

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*<u>Health Care Team Collaboration</u>: I would be in contact with respiratory therapy because of her pneumonia, infectious disease physician because of her sepsis, Physical therapy because we want to keep her mobile and a wound care specialist to evaluate and treat her stage III right hip pressure ulcer.</p> <p>*<u>Human Caring</u>: I would communicate effectively with Fanny about what is going on and ask her how she was feeling and if she had any questions or anxiety about anything. I would provide emotional and physical support when needed. I would also ask if she had any family members that she wanted me to call.</p> <p>*<u>Standard Precautions</u>: I would wear a mask, gown, and gloves when dealing with pneumonia because it is a droplet precaution.</p> <p>*<u>Safety & Security</u>: I would put the bed in the lowest position, with the rails up, clear the periphery, ask her if she needs to use the restroom, ask her if she's in any pain and if she felt comfortable in the position she was in. I would come and do the same assessment q 2 hours for Fannie.</p>	<p>*<u>Assessment & Evaluation of Vital Signs</u>: The patient's BP is 80/48 because she has sepsis. Her temp is 102.5 and that is an indication of sepsis. Her heart rate is 121 because of sepsis and pneumonia. Her RR are 39 and labored, pneumonia is making it harder for her to breathe because the alveoli are not fully expanding and sepsis isn't helping because of the permeability of the alveoli.</p> <p>*<u>Fluid Management Evaluation with Recommendations</u>: Fanny is on D5 ½ NS at 100 mL/hr and I am considering changing it to NS or LR for sepsis, pneumonia, and dehydration. This will help mobilize secretions, raise her blood pressure, lower her respirations, and rehydrate her cells. I would also administer an albumin infusion because we are giving so much fluid to the patient and we want to keep the osmotic pressure.</p> <p>*<u>Type of Vascular Access with Recommendations</u>: Provide patient with another 18-gauge large bore IV site for antibiotics to be administered for, since she already has fluid running through a different IV site.</p> <p>*<u>Type of Medications with Recommendations</u>: We will start broad spectrum antibiotics because we need to further investigate if the pneumonia, or stage III pressure ulcer is causing the sepsis. Once the cultures are obtained we will adjust the antibiotic we will use. I will also give something for pain. I would also do topical antibiotics for the pressure ulcer.</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p> <p>*<u>Neurological Assessment</u>:</p> <p>*<u>Respiratory Assessment</u>: I would choose to do a respiratory assessment on Fannie because she has pneumonia. I am looking for chest rise and fall, and I would listen to lung</p>	

<p>sounds on the front of the chest and on the back. I would assess her O2 saturations, and check for any cyanosis and pallor.</p> <p>* <u>Abdominal Assessment</u>:</p> <p>* <u>Cardiac Assessment</u>:</p> <p>* <u>Skin Assessment</u>: I would a perform a skin assessment. I would check skin turgor for dehydration, and check skin for any abrasions or bruising. I would check pallor, pulselessness, poikilothermic, paresthesia, pain, paralysis of any of the extremities.</p>	<p>* <u>Oxygen Administration with Recommendations</u>: Continue to monitor O2 and potentially up the liters or type of oxygen delivery decide if needed.</p> <p>* <u>Special Needs this Patient Might Have on Discharge</u>: provide patient with resources and referrals to a walking assistive device. Possibly provide resources to for oxygen. Referral to a physical therapist for movement exercises. Provide emotional support resources for patient.</p>
<p>Nursing Management (Choose three areas to address)</p>	
<p>* <u>Wound Management</u>: Keep the pressure ulcer dry. We want to administer topical antibiotics if needed to it and change the dressing every 7 days. Assess the wound everyday for any changes.</p> <p>* <u>Drain and Specimen Management</u>:</p> <p>* <u>Comfort Management</u>: Reposition her regularly, give PRN pain medications if needed, provide a humidifier for the pneumonia, keep her cool with wet towels if fever is apparent, ask her if she has any needs.</p>	<p>* <u>Musculoskeletal Management</u>:</p> <p>* <u>Pain Management</u>: Provide pain medication regularly and on schedule for fanny. We want to keep her as comfortable as possible.</p> <p>* <u>Respiratory Management</u>:</p>