

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><u>*Health Care Team Collaboration:</u> My 64-year-old patient is manifesting symptom of sepsis, shock and gradually progressing to Mods and DIC. My patient like every other patient needs immediate intervention to survive. Collaboration in healthcare have proven successful in patient's outcome and patient total care; with this knowledge in view, I quickly collaborate with my patient's physician, cardiologist, case manager, dialysis team, respiratory team, physical therapist, wound care nurse, dietician and my charge nurse to cooperatively work together and problem solve to formulate plans for my patient care. I will first provide an SBAR of my patient to the physician. I will recommend a fluid resuscitation immediately; this has been proven to be the first intervention in sepsis management. I will also recommend a blood transfusion as my patient labs indicates anemia. His Hgb, Hct and RBCs are below normal, and my patient has renal failure, these factors indicate anemia. I will also recommend for high flow oxygen as my client O2 Sat is currently 91% on room air and his respirations are slightly increased. My patient has coarse crackles in the lower lobes of both lungs; to rule out pneumonia, I will recommend x-ray of the chest and blood cultures for early identification of an infection or pulmonary edema. I will recommend Ceftriaxone a broad-spectrum antibiotic be given now to take care of any respiratory or skin infection that may have begun. I will notify the dialysis team of dialysis care for my patient. I will notify respiratory team of breathing treatment to administer to my patient if cultures come back positive. I will notify the wound care specialist to frequently assess my patient's wound and making sure it is</p>	<p><u>*Assessment &amp; Evaluation of Vital Signs:</u> My patient's blood pressure is 150/90, this increase B/P can place stress on my patient's weak heart. I will observe my patient for any signs and symptoms of headache, blurry vision and fatigue as a result of his B/P. I will report this finding to the physician and continue to monitor the trend of this value. Heart rate 88 is normal sinus rhythm; I will continue to monitor the heart rate closely. Respiration 22, my patient is hyperventilating, his body is doing a lot of work to get oxygen to take in oxygen. O2 Sat is 91% on room air, my patient oxygen is not adequate enough so he will need supplemental oxygen to keep up with demands of the body. Temperature is 99.2, it is slightly high, so I will continue to monitor this value.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> My patient already has NS going on at 150ml/hr. I will carefully monitor my patient during infusion to prevent fluid overload and pulmonary edema. I will do this by maintaining strict intake and output. I will collaborate with the dialysis nurse to report the amount of urine put out of my patient. I will measure daily weight and abdominal girth.</p> <p><u>*Type of Vascular Access with Recommendations:</u> My patient will need an additional large bore peripheral IV (14-18 gauge) on the left forearm, for blood transfusion. The other IV on the right forearm for fluid and medication administration(antibiotics) if infection is noted.</p>

uninfected. I will talk with my charge nurse to consult physical therapist and dietician for best nutrition for my patient to promote healing. I will ask my case manager to facilitate medical devices that may be beneficial to my patient self-care.

\*Human Caring: My patient just had an amputation of one of his limbs; this will cause him some physical and psychological stress. I need to provide emotional support at this time to my patient. I need to be sensitive to his feelings, I need to be aware of his needs and provide immediate answers to his question. I will collaborate with my case manager to get a family member to be with my patient as a support. I will also help him identify his feelings and encourage him to state his concerns. I will include my patient in his care plans to reduce any anxiety and confusion.

\*Standard Precautions: I will perform standard precaution by making sure I wash my hands before and after patient care and wear gloves when I am in contact with my patient. This is so that infection or cross contamination can be prevented.

\*Safety & Security: My patient just had a surgery, so he is still in pain so I have to do all I can to prevent further injury. I will therefore put my patient on fall precaution. I will give my patient all of his personal belongings so he will have no reason to want to get up. I will make sure the call light is in my patients reach; I will teach my patient to call if he needs his urinal. I will get Physical therapy to provide range of motion to my patient so he does not develop DVTs. I will make sure rails

\*Type of Medications with

Recommendations: Despite sliding scale insulin administration, my patient is still having high blood glucose. I will recommend a short acting insulin be prescribed to be used alongside with sliding scale insulin. I will recommend Dobutamine, this is indicated for heart failure and it will make the heart pump efficiently.

Beta blockers can reduce the preload and after load of the heart. I will teach my patient to turn slowly in bed.

Furosemide can treat high blood pressure and act as a diuretic to excrete waste. Opioids like morphine and hydrocodone can be used as scheduled and prn respectively. I will assess my patient for respiratory depression and constipation with these medications.

Enoxaparin can be given prophylactically to prevent blood clot; I will check PT/INR frequently before giving this medication. Broad spectrum antibiotics will be important to give, until cultures come out negative. An antiemetic medication like Zofran will be recommended to help with nausea and vomiting.

\*Oxygen Administration with

Recommendations: Oxygen therapy will be given to my patient to treat hypoxemia; to determine if this treatment is effective, I will monitor my patient O<sub>2</sub>Sat and ABGs. It should be greater than 95% and CO<sub>2</sub> should be corrected.

are up 2x. I will have the room well-conditioned and lit. I will make sure to monitor my patient hemodynamic status promptly.

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

\*Neurological Assessment: I will continue to assess my patient neurological status for any change in level of consciousness. A change in LOC will be the first thing that will indicate my patient is not doing well and may be progressing to ARDS.

\*Respiratory Assessment: This will be my second priority since my patient has CHF. The bilateral crackles heard on auscultation is an indication of fluid in his lungs which is a common phenomenon with CHF. I will recommend salt restriction on my patient's diet. I will monitor fluid administration and I will recommend oxygen therapy immediately for my patient. I will keep patients HOB up 30° to help him breathe better.

\*Abdominal Assessment: I would check my patient abdominal girth for fluid retention since my patient has CHF. I will also auscultate and palpate his abdomen and listen for bowel sounds. My patient is taking high doses of pain medication which can place him at risk for constipation. Constipation can place increase workload on my patient's heart.

\*Cardiac Assessment: This is my first priority assessment, my patient has type 1 diabetes, congestive heart failure and renal failure. His labs indicate that his heart is not able to pump enough blood to meet the metabolic

\*Special Needs this Patient Might Have on Discharge: The special needs my patient might require would be teaching on self-care and medical equipment to help in mobilization like amputee leggings, wheel chairs, knee scooters, crutches and a walker. It will take some time for my patient to learn to balance his legs, I will teach my patient to focus on short term goals. I will teach my patient to wear his close toe shoes at all time before he ambulates. I will get physical therapy to teach my patient how to move to a sitting position once per shift, twice a day.

needs of his body, this can lead to hypovolemic shock. My patient also has a recent surgery, this places my patient at risk for bleeding, infection and possibly sepsis, so I will judiciously monitor my patient's hemodynamic status. I will request for an order of NS to be infused as a maintenance fluid to get my patient hydrated. I will also request for replacement of blood volume to correct the hypovolemic shock. I will check my patient's vital signs. I will assess his bilateral radial pulses for strength and regularity, I will check capillary refill on both hands and left leg, pedal pulses for strength and regularity. I will check his skin turgor and auscultate his heart; I will listen to his apical pulse for 1 full minute.

\*Skin Assessment: I will check the skin for any non-healing wound. I will assess for any bleeding and I monitor the skin for dehydration by observing his skin turgor.

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

\*Wound Management: As a nurse I will perform strict aseptic technique when assessing my patient amputated limb. I will make sure the dressing is clean, dry and intact. I will collaborate with the wound care nurse if there is a presence of infection, such as odor, redness, swelling, pain, and drainage. I will also check temperature to determine fever.

\*Drain and Specimen Management:

\*Comfort Management: For comfort management, I will keep the surgical site free of pain by making sure there is no device on my patient bed that can bruise my patient's skin and I will avoid placing heavy blankets on my patients. I can help my patient list and watch his favorites channels on TV

\*Musculoskeletal Management:

\*Pain Management: I will monitor my patient pain intensity by making him use the scale method of 0-10. I will administer his scheduled and prn medication on time. I will make sure I perform a focused pain assessment after giving his medication to check for efficacy of the medication.

\*Respiratory Management: I will address this area because it is very important, I want my patient to be able to breathe without any obstruction. So, I will listen to lungs sounds to make sure I hear less crackles. I will monitor respiratory rate, if it is labored and shallow. I will observe my patient's neck and cough reflex. I will check his nose and throat for any drainage or blockage. I will observe the chest for equal rise.