

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><u>*Health Care Team Collaboration:</u> I would consult and collaborate with my multidisciplinary team; which in this scenario includes the physician, respiratory therapy, physical therapy, case management, and pharmacy.</p> <p><u>*Human Caring:</u> Mrs. Mae is being transported from a nursing home very early in the morning. She is an elderly female not accompanied with family or friends. As her primary nurse and #1 advocate, I would introduce myself and verbalize that I will be taking the best possible care for her and will do everything to get her healthy again. I can imagine that she is in a very vulnerable and confused state so staying with her as much as possible and building a trusting environment/relationship with her is another major priority of mine.</p> <p><u>*Standard Precautions:</u> I would place this patient on droplet precautions due to the diagnosis of pneumonia. Necessary PPE involved would include gloves, masks, and gowns. These items would be placed outside of her door on a cart along with a sign on the door that states the patient is on droplet precautions. This will protect everyone within the multidisciplinary team who enters the room. It's also imperative that her room has hand sanitizer, gloves, and disinfectant wipes in order to keep the environment as sterile as possible upon entry and exit.</p> <p><u>*Safety & Security:</u> I would place her on a fall risk as she is a full code and in need of close monitoring. With that being said, I would put a bed alarm in her bed so if she were to try and get up it would notify the floor and I. I would also ask the CNA or nurse tech to accompany her when they are finished with their other duties so that she is being supported and</p>	<p><u>*Assessment & Evaluation of Vital Signs:</u> On assessment, a major concern is her blood pressure as it is extremely low. I would want to question her and ask if a low BP is normal for her. However, I realize that all of her vital signs are trending and getting worse from admission to the ED. I would set her up on a continuous monitor so that we can get obtain vital signs in real time. Her worsening temperature and increase in WBC's tells me that she is not improving and her body is working harder to fight the sepsis and pneumonia. Her respirations and heart rate are out of normal limits and also not improving. All of her vitals require close monitoring, attention, and intervention per physician's orders.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> Due to her dehydration and sepsis, I would recommend continuing fluids. I would recommend to the physician that she be switched to Lactated Ringers because this will help replace the fluid and electrolyte imbalance due to the dehydration. LR are superior to NS in terms of fluid resuscitation and in those with a low blood pressure such as Mrs. Mae. Extra fluids help keep the blood pressure from dropping dangerously low. I would also want to frequently check her IV site to ensure it is still patent and there is no pain or swelling around the site.</p> <p><u>*Type of Vascular Access with Recommendations:</u> She was admitted with an 18 G in her right forearm but since she is dehydrated and getting treated for sepsis, another access is necessary. I would recommend placing another IV in her left forearm so she can receive fluids and medications simultaneously when not contraindicated. Dehydration can cause veins to collapse so</p>

watched as she is in a pretty vulnerable state. If possible, I would try to put her in a room that is close to the nurse's station so that she is closely monitored.

Choose Two Priority Assessments and Provide a Rationale for Each Choice

*Respiratory Assessment: Because she is on 4 Liters of oxygen and still breathing 39 respirations a minute, which has not seemed to improve since admission to the ED, I would perform a respiratory assessment. This would include assessing her spO2 by placing a pulse ox on her finger while simultaneously inspecting her fingertips for any clubbing or discoloration. Next, I will inspect her upper airway for any purse-lipped breathing, cyanosis of the lips, and oral mucosa. I will also observe for intercostal retractions while visually inspecting her chest for the size, shape, and any scars, wounds, and dressings. Then, I would clean my stethoscope and listen to her anterior and posterior lungs bilaterally paying close attention to any crackles, wheezing, or absent/distant sounds.

*Skin Assessment: Because Mrs. Mae was admitted with a stage 1 pressure ulcer, I want to reassess the status of her skin for any worsening conditions. Her health is in such a poor state so I will want to prevent complicating her condition with any other infections. Therefore, I am going to perform a full head to toe assessment examining for any breakdown. And because she is so dehydrated I will continuously assess her skin turgor and get fluids in her. Skin care is a top priority and includes turning her every 2 hours, keeping her dry, changing pads as needed, and doing frequent skin assessments head to toe. I would also need to take a picture of her skin ulcer so we can document and continually assess its condition throughout her stay.

we need to maintain a patent IV.

*Type of Medications with

Recommendations:

It was not stated that she has any home medications so I would obtain a history on any medications she takes. I would recommend to the physician that she still needs supportive care such as IV fluids. I would also recommend an antipyretic to lower her temperature and make her more comfortable, as well as ask for a medication that can raise her blood pressure. Because she is septic and has pneumonia, she needs antibiotics or a penicillin, if not allergic. With her pneumonia I would recommend a bronchodilator and consult with respiratory therapy for possible breathing treatments they can supply her with.

*Oxygen Administration with

Recommendations:

Oxygen therapy is vital to maintain blood flow to the organs due to her sepsis as well as keep her breathing under control due to her pneumonia. It may be necessary to increase the flow rate to help with her oxygen saturation. When her breathing is under better control, I will do incentive spirometer teaching. I will also teach her about turn, cough, deep breathing to promote the movement of secretions in her chest. And again, consult with respiratory therapy to get breathing treatments going as soon as possible and help her take her bronchodilators for her pneumonia.

*Special Needs this Patient Might Have on Discharge:

Ensuring that the patient will have the best quality of life after discharge is important. Consulting with case management is a priority because Mrs. Mae may need to go home with oxygen, a walker for ambulation, or possibly a wheelchair depending on her status. She may also need physical and occupational rehabilitation at home to keep

	<p>her in the highest functioning state possible. Her needs at home will depend on her status at discharge but making imperative consultations will promote better patient outcomes for Mrs. Mae after discharge.</p>
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<p>Nursing Management (Choose three areas to address)</p>	
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<p><u>*Wound Management:</u> Mrs. Mae has a stage 1 pressure ulcer that will need constant monitoring and treatment in order to prevent it from getting worse. As discussed previously, I will make sure to take a picture and document any worsening of its condition. I would also measure its length and depth. Wound care for Mrs. Mae includes keeping the ulcer dry/prevent any moisture such as incontinence from creating an infection. In order to prevent any other ulcers from forming I will pad all bony prominences which include ankles, buttocks, shoulders, and elbows. She would also need to be turned every 2 hours. This sore can be washed with mild soap and water to keep the area clean and covered with a special dressing, such as a hydrocolloid dressing, as ordered.</p> <p><u>*Comfort Management:</u> Mrs. Mae is receiving extensive treatment and her body is under a lot of stress trying to fight the sepsis and pneumonia. Managing her comfort level is important for her to rest, heal, and recover. One way I can promote comfort is by positioning in her in the semi-fowlers to facilitate better breathing. Warm blankets will help her maintain her body temperature. Whenever she can manage eating and drinking, I will advocate for food options that she will enjoy and can easily consume. Giving her choices, attentively listening to her needs, and providing her with possessions that bring her safety will all promote healing and comfort for her during her stay.</p>	<p><u>*Respiratory Management:</u> Due to her pneumonia, maintaining adequate oxygenation is a huge priority in her treatment and healing. I want to stabilize her vitals and decrease the workload of her breathing so constant monitoring is essential. Paying close attention to the flow meter rate and adjusting it accordingly may be necessary as needed. As previously mentioned, sitting her up in Semi-Fowler's will promote easier breathing and facilitate movement of the secretions in her airway. Having suction set up in her room is important just in case she needs assistance managing those secretions. She needs to use the incentive spirometer and turn cough deep breath regularly when she is in a more stable state. Staying in close touch with respiratory therapy and discussing her treatments is imperative so we can make sure she is moving in the right direction and progressively getting better.</p>
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