Krishia Hernandez

Universal Competencies (Address all)

*Health Care Team Collaboration: Involve patient, keep everyone involved updated on what's happening, proper documentation, team meetings, patient's best interest is the focus.

*Human Caring: Valuing, respecting, and advocating for patient – their overall well-being, preferences, culture, and beliefs.

*Standard Precautions: Proper hand hygiene before and after contact with a patient, cleaning equipment such as stethoscope before and after use, wearing gloves whenever in contact with vomit, saliva, mucus, blood, stool, etc.

*Safety & Security: Two patient identification, verify any allergies, side rails are up, bed is in lowest position before leaving the room, 4 P's (pain, potty, position, possessions), ensure privacy, keep all patient information confidential, putting the call light near the patient

Choose Two Priority Assessments and Provide a Rationale for Each Choice

*Neurological Assessment:
*Respiratory Assessment:
*Abdominal Assessment:
*Cardiac Assessment:
*Skin Assessment:

I chose respiratory assessment because the patient has a coarse crackles in his bilateral lower lobes and that can indicate pulmonary edema. The patient has a history of renal failure (BUN of 52 and creatinine of 4.3) which can also cause the pulmonary edema.
I also chose cardiac assessment because of the hypertension which makes the heart work harder and the patient also have a history of congestive heart failure – can lead to pulmonary edema when the heart is not able to pump efficiently, fluid can back up to the lungs.

Required Areas of Care (Address all)

*Assessment & Evaluation of Vital Signs: Vital signs that are out of the normal range are:
BP 150/90, RR 22, SaO2 91%
- Antihypertensive for high blood pressure
- Ask if the patient is having an anxiety or fear, that may contribute to RR 22
-Look at the trends in VS – if he's respirations are usually like that or not
- Oxygen therapy for low oxygen saturation

*Fluid Management Evaluation with Recommendations: The patient is receiving normal saline at 150 mL/hr. Check if it's the right infusion rate. Too much IV fluid may have contributed to the coarse crackles in his lungs – if so, reduce infusion rate.

*Type of Vascular Access with Recommendations: The patient has a right arm AV fistula and a left forearm peripheral IV. We want to prevent infection to those sites by cleaning it and monitoring for signs and symptoms of infection. Keep the clamps closed when not use and avoid putting pressure on access area. Also, make sure that the AV fistula has a bruit, thrill, and good blow flow rate.

*Type of Medications with Recommendations:

- The patient is on Regular insulin (sliding scale Q 4 hrs.), but his blood sugar is still way too high and it's on 346 right now. I will notify the physician and may suggest to either increase dose or move to another type of insulin like a long-acting insulin such as Glargine, Detemir, or Degludec.
- The doctor may also order medications to prevent infection (Antibiotics) – Cephazolin or Penicillin – and blood clots (Anticoagulants or blood thinners) such as Eliquis or Warfarin.
- Severe pain – Opioid agonist
- Nausea/Vomiting – Antiemetic

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	*Oxygen Administration with Recommendations: His oxygen saturation is 91% on room air. So, we want to give oxygen by nasal cannula 2 Liters and observe his oxygen saturation. If it does not go up to normal, we can titrate it up to 4 Liters with humidification or move to another type of oxygen therapy. *Special Needs this Patient Might Have on Discharge: Physical Therapy, Occupational Therapy, Psychiatric counseling, Community support & therapy group, Home health, Case Management – assistance for these concerns to facilitate optimal adaptation and rehabilitation.
Nursing Management (Choose three areas to address)	
*Wound Management: *Drain and Specimen Management: *Comfort Management:	*Musculoskeletal Management: *Pain Management: *Respiratory Management:

Comfort Management:

- Put the patient in a semi-fowlers position – provides comfort in breathing
- Assist with repositioning to prevent fluid accumulation on dependent areas
- Ask what he feels about losing a body part and attentively listen – expressing emotions help the patient begin to deal with the fact and reality of life without a limb
- Support the patient – help him cope with altered body image

Pain Management:

- As the patient if he's having any pain, rate it 0 to 10, and the location
- Try nonpharmacological interventions such as deep breathing, meditation, music therapy, distraction, guided imagery, etc.
- Look at his ordered medication list.
- Give something if a doctor ordered something for pain. If not, call/notify physician & suggest:
    - Opioid – morphine, hydromorphone, oxymorphone, or fentanyl

Respiratory Management:

- Respiratory assessment to check lung sounds
- Incentive Spirometry – help the patient to take a slow deep breath
- Oxygen therapy for SaO2 91% on room air
- Steroids – reduce airway inflammation / help patient breathe better