

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><u>*Health Care Team Collaboration:</u></p> <ul style="list-style-type: none"> • Physical Therapy- to help her on the road to recovery and get back to optimal health and help with her rehab of the right sided weakness from the CVA • Respiratory Therapy- to help with her respiratory status and possible intubation is she keeps declining. • Wound care- Wound care to debride and clean the pressure ulcer wound • Cardiologist- since she has a hx of cardiac issues you want a cardiologist on her case in case she has issues with her underlying conditions • Dietician- To help support her metabolic needs in the time of high energy use of the body due to the sepsis • Infectious disease- to help treat the infection causing the sepsis • Turn Team- to help prevent other pressure ulcers <p><u>*Human Caring:</u></p> <ul style="list-style-type: none"> • Show that you care and are there to help by relating to Fannie Mae and family • Listen and hear Fannie Mae and family • Use non-discriminatory principles towards Fannie Mae and family • If Fannie Mae is religious, you could ask to pray for her • Hold Fannie Mae's hand and sit down at bedside with her and talk • Make sure to use layman's terms when talking to her about her condition. • Turn her 2 q hours to protect her skin • Help with ADL's as needed and treat her with dignity <p><u>*Standard Precautions:</u></p> <ul style="list-style-type: none"> • Wear gloves whenever contact with human secretions is possible • Wash or cleanse hands before contact with Fannie Mae or whenever contaminated • Cleanse stethoscope and other 	<p><u>*Assessment & Evaluation of Vital Signs:</u></p> <p>I would want to reassess her BP because it is very low at this moment and is trending down and see if maybe we can give something to raise it like a pressor. Her respirations are labored and high even with being on 4L so maybe we can bump up her oxygen and see how she does on that. I also want to look at her pulse ox because it can give me a little more insight about her respiratory status. Also raise the head of the bed to help with her breathing. Her temp is 102.5 so we need to get it down so maybe we can see if she has antipyretics on hand and try cooling her off by using a cool wash rag on her neck and forehead. Also assess her pain level and see if she has pain meds on hand.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u></p> <p>I want to give her crystalloid IV fluids like NS or keep her on the D5 ½ NS to treat the dehydration and to help raise that BP, but I don't want to overload her with fluids because of her respiratory status. If she is not NPO and is able to drink we want to get clear fluids in to help thin the respiratory secretions.</p> <p><u>*Type of Vascular Access with Recommendations:</u></p> <p>I would recommend getting a Subclavian Central Line or a PICC because she is going to be getting lots of different fluids and medications and depending on the type of antibiotic being given, she needs one because the antibiotic can cause extravasation in a peripheral IV. Also, since she has sepsis, it will be easier to monitor her CVP if she has a central line. But you could leave the peripheral IV in just in case you need another line.</p> <p><u>*Type of Medications with Recommendations:</u></p> <p>First, we are going to get some blood cultures before giving any type of antibiotics. The type of</p>

<p>equipment before and after using on Fannie Mae</p> <ul style="list-style-type: none"> • Dispose of contaminated materials in appropriate places • Implement special precautions if needed <p><u>*Safety & Security:</u></p> <ul style="list-style-type: none"> • Make sure the bed rails are up and the bed is in the lowest position • Make sure she has her call light and possessions in reach • Make sure she has nonskid socks on • Always verify patient and allergies when going into her room and always before giving meds • Hourly rounding • Mobility level is assessed for positioning • AIDET every time • Insure privacy during care for Fannie Mae • Show Fannie Mae trust and respect with body and verbal language • Keep all patient information confidential • Verify all orders against the MAR • Turn her 2 q hours to protect her skin 	<p>antibiotics we want to give first are the broad-spectrum like Zosyn or ceftriaxone. Then depending on the results of the blood cultures we might give Vanc. I will then look at the orders and see if we can give her something to help her pain relief and decrease her effort like some morphine to lower those respirations and help with pain management. She also might need a breathing treatment like albuterol to help with the secretions from the pneumonia. And she might need to be on insulin depending on her glucose levels due to the stress on her body from the infection. And she may need to be on some kind of nutritional support like enteral feedings or TPN because of the high metabolic demand. She may also need to be on vasopressin to help with her BP and also due to the sepsis.</p> <p><u>*Oxygen Administration with Recommendations:</u></p> <p>She may need to be on a higher flow nasal cannula depending on her respiratory status changes and if the o2 demand is too high she may eventually need to be intubated to let her body rest and decrease the demand.</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p><u>*Special Needs this Patient Might Have on Discharge:</u></p>
<p><u>*Neurological Assessment:</u></p> <p><u>*Respiratory Assessment:</u> she needs a respiratory assessment because of her oxygenation status and her RR being at 39 on 4L NC. We need to assess the respiratory status because it could also tell us about how she is perfusing. We would also assess it because in MODS usually the first thing to start failing is the lungs and we want to make sure she is not going into MODS and if she is we want to try and catch it early and treat it. Also since she has a diagnosis of pneumonia we want to listen to her lungs and hear what they sound like so we can see how the pneumonia is responding to the antibiotics</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p><u>*Skin Assessment:</u> She needs a skin</p>	<p>After she is discharged, she may need to be on o2 when she goes back to the nursing home to help her with the respiratory demand. She also she might need to be on a oral antibiotic after the IV antibiotics so she will need to have some sort of probiotic to help prevent C.diff after all of those antibiotics. Her pressure ulcer needs meticulous wound care at the nursing home to prevent infection and needs better skin care to prevent other pressure ulcers. She may need PT at the nursing home to get her back to her baseline. Make sure she has a well-balanced diet and plenty of fluids</p>

assessment because we need to see if the pressure ulcer she has is where the infection started from and see if she has any other wounds that may be the cause of the infection. Also, since she is dehydrated it might tell us to some extent to how dehydrated she is by assessing the skin turgor. The skin assessment is a good place to assess first so you can manage the infected wounds and start the process to healing them which will help treat and prevent any further infection.

Nursing Management (Choose three areas to address)

* **Wound Management:** We need to manage her pressure wound because it could have been the source of the infection. We want to heal the wound if we can, to prevent further skin breakdown. It's important to do good wound care because if we don't it could cause irreversible damage and cause further infection to an already immunosuppressed person. We want to instruct Fannie Mae that she needs her pressure ulcer cleaned every day and that she needs to be repositioned every 2 hours to help with her wound management.

* **Drain and Specimen Management:**

* **Comfort Management:**

* **Musculoskeletal Management:** We want to teach Fannie Mae and perform how to do low intensity ROM on her right side that is affected so she can do it on her unaffected side. We want to teach her this because it will help increase mobility and help decrease and prevent skin breakdown and contractures.

* **Pain Management:**

* **Respiratory Management:** She needs to be put on o2 NC and she also needs to be instructed to let us know if she feels like she can't breathe. She needs to be put on a monitor to watch her respiratory rate and her o2 sat to watch for a decline in respiratory status and to assess for the need for intubation. We need teach her that she needs to decrease her demand and increase her supply of oxygen, so we are going to teach her to rest as much as possible and to always leave her oxygen and monitors on. She also needs to be instructed to take deep breaths if she can to help with her oxygenation. Her HOB needs to be elevated to also help her breathe better and if she needs help coughing, we could try augmented coughing or teach her too use a pillow and splint to cough if it hurts her. We as the nurses are also going to try and cluster care and do low stimulation to help her rest

and decrease o2 demand.