

## Case 1

## GUARD Method™ in Action

When the Patient's Condition Changes



## Meet Your Patient



## Linda Carter

72 years old | Medical-Surgical Unit

Admitted with a urinary tract infection (UTI)

## Patient Profile

- 72 years old
- 68 kg (150 lb)
- Full code

- Female
- Lives at home with her spouse
- Allergies:** No known drug allergies

## Reason for Admission

**Admitted with a urinary tract infection (UTI)**

Reports increased urinary frequency, burning with urination, and feeling weak for the past 2 days.

## Initial Vital Signs (0800)

|                   |                      |
|-------------------|----------------------|
| Temperature       | 99.0 °F (37.2 °C)    |
| Blood Pressure    | 128/76 mm Hg         |
| Heart Rate        | 84 beats/min         |
| Respiratory Rate  | 16 breaths/min       |
| Oxygen Saturation | 97% on room air      |
| Pain Rating       | 3/10 (lower abdomen) |

## Medical History

- Hypertension
- Type 2 diabetes mellitus
- Osteoarthritis
- No previous hospitalizations in the past year

## Initial Assessment (0800)

- Alert and oriented × 4
- Reports feeling tired and “a little weak”
- Complains of burning with urination and increased frequency
- Mild lower abdominal discomfort
- Skin warm and dry
- Lungs clear bilaterally
- No shortness of breath
- Ambulates with steady gait

## Home Medications

- Lisinopril 10 mg PO daily
- Metformin 500 mg PO twice daily
- Atorvastatin 20 mg PO daily
- Acetaminophen 500 mg PO every 6 hours as needed for pain

## Initial Laboratory Results

|               |                                           |
|---------------|-------------------------------------------|
| WBC           | $11.8 \times 10^3/\mu\text{L}$ (elevated) |
| Urinalysis    | Positive for leukocytes and nitrites      |
| Creatinine    | 0.9 mg/dL                                 |
| Blood Glucose | 142 mg/dL (slightly elevated)             |



## Your First Look

Before you continue to the next page, take a moment to review the information above.

- What information stands out to you?
- What concerns you right now?
- What additional information would you want to know?

## Case 1

## GUARD Method™ in Action

Apply the GUARD Method to Your Patient



Using the information from the previous page (Meet Your Patient), work through the GUARD Method below. Write key points in each section and use the guiding questions to help you think through the situation.



## GOAL

What is the goal for this patient right now?

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## GUIDING QUESTIONS

- What are we trying to accomplish?
- What does the patient need most at this time?
- What are the expected outcomes?
- How will we know we are moving toward the goal?



## UNSAFE OUTCOMES

What could become unsafe for this patient?

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## GUIDING QUESTIONS

- What are the potential complications for this patient?
- What signs would indicate the situation is getting worse?
- What is most concerning right now?
- What would we want to prevent?



## AFFECTING FACTORS

What factors are affecting this patient or situation?

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## GUIDING QUESTIONS

- What in this patient's history matters?
- What current condition, age, or comorbidities can influence the situation?
- Are there medications, lifestyle factors, or personal factors to consider?
- What else might affect the plan of care?



## RESULTS

What results or findings are most important?

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## GUIDING QUESTIONS

- What assessment findings matter most?
- Which vital signs, laboratory results, or other data are important?
- What are we looking for to know if the patient is improving or getting worse?
- What trends would be most helpful to follow?



## DO OR DON'T

What should the nurse do or not do at this time?

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## GUIDING QUESTIONS

- What are the priority nursing actions?
- What interventions are appropriate now?
- What should be avoided?
- What should be reported or escalated?
- What patient education is needed at this time?



## Pause and Reflect

- Which part of GUARD do you think needs the most attention right now? Why?
- What information would be most helpful to know next?
- How might this change if the patient's condition changes?

## Case 1

## GUARD Method™ in Action

The Situation Changes



## Linda Carter

72 years old | Medical-Surgical Unit  
Admitted with a urinary tract infection (UTI)



Several hours later, there are changes in Linda's condition. Review the new information below. Compare it with the initial information on the Meet Your Patient page, and then answer the questions. Use the GUARD Method to reassess and update your thinking.

 Vital Signs Comparison

| Parameter                   | 0800 (Initial)    | 1400 (New Information) |
|-----------------------------|-------------------|------------------------|
| Temperature                 | 99.0 °F (37.2 °C) | 100.8 °F (38.2 °C) ↑   |
| Blood Pressure              | 128/76 mm Hg      | 104/62 mm Hg ↓         |
| Heart Rate                  | 84 beats/min      | 102 beats/min ↑        |
| Respiratory Rate            | 16 breaths/min    | 20 breaths/min ↑       |
| Oxygen Saturation           | 97% on room air   | 95% on room air ↓      |
| Pain Rating (lower abdomen) | 3/10              | 6/10 ↑                 |

 New Assessment Findings (1400)

- More tired and less engaged in conversation
- Oriented to person and place, but slower to respond than earlier
- Reports increased lower abdominal pain
- Continues to have urinary frequency and burning
- Decreased oral intake since morning ("I just don't feel like eating.")
- Skin feels warm to touch
- Lungs remain clear bilaterally
- Ambulates with assistance due to increased weakness

 New Laboratory Results (1400)

|               |                                                  |   |
|---------------|--------------------------------------------------|---|
| WBC           | 14.6 × 10 <sup>3</sup> /μL (increased)           | ↑ |
| Urinalysis    | Positive for leukocytes and nitrites (unchanged) |   |
| Creatinine    | 1.1 mg/dL (slightly increased)                   | ↑ |
| Blood Glucose | 168 mg/dL (increased)                            | ↑ |

## Case 1

## GUARD Method™ in Action

Your Turn: Reassess Using GUARD



## GOAL

Has the goal for this patient changed? If so, how?

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## GUIDING QUESTIONS

- What is the goal now based on the new information?
- Do we need to adjust our priorities?



## UNSAFE OUTCOMES

What new or different unsafe outcomes are concerning now?

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## GUIDING QUESTIONS

- What is most concerning with these changes?
- What could happen if this continues?
- What do we want to prevent?



## AFFECTING FACTORS

What affecting factors are still important? Are there any new factors?

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## GUIDING QUESTIONS

- What about these new findings affects our thinking?
- Has anything changed with her condition, medications, or status?



## RESULTS

Which new results or findings are most important?

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## GUIDING QUESTIONS

- Which changes are significant?
- What trends do we see?
- What tells us the patient is getting worse?



## DO OR DON'T

What should the nurse do or not do now based on this new information?

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## GUIDING QUESTIONS

- What are the priority nursing actions now?
- What should be reported or escalated?
- What interventions are needed?
- What should be avoided?



## Pause and Reflect

- What changed in Linda's condition?
- How did the new information change your GUARD thinking?
- What additional information would be helpful right now?