Universal Competencies (Address all)	Required Areas of Care (Address all)
*<u>Health Care Team Collaboration</u>: - Nurses, UAPs and HCP - Respiratory Therapy (pneumonia) - Wound care (Stage 3 ulcer) - Infectious Disease Physician (sepsis) - Telemetry (continuous monitoring) - Lab (blood cultures, routine lab work) *<u>Human Caring</u>: - Coming from ED, patient likely has anxiety - Provide calm and assuring environment - Answer questions with confidence of knowledge and honesty *<u>Standard Precautions</u>: - Strict asepsis r/t sepsis, pneumonia, patient age, open ulcer (we want to prevent further infection - Hand Hygiene - Clean and disinfect surfaces *<u>Safety & Security</u>: - Checking Name and DOB, allergies - Identification band - Fall risk gown, socks, wristband and ID on door - Call light in reach - Side rails up, bed alarm on - Frequent checks to ensure needs are being met	*<u>Assessment & Evaluation of Vital Signs</u>: - **Blood Pressure:** was low on arrival, indicative of the diagnosis of dehydration and sepsis. The BP dropped even more and showed a MAP of 58, which is resulting in more of a decrease in tissue perfusion. We may suggest to the HCP that we increase the rate of IV fluids being given (since only ordered for 100 mL/hr and we know that hypovolemia is an aggravator for sepsis). - **Heart Rate:** HR was slightly elevated on arrival but still in normal limits. Likely an early sign of the dehydration and infection response. At 0700 the HR is up to 121, which is tachycardia. With the BP going down and HR going up, this is an indicator of hypovolemic shock and progressive sepsis. Knowing that the patient has a history of MI, we want to control the hearts function closely. Once we fix the underlying issue the HR will likely go back to normal. **- Respirations:** RR are labored and a fast rate. These types of RR can cause the patient anxiety and lead her to tire quickly. They can also cause respiratory alkalosis as the patient blows off all of the CO2. Her CO2 level will decrease below 35 and she will show signs of dizziness, paresthesia, and confusion. We can have the patient try to slow breathing and breathe into her cupped hands or a paper bag. We will titrate oxygen via nasal cannula according to O2 sats and watch for deteriation of respiratory effort and update RT as necessary. Intubation may be required if the airway is compromised. - **Temperature:** As the temp continues to increase, the metabolism of the body also increases. We need to treat the underlying cause and retrieve blood cultures ASAP so we can begin antibiotic therapy. We should also consider enteral or parenteral nutrition to be started r/t the increase in metabolic
Choose Two Priority Assessments and Provide a Rationale for Each Choice	
*<u>Neurological Assessment</u>: * - Priority because mental decline can be evidence of progressive sepsis - We should perform neuro checks every	

hour or more *Respiratory Assessment: * - Priority because patient is showing respiratory decline. - Should be continuously monitored and RT should initiate intubation if necessary *Abdominal Assessment: *Cardiac Assessment: Not a pump problem *Skin Assessment: - Priority because we can tell hydration status and evaluate fluid resuscitation efforts - Watch for skin tenting, color, temp - Mucous membranes will become moist and less likely to crack/bleed	demands *Fluid Management Evaluation with Recommendations: - Knowing the current status of the patient, we need to increase the fluid administration. - The patient is experiencing hypovolemia and needs IV fluids to replace fluid lost by bodies compensatory state. - Sepsis protocol calls for 30 mL/kg rapid fluid bolus within the first hour, we should verify that patient has had this bolus or initiate it ASAP. We should also titrate fluid administration to keep a MAP of above 65 (last known MAP I calculated to be 58). - Evaluate fluid resuscitation by initiating passive leg raises, checking mucous membranes, an increase MAP, urine output > 0.5 mL/kg/hr *Type of Vascular Access with Recommendations: - Patient has access via 18 gauge to right forearm - While an 18 G is a good size to give fluids or blood as needed, we will want to initiate another IV access (18 G as well) - Because the patient will be receiving IV antibiotics, blood products and fluids heavily for the next weeks likely, we can advocate for a central line. - Because of the large amounts of products we will be giving IV, we should watch for infiltration and patency of the access. *Type of Medications with Recommendations: - Patient will need antibiotic therapy initiated ASAP - We should watch the HgB and request orders for a transfusion if it continues to drop or gets below 7 - Corticosteroids could benefit the patient in decreasing inflammation - Vasopressors may be needed if the MAP

	cannot be increased by fluid resuscitation *Oxygen Administration with Recommendations: - Titrate based on orders and oxygen saturation - May require intubation if continues to show respiratory decline and to help decrease oxygen demand -Increase supply, lower demand *Special Needs this Patient Might Have on Discharge: - 81 yrs old with right side weakness and peripheral vascular disease - Will likely return to nursing home after discharge - Will likely need home medications; perform good teaching - Meticulous care of pressure ulcer and prevention of decline
Nursing Management (Choose three areas to address)	
***Wound Management:** - An open wound is the perfect entry point for bacteria - Good wound care and prevention of further staging of the ulcer will help healing - Nutrition should be adequate to assist with healing - Teaching the patient and nursing home personnel importance of Q2hr turns and wound care *Drain and Specimen Management: *Comfort Management:	***Musculoskeletal Management:** - With right sided weakness, self-care will be difficult for the patient - Teaching includes strengthening unaffected side - With labored RR, the patient will tire easily - We should limit the patients' activity at this time to decrease oxygen demand *Pain Management: ***Respiratory Management:** - Pneumonia can interrupt the V/Q process - Along with sepsis the tissues are not adequately perfused and therefore we switch to anaerobic metabolism - Teach the patient how to slow RR and into paper bag when hyperventilating - Respiratory decline will indicate need for intubation