**SBAR Clinical Log**

[Student Name]

[College/ Institution]

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| **Clinical Practicum Experience** |
| Total Clinical Hours completed to date: 30 | * 30 hours completed so far. I am doing 3 hours a day for 3 days in a week.
* This is practical hands-on experience in the clinical area under qualified nurse practitioner preceptors.
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| Description of Observations and Tasks during the Practicum Experience | * Observing how a typical nurse practitioner-patient encounter takes place in practice, from history taking to diagnosis and prescription as done by the qualified NPs.
* Actually completing, under supervision, the tasks of history taking and physical examination.
* Under supervision of preceptors/ mentors, ordering investigations and laboratory tests to ascertain diagnosis.
* Under supervision, suggesting the prescription of simple medications to common illnesses. These are then verified by the preceptor and changes made if necessary.
* Suggesting possible diagnoses after reviewing investigations and tests earlier ordered, together with the information from the history and physical examination.
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| Student Comments on Practicum experience | So far this has been a highly fulfilling and interesting practicum experience. The preceptors/ mentors are very helpful and explain everything asked in detail.  |

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| **SBAR**Complete the "SBAR," related to a patient you have assessed during your clinical experience thus far. |
| Situation | I was on rotation in the emergency department (ED) and a patient checked himself in for treatment with a chief complaint of burning substernal pain which had been on and off for a month. Being there with me at the time, my clinical preceptor asked me to handle the patient from history taking to treatment, under his observation.  |
| Background | The patient was a 28 year-old Caucasian male with a history of smoking for the last eight years. He had had these symptoms of burning pain in the upper abdomen for a month, and they appeared to be associated with the period after meals. He was also a social drinker who took at least two pints of beer or two glasses of wine daily. There was no significant family history of chronic disease.  |
| Assessment | The patient was well groomed and lean. There was nothing remarkable in the physical examination except some small degree of guarding on palpation of the substernal region. I suspected a disorder of gastric acid physiology given the patient's history. Therefore, I ordered for a *H. pylori* blood test and a full bloid count (Hammer & McPhee, 2018; Huether & McCance, 2017). |
| Recommendation | The full blood count was unremarkable. There was no leucocytosis suggesting that the patient was free from infection. His hemoglobin level was also within normal limits. However, the *H. pylori* test was marginally positive. My recommendation on the diagnosis was that the patient had gastroesophageal reflux disease or GERD (Hammer & McPhee, 2018; Huether & McCance, 2017).My recommendation for treatment was triple therapy with omeprazole 20 mg once daily, amoxicillin 500 mg three times a day, and clarithromycin 500 mg twice a day (Fashner & Gitu, 2015; Katzung, 2018). |
| References | Fashner, J. & Gitu, A.C.(2015). Diagnosis and treatment of peptic ulcer disease and H. pylori infection. *American Family Physician, 91*(4), 236-242.Hammer, D.G., & McPhee, S.J. (Eds). (2018). *Pathophysiology of disease: An introduction to clinical medicine, 8th ed*. New York, NY: McGraw-Hill Education.Huether, S.E. & McCance, K.L. (2017). *Understanding pathophysiology, 6th ed*. St. Louis, MO: Elsevier, Inc. Katzung, B.G. (Ed) (2018). *Basic and clinical pharmacology, 14th ed*. New York, NY: McGraw-Hill Education.  |