

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*Health Care Team Collaboration: Fanny Mae arrived to the MICU after being transferred from the nursing home, so I would be in contact with the nurses who took care of her there to make sure we have all of her medical history. I would consult the respiratory therapist since the patient is experiencing labored respirations and is on 4L nasal canula. I would also ask for help from the infectious disease doctor because she has sepsis. Physical therapy would also need to visit with the patient to keep her as mobile as possible and to prevent future pressure ulcers. Since she already has a stage III right hip pressure ulcer, I would consult with wound care to assist in her care.</p> <p>*Human Caring: Fanny Mae is probably feeling very scared and alone after being transferred to 3 different units so I would make sure that I was communicating with her effectively about her treatments and keep her informed about her plan of care. I would make her feel as comfortable as possible and talk slowly and calmly in order to ensure she understands what is going on. I would try to involve her family in her care and have a positive approach to her care.</p> <p>*Standard Precautions: The patient tested positive for pneumonia so I would have the correct PPE which includes a mask, gown and gloves. I would try to turn the patient or help her ambulate as much as possible to prevent future pressure ulcers.</p> <p>*Safety & Security: Fanny Mae is an elderly patient so I would take extra precautions and emphasize that she should get help when using the bathroom or ambulating. I would also have the bed in the lowest position with rails up and have her call light within reach in case she needs anything while I'm not in the room. In addition to that I would make sure that she has everything she needs to make her feel safe and secure such as belongings from home or her telephone to call family.</p>	<p>*Assessment & Evaluation of Vital Signs: When Fanny Mae arrived to the MICU, her blood pressure was extremely low because she is in sepsis. Her temperature is also an indication that she is in sepsis. Her heart rate is over the normal limit probably because she is in pain and might be anxious about the situation. A high heart rate is also another sign of sepsis and she also has pneumonia which is making it harder for her to breath. Her respirations are high and labored because of the diagnosis of sepsis and her body is trying to fight off the infections.</p> <p>*Fluid Management Evaluation with Recommendations: She currently has an 18-gauge running with D5 ½ NS at 100 mL/hr. My recommendation would be to keep her on fluids since her blood pressure is so low and she is in sepsis. The fluid will keep her blood pressure from dropping more and will reduce the chances of organ damage from sepsis. This will also help her pneumonia by thinning her secretions which will help her breath better. For her fluids I would want to make sure that she was on crystalloid solutions such as NS or ringers' lactate as well as albumin to treat the sepsis.</p> <p>*Type of Vascular Access with Recommendations: Right now, she has an 18-gauge intravenous to the right forearm. I would want to start another large bore IV in order to administer medications and fluids since she is in sepsis.</p> <p>*Type of Medications with Recommendations: Fanny Mae would need antibiotics because she has a confirmed diagnosis of infection which caused her sepsis. I would first draw cultures to see what is causing the infection and then start her on a broad-spectrum antibiotic immediately until I got the cultures back to be certain what the cause of the sepsis was. I would also want to give her something to manage the pain because her pressure ulcer and pneumonia are probably causing her to be in distress causing pain.</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p>*Neurological Assessment:</p> <p>*Respiratory Assessment: I would do a respiratory assessment because she has a very high respiratory rate and currently has labored breathing. I would listen to her 7 lung sounds on the front and 10 on the back to assess for things like crackles or wheezing. I would also check her oxygenation since she is on 4 L nasal canula to assess if she needs to</p> <p>*Oxygen Administration with Recommendations: She is currently on 4 L nasal cannula because of the pneumonia and she is having trouble breathing. Her respirations are high, and she has labored breathing so I would recommend keeping</p>

<p>have more or less oxygen. If she did need more oxygen I would adjust appropriately and inform her about what I was doing.</p> <p>* Abdominal Assessment:</p> <p>* Cardiac Assessment:</p> <p>* Skin Assessment: Fanny Mae arrived at the unit with an already developed stage III right hip pressure so I would continue to assess the ulcer at least every 2 hours during my shift. I would turn her and help her move around in order to keep pressure off of her hip and prevent future ulcers. Another concern with this patient is that she is dehydrated so I would keep her IV running fluids and check her skin turgor and assess for further signs of dehydration such as a dry mouth.</p>	<p>her on nasal canula. I would keep assessing her often in order to determine if she will need a higher dose of oxygen.</p> <p>* Special Needs this Patient Might Have on Discharge: Fanny Mae might need a referral to physical therapy or case management for a walker or wheelchair while she is recovering. She will also probably go back to a nursing home so I would make sure that she has a safe and easy transition back to where she will be recovering. I would also consider teaching her about oxygen because she may need to be on it long term and might need an oxygen tank. I would get in touch with any family or friends that could help her during her recovery. She has been through a lot and probably misses her family and feels lonely. Family and friends can help a lot during this time so I would see if she has anyone that could support her.</p>
---	--

Nursing Management (Choose three areas to address)

<p>* Wound Management: I would assess her pressure ulcer at least every 2 hours and be there to assist wound management with dressing changes and cleaning. I would administer pain medications before wound management came in order to keep her as comfortable as possible. I would keep the pressure ulcer dry and change the dressing as often as needed. I would also administer antibiotics in order to keep the wound from getting infected. During dressing changes I would reassess her pain and comfort levels to ensure that we were taking care of her as quickly and comfortably as possible.</p> <p>* Drain and Specimen Management:</p> <p>* Comfort Management: In order to keep Fanny Mae comfortable, I would reposition her frequently and make sure the room was a good temperature. I would also be there for emotional comfort because she is most likely stressed and feeling scared. I would want to make her stay in the hospital as easy as possible and I can help with that by listening to her worries or concerns and helping her stay in touch with family.</p>	<p>* Musculoskeletal Management:</p> <p>* Pain Management: I would provide pain medication on a set schedule as well as offer PRN pain medication in order to help keep her within her pain threshold. I would do frequent pain assessments in order to determine if my interventions were helping. During medication administration I would explain each medication and tell her to let me know if she was still in pain after receiving medication.</p> <p>* Respiratory Management:</p>
---	---