

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><b>*Health Care Team Collaboration:</b> Regarding Freddy Mack's prior health problems, I would want to be in contact with the outpatient facility that cares for him during his dialysis, and his primary doctors that provide care regarding his Type 1 diabetes and CHF. These doctors are able to provide information that we wouldn't have access to otherwise such as how he manages his diabetes, if he has any home support, and if he is showing up to his scheduled dialysis appointments. If he isn't managing his other illnesses properly this could indicate that he will also be non-compliant following his amputation. I would want to be in contact with someone that could provide information for him regarding home health since he seems concerned about how he is going to be able to take care of himself once he gets home. Physical therapy would need to be consulted because he will need to learn how to get up and moving following the amputation. A patient that has as many previous health problems as he does, along with his new amputation will require a lot of collaboration between doctors and nurses to ensure that everyone is taking care of the patient appropriately.</p> <p><b>*Human Caring:</b> Freddy Mack has already expressed concerns about how he will care for himself and seems worried about his recent amputation, so I would make sure that I was communicating with him effectively about his treatments and keep him informed about his plan of care. I would make him feel as comfortable as possible and talk slowly and calmly in order to ensure he understands what is going on. I would try to involve his family in his care and have a positive approach to his care.</p> <p><b>*Standard Precautions:</b> Freddy Mack has an increased risk of infection because of the surgery he had to amputate his leg, so implementing proper precautions to prevent infection are extremely important. Nurses caring for him need to maintain aseptic technique when cleaning the wound and reapplying the dressing because any contamination can cause an infection in the leg which can spread causing sepsis. I would make sure the dressing is clean, dry and intact at all times and change the dressing per protocol or as needed.</p> <p><b>*Safety &amp; Security:</b> Freddy Mack is an older patient and has prior health issues as well as the recent amputation, so I would take extra precautions and emphasize that he should get help when using the bathroom or ambulating. I would also have the bed in</p>	<p><b>*Assessment &amp; Evaluation of Vital Signs:</b> Freddy Mack has an increased blood pressure, and respiratory rate which could be the result of pain or anxiety related to the procedure/ amputation since he reported having severe pain. He has an elevated temperature which is concerning because that is a sign of infection and he is at an increased risk for infection since he just had surgery. His O2 saturations are low and this could be because of the fluid accumulation in his lungs. He has an extremely high blood glucose which can be caused by the stress and surgery. He has a low HBG and HCT which indicates that there was blood loss during surgery, which is expected, and they aren't extremely low so they would need to be monitored and if they get worse, we could do a blood transfusion. His BUN and creatinine are elevated because he is in renal failure.</p> <p><b>*Fluid Management Evaluation with Recommendations:</b> He currently has a left forearm peripheral IV with NS infusing at 150mL/hr. I think at the moment the fluids that are infusing are adequate because he didn't experience extreme blood loss during surgery, so he doesn't need anything more than what he is already receiving. These are just maintenance fluids, and they are keeping his fluid and electrolytes in balance and ensuring that his organs are being perfused after surgery. I wouldn't recommend any changes at the moment and would keep observing him.</p> <p><b>*Type of Vascular Access with Recommendations:</b> Right now, he has the right arm AV fistula which is used for his dialysis and the left forearm peripheral IV that is infusing NS. There are no issues with the IV site at this time and the fluids are infusing appropriately. I would consider adding another large bore IV in order to administer fluids and medications such as the antibiotic. I would monitor the IV sites for any redness or pain and that could be caused by extravasation since antibiotics can frequently cause extravasation.</p> <p><b>*Type of Medications with Recommendations:</b> I would keep a close watch on his insulin levels and continue administering the sliding scale regular insulin every 4 hours per protocol. I would also want him to be on prophylactic antibiotics because the risk of infection is high following surgery. Before administering any antibiotics through the same site as the NS I would make sure they are compatible</p>

<p>the lowest position with rails up and have his call light within reach in case he needs anything while I'm not in the room. In addition to that I would make sure that he has everything he needs to make him feel safe and secure such as belongings from home or his telephone to call family.</p>	<p>and if they weren't, I would start a new IV site. I would also continue administering the pain medications on time and before the onset of pain to prevent him from having severe pain.</p> <p><u>*Oxygen Administration with</u></p> <p><u>Recommendations:</u> Freddy Mack has a low oxygen saturation on room air at 91% so I would get an order to start oxygen on him. I would want to put him on nasal cannula to begin with to help increase his O2 saturation. I would continue monitoring to see if his saturation increases and if he wasn't improving, I will adjust accordingly.</p>
<p align="center"><b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b></p>	
<p><u>*Neurological Assessment:</u></p> <p><u>*Respiratory Assessment:</u> Freddy has coarse crackles to bilateral lower lobes of the lungs so a frequent respiratory assessment would be necessary. He is most likely experiencing bilateral crackles due to atelectasis that was caused by the surgery. Atelectasis is a common complication of anesthesia and is most likely the cause of Freddy's high respiratory rate and low oxygen saturation because he is having trouble breathing. I would do respiratory assessments throughout my shift to ensure the crackles weren't getting worse. Along with listening to his lungs, I would check the oxygenation since I wanted an order for a nasal canula. I would keep checking the pulse ox to determine if I needed to increase or decrease the oxygen.</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p><u>*Skin Assessment:</u> Keeping the limb clean and dry is vital for an amputee patient because if the area becomes wet it increases the chance of infection. Things like poor nutrition, dehydration and uncontrolled blood sugar can all negatively affect the healing process and can increase the risk of skin breakdown. He is at risk for skin breakdown due to the poor glycemic control and being elderly, so good skin care is important to include in his plan of care. I would assess that the patient is not experiencing any skin breakdown and implement measures to help decrease the risk, such as giving fluids, a healthy diet and monitoring blood sugar levels.</p>	<p><u>*Special Needs this Patient Might Have on Discharge:</u> I think one of the most important considerations would be to connect him with someone for home health since he voiced concerns about being incapable of taking care of himself at home. He may need extra assistance at first until he gets the hang of doing things he used to do. Freddy would also need a referral to physical therapy or a case manager to help him get a wheelchair and teach him how to get around on his own. I would get him in contact with a prosthetist for the future if he was interested in getting a prosthetic leg. Upon discharge I would also see if he has any family or friends that could be there to support him during his recovery. Learning how to adjust to this new lifestyle can be a long process and family or friends can help tremendously with giving the patient hope and helping them to keep a positive attitude.</p>
<p align="center"><b>Nursing Management (Choose three areas to address)</b></p>	
<p><u>*Wound Management:</u> Wound management is very important for Freddy because this wound requires close management otherwise it could lead to infection or even death. When taking care of an amputation it is important to wash the limb with mild soap and water, then rinse and pat dry. I would do this per shift or as needed and ensure that anything</p>	<p><u>*Musculoskeletal Management:</u></p> <p><u>*Pain Management:</u> I would provide pain medication on a set schedule as well as offer PRN pain medication in order to help keep him within his pain threshold. I would do frequent pain assessments in order to determine if my interventions were helping.</p>

coming into contact with the patient's skin, such as the dressing was clean and dry. Before doing any wound care, I would administer pain medications if he was experiencing pain. During wound care and dressing changes, I would continue to assess Freddy's pain and communicate with him to ensure that he was as comfortable as possible throughout the process.

**\*Drain and Specimen Management:**

**\*Comfort Management:** In order to keep Freddy comfortable, I would focus a lot of my attention on emotional comfort. Amputation is something that is a huge adjustment, and I would want to be there for support in case he was having a hard time accepting this change. Along with emotional comfort I would turn and reposition Freddy every 2 hours or as needed and elevate the leg for the first 24-48 hours. Since he probably won't be able to get out of bed on his own for a while, I would check that all of his belongings were close, and his call light was in reach so I could help him to the bathroom or assist him in changing positions as needed to keep him as comfortable as possible.

During medication administration I would explain each medication and tell him to let me know if he was still in pain after receiving medication. Along with pain medication I would implement non pharmacologic pain management such as relaxation techniques, massage or guided imagery to help distract Freddy from his pain.

**\*Respiratory Management:**