Universal Competencies (Address all)	Required Areas of Care (Address all)
*Health Care Team Collaboration: **- Contact Xray team to get a chest x-ray and rush results due to crackles in lungs.** **- Contact HCP that is caring for patient and make sure that we have the same goal and are on the same page with care. Also talk the HCP about possibly placing patient on 1L nasal cannula to increase O2 stats. Also talk to doctor about possible blood transfusion due to CBC results and antibiotics for possible pneumonia.** **- Contact lab about labs that need to be run and monitored. Make sure that they receive the labs and frequently check for results.** **- Contact dialysis to assure that the patient will remain on dialysis while in the hospital.** **- Contact case management about at home care or placement and possible equipment needed when discharged.** **- Contact pharmacist about current medications to assure that are no incompatibilities.** **- Contact Physical therapy and Occupational therapy about teaching the patient ways to transfer and move around throughout the day.** **- Contact dietary to talk to patient about diabetic diet and to also talk about increase an increase in protein to promote healing.** *Human Caring: **I would be checking on my patient frequently and encourage him to talk about is concerns with his amputation. I will keep encouraging my patient and continue push him to be as independent as possible. Listen to my patient anytime he wants to talk and find out if he lives alone or with anyone or has any problems that may lead to difficult of health maintenance. I would promote rest and comfort and tech about incentive spirometry. I want to make**	*Assessment & Evaluation of Vital Signs: **The patients BP is slightly elevated due to either pain or related to his CHF. Heart rate is WNL. Respiratory rate is slightly elevated because he is trying to increase O2 to meet demand. O2 stats are decreased due to possible pneumonia or fluid overload related to renal failure. Temperature is good.** *Fluid Management Evaluation with Recommendations: **The patient may need a decrease in fluids due to fluid overload related to patients' renal failure. I would suggest strict fluid intake and output. Would discuss with HCP for a possible decrease of NS from 150 ml/hr to 100 ml/hr and monitor for changes. Make sure my patient gets his scheduled dialysis procedures as needed. Weigh my patient daily for major changes in weight. Assess for any edema. Recommend possible diuretic.** *Type of Vascular Access with Recommendations: **Patient has a left forearm peripheral IV, it is the only access site. I would make sure that we keep the IV patent and take precautions to prevent possible infection and infiltration. Make sure meds given through IV can be given at same time if scheduled or not(compatibility).** *Type of Medications with Recommendations: **Patient will need to continue medication for CHF. Patient will also need to continue insulin treatment for his diabetes, may need to recommend a change in insulins or adding another one to help control blood sugars. If patient has fluid overload we may need to get him started on diuretics if not already taking. May also need to be started on antibiotic of**

sure my patient is as comfortable as can be at all times. Ask if my patient about his religious beliefs and adjust my care to meet them, ask if he would like to speak to the Chaplin.

*Standard Precautions: **Fall precautions because of his recent amputation and age. Possible droplet isolation if pneumonia is confirmed. No right arm BP.**

*Safety & Security: **Make sure my patients' bed is all the way down, rails are up, and bed is locked. I would make sure his call light and personal items are within reach for when he needs them. Teach my patient the importance of calling when he wants to get up or he needs anything because I don't want to risk him falling.**

Choose Two Priority Assessments and Provide a Rationale for Each Choice

*Neurological Assessment:

*Respiratory Assessment: **This would be my priority assessment because he currently has course crackles bilaterally in lower lobes of his lungs. I would want to check to see if it is pneumonia caused by fluid overload. This way we can get him started on antibiotics or decrease his infusion rate. His RR is at 22 which is a little abnormal and his O2 stat is 91% which is a little low but is a concern because he is a diabetic with uncontrolled blood sugars that just had a surgery, oxygenation to tissues is very important for healing. I would assess lung sounds frequently for any changes. I would also check capillary refill and other symptoms of cyanosis. Will consider adding oxygen via nasal cannula.**

patients results confirm that he has pneumonia. Keep patient on pain medication to control pain caused by surgery.

*Oxygen Administration with Recommendations:
Since he is not yet on oxygen I would like to get him started on oxygen via nasal cannula to help increased O2 stats. I would start at 1 L to see if it improves his status. I would also continue to monitor O2 stats and tissue perfusion.

*Special Needs this Patient Might Have on Discharge: **Patient will have to be taught early sings and symptoms of SIRS and when to seek medical attention. Teach my patient about his environment and how to promote safety from falls at home; like removing rugs. Teach patient about recovery time and continued physical therapy. I would contact case management to discuss with him about getting a home health nurse to assist him at home or to be taken to a long-term facility. My patient will also be needing at home equipment like a wheelchair and crutches. I would also encourage my patient to join a support group during this life changing transition. Teach my patient about phantom pain and how to manage it.**

*Abdominal Assessment: *Cardiac Assessment: *Skin Assessment: **This would be my second priority assessment because of his recent surgery to make sure he does not develop and infection. Another reason for checking is because my patient is diabetic and has decreased ability to heal due to uncontrolled hypertension. I also see it important to do skin assessments because my patient is currently unable to ambulate and needs help repositioning in bed. I do not want bed sores to develop.**	
Nursing Management (Choose three areas to address)	
*Wound Management: **I would make sure that my patients incision dressing is always dry, clean, and intact. I would change as needed or scheduled. Assess the wound to assure no infection is developing and incision is healing well. Would talk to doctor to make sure he/she does not want any ointments or specific care for the patients wound to help promote healing.** *Drain and Specimen Management: *Comfort Management:	*Musculoskeletal Management: *Pain Management: **Give my patient scheduled pain medications on time and PRN medications as needed so that my patient is not in pain from is incision. Teach my patient about distraction techniques to help decrease pain. (Ex- deep breathing, relaxation, watching tv, listening to music, etc.) I would also reposition my patient every 2 hours or more frequently to help decreased pain and promote comfort.** *Respiratory Management: **I will probably apply oxygen via nasal cannula to my patient to increase O2 stats. Raise the head of my patients' bed to assist in increasing O2 stats as well. Encourage my patient to turn, cough, and deep breath. Instruct patient to use incentive spirometry. I will also check O2 stats frequently adequate oxygenation.**