

<p>Universal Competencies (Address all)</p>	<p>Required Areas of Care (Address all)</p>
<p><u>*Health Care Team Collaboration:</u> We need respiratory therapy involved in this patients care because we need to ensure the patient is oxygenating. We also need wound care to help manage the pressure ulcer. We also need PT and OT to keep her physically active even if that is just a little bit of walking. We need to consult nutrition to get her a high calorie diet since she is in a hypermetabolic state. It will take a team to get this patient on the road to recovery and home.</p> <p><u>*Human Caring:</u> A lot of nursing is task oriented to get the patient on the road to recovery, but we also need to consider how the patient is feeling in an ICU setting. This can be a scary transition especially when the patient is older and worried about not coming out of the hospital. We need to sit down and speak with the patient and see how she is doing mentally. See if she is being taken care of at her nursing home or if she is being neglected or abused. We need to figure out if there is anything we can do to make her hospital stay more enjoyable.</p> <p><u>*Standard Precautions:</u> With the patient we need to also have extremely good hand hygiene. We need to wear gloves when touching bodily fluids or wounds. We need to have droplet precautions in place since she does have pneumonia.</p> <p><u>*Safety & Security:</u> We need to have the bed in the lowest position, 3 side railed up or 4 if the patient is confused. She needs to have the call light within reach and the head of the bed raised in order to ease work of breathing. We need to turn her every two hours. Since she is at an increased risk for falls she will need a yellow gown and yellow socks. I will keep the room clean and clutter free. I will also check on the patient every hour to ensure she is doing okay and doesn't need anything.</p>	<p><u>*Assessment & Evaluation of Vital Signs:</u> Upon assessment of the patient's vital signs I am under the impression that the patient is going into septic shock. Her blood pressure is continuing to decrease despite efforts which I interpret as the patient is beginning to third space fluids. Her heart rate is slowly beginning to increase as well because of the work of breathing. Her respiratory rate is extremely high and we need to get this under control before she becomes exhausted. I would suggest switching to a high flow of oxygen source like a non-rebreather. I would also keep the intubation equipment close in case we need it in an emergency. The patient also needs to be started on an antipyretic to get the fever down if it continues to climb.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> I would switch the patient from D51/2NS to an isotonic fluid to hydrate the patient. I would suggest normal saline to run at 30ml/kg bolus and then continue normal saline at a rate the doctor orders.</p> <p><u>*Type of Vascular Access with Recommendations:</u> I would expect the patient to get a central line so that we could administer multiple medications and fluids all at the same time. I would also expect the patient to get an Arterial line so that we could more accurately monitor the patients' blood pressure and blood gasses while receiving treatment.</p> <p><u>*Type of Medications with Recommendations:</u> The patient needs a Beta Adrenergic Agonist to keep their mean arterial pressure above 65 to ensure organ perfusion. I would suggest Norepinephrine. The patient also needs to be started on a broad spectrum antibiotic until blood cultures can determine a more specific antibiotic needed. I would suggest Meropenem. I</p>

<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p>would also expect the patient to receive some sort of bronchodilator to make the work of breathing easier for the patient like albuterol. The last thing that I would expect is some sort of anticoagulant like aspirin or Plavix for the patient's heart disease.</p> <p><u>*Oxygen Administration with Recommendations:</u> To ensure adequate perfusion to the vital organs and tissues I would suggest a non-rebreather with 100% oxygen flowing.</p> <p><u>*Special Needs this Patient Might Have on Discharge:</u> Since the patient will be returning to a nursing home we need to ensure that the patient will be taken care of adequately. She will need wound care for her pressure ulcer and will also need to be turned frequently so she doesn't get another pressure ulcer. She will need fluids to prevent being dehydrated again the staff will need to remind her to drink frequently.</p>
<p><u>*Neurological Assessment:</u> <u>*Respiratory Assessment:</u> My main priority assessment would be to listen to the patient's lungs and establish the baseline of what they sound like. I would also watch her chest rise and fall to see if she is using any accessory muscles to breathe. I would then monitor her O2 saturation to ensure she is perfusing. This will allow us to establish baseline for the patient and try to get better from there.</p> <p><u>*Abdominal Assessment:</u> <u>*Cardiac Assessment:</u> <u>*Skin Assessment:</u> My next priority would be to do a thorough skin assessment to make sure the patient doesn't have skin breakdown anywhere other than the pressure ulcer we have already found. If there is skin breakdown other places we can try to prevent it from turning into a pressure ulcer. Preventing more areas of possible infection is a priority for a patient who is already septic.</p>	<p align="center">Nursing Management (Choose three areas to address)</p> <p><u>*Wound Management:</u> We need to provide adequate wound care for the patient's pressure ulcer so that it either does not get infected or it begins to heal.</p> <p><u>*Drain and Specimen Management:</u> <u>*Comfort Management:</u> We as the nurses need to ensure the patient is comfortable and is being provided support to prevent more pressure ulcers from happening. We need to ensure the patient is not in any severe pain and that we control her pain the best we can. We need to cluster our care and allow the patient to rest as much as possible to decrease oxygen demand on the heart and organs.</p> <p><u>*Musculoskeletal Management:</u> <u>*Pain Management:</u> <u>*Respiratory Management:</u> Since the patient already has pneumonia we need to do frequent lung sound assessments to listen for changes. The patient also needs fluids in order to help thin the secretions in the lungs. We also need to keep intubation equipment at the bedside in case the patient does continue to get worse.</p>