Jonni Keith

Universal Competencies (Address all)	Required Areas of Care (Address all)
*__Health Care Team Collaboration__: Due to this patient's major surgery and comorbidities, communication and collaborative care is essential in his successful treatment. I would ensure cooperation with the intensivist, cardiologist, nephrologist, nurse, PT/OT, nutritionist, social worker/case manager, pharmacy, and a mental health counselor. *__Human Caring__: This patient has experienced a life changing and traumatic surgery that will alter the independence he has relied on being a farmer. It is important to include his family in his care and emotional support. He needs time to process the loss of his leg and express his emotions and fears. I would ensure his mental health and spiritual needs were met to increase his self-confidence in his abilities and provide him options of community resources that would assist him in the healing process. *__Standard Precautions__: The patient is at high risk for infections, so hand hygiene is important prior to and following contact with the patient, equipment, or supplies. Proper PPE, such as gloves, is necessary when providing would care or assisting the patient with toileting, and the administration of medications. I would clean surfaces and equipment prior to and after use on the patient and dispose of used or contaminated supplies or equipment appropriately whether that be needles in the sharps box or ensuring nothing is left in the patient's bed. The room would be kept clean and free of clutter to include daily changing of the patient's bed linens. *__Safety & Security__: • All orders verified prior to nursing implementation of medication or interventions • Identification of patient using 2 identifiers, and identification of myself and purpose/explanation of things being	*__Assessment & Evaluation of Vital Signs__: BP: 150/90-elevated. This could be caused by his CHF, diabetes, or pain level, but could be an indication of fluid overload considering the amount of IV fluid infusing with him being a renal and heart failure patient. I would check his intake and output to determine if he is producing urine output. HR: 88-Within normal range, continue to monitor RR: 22-Respirations are increased which I would attribute to the possible fluid in his lungs, CHF, or pain. I would assess for cause and treat as indicated. SaO_2: 91% This is not great but not emergent. I would adjust the patient's position and encourage him to do incentive spirometry with some deep breathing and coughing. If those interventions did not work, then I would apply oxygen. The goal would be to increase his oxygenation to 95% or greater. Temp: 99.2 is elevated, but not concerning at this time. I would just continue to monitor. *__Fluid Management Evaluation with Recommendations__: I would question the amount of fluid being administered and if it is needed after evaluating his current rate of IV NS 150 mL/hr, and the combination of his current health conditions of CHF and renal failure, most likely end-stage as it requires dialysis 3 times a week. With renal failure and CHF, water retention is common, and hypervolemia could induce further problems in his care, such as, exacerbating heart failure, potentiating skin break down, and leading to ARDS if the pulmonary edema persists or worsens. I would recommend a reevaluation of the fluid needs of the patient and decreasing the fluid amount and rate. I would recommend scheduling for dialysis which would help temporarily correct the BUN/Creatinine and excessive fluids and/or a diuretic.

done
- Side rails raised as indicated, bed in low position prior to leaving the room
- Mobility level assessed before patient position is altered
- Hourly rounding with 4 Ps (Pain, Potty, Position, and Possessions)
- Tubes, lines, drains, and dressings assessed
- Provide privacy during treatment and adhere to confidentiality
- Communicate accurate information to the patient
- Proper patient/family teaching

Choose Two Priority Assessments and Provide a Rationale for Each Choice

*Neurological Assessment:

***Respiratory Assessment:**

This would be a priority assessment based on the report of coarse crackles to the bilateral lower lobes of his lungs, and his respiratory rate of 22 and SaO_2 of 91%. The coarse crackles suggest some type of fluid in the lungs that could be caused by the CHF, renal failure, and the amount of IV fluids he is receiving (fluid overload), or aspiration from vomiting in the PACU, and immobile status.

*Abdominal Assessment:

***Cardiac Assessment:**

This would be my second priority assessment because he has a history of CHF and has a blood pressure of 150/90 in combination with respiratory issues. Due to his comorbidities and symptoms, I would complete a full cardiopulmonary assessment, not just a focused cardiac assessment to rule out signs and symptoms of potential fluid overload (pitting edema, positive JVD, bounding pulses). I would choose these two assessments over the skin assessment due to the findings given in report that necessitate a greater need in these areas.

*Skin Assessment:

***Type of Vascular Access with Recommendations:**

Vascular access includes a right arm AV fistula that is in good condition and a left forearm peripheral IV that is in good condition and patent. I would consider establishing a second peripheral IV access or request orders for a central line depending on his expected length of stay, and if it would be more beneficial despite the risk of infection. I would want a second access site because he is most likely on prophylactic antibiotics and has a potential for blood products to be ordered if his H&H continues to trend downward or in the event of hemorrhage. There is the possibility for the current peripheral IV to fail, and it is important to maintain an access for antibiotics, fluids, or emergent circumstances. Frequent assessment of the vascular access sites is pertinent to ensure patency and prevent infection.

***Type of Medications with Recommendations:**

The report only identified high doses of pain medication in PACU and sliding scale Regular insulin. With the minimal information regarding medications reported, I would review the medication orders and his home medications. With Mr. Mack being a Type 1 diabetic, he is most likely taking a long-acting insulin in addition to regular insulin at home. If long-acting insulin were not in the orders, I would recommend adding one due to the difficulty in managing his blood sugar with the sliding scale regular insulin q 4 hours. I would suspect that the patient is already on an antihypertensive medication, but if not, I would recommend adding one if the reduction in fluids did not correct the high BP. The respiratory assessment is indicative of pulmonary edema, so my recommendation to assist in correction of fluid overload would be adding a diuretic. I think correction of the fluid intake would reduce the BP, pulmonary congestion, and raise his hemoglobin levels, in turn, decreasing his respiratory rate and improving his oxygenation. Prophylactic

	antibiotics should be ordered to reduce the risk of infection. To control pain, an analgesic would be needed; however, I would use caution with opioid analgesics until the respiratory issues were corrected. *__**Oxygen Administration with Recommendations**__**:** Currently he is not being administered oxygen, but if the lesser interventions that I mentioned earlier did not improve oxygenation, then I would recommend 2L NC to keep SaO_2 >95% especially since his Hgb is low which decreases the amount of oxygen getting to the tissues. *__**Special Needs this Patient Might Have on Discharge**__**:** • Assistive ambulation device • Transportation to follow up appointments/dialysis/other appointments or lifestyle needs • Diabetic education and importance of daily extremity checks for wounds • Nutritionist • PT/OT • Education on wound care and signs and symptoms of infection • Home health care assistance • Mental health counseling/support • Education of self-care and access to community support services • Assistive devices for ADL's (shower chair, safety rails/ramps) • Medication scheduling and proper administration with adequate blood sugar management • Need for vaccinations • Family or support person education
Nursing Management (Choose three areas to address)	
*__**Wound Management**__**:** I would assess the surgical would every 4 hours or as ordered. Too frequent	*__Musculoskeletal Management__: *__**Pain Management**__**:** When I make rounds in the patient room, I would

assessment could introduce infection. I would look for s/s of infection (swelling, redness, tenderness, fever, purulent drainage) and proper healing (absence of dehiscence). Wound care would be performed as ordered or as needed to maintain the healing process. Hand hygiene would be imperative with the use of sterile equipment and gloves to prevent introduction of contaminants. The dressing would need to be inspected in between wound care to ensure it is clean, dry, and intact. Prescribed antibiotics would be administered with proper nutrition and ROM exercises as scheduled to promote healing. Maintaining the patient's blood sugar at the specified range will help with healing and prevent infection. Position changes every 2 hours would help prevent further wounds from forming. *Drain and Specimen Management: *Comfort Management:	conduct a pain assessment. Based on the assessment, I would attempt to use non-pharmacological pain management as much as possible and according to patient tolerance including slight elevation of amputated extremity, music, distraction, guided imagery, and placement in a comfortable position. If those attempts were insufficient, I would use the prescribed analgesics within ordered time frames. Within an hour after administration, I would reevaluate pain to determine efficacy, and need for other pain medications available on the EMAR. ***Respiratory Management:** • Encourage a slightly elevated head position (30^0 or higher) • Incentive spirometry 10x/hr • Turn, deep breath, cough • Oxygen administration as indicated • Management of fluid intake and output • Encourage sitting in bedside chair/ambulation with assistive devices as ordered or tolerated • Frequent respiratory assessments