

<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>: Wound care in order to properly care for her stage 3 pressure ulcer, PT to help with ROM exercises related to her right sided weakness, Infectious disease to ensure proper treatment of her sepsis and respiratory to help achieve more efficient oxygenation. I would also contact dietary in order to get her on a high calorie diet to promote healing.</p> <p>* <u>Human Caring</u>: The patient may be scared or nervous so take the time to explain what is going on, contact family members and address her concerns. Try to comfort the patient by sitting with her or holding her hand if she is comfortable with that.</p> <p>* <u>Standard Precautions</u>: Perform hand hygiene, when entering the room, between procedures and when leaving the room. Since patient has pneumonia and sepsis, droplet precautions are in place. While performing wound care, ensure the use of aseptic technique.</p> <p>* <u>Safety &amp; Security</u>: Since patient is a fall risk, she will be placed in yellow nonslip socks and a yellow gown. Standard safety precautions would include bed in lowest position, 3 of 4 bed rails up, head of bed at least 30 degrees, call light within reach, clutter free room and turn patient q2hours or more as needed since she already has a pressure ulcer.</p>	<p>* <u>Assessment &amp; Evaluation of Vital Signs</u>: Her blood pressure is slowly decreasing, her heart rate is increasing in order to try and compensate, her respirations are increasing very quickly and her work of breathing is increasing which could lead to respiratory failure from fatigue. All of these lead to the patient going into septic shock.</p> <p>* <u>Fluid Management Evaluation with Recommendations</u>: I would recommend switching the fluids from D5 ½ NS to an isotonic solution or LR. These fluids will be more effective in rehydrating the patient while preventing further pulmonary edema and thus worsening her pneumonia.</p> <p>* <u>Type of Vascular Access with Recommendations</u>: Due to the patients age and hydration status I would recommend a PICC line in order to avoid numerous sticks for lab draws and to also provide a secondary access point for meds and/or fluids.</p> <p>* <u>Type of Medications with Recommendations</u>: Since the patient has both sepsis and pneumonia, a strong antibiotic and corticosteroid should be prescribed along with lots of IV fluids. Along with the pneumonia, a nebulizer treatment might be recommended to help open and clear out the lungs, Since she has a history of heart disease, I would expect aspirin to be used prophylactically and possibly vasopressors to help regulate her low blood pressure.</p>
<p><b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b></p>	
<p>* <u>Neurological Assessment</u>: I would perform neuro checks because she has sepsis and I need to monitor changes in her mentation.</p> <p>* <u>Respiratory Assessment</u>: I would asses lung sounds due to pneumonia and she is tachypneic with labored breathing. Her pneumonia diagnosis and her assessment findings will most likely hinder adequate oxygenation.</p> <p>* <u>Abdominal Assessment</u>:</p> <p>* <u>Cardiac Assessment</u>:</p> <p>* <u>Skin Assessment</u>:</p>	<p>* <u>Oxygen Administration with Recommendations</u>: Since she is having low oxygen saturations on 4L with the NC and may possibly have a productive cough, I would not recommend a mask. I would rather put her on high flow nasal canula to help prevent aspiration and achieve adequate oxygenation.</p> <p>* <u>Special Needs this Patient Might Have on Discharge</u>: Because this patient is living in a nursing home, we will be sure to contact them about her wound care of her stage 3 pressure ulcer and altering moving her to q1hr instead of 2. We may also put her on some extra fluids and keep her on a high calorie diet until the infection subsides and then put her on a heart healthy diet.</p>

**Nursing Management (Choose three areas to address)**

\* **Wound Management:** Since she has a stage 3 pressure ulcer, it is imperative to have team collaboration on her wound care. Consistently turning and properly changing her dressing is vital to helping her wound heal.

\* **Drain and Specimen Management:**

\* **Comfort Management:** With her being an older and more frail patient, we may need to discuss resuscitative measures with her and her family in the event they are needed. In the meantime, we will keep her comfortable and cluster our care in order to let her rest and heal.

\* **Musculoskeletal Management:**

\* **Pain Management:**

\* **Respiratory Management:** Due to her risk for aspiration and pneumonia diagnosis, lung sounds and WOB will be assessed more frequently. We will promote oral fluids and IV fluids in order to break up the secretions in her lungs but also balancing the fluids to prevent further pulmonary edema from heart complications.