

<b>Universal Competencies (Address all)</b>	<b>Required Areas of Care (Address all)</b>
<p><u>*Health Care Team Collaboration:</u></p> <ul style="list-style-type: none"> <li>• Maintain a clean work environment</li> <li>• Practice hospital policies</li> <li>• Provide best patient care using evidence-based practice</li> <li>• I would also consult with the doctor about her overall healing process</li> </ul> <p><u>*Human Caring:</u></p> <ul style="list-style-type: none"> <li>• Listen to her and contact any family she may want with her</li> <li>• Address patients concerns and let her know that it is okay to feel anxious</li> </ul> <p><u>*Standard Precautions:</u></p> <ul style="list-style-type: none"> <li>• Practice hand hygiene when entering patients' room, after contact with patient and when leaving room</li> <li>• Wear gloves when in contact with patient and possible secretions</li> <li>• Clean equipment (ex: stethoscope, pulse ox) before using</li> <li>• Introduce self and explain actions that are being done</li> </ul> <p><u>*Safety &amp; Security:</u></p> <ul style="list-style-type: none"> <li>• Always identify patient using 2 identifiers and verify her allergies</li> <li>• Make sure her bed rails are up, non-skid socks are on, bed is locked and in lowest position, and room is clutter free</li> <li>• Perform hourly rounding using the 4 P's; potty, pain, position, and possessions</li> <li>• I would make sure her call light is with her and have her and she knows to call if she needs anything</li> </ul>	<p><u>*Assessment &amp; Evaluation of Vital Signs:</u>            Her temperature, respirations, heart rate, and WBC are all increased to where they meet the criteria of septic shock. She is on the cardiac monitor; I would watch for any dysrhythmias. Her lactate level is 4.0 this tells me she is in septic shock, knowing her lactate level I would draw some blood cultures. I would continue to monitor her vital signs regularly.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u>            She has D51/2 NS infusing at 100 mL/hr. With this fluid going her blood pressure is still decreasing, signifying shock. With an order, I would begin infusion of 30 mL/kg of crystalloid because she has hypotension and her lactate level is greater than 4.</p> <p><u>*Type of Vascular Access with Recommendations:</u>            She has an 18 gauge IV in her right forearm. I would maybe put in a second peripheral IV access on the other arm just in case the other gets bad or in case of emergency. I would monitor the IV sites checking for any redness or bleeding around the dressings. I would also assess for tenderness around the sites, monitoring sites for infection.</p> <p><u>*Type of Medications with Recommendations:</u>            She has no home medications listed. I would recommend a broad-spectrum antibiotic to treat the infection and administer within 1 hour. If she is still having hypotension after the fluid resuscitation I would next ask about</p>

<p><b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b></p>	<p>vasopressors.</p>
<p><b>*Neurological Assessment:</b> I would do a neurological assessment because change in LOC is one of the first signs of hypoxemia. Assess LOC frequently.</p> <p><b>*Respiratory Assessment:</b> I would do a respiratory assessment since she has pneumonia and septic shock. I would look at chest for bilateral equal chest raises, and auscultate breath sounds.</p> <p><b>*Abdominal Assessment:</b></p> <p><b>*Cardiac Assessment:</b></p> <p><b>*Skin Assessment:</b></p>	<p><b>*Oxygen Administration with Recommendations:</b> She is on a nasal cannula at 4 L/min. I do not know her oxygen saturation with that on, so I would assess the o2 sat. If her oxygen saturation was less than 92%, I would report to the HCP and see if we could change oxygen administration to a different method.</p> <p><b>*Special Needs this Patient Might Have on Discharge:</b> With sepsis survivors it is important to assess psyche of the patient. Post sepsis syndrome affects 50% of patients. She may need physical therapy, emotional and psychological support such as counseling or cognitive behavioral therapy.</p>
<p><b>Nursing Management (Choose three areas to address)</b></p>	
<p><b>*Wound Management:</b> I would teach her wound management, since she will probably be discharged with the pressure ulcer still healing.</p> <p><b>*Drain and Specimen Management:</b></p> <p><b>*Comfort Management:</b></p>	<p><b>*Musculoskeletal Management:</b> She has right sided weakness and some paresthesia. This tells me she may be more sedentary. I would teach her the importance of changing positions every 2 hours to prevent pressure ulcers in the future.</p> <p><b>*Pain Management:</b></p> <p><b>*Respiratory Management:</b> She is already having respiratory difficulties with pneumonia. I would teach her the importance of TCDB, and using an incentive spirometer.</p>