

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><b>*Health Care Team Collaboration:</b> Respiratory therapist, Infectious disease control, primary nurse, nurse aide/tech in the hospital, other nurses in MICU, Pharmacist, Hospitalist, Lab technician, Dietician, Nephrologist, Cardiologist, Charge nurse, PACU nurses, Occupational therapist, Case manager</p> <p><b>*Human Caring:</b> Make sure patient is comfortable, pain is controlled, does not need to use the bathroom, all possessions are in reach, offer spiritual support and call the chaplain. Ask if he has any religious preferences he wants applied to his care. Ask him if he has any questions. Ask him about how he feels about having family visit if he has any, maintain eye contact when speaking to him, do not turn my back on him, take time out of my day to make sure he is okay, and he knows he has my attention when I am in his room. See if he is lonely and see if there is something, I could do to alleviate the situation. Discuss any concerns about his amputated leg. Maintain dignity when performing self-care.</p> <p><b>*Standard Precautions:</b></p> <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Introduce self</li> <li>• Explain any procedures/assessments that need to be done</li> <li>• Make sure sharp container isn't full</li> <li>• Universal PPE</li> <li>• Universal precaution</li> <li>• Clean stethoscope</li> <li>• Red rules</li> </ul> <p><b>*Safety &amp; Security:</b></p> <ul style="list-style-type: none"> <li>• Wash hands</li> <li>• Introduce self</li> <li>• Fall precaution → R leg amputation</li> <li>• Turn on bed alarm → to help decrease falling and any patient accidents</li> <li>• Identify the patient, ask allergies</li> <li>• I would do IV-line tracing and check IV site</li> <li>• Bed is low and locked, no clutter on the floor,</li> </ul>	<p><b>*Assessment &amp; Evaluation of Vital Signs:</b></p> <ul style="list-style-type: none"> <li>• BP → due to the renal failure, CHF, and being irritable and restless</li> <li>• RR → slightly high, due to not getting enough oxygen</li> <li>• O2 → Due to the CHF, he had some fluids in the lungs, having lesser room to expand the lungs</li> <li>• Temp and HR are within normal limits</li> <li>• Glucose → high due to being Type 1 → due to the body not making enough insulin and the sliding scale needs to be adjusted</li> <li>• Potassium → Renal failure, kidney's not working</li> <li>• CO2 → Not getting enough oxygen in, not perfusing enough</li> <li>• BUN/Creatinine → Kidney's not working and renal failure</li> <li>• RBC → blood loss from procedure</li> <li>• Hgb/Hct → Just got out of surgery</li> <li>• Eos → Because of the recent surgery, body is still compensating</li> </ul> <p><b>*Fluid Management Evaluation with Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Monitor NS alongside with BP</li> <li>• Monitor for any edema</li> <li>• Monitor for any increase in crackles in the lung → fluid retention</li> <li>• Adjust rate PRN to prevent edema and hemodilution</li> </ul> <p><b>*Type of Vascular Access with Recommendations:</b></p> <ul style="list-style-type: none"> <li>• R arm AV fistula</li> <li>• L FA peripheral Iv</li> <li>• I would add another 18G for another access for fluids or meds that are not compatible to run together</li> <li>• Assess Q4 and Qshift for patency and blood return</li> <li>• Assess site and dressing Qshift</li> </ul> <p><b>*Type of Medications with Recommendations:</b></p>

<p>possessions are within his reach, bed rails up, call light within reach, make sure to ask if he wants to have visitors.</p> <ul style="list-style-type: none"> <li>• Do hourly rounding and do 4 P's.</li> <li>• Use AIDET, use clear communication, be careful of verbal/ nonverbal cues we show the patient.</li> <li>• Red arm band → R arm with fistula</li> </ul>	<ul style="list-style-type: none"> <li>• Pain meds</li> <li>• Switching regular insulin to long acting</li> <li>• Ask provider for an order for an antiemetic</li> <li>• H2 blocker</li> <li>• Anti - anxiety</li> <li>• Anti - depressant</li> <li>• Diuretic</li> <li>• TPA → dialysis</li> </ul>
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**Choose Two Priority Assessments and Provide a Rationale for Each Choice**

<p><u>*Neurological Assessment:</u></p> <p><u>*Respiratory Assessment:</u> (1<sup>st</sup> priority) since he is sating 91 on RA with a RR of 22 which indicates he is having a slight problem with perfusing, and has bilateral lower lobe coarse crackles</p> <ul style="list-style-type: none"> <li>• Get an order for oxygen → start at 1L</li> <li>• Check what his O2 sat is</li> <li>• Assess if he is having increased crackles, since he is getting IV fluids.</li> <li>• Listen for any increase in wheezing, crackles, stridor or rubs which are not normal sounds.</li> <li>• Assess for any accessory muscle usage → indicated that he has labored breathing</li> <li>• Check for any cyanosis around the mouth or fingertips.</li> </ul> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p><u>*Skin Assessment:</u> (2<sup>nd</sup> priority) since he has a R amputated leg, making sure that the dressing is dry and intact, no bleeding</p> <ul style="list-style-type: none"> <li>• Assess the surgical site for any abnormalities</li> <li>• Make sure there is no skin breakdown anywhere and we turn him Q2 to prevent any ulcers from forming</li> <li>• No signs of infection</li> <li>• Make sure his skin is intact and dry everywhere else</li> <li>• Bony prominence → pad</li> <li>• Make sure to check skin temp and pulses</li> </ul>	<p><u>*Oxygen Administration with Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Get an order for oxygen → starting at 1L to help with oxygenation and less effort for RR</li> <li>• Have the HOB at 30°</li> <li>• Monitor O2 sat Q4</li> </ul> <p><u>*Special Needs this Patient Might Have on Discharge:</u></p> <ul style="list-style-type: none"> <li>• PT/OT visits</li> <li>• Home health care needs</li> <li>• O2 → supplemental</li> <li>• Walker → to help with ADL</li> <li>• Prosthetic leg</li> <li>• Bedside commode</li> <li>• Have a nutritional plan laid out</li> <li>• Teach him S/S of hyperglycemia and when to take insulin</li> <li>• Make sure he has transportation to be taken to outpatient dialysis</li> <li>• Teach about decluttering and maintaining a clean and clean pathway to walk on</li> <li>• Follow-up for post-op appointments</li> </ul>
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**Nursing Management (Choose three areas to address)**

<p><u>*Wound Management:</u></p> <ul style="list-style-type: none"> <li>• Collaborate with wound care team to create a plan of care to help change dressing and maintaining surgical sight is healing</li> <li>• Turn him Q2, float sides with pillow on one</li> </ul>	<p><u>*Musculoskeletal Management:</u></p> <p><u>*Pain Management:</u></p> <ul style="list-style-type: none"> <li>• Give pain meds as needed to ensure comfort and allow patient to perform ADLs</li> <li>• Assess pain often to see if PRN meds need to</li> </ul>
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<p>side and switching after 2 hours.</p> <ul style="list-style-type: none"> <li>• Elevate the amputated leg</li> <li>• Change dressing for amputated leg as needed making sure that the site does not look infected</li> <li>• Watch out for any drainage that comes out or any changes</li> <li>• Make sure to do a skin assessment every 2 hours to ensure the patient is dry and when repositioning them to the other side.</li> <li>• Put pressure pad on bony prominences to â risk of ulcers forming.</li> </ul> <p>*<u>Drain and Specimen Management:</u></p> <p>*<u>Comfort Management:</u></p>	<p>be given</p> <p>*<u>Respiratory Management:</u></p> <ul style="list-style-type: none"> <li>• Assess O2 sats to ensure tissue perfusion</li> <li>• Attach humidification to nasal cannula for less irritation</li> <li>• Assess and auscultate lung sounds</li> <li>• Encourage patient to turn, cough and deep breathe if they can</li> <li>• Collaborate with RT if ordered for a breathing treatment is ordered</li> <li>• Oral care → Q2 to â the risk of infection</li> <li>• Have HOB up for better perfusion</li> </ul>
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