

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><b>*Health Care Team Collaboration:</b> Mr. Mack should have a multidisciplinary team in order to ensure that he gets the best possible care. He will need a physical therapist to assist him in learning how to continue living as normal of a life as possible after his amputation. He will need a nutrition consult due to his uncontrolled blood glucose levels and congestive heart failure. I would also consult case management to find him resources for home health and support groups for him to attend. His team of physicians should include an orthopedic surgeon, a cardiologist, and a urologist. His primary nurse should be trying to control his pain, answer any questions he or his family has, and encourage him to participate in his daily activities to try to improve his outcome.</p> <p><b>*Human Caring:</b> It is extremely important to have therapeutic communication with all of your patients, but especially those that have just gone through a life-changing event. Actively listening to the patient's fears and concerns allows a safe space for the patient to work through different emotions they may have. It is also important to include this patient in care and decision making to allow them to feel like they have a little control over what is happening to them. It would also be beneficial to the patient for the nurse to ask open-ended questions about how the patient is feeling physically and emotionally after the amputation.</p> <p><b>*Standard Precautions:</b> Hand hygiene should be used appropriately when caring for this patient. The nurse should change gloves frequently while using hand sanitizer between each use. The nurse should use gloves when handling the patient's medications, while doing assessments, and while performing wound care. The nurse should also ensure that the patient has clean, dry sheets and that skin breakdown is being prevented. The nurse should check the dressing frequently to be sure that it is</p>	<p><b>*Assessment &amp; Evaluation of Vital Signs:</b> BP: 150/90. His blood pressure is elevated, but it could be due to his high pain levels or his CHF. Identifying his baseline blood pressure would be important in determining the cause of it being elevated. HR: 88. This is within normal limits. I would continue to monitor. RR: 22. This is on the higher end of normal, so I would encourage him to take deep breaths and teach him different relaxation techniques. SaO2: 91%. This is low, so I would encourage him to use his incentive spirometer and perform exercises such as turn, cough, and deep breathe. I would administer supplemental oxygen as well. Temperature: 99.2F. This is slightly elevated, so I would draw labs to see if his WBCs were elevated, indicating infection.</p> <p><b>*Fluid Management Evaluation with Recommendations:</b> Fluid management should be closely monitored due to the patient's CHF. He has been vomiting, so fluid replacement is necessary to prevent dehydration. Frequent monitoring of electrolyte levels is important to prevent or treat electrolyte imbalances.</p> <p><b>*Type of Vascular Access with Recommendations:</b> The patient has a right arm AV fistula that has a palpable thrill and audible bruit that should be frequently assessed to ensure it is still functioning. He also has a left forearm peripheral IV that should be frequently assessed for signs of infiltration, infection, and cleanliness. The dressing should be dry and appropriate date and initials should be visible. If the dressing were to get wet or soiled, the nurse would need to promptly change it.</p> <p><b>*Type of Medications with Recommendations:</b> The patient should be given an antiemetic to treat his nausea and vomiting after the procedure. He should also be on a diuretic to help treat his CHF. The patient might also be</p>

staying dry and that there is not profuse bleeding.

**\*Safety & Security:**

Keeping this patient's room free from clutter is a priority to prevent falls as much as possible. I would also have a bed alarm due to him being restless and irritable so that I would know if he was trying to get out of bed. I would make sure that all supplies were cleaned off of his bed to prevent skin breakdown from laying on different objects. I would make sure that the call light was in reach, and that his personal items were easily accessible to him. I would make sure that he had a non-slip sock on his left foot, and I would educate him on calling before trying to get out of bed. Before leaving the room, I would make sure that the bed was in the lowest position and locked. If there was a room close to the nurse's station available, I would recommend that he be placed in that room so that more nurses could have their eyes on him. Two patient identifiers should be used when identifying the patient, and the nurse should assess for allergies before giving any medications.

**Choose Two Priority Assessments and Provide a Rationale for Each Choice**

**\*Neurological Assessment:**

**\*Respiratory Assessment:** I would perform a respiratory assessment on this patient due to his SaO2 being 91%. I would want it to be at least 94%, so I would assess for signs of a deteriorating respiratory status. He also has coarse crackles in both lower lungs of his lobes. Frequent respiratory assessments can help identify and prevent a decline in his respiratory status.

**\*Abdominal Assessment:**

**\*Cardiac Assessment:**

**\*Skin Assessment:** I would perform a skin assessment on this patient due to the surgery that he had. It is extremely important to check the surgical site for any signs of infection like redness, swelling, and

considered for an anti-coagulant to prevent clotting after his surgery. Pain medications are indicated post-amputation to treat severe pain the patient may experience from the procedure. Regular insulin should be continued, and possible reevaluation of how much should be given to better control his blood glucose levels. The patient should be on a prophylactic antibiotic to prevent infection after surgery, and an antihypertensive should be ordered to try to keep his blood pressure under control.

**\*Oxygen Administration with Recommendations:**

I would administer supplemental oxygen starting with 2L via nasal cannula as a start. It would be important to start least invasively as possible which is how I would pick which oxygen delivery device to use, and how much oxygen to deliver. Frequent reassessment of his SaO2 levels are priority to ensure that the patient is receiving enough oxygen.

**\*Special Needs this Patient Might Have on Discharge:**

On discharge, this patient will need home health for management of his diabetes, congestive heart failure, and continuation of wound care until it is completely healed. He will also need follow-up appointments with physical therapy. Case management would be consulted to find different medical equipment the patient will need in order to move around his home more freely and comfortably. He will also need to follow-up with his surgeon, and transportation may be needed.

discharge. This patient is also at risk for skin breakdown, so assessing his bony prominences and frequent repositioning can help prevent pressure injuries.

### Nursing Management (Choose three areas to address)

\* **Wound Management**: I would assess the site as indicated by the surgeon for signs and symptoms of infection including swelling, redness, and discharge. I would use sterile technique while cleaning the site, and perform hand hygiene before and after wound care. I would make sure that the dressing was dry and intact, and that there was a date and initials of the last time it was changed. If the dressing became soiled, I would change it and continue to monitor.

\* **Drain and Specimen Management**:

\* **Comfort Management**:

\* **Musculoskeletal Management**:

\* **Pain Management**: Pain management for this patient is important to promote healing. When he awoke from surgery, he experienced severe pain and it needs to be followed up on and well managed. Pain can cause his blood pressure and heart rate to increase, and can also have an effect on his breathing and respiratory status. Frequent pain assessments are necessary for providing the most quality care for this patient.

\* **Respiratory Management**: This patient already had a low SaO<sub>2</sub> level, so frequent monitoring of his respiratory status is a priority. Applying oxygen as needed, educating about turn, cough, and deep breathe, and incentive spirometer use is also a priority. By respiratory management, the nurse will be able to predict and hopefully prevent a decline in the patient's respiratory status.