

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><u>*Health Care Team Collaboration:</u></p> <ul style="list-style-type: none"> <li>- <b>infectious disease:</b> called to see patient because they are septic</li> <li>- <b>respiratory therapist:</b> to help ensure that the patient is getting adequate oxygenation, especially with pneumonia</li> <li>- <b>wound care:</b> patient has stage 3 pressure ulcer which will need to be treated</li> <li>- <b>physical therapy:</b> help patient with regaining strength in her right side after the cerebrovascular accident</li> <li>- <b>cardiology:</b> consult with this team since the patient has myocardial infarction and peripheral vascular disease</li> <li>- <b>nutrition:</b> consult with this team to make sure patient has a heart healthy diet</li> </ul> <p><u>*Human Caring:</u></p> <p>- I will make sure to sit with the patient and address her concerns and any questions. I will also make sure to explain every procedure before it happens, so that she understands and hopefully lessens her fears. I will ask if she has any family, she would like me to call or anything she needs.</p> <p><u>*Standard Precautions:</u></p> <ul style="list-style-type: none"> <li>- great hand hygiene</li> <li>- wear gloves when in contact with patient or medications</li> <li>- aseptic technique when performing wound care</li> <li>- clean equipment before use</li> <li>- possible droplet precautions due to pneumonia and sepsis</li> </ul> <p><u>*Safety &amp; Security:</u></p> <ul style="list-style-type: none"> <li>- bed rails up</li> <li>- bed in low position, HOB at least 30 degrees</li> <li>- yellow socks and gown</li> <li>- no clutter</li> <li>- call light in reach</li> <li>- turn patient Q 2 hrs or as needed</li> <li>- hourly rounding with 4 P's</li> </ul>	<p><u>*Assessment &amp; Evaluation of Vital Signs:</u></p> <ul style="list-style-type: none"> <li>- BP has been dropping, HR has been increasing, RR has stayed about the same, and temperature has increased.</li> <li>- Drop in BP, increase in HR, RR, and temperature could indicate that the patient could be going into shock.</li> <li>- RR is not getting better, so might need to increase O2 support.</li> </ul> <p><u>*Fluid Management Evaluation with Recommendations:</u></p> <ul style="list-style-type: none"> <li>- Currently getting D5 ½ NS at 100 mL/hr.</li> <li>- This IV fluid is a good option for dehydration, no recommendations.</li> </ul> <p><u>*Type of Vascular Access with Recommendations:</u></p> <ul style="list-style-type: none"> <li>- She currently has 18 gauge INT in right forearm.</li> <li>- I will recommend another IV site, in case she will be needing other medications and fluids.</li> <li>- A PICC is also an option, if we have to have a lot of continuous labs, so that the medications and labs can be drawn without multiple sticks.</li> </ul> <p><u>*Type of Medications with Recommendations:</u></p> <ul style="list-style-type: none"> <li>- Kept on fluids for dehydration</li> <li>- Antibiotics for pneumonia and sepsis</li> <li>- Nebulizer treatments to help open lungs</li> <li>- Vasopressor if BP will not come back up</li> <li>- Corticosteroids to help fight the infection</li> <li>- Start enteral feedings as soon as possible if patient can't eat</li> </ul> <p><u>*Oxygen Administration with Recommendations:</u></p> <ul style="list-style-type: none"> <li>- Currently: 4L NC</li> <li>- Since respiratory status is not improving, may recommend high flow cannula.</li> </ul> <p><u>*Special Needs this Patient Might Have on Discharge:</u></p> <ul style="list-style-type: none"> <li>- Wound care</li> <li>- Heart healthy diet</li> <li>- Encourage fluids, possible fluid schedule</li> </ul>

<b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b>	
<p>*<u>Neurological Assessment</u>:</p> <p>*<u>Respiratory Assessment</u>: This assessment is very important to this patient because with pneumonia, I must make sure that the patient still has adequate oxygenation and O2 levels stay at a good level.</p> <p>*<u>Abdominal Assessment</u>:</p> <p>*<u>Cardiac Assessment</u>:</p> <p>*<u>Skin Assessment</u>: Doing a skin assessment on this patient is very important, because she already has a pressure ulcer, and I will need to monitor that closely to prevent further breakdown and help healing. I will also need to make sure that no other pressure ulcers form on this patient.</p>	
<b>Nursing Management (Choose three areas to address)</b>	
<p>*<u>Wound Management</u>: I will consult wound care. I will turn the patient Q2 hours or as needed to help aide in wound healing and prevent other pressure ulcers. I will monitor and change the dressing as needed.</p> <p>*<u>Drain and Specimen Management</u>:</p> <p>*<u>Comfort Management</u>: It is important that the patient is comfortable, so that this can help her heal and get the rest she needs. I will try and cluster my care as much as possible, and provide a low-stimulation environment, have pain medications ready, check on patient at least every hour is not more to make sure still comfortable.</p>	<p>*<u>Musculoskeletal Management</u>:</p> <p>*<u>Pain Management</u>:</p> <p>*<u>Respiratory Management</u>: It is important to monitor the patient's respiratory status to help aide in healing of pneumonia and make sure the patient is getting adequate oxygenation. I will do regular respiratory assessments, breathing treatments as scheduled, keep the HOB elevated to at least 30 degrees, encourage use of the incentive spirometer, and encourage fluids.</p>