

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>* <u>Health Care Team Collaboration</u>: Turn Team, RT, infectious disease physician, Wound care specialist, Lab, Case Management, Social Worker, Cardiologist, Radiology, Nurse</p> <p>* <u>Human Caring</u>: Room well-lit and calm environment, Chaplin, religious and cultural preferences, active listening, therapeutic communication, include family in care</p> <p>* <u>Standard Precautions</u>: Hand Hygiene, PPE, sharps safety, aseptic technique, clean surfaces regularly, assess lines and drains, clean stethoscope</p> <p>* <u>Safety &amp; Security</u>: fall Precautions, call don't fall, bed low and locked, , nonslip socks, floor clean, call light and possessions within reach, two patient identifiers, allergies, hourly rounding with 4 Ps, privacy and confidentiality, BVM and suction set up at bed side. turn pt every 2 hours</p>	<p>* <u>Assessment &amp; Evaluation of Vital Signs</u>: BP was low 80/48, HR tachycardia 121BPM, RR high 39, elevated temp 102.5, asses pain, MAP is 59 O2 perfusion is not adequate and pt is in respiratory distress</p> <p>* <u>Fluid Management Evaluation with Recommendations</u>: Currently presents as hypovolemic, fever, low BP, and high HR</p> <p>Recommendation: Fluid bolus of LR or NS at 30mL per kg given within 3 hours, monitor electrolytes for imbalance, and for hypervolemia</p> <p>* <u>Type of Vascular Access with Recommendations</u>: 18G already in place another 18G IV INT for rapid fluid administration in case of emergency, monitor sights closely for patency</p> <p>* <u>Type of Medications with Recommendations</u>: Obtain Blood and sputum culture before initiating Zosyn, and or cefipime for pneumonia and sepsis, antipyretics such as Ofirmev to decrease temp, albumin, dopamine, epinephrine or norepinephrine to increase BP</p>
<p><b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b></p>	
<p>* <u>Respiratory Assessment</u>: the patient is in respiratory distress with pneumonia, check the patient to get a base line of breath sounds to be able to tell if the patient is deteriorating.</p> <p>* <u>Skin Assessment</u>: the patient is in septic shock so evaluate the wound sight for signs of infection and further skin break down. Patient also had PVD so asses for further skin break down at other sites.</p>	<p>* <u>Oxygen Administration with Recommendations</u>: Patient is currently receiving 4L nasal cannula not percussing adequately switch to non-rebreather. And prepare for possible intubation continue to</p> <p>* <u>Special Needs this Patient Might Have on Discharge</u>: assistive mobile devices for right sided weakness, Oxygen, wound care education, case management to ensure patient has medications assistive devices, O2 on discharge, education post sepsis syndrome,</p>

### Nursing Management (Choose three areas to address)

\*Wound Management: wound care would need to be done as ordered, ensure that the wound is dry clean and intact asses for further breakdown and infection regularly. If dressing is compromised it need to be replaced per physician's orders. Turn patient every 2 hours to prevent further skin break down.

\*Pain Management: asses the patients pain every hour to ensure comfort. Use medication as well as distraction techniques, meditation and massages to help relieve the patient's pain. Ensure to watch for signs of respiratory depression when giving narcotics for pain management.

\*Respiratory Management: encourage patient to TCDB to clear respiratory secretion, give and teach patient about incentive spirometer. Asses the lungs q4h or as needed to asses for deteriorating respiratory status.