

<p><b>Universal Competencies (Address all)</b></p>	<p><b>Required Areas of Care (Address all)</b></p>
<p><u>*Health Care Team Collaboration:</u> Collaborate and consult with respiratory therapist to form a POC that works on targeting the lungs/pneumonia. Keep the physician up to date about patient condition and VS. Get PT to see if they can offer tips to help her adapt to her weakness since her previous CVA. Consult with case management to see if patient qualifies for any financial support.</p> <p><u>*Human Caring:</u> Listen to the patient's needs. Spend time with the patient. Include patient in POC. Initiate a POC that is specific to the patient as an individual with unique needs and preferences. Do not discriminate against the patient.</p> <p><u>*Standard Precautions:</u> Wash hands before beginning care, before direct contact with the patient and when hands are contaminated with body secretions. Wear gloves during medication administration and to protect yourself or patient from contamination. Maintain asepsis throughout care.</p> <p><u>*Safety &amp; Security:</u> Verify nursing interventions against providers orders, standing protocols and evidence-based practice. Verify patient name, DOB, and allergies. Initiate fall precautions- bed in low position, non-skid socks, side rails are raised, room is free of clutter. Use AIDET. Ask 4 P's upon leaving the room. Keep patient information confidential.</p>	<p><u>*Assessment &amp; Evaluation of Vital Signs:</u> VS like HR, respirations, temperature have all increased since admission. The patient's BP has decreased since admission. I suspect the patient is going into septic shock and does not have adequate perfusion. Since admission, WBC have increased (from sepsis), HCT (from dehydration), lactic acid (indicates septic shock), PT-INR is increased putting them at risk for DIC.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> The protocol for Sepsis is 30mL/kg bolus to increase BP and hydration. IV is D5 ½ NS at 100mL/hr. 100mL/hr is not an adequate rate to really provide much benefit and hydration.</p> <p><u>*Type of Vascular Access with Recommendations:</u> The patient has a right forearm 18 gauge IV. Start a new peripheral IV site for precautionary measures. Consider a possible central line since the patient will probably be treated for a long time because of critical condition.</p> <p><u>*Type of Medications with Recommendations:</u> Corticosteroids for inflammation. Antibiotics to control pneumonia, and sepsis. Possible vasopressors to increase blood pressure.</p>
<p><b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b></p>	<p><u>*Oxygen Administration with Recommendations:</u> Assess patient's oxygen saturation. Depending on the patient's oxygen saturation, oxygen level may need to be adjusted. Sepsis can often cause low o2 levels due to myocardial demand. If the o2 saturation is low and o2 level needs to be increased, consult the physician.</p>
<p><u>*Neurological Assessment:</u> Patient was diagnosed with sepsis. A baseline neurological assessment is needed to determine if patient is progressing with an LOC change or if there is confusion present.</p> <p><u>*Respiratory Assessment:</u> Patient was diagnosed with pneumonia. Assessing</p>	<p><u>*Special Needs this Patient Might Have on Discharge:</u></p>

<p>respiratory status is critical to see if the patient's condition has made any changes.</p> <p>* <u>Abdominal Assessment</u>:</p> <p>* <u>Cardiac Assessment</u>:</p> <p>* <u>Skin Assessment</u>: The patient has stage 3 right hip pressure ulcer. It would need to be monitored for infection and to see if it is healing. The patient is critically ill and may be in bed for quite a while making a quality skin assessment is critical.</p>	<p>This patient will probably be discharged eventually on antibiotics. She may need help financially. She also needs to know what to report to the HCP to prevent any further complications.</p>
<p><b>Nursing Management (Choose three areas to address)</b></p>	
<p>* <u>Wound Management</u>:</p> <p>* <u>Drain and Specimen Management</u>:</p> <p>* <u>Comfort Management</u>: Assess 4 P's. Turn every 2 hours. Teach patient to use call light when she needs anything like her possessions, or if she is uncomfortable.</p>	<p>* <u>Musculoskeletal Management</u>:</p> <p>* <u>Pain Management</u>: Assess patient's pain. I have no record of her pain management or if she is in pain at all. Teach the patient to use call light if she is in any pain. Teach the patient all of the adverse effects of pain medication and how often she can have it.</p> <p>* <u>Respiratory Management</u>: Encourage incentive spirometer use. Teach the patient how to use Incentive spirometer and to use it when she can.</p>