



Continuing Competence Program Learning Plan

Year	2019		
Goal #	Goal # 1 <input checked="" type="checkbox"/>	Goal # 2	<input type="checkbox"/>
Is this a projected or completed learning plan?	Completed <input checked="" type="checkbox"/>	Projected	<input type="checkbox"/>
CLPNM Registration #	1234567		

Note: Before completing this template, be sure to consult pages 3 to 5 of the CCP Instruction Guide for learning plan criteria.

How many years have you practised as an LPN?

4.0

What is/are your current area(s) of practice?

Medicine/Surgery

How many years have you practised in this/these area(s)?

2

Do you plan on changing your area of practice in the coming year? If so, to what area?

no

Do you practice in Independent Practice?

[See here for a definition.](#)

Yes

No

Goal

Describe a specific learning goal you have established for yourself.

To increase my knowledge and ability to identify risk factors and symptoms of decreased renal function in clients with acute kidney injury (AKI) by June 2019.

Planned Interventions

Describe the learning activities that you plan or planned to complete to meet your learning goal.

1. Review med/surg textbooks in December 2018
2. Review peer reviewed journal articles in February 2019
3. Attend a nephrology workshop/conference in June 2019

**Complete and submit pages 1 to 4 if this is a completed learning plan.
End here and submit only page 1 and 2 if this is a projected learning plan.**

Completed Interventions

Describe, in detail, the learning activities you have completed to meet your goal.

Include specific information such as dates and locations of workshops and courses, and proper citations for articles or other publications.

1. Attended a National Kidney Conference in Vancouver B.C. January 23-26, 2019
2. March 11, 2019- read a peer reviewed journal article:

Thornburg, B., & Gray-Vickrey, P. (2016). Acute kidney injury: Limiting the damage. *Nursing*, 46(6), 24-34.

3. April 4, 2019- Read web article from the Kidney Foundation of Canada on Acute Kidney injury. <https://www.kidney.ca/acute-kidney-injury>

4. June 30, 2019- Read a textbook chapter:

Carol M. Headley, C. M. & Wood, M. (2014). Nursing management: Acute kidney injury and chronic Kidney disease (3rd. Canadian ed). In M.A Barry, S. Goldsworthy, & D. Goodridge (Eds.), *Medical-Surgical Nursing in Canada* (1332-1367). Toronto, ON: Elsevier:

Impact on Practice

Describe, in detail, what you learned and how the learning has impacted, or will impact, your nursing practice. How has this learning enhanced your professional knowledge, skill and/or judgment? How have your clients been positively impacted by your learning?

This new knowledge has impacted my practice by enabling me to identify risk factors and symptoms of decreased renal function in clients with acute kidney injury (AKI). This knowledge has enabled me to recognize that the goal for AKI clients is to prevent further kidney damage as there is no curative treatment.

I have learned that AKI is a loss of kidney function that is unexpected, sudden and occurs in 10-20% of hospitalized clients. Factors that can contribute to AKI are gastroenteritis, poisoning, infectious diseases, being age 75 or older, diabetes, sepsis, heart or liver failure, hypertension, drug overdose, hypovolemia, crush injuries and prolonged immobility.

AKI may lead to several kidney problems, including high potassium levels, metabolic acidosis, changes in body fluid balance, and uremia, and can affect other body systems and potentially lead to death. Patients who have experienced AKI may have high potential of suffering from chronic kidney disease (CKD) in their future.

To prevent further kidney injury, early identification of decreased urine output is imperative.

The priority of care of clients with AKI is to maintain electrolytes, monitor fluid balances and provide optimal nutrition. During assessment of my clients, I now more closely monitor neurological changes that may occur due to increased nitrogenous waste products in the brain and other tissues. Neurological changes and changes in urinary output can be subtle therefore require close monitoring. These changes may present as mild fatigue or as difficulty concentrating, which are signs of increased uremia. The avoidance of nephrotoxic medications, contrast media exposure, and correction of electrolyte imbalances are also important precautionary measures. It is also important to recognize past history of cardiovascular disease and to assess for any dysrhythmias, heart failure or hemodynamic instabilities.

I have shared this new knowledge with my peers so collaboratively we can help reduce the risk of increased kidney damage in clients who present with AKI.

Impact on Practice (continued)

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Evaluation of Learning

Please evaluate your experience developing and carrying out this learning plan.

I now feel more confident that my nursing practice is consistent with current evidence.	✓
I now feel more confident about my ability to find evidence-based resources	✓
I discovered research resources or continuing education options I didn't know about.	✓
I shared my new knowledge with colleagues and clients.	✓
I received positive feedback on my learning from clients, colleagues, and/or managers.	✓
I identified topics for further learning in the future.	✓
Other (specify)	