

<p>Universal Competencies (Address all)</p>	<p>Required Areas of Care (Address all)</p>
<p>*<u>Health Care Team Collaboration</u>: Mrs. Mae will need a respiratory therapist to help manage her pneumonia and to do things like breathing treatments, she will need wound care to help clean her pressure ulcer wound and to make sure the dressing on it is clean and dry. I would also consult neuro to make sure that she isn't having another cerebrovascular accident since she is at risk for another one. Physical therapy would need to be consulted for her right sided weakness, and possibly home health to get her equipment to help her get around her house on her own.</p> <p>*<u>Human Caring</u>: To provide Mrs. Mae with the best care possible, the nurse would need to have therapeutic communication with her. The nurse would need to actively listen to her fears and concerns and allow her to feel her own emotions. It is important to include Mrs. Mae in her own care, and her family if they are present and if that is wanted. Since she was brought into the ED by the ambulance, she is probably very scared and not sure of what is going on. I would take the time to reassure Mrs. Mae that she is in a safe place and will be taken care of well.</p> <p>*<u>Standard Precautions</u>: Hand hygiene should be used appropriately when caring for this patient, especially because she is already septic. The nurse should change gloves frequently while washing hands between each use. The nurse should use gloves when handling the patient's medications, while doing assessments, and while performing wound care. The nurse should also ensure that the patient has clean, dry sheets and that further skin breakdown is being prevented. The nurse needs to check Mrs. Mae's pressure wound dressing frequently to make sure that it is staying dry and that there is nothing coming out of it.</p>	<p>*<u>Assessment & Evaluation of Vital Signs</u>: BP: Mrs. Mae's blood pressure was 80/48 upon admission. Her systolic blood pressure is less than 90, indicating severe sepsis. To fix this we would need to administer IV fluids. HR: Her heart rate was 121 upon admission. This is very tachycardic and most likely happens because of the inflammatory response that the body has during sepsis. I would try to calm the patient down and might try to administer a beta blocker RR: Upon admission Mrs. Mae's respiratory rate was 39 breaths per minute, labored and on 4L NC. Her respirations are so high due to a low PaCO₂. I would encourage the patient to relax and take some deep breaths Temperature: 102.5. Mrs. Mae's temperature is elevated due to her sepsis, so we would need to treat the sepsis in order to bring this down. I would also only keep a light sheet on her and make sure she is receiving enough fluids.</p> <p>*<u>Fluid Management Evaluation with Recommendations</u>: Mrs. Mae is receiving D5 ½ NS at 100mL/hr. This is an adequate amount because of her hypotension and diagnosis of sepsis. I would recommend that she be switched to an isotonic infusion and that the rate may be faster. Since she has pneumonia, we will need to monitor her for fluid overload.</p> <p>*<u>Type of Vascular Access with Recommendations</u>: Mrs. Mae has an 18 gauge IV in her right forearm. I would ensure that her dressing stays clean, and that the IV stays patent. I would consider placing another large bore IV to her other arm in case she needs to receive blood products or be rushed to the OR.</p> <p>*<u>Type of Medications with Recommendations</u>: Mrs. Mae will need to be at least on a couple of antibiotics to cover her sepsis, and her pneumonia infection. The</p>

<p>*<u>Safety & Security</u>: Since Mrs. Mae is in septic shock, she needs cluster care and a low stimulation environment to make sure her body has time to heal. Her room needs to be free of clutter, she needs to have a bed alarm under her due to her being at a high risk for falls. Her call light and personal items need to be within reach, the bed needs to be in the lowest position with all of the rails raised, and Mrs. Mae needs to be educated on why she needs to call us before she gets out of bed. When administering medication, any blood products, or when doing a bedside procedure, the patient needs to be identified using two patient identifiers, and the patient needs to be assessed for allergies before administering anything.</p>	<p>antibiotics will also help prevent an infection in her pressure ulcer wound. A bronchodilator would help slow her respirations down which would decrease her body's metabolic workload. Because Mrs. Mae has a temperature and she may be in pain, I would recommend something like Tylenol because it will help with her pain and her high temperature</p> <p>*<u>Oxygen Administration with Recommendations</u>: Mrs. Mae is currently on 4L O2 via nasal cannula. We don't know what her oxygen saturation is, but we would need to keep it above 90%. If the 4L is not helping Mrs. Mae perfuse, I would recommend going to a high flow nasal cannula.</p> <p>*<u>Special Needs this Patient Might Have on Discharge</u>: Since Mrs. Mae came from the nursing home, she will more than likely be returning to it. Upon discharge I would contact the nursing home to make sure they have everything they will need to take care of her properly. She will need to be visited by physical therapy since she has a hard time getting around, and she does need to get up some to prevent any further pressure wounds. I would consult respiratory therapists to possibly send her home with a rescue inhaler and a nebulizer. I would also educate Mrs. Mae and the people at the nursing home the importance of hand hygiene to prevent another septic episode from happening.</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	
<p>*<u>Neurological Assessment</u>:</p> <p>*<u>Respiratory Assessment</u>: I would perform a respiratory assessment on Mrs. Mae due to her pneumonia infection, and her high respiration rate and labored breathing upon admission. She is on 4L of oxygen via nasal cannula, and as she is getting better I would want to ween that flow down. I would also expect the crackles in her lungs to diminish as she received care. Respiratory assessments would help tell us if our interventions are working or not.</p> <p>*<u>Abdominal Assessment</u>:</p> <p>*<u>Cardiac Assessment</u>:</p> <p>*<u>Skin Assessment</u>: I would perform a skin assessment on Mrs. Mae due to her already having a pressure ulcer. Since she will most likely be in bed the whole time she is in the hospital, she is at high risk for skin breakdown. Her skin would need to be assessed regularly because a new pressure ulcer could possibly worsen her sepsis.</p>	
<p>Nursing Management (Choose three areas to address)</p>	

<p>*<u>Wound Management</u>: I would keep a close eye on Mrs. Mae's pressure ulcer wound, especially since she is already septic. Having an open wound puts her at risk for her infection to get worse, and we need to do everything we can to prevent that from happening. The wound will need a clean and dry dressing on it, that should be changed frequently. She will need to be turned frequently to allow the area to breathe, and to prevent pressure ulcers on any other part of her body.</p> <p>*<u>Drain and Specimen Management</u>:</p> <p>*<u>Comfort Management</u>:</p>	<p>*<u>Musculoskeletal Management</u>: Because Mrs. Mae already has a hard time getting around, I would make sure that we reserve the movement she still does have. I would perform passive range of motion exercises with her and would encourage her to move as tolerated. Since she will be in bed maintaining her strength is very important.</p> <p>*<u>Pain Management</u>:</p> <p>*<u>Respiratory Management</u>: Mrs. Mae's respiratory rate was very high, and its due to the fluid that is in her lungs. To help her breathe easier I would ensure she was in a calm, cluster free environment, I would sit the head of her bed up, and would help her with breathing exercises. I would educate her on the importance of wearing her oxygen and would ensure she is receiving her antibiotics to get rid of that infection.</p>
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