

<p>Universal Competencies (Address all)</p>	<p>Required Areas of Care (Address all)</p>
<p><u>*Health Care Team Collaboration:</u> F.M., along with his recent amputation, has a history of Type I diabetes, CHF, and renal failure. This requires communication and collaboration among various health care professionals to provide the patient with the best care. Consults with physical therapy and a counselor may also be necessary.</p> <p><u>*Human Caring:</u> F.M. has shown signs of depression and anxiety regarding his amputation. He was restless and irritable, didn't want to look at his leg, and expressed concern about being able to care for himself at home. As a nurse (and any other team member) caring for him, it is important to provide holistic care and address his emotional needs as well as his physical needs.</p> <p><u>*Standard Precautions:</u> Since the patient is prone to infection post-surgery, implementing standard precautions is crucial. Hand hygiene and cleaning of equipment should be done with each interaction. This includes cleaning the stethoscope, pulse oximetry, and keeping his right leg stump dressing clean, dry, and intact at all times.</p> <p><u>*Safety & Security:</u> Two patient identifiers and allergy verification must be used. Since the patient is a fall risk after his surgery, keeping the side rails up and bed locked/low is important to his safety. Using two-nurse verification before insulin administration is also necessary.</p>	<p><u>*Assessment & Evaluation of Vital Signs:</u> The patient's respiratory rate and temperature are slightly out of the normal range, which is concerning regarding the potential for infection. His blood pressure, and especially oxygen saturation, are of more concern because they are even more out of the normal range. He also has coarse crackles to the bilateral lobes of his lungs, which should be evaluated further. A few of his lab values are out of normal range as well, such as his CO2, potassium creatinine, BUN, RBC, Hgb, Hct, eosinophils, and glucose. These abnormal lab values are expected with his health history – renal failure (creatinine and BUN), CHF (potassium), Type I Diabetes (glucose).</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> The patient is receiving Normal Saline at 150 mL/hr in his left forearm peripheral IV. This is common after surgery to ensure adequate tissue perfusion. I would recommend monitoring his blood pressure, monitoring for any increase in bilateral lung crackles, and an order to adjust the rate as needed in order to prevent edema and hemodilution.</p> <p><u>*Type of Vascular Access with Recommendations:</u> The patient has IV access in his left forearm. There is no indication that he would need a second one, so my recommendation would be to ensure that his IV is patent with a clean, dry dressing at all times. I would check for compatibility of all the medications and fluids he is receiving, and start a new IV if any of</p>

	them were not compatible.
Choose Two Priority Assessments and Provide a Rationale for Each Choice	
<p><u>*Neurological Assessment:</u></p> <p><u>*Respiratory Assessment:</u> F.M. would require a respiratory assessment, as his vital signs indicate possible minor respiratory distress. His lower lobes of his lungs have coarse crackles bilaterally on auscultation, his respiratory rate is slightly above normal range at 22 breaths per minute, and his oxygen saturation is reading 91% on room air. Further investigation into this would help detect a cause, and interventions could be implemented to help decrease his respiratory effort and ensure adequate oxygenation to his tissues and organs.</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p><u>*Skin Assessment:</u> A skin assessment would be a priority for Mr. Mack, as he has just had a major surgery and could be prone to infection. The nurse should assess color, temperature, texture, moisture, and integrity. It is crucial to check the site for abnormalities such as bleeding, an increase in edema, discoloration, drainage, and any other symptom that may be indicative of infection. It is also important to ensure the site is protected at all times with a clean, dry, sterile dressing.</p>	<p><u>*Type of Medications with Recommendations:</u> The patient is currently receiving insulin for his diabetes, pain medication, and normal saline. I would continue administering these medications as ordered, verifying the 5 rights each time and using two-nurse verification before the administration of insulin. I would recommend starting a prophylactic antibiotic to prevent infection after his surgery. I would also recommend an anti-anxiety medication and prescribing him an anti-depressant. A diuretic may also be indicated, as he is at risk for fluid retention and edema provided his health history and vital signs. Also, an antiemetic would benefit this patient, as he has been experiencing nausea following surgery.</p> <p><u>*Oxygen Administration with Recommendations:</u> The patient may require supplemental oxygen since his O2 saturation is 91% on room air. I would recommend a standing order for oxygen via nasal cannula including titration if needed., starting at 1 L. This would help with oxygenation and decrease his respiratory effort. I would also implement interventions such as raising the head of the bed to 30 degrees and controlling his pain.</p> <p><u>*Special Needs this Patient Might Have on Discharge:</u> The patient will require follow-ups following his discharge from the hospital. If he lives alone or does not have a caregiver to help</p>

	<p>him with activities of daily living, he may require a home health nurse. He will also require a follow-up with the physician/surgeon to ensure that everything is healing as it should and monitor for complications. Lastly, he may require care from physical therapy, and more so, counseling. He has already shown signs of anxiety and depression following his amputation, so he may need some professional help to guide him through this huge life change.</p>
Nursing Management (Choose three areas to address)	
<p>*Wound Management: I would monitor the patient's surgical site every 4 hours to assess for signs of infection and adequate circulation. I would change his dressing if it became soiled, and as needed.</p> <p>*Drain and Specimen Management:</p> <p>*Comfort Management: Managing the patient's comfort will allow his body to rest and heal faster. He is distressed and uncomfortable following his amputation surgery, so nursing care could include: providing a quiet calm environment, skin care, bathing the patient, linen changes, and even just listening to him voice his concerns. Physical comfort is very important, as is emotional/mental relaxation.</p>	<p>*Musculoskeletal Management:</p> <p>*Pain Management: The patient's vital signs and subjective/objective symptoms indicate that he is in a lot of pain following his surgery. His pain could be managed by administering his ordered pain medications on time, and his PRN medications. Non-pharmacologic interventions such as music therapy, distraction, meditation, positioning, and providing a quiet, calm environment could also help in managing the patient's pain.</p> <p>*Respiratory Management:</p>