

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><b>*Health Care Team Collaboration:</b> Communication is needed between the interprofessional healthcare team caring for Mr. Mack. The following interprofessional healthcare team will be needed:</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Nurse</li> <li>• PT/OT</li> <li>• Emotional Counselor</li> <li>• Nutritionist</li> <li>• Case Manager for home health care services</li> </ul> <p><b>*Human Caring:</b> Mr. Mack has experienced a traumatic event in the loss of his leg, especially since his way of living is being a farmer. As a nurse, I will assess my patient's psychological and emotional status and allow him to express his feelings. I will also establish a therapeutic relationship and be an active listener. I will include Mr. Mack's family if applicable and make sure that all of his/ their questions are answered.</p> <p><b>*Standard Precautions:</b> <b>Hand Hygiene:</b> I will wash my hands before and after touching Mr. Mack. I will also use hand sanitizer or wash my hands before performing wound care or handling equipment. I will perform hand hygiene when leaving the room as well. In addition, I will perform all necessary sterile procedures using sterile technique. <b>PPE:</b> Wearing gloves when performing wound care and administering medications. I will wear sterile gloves when performing sterile procedures if necessary. <b>Room Cleanliness &amp; Safety:</b> Placing sharps in sharp containers. Never leaving needles in room. Keep room free of clutter, disinfect all surfaces &amp; equipment, and change patient's</p>	<p><b>*Assessment &amp; Evaluation of Vital Signs:</b></p> <ul style="list-style-type: none"> <li>• BP 150/90 is elevated. This could be d/t his high level of pain, diabetes, renal failure, or CHF. I would continue to monitor his BP for any changes and figure out if his baseline BP is elevated.</li> <li>• HR 88 is normal, but I would continue to monitor for any changes.</li> <li>• RR 22 is elevated. This could be d/t his pain or CHF. I would encourage him to perform deep breathing exercises and put on O2. If the increased RR is d/t pain, I would administer pain medications if they are due.</li> <li>• SaO2 91% is slightly decreased. I would put on O2 and encourage patient to take deep breaths and focus on his breathing. I would continue to monitor until O2 sat &gt;95%.</li> <li>• Temp 99.2 is slightly elevated. I would administer antipyretics if they are prescribed to him and continue to monitor for any changes. A low-grade fever can indicate an infection so I would find out what Mr. Mack's baseline is and assess closely &amp; frequently.</li> </ul> <p><b>*Fluid Management Evaluation with Recommendations:</b> Mr. Mack is receiving NS at 150 mL/ hr. He is getting fluids to prevent dehydration and infection. He is vomiting, so fluids are necessary to replace loss of fluid. I recommend that he needs electrolytes as well with the fluids. I will monitor his I/O's and his electrolyte balances.</p>

<p>bed linens daily.</p> <p><u>*Safety &amp; Security:</u></p> <ul style="list-style-type: none"> <li>• Identify patient with two identifiers (name and DOB)</li> <li>• Assess for allergies</li> <li>• Bed in lowest position</li> <li>• Bed brakes on</li> <li>• Room free of clutter</li> <li>• Call light in patient's reach</li> <li>• Keep 2 siderails up</li> <li>• Make sure pt. has skid free socks on</li> </ul>	<p><u>*Type of Vascular Access with Recommendations:</u> Mr. Mack has a left forearm peripheral IV. The site needs to be kept clean, dry, and intact. Site needs to be assessed for swelling, tenderness, redness, or warmth as these are signs of infection. The IV needs to be flushed and checked for blood return at least once a shift to maintain a patent vascular access</p>
<p><b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b></p> <p><u>*Neurological Assessment:</u></p> <p><u>*Respiratory Assessment:</u> I would perform a respiratory assessment because Mr. Mack's O2 sat is &lt;95% and he has coarse crackles to the bilateral lower lobes of his lungs. His respiratory rate is also slightly elevated. His Co2 is also decreased, indicating possible metabolic acidosis or diabetic ketoacidosis. I would perform this assessment to make sure that he is oxygenating adequately and getting enough oxygen to tissues- therefore helping his wound heal.</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p><u>*Skin Assessment:</u> I would perform a skin assessment because Mr. Mack is at an increased risk for skin infection and skin breakdown d/t his diabetes. This assessment is needed because of his amputation surgery as well. I will keep Mr. Mack's surgery and IV dressings clean, dry, and intact. I would closely monitor the wound for signs of infection and keep an eye on WBC count. I will also assess skin q hour and turn him q 2 hours. I would also assess his right arm AV fistula as needed.</p>	<p><u>*Type of Medications with Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Pain medications as prescribed with caution d/t patient's renal failure (high BUN and creatinine).</li> <li>• Regular Insulin given subcutaneously q 4 hrs per protocol to decrease blood sugar levels. I would recommend an increased dose since Mr. Mack's blood sugar has been running 200's despite the insulin administration.</li> <li>• Antihypertensives should be given for Mr. Mack's high blood pressure</li> <li>• Possible blood transfusion or erythropoietin supplements with iron because of decreased RBC, H &amp; H.</li> <li>• Diuretics r/t coarse crackles to bilateral lower lobes of lungs- could potentially be d/t edema and increased fluid volume.</li> <li>• Prophylactic antibiotics because of his surgery and his increased risk of infection d/t diabetes.</li> <li>• Antiemetic for nausea and vomiting.</li> </ul> <p><u>*Oxygen Administration with Recommendations:</u> I would put Mr. Mack on 2L nasal cannula since his O2 sat is only at</p>

	<p>91%- I want his O2 sat to be at least 95%. I would assess his respiratory status at least every hour and put a continuous pulse ox monitor on Mr. Mack.</p> <p><u>*Special Needs this Patient Might Have on Discharge:</u></p> <ul style="list-style-type: none"> <li>• Follow up appointment made for him</li> <li>• Referred to a nutritionist or a diabetes support group to help him manage his diabetes more effectively</li> <li>• Wheelchair or crutches for discharge</li> <li>• Referred to PT/ OT</li> <li>• Referred to a counselor to deal with feelings with the loss of his leg.</li> <li>• Given instructions on s/s of infection and what to look for</li> <li>• Given instructions on how to care for his surgical wound and prevent infection</li> <li>• At home oxygen if his O2 sat continues to be low</li> <li>• Assess need for vaccinations</li> <li>• Give instructions to family if applicable to help him with activities of daily living once at home</li> <li>• I would make an appointment for Mr. Mack to see his Renal Specialist because of his extremely high BUN and Creatine</li> <li>• I would make sure that Mr. Mack had means of transportation to get to his dialysis appointments 3 times a week.</li> </ul>
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**Nursing Management (Choose three areas to address)**

<p><u>*Wound Management:</u> I would assess wound every 2 hours for s/s of infection</p> <ul style="list-style-type: none"> <li>• Swelling</li> <li>• Redness</li> <li>• Tenderness</li> <li>• Fever</li> </ul> <p>I would perform wound care as indicated</p>	<p><u>*Musculoskeletal Management:</u></p> <p><u>*Pain Management:</u> I will assess pain q hour and ask Mr. Mack to explain his pain- where it was located, the quality, the severity, and the type of pain. I will give pain medications on time and assess the need for higher doses. I will call Dr. if pain medication is not</p>
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using sterile equipment and sterile gloves. I would perform hand hygiene before and after. I will keep dressing for wound clean, dry, and intact. I will prevent skin breakdown and pressure ulcers by turning q 2 hrs and assessing bony prominences and posterior side of body. I would document my wound care and wound assessment as indicated and even take pictures if needed. I would make sure to administer antibiotics to prevent infection and provide nutritious foods to improve wound healing. I would also control Mr. Mack's blood sugar levels to allow for adequate wound healing.

\*Drain and Specimen Management:

\*Comfort Management:

effective and recommend a different treatment plan. I will also teach Mr. Mack nonpharmological ways to decrease pain such as

- Deep breathing exercise
- Music therapy
- Reading books/ watching TV
- Guided imagery

I would treat the underlying cause of his pain such as his vomiting and wound care.

\*Respiratory Management:

I will continuously monitor Mr. Mack's respiratory status by assessing his respiratory rate, pulse oxygenation saturation, and circulation to extremities (cyanosis). I will listen to breath sounds on anterior and posterior sides of body and assess his use of accessory muscles while inhaling/exhaling. I would teach him how to turn, cough, and deep breath to move secretions in lungs and the use of an incentive spirometer to help remove the fluids/ secretions, as well as taking diuretics to remove the fluid. I will also have Mr. Mack on 2L oxygen via nasal cannula if O2 sat is not >95%.