

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*Health Care Team Collaboration: Primary nurse, x-ray tech, wound care, pulmonologist, case manager, diabetic educator, dialysis nurse/team, respiratory therapist, renal doctor, cardiac doctor, physical therapy, other MICU nurses, nurse techs/cna</p> <p>*Human Caring: Make sure the patient is comfortable, keep trying to keep his pain level down, teach the patient about phantom pain, try different comfort care for his nausea and vomiting, like a cold washcloth, dim the lights, saltine crackers, make sure he has a blue bag next to him as well as the call light. Keep checking on him, make sure he does not need to go to the bathroom. See if he is lonely and see what I can do.</p> <p>*Standard Precautions: Fall precautions -> make sure he does not get out of bed, prevent him from having an injury Hand hygiene Universal PPE Turn on bed alarm-> decrease falls, prevent any accidents</p> <p>*Safety & Security: Introduce myself, check his IV site, trace his lines and check the fluids running, check his dressing. Make sure he has a yellow gown on, with yellow nonslip socks, make sure the bed alarm is on, 2 side rails up, make sure the call light and any of his personal items are within reach, make sure there is no clutter on the ground, bed low and bed locked. Do hourly rounding's, check to see if he needs to go to the bathroom. Make sure not to take his blood pressure on the right arm since he has an AV fistula.</p>	<p>*Assessment & Evaluation of Vital Signs: Blood pressure is high -> he has been restless and irritable, he has CHF so the blood isn't getting through the heart very well Temperature is high -> trying to fight off the infection in his lungs as well as from the gangrene would he just had amputated RR are high and O2 is low-> he is not perfusing oxygen very well through his lungs, he is trying to compensate to get his O2 up</p> <p>*Fluid Management Evaluation with Recommendations: Check the fluid rate because he has renal failure and requires dialysis, and we don't want to make him have fluid overload. With his CHF, the more fluid the harder it is for the heart to pump the blood and he will retain the fluid. We want to watch his edema and check his daily weight as well as girth, to see how much fluid he is retaining. I would also check his urine output to see if his kidneys are working at all.</p> <p>*Type of Vascular Access with Recommendations: I would add another IV site 20G in case of the need of a blood transfusion</p> <p>*Type of Medications with Recommendations: Culture and sensitivity -> to see what kind of bacteria is in his lungs. I would consider an anxiety medication since he has been irritable and restless. Antiemetic -> for his nausea and vomiting Pain medication -> to keep his pain under control, we want it lower than a 4</p>

<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p><u>*Oxygen Administration with Recommendations:</u></p>
<p><u>*Neurological Assessment:</u> <u>*Respiratory Assessment:</u> (1st) I would check his O2 sats, I would check for cyanosis. I would listen to his lungs and see if his crackles have moved into any other lobes of the lungs I would watch him breathe, see if he uses any accessory muscles, see if he is having a hard time breathing. I would assess if he has fluid in his lungs from too much fluid and the heart not able to pump well as well as kidney failure <u>*Abdominal Assessment:</u> <u>*Cardiac Assessment:</u> (2nd) I would listen to his heart and check his radial and pedal pulses bilaterally. I would check his capillary refill, as well as for any edema, related to the heart failure I would listen to his apical pulse for 1 minute <u>*Skin Assessment:</u></p>	<p>I would consider talking with the doctor, since his O2 is in the low 90s, I would want to try and give him some supplemental oxygen via a nasal canula. I would also get a chest x-ray to see how his lungs look and see if the oxygen would help</p> <p><u>*Special Needs this Patient Might Have on Discharge:</u> The patient will need a wheelchair and some crutches, he will need the case manager to help with his house to make it more accessible for him since he will be in a wheelchair or on crutches. Talk with him about home health so they can help him take care of himself since he voiced that he is having difficulty taking care of himself. Get him scheduled with physical therapy to help him regain his strength in his other leg.</p>
<p align="center">Nursing Management (Choose three areas to address)</p>	
<p><u>*Wound Management:</u> I would talk to the patient about how to keep up with his dressing change and have the wound care nurse show him how. I would give him the supplies he will need to take with him to change the dressing. I would talk about how his diabetes will cause skin breakdown and can become gangrene. I would talk to him about inspecting his skin every day to assess for skin breakdown. <u>*Drain and Specimen Management:</u> <u>*Comfort Management:</u></p>	<p><u>*Musculoskeletal Management:</u> <u>*Pain Management:</u> I would talk to him about how he will have phantom pain for a while and that it is normal, I would talk to him about keeping his pain below a 4. <u>*Respiratory Management:</u> I would talk to him about how his CHF and renal failure will cause him to have edema and he may have a harder time breathing because of the fluid pressing up against his lungs.</p>