area, change in discharge, dysuria, dyspareunia, etc. - to determine either contributing factors that may cause spotting - such as STI, yeast, BV, UTI etc. - although some are less likely.
- Sexual history -how many partners in the last year? Do you use barrier methods? r.o unprotected is risk of STI)?? Routes for sexual activity (anal, vaginal, oral)? Any trauma/hard sex? (Consider trauma) Any history of an STI? Have you been tested in the past - if so when was the last time? could be an STI
- Medication hx/contraception - What are you using for contraception? Have you used plan B or emergency contraception - including an IUD? contraceptive hormone can cause irregular spotting - especially if recent start (within 3 months or IUD in for few years or dislodged IUD), IUD can cause symptoms.

Nurse Practitioner Case Example

QUALITY ASSURANCE

Section 3: Diagnosis

NPs are engaged in the diagnostic process and develop differential diagnoses through identification, analysis, and interpretation of findings from a variety of sources.

Discuss the investigations you ordered/performed, along with your findings.

- Pelvic exam: visualize the cervix and vaginal wall (including visualizing IUD strings if pertinent) – make a note of vaginal discharge.
- Bimanual exam CMT and r/o adnexal masses
- Obtain the necessary cervical and vaginal swabs to aid in the DDx. Vaginal swab: Bacterial vaginosis, candidiasis; Urine NAAT: gonorrhea, chlamydia, trichomonas; urine HCG test

Why did you choose these specific investigations?

- Rule out underlying STI that can cause post coital spotting - particularly chlamydia and/or trichomonas. Less likely other testing; however, r/o pregnancy

What features of the client's presentation led you to your top two (or three) differential diagnoses?

1. STI - post coital spotting - patient is having unprotected intercourse - thus at risk - certain STIs can cause friability of cervix and postcoital spotting, and /or pelvic pain - inflammation, PID
2. Pregnancy - less likely as had a menses regularly and symptoms ongoing x 2 months - however having UPI thus is possible - was not on any contraception
3. Structural abnormality - endometrial lining, polyp, cervical, vulvar tissue

Were there other tests that you thought of but decided against? Why?

- The above was the first testing and the results came back negative for all testing, thus next diagnostics ordered were: pelvic/transvaginal ultrasound: determine and structural abnormality - polyp, inflammation as result of bleeding (underlying cause), thick or irregular endometrium, cancers/mass, etc.

Section 4: Therapeutic Management

NPs, on the basis of assessment and diagnosis, formulate the most appropriate plan of care for the client and implement evidence-informed therapeutic interventions in partnership with the client to optimize health.

Describe the care plan you developed in partnership with the client.

1. advised if symptoms progress - i.e., heavy bleeding increased pelvic pain,
2. abstain from sexual activity until test results back - could be STI - spreading transmission
3. patient to call in 1 week for results of all testing; HCP (myself) watched for results: plan - if normal - needed further reassessment - if persisting symptoms additional testing

What features led you to choose the treatment that you did?

- Stable, postcoital bleeding - light spotting, unprotected intercourse, mild pelvic pain, no progression in symptoms, history - STI hx neg, contraception nil, reg menses, etc., age

What were the client's expectations for treatment?

- Eventual resolution of symptoms - follow up until determine underlying cause and address

What sources of evidence informed your treatment plan?

- Toronto public health guidelines for STI, UpToDate: postcoital bleeding in premenopausal females: PAP guidelines - Canada Task Force and Ontario Cancer screening

What did you decide was appropriate for follow up?

- Follow up: I reviewed all testing and it was normal, thus I contacted the patient and discussed results and current symptoms - same - no change - arranged for US and consider referral to gynecology.

Section 5: Collaboration, Consultation and Referral

NPs identify when collaboration, consultation and referral are necessary for safe, competent and comprehensive client care.

How did you decide whether or not to collaborate, consult or refer to a member of the health care team?

- Determined when beyond scope - patient will need colposcopy and biopsy by gyne if testing all normal or if indication with US results - pending. Once exhausted all reasonable work up and still unable to determine.
- Underlying cause will need to refer to gynecologist.

What was the outcome of the collaboration/consultation/referral (if applicable)?

- Not applicable yet - awaiting US results and urine testing

Final thoughts

Looking back on this client case, is there anything that you would have done differently?

- No.

Is there anything that you would like to add that hasn't been covered about this case example?

- No.

Click to Confirm Completion

I confirm I have completed my NP Case Example