

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>* <u>Health Care Team Collaboration</u>: work with PT/OT, ortho surgeon who performed amputation, provide spiritual care for depression (if patient allows)</p> <p>* <u>Human Caring</u>: be compassionate and empathetic towards the patient, allow patient to vent and address all concerns with patient, give patient undivided attention – active listening</p> <p>* <u>Standard Precautions</u>: gloves when dealing with medications/IV, gloves when doing wound dressing changes, hand hygiene</p> <p>* <u>Safety & Security</u>: teach patient to use the call light anytime he needs to get up because he will need assistance at first, bed alarm if noncompliant, red rules</p>	<p>* <u>Assessment & Evaluation of Vital Signs</u>: BP is slightly elevated, O2 sat is 91% on RA, so we will watch that closely to see if it dips any lower. Elevated BP may be due to pain, will be assessing pain as well on a scale from 1-10</p> <p>* <u>Fluid Management Evaluation with Recommendations</u>: pt has NS going at 150ml/hr. I would double check this order with the orders and even double check with the physician. The patient has CHF, so fluids going at 150ml/hr may be contributing to the crackles in the lungs. My recommendation might be to decrease the rate.</p> <p>* <u>Type of Vascular Access with Recommendations</u>: pt has a L FA IV, keep IV site clean and patent</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p>* <u>Type of Medications with Recommendations</u>: pain meds, insulin, when the physician rounds, I would inform that blood sugars are still in 200s despite sliding scale insulin q4hrs</p>
<p>* <u>Neurological Assessment</u>:</p> <p>* <u>Respiratory Assessment</u>: I would do a respiratory assessment due to the crackles heard in bilateral lower lobes of lungs, to see if the crackles are getting worse or resolving.</p> <p>* <u>Abdominal Assessment</u>:</p> <p>* <u>Cardiac Assessment</u>:</p> <p>* <u>Skin Assessment</u>: I also would do a skin assessment, since the patient is diabetic. He just had an amputation because of a non-healing wound, so I would make sure to keep dressing on amputation of the BKA clean and dry, watch for any signs of infection, along with the rest of his body, to make sure there is no other skin breakdown that could lead to further infections/complications.</p>	<p>* <u>Oxygen Administration with Recommendations</u>: pt O2 saturation 91% on RA, I would notify the physician during rounds, have the pt perform deep breathing exercises, teach pt how to use IS and instruct pt to use it 10x/hr while awake</p> <p>* <u>Special Needs this Patient Might Have on Discharge</u>: home health, counseling, either placement for rehab or home PT/OT, ensure pt is able to afford meds – involve case mgmt</p>
<p>Nursing Management (Choose three areas to address)</p>	

***Wound Management:** change dressing as ordered. Keep clean and dry, watch for s/s infection.

***Drain and Specimen Management:**

***Comfort Management:**

***Musculoskeletal Management:**

***Pain Management:** keep pain under a 7 or 8 on pain scale from 1-10. Administer meds prescribed. Teach patient to stay ahead of pain – ask for pain meds around 4 or 5, instead of 7 or 8 because pain is so much harder to control when playing catch up.

***Respiratory Management:** continue to listen to lungs throughout shift, watch O2 saturation, instruct patient to use IS and deep breathing exercises, and place pt on NC O2 if needed.