

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><u>*Health Care Team Collaboration:</u></p> <ul style="list-style-type: none"> Physical therapist Occupational therapist Case manager Physician RN <p><u>*Human Caring:</u></p> <ul style="list-style-type: none"> Convey value & respect to patient & their families Advocate for patient Assess patient for cultural, religious, or personal preferences Continue addressing patient's concerns of going home <p><u>*Standard Precautions:</u></p> <ul style="list-style-type: none"> Washing hands Wearing gloves when appropriate Cleaning stethoscope and other equipment before and after use <p><u>*Safety & Security:</u></p> <ul style="list-style-type: none"> Fall risk Identify patient w/2 identifiers when entering room & before any procedure or administration of meds Make sure to ask for allergies Side rails up x2 	<p><u>*Assessment & Evaluation of Vital Signs:</u></p> <ul style="list-style-type: none"> Elevated RR of 22 SaO₂ 91% on RA Slightly elevated temperature (99.2F) – could be leading to fever? <p><u>*Fluid Management Evaluation with Recommendations:</u></p> <ul style="list-style-type: none"> 150 mL/hr NS Recommendation – monitor I&O, daily weights, & continue respiratory assessment – coarse crackles could indicate fluid in lungs caused by CHF (don't want to put patient in fluid overload) <p><u>*Type of Vascular Access with Recommendations:</u></p> <ul style="list-style-type: none"> RA AV fistula that has palpable thrill & audible bruit L FA IV access with NS infusing 150 mL/hr Recommendation – assessing both sites for any signs of redness, phlebitis, extravasation, or other indicators of infection <p><u>*Type of Medications with Recommendations:</u></p> <ul style="list-style-type: none"> Scheduled & PRN pain medications (PCA pump) <ul style="list-style-type: none"> Morphine Antiemetics <ul style="list-style-type: none"> Ondansetron Continue Regular insulin w/sliding scale protocol
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	
<p><u>*Neurological Assessment:</u></p> <p><u>*Respiratory Assessment:</u></p> <ul style="list-style-type: none"> Coarse crackles to bilateral lower lobes of lungs could be due to CHF (monitor I&O to prevent fluid overload worsening coarse crackles) Due to BKA, patient will spend more time sitting or lying in bed placing patient at risk for atelectasis Measures such as IS or TCDB essential 	<p><u>*Oxygen Administration with Recommendations:</u></p> <ul style="list-style-type: none"> SaO₂ 91% on room air – recommendation: nasal cannula to bring SaO₂ 95% < <p><u>*Special Needs this Patient Might Have on Discharge:</u></p>

<p>in prevention of atelectasis</p> <p>*<u>Abdominal Assessment:</u></p> <p>*<u>Cardiac Assessment:</u></p> <p>*<u>Skin Assessment:</u></p> <ul style="list-style-type: none"> • Due to continued increased blood glucose level could place patient at risk for delayed wound healing • Due to BKA, patient will spend more time sitting or lying in bed placing patient at risk for pressure ulcers • Continued meticulous skin assessments essential • Turning patient Q2H & moving patient from bed to chair could help prevent formation of pressure ulcers • Continued administration of insulin & monitoring of blood glucose level to control hyperglycemia essential in promoting timely wound healing 	<ul style="list-style-type: none"> • Wheelchair or other assistive devices needing to be installed within the home (ramp, shower rail) • Teaching about at home blood sugar monitoring • Teaching on self-administration of insulin • Additional help within the home (family member, in home nurse) • At home rehab • Psychologist or psychosocial support to address issues of depression after an amputation
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Nursing Management (Choose three areas to address)

<p>*<u>Wound Management:</u></p> <ul style="list-style-type: none"> • BKA dressing changes • Monitoring site for signs of infection (redness, swelling, heat, exudate) <p>*<u>Drain and Specimen Management:</u></p> <p>*<u>Comfort Management:</u></p>	<p>*<u>Musculoskeletal Management:</u></p> <p>*<u>Pain Management:</u></p> <ul style="list-style-type: none"> • Scheduled and PRN pain meds for pain r/ t BKA • Nonpharmacological pain management such as relaxation techniques, meditation, guided imagery, physical therapy, massage <p>*<u>Respiratory Management:</u></p> <ul style="list-style-type: none"> • Prone positioning, incentive spirometry, TCDB • Continue auscultating to monitor for worsening of coarse crackles
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