

| <p>Universal Competencies (Address all)</p> | <p>Required Areas of Care (Address all)</p> |
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| <p>*<u>Health Care Team Collaboration:</u> Collaborate with Respiratory Therapist because this patient is experiencing respiratory distress. An elevated respiratory rate of 39 while on 4L of oxygen is not solving the issue and it is likely that this patient will become tired quickly. This patient needs to be assessed by RT to establish the next course of action. I presume next options may be high flow nasal cannula or intubation if respiratory distress continues or worsens.</p> <p>Collaborate with physician/intensivist for orders and plan of care for Fannie Mae such as medications, fluids, blood pressure support, devices, etc.</p> <p>Collaborate with monitor tech to indicate and verify cardiac rhythm and events collected from cardiac monitor.</p> <p>Collaborate with social worker to begin planning for patient discharge plan and address any needs the patient needs while in MICU.</p> <p>Collaborate with dietary to assess the patient's nutritional status and needs. Fannie Mae is septic so her body will require more nutrients and energy to fight the infection.</p> <p>Collaborate with radiologist and radiology technician for chest X-rays for pneumonia if ordered by physician.</p> <p>Collaborate with transportation to take patient to and from procedures and scans not available on the unit. It will likely be necessary that I travel with this patient because she is not stable.</p> <p>Collaborate with pharmacist for medication and fluids supplies. Also, to contact for verification of compatibility and any administration questions.</p> <p>Collaborate with Speech Pathologist to determine ability to swallow and gag reflex. Fannie Mae has a history of CVA and currently displays right-sided</p> | <p>*<u>Assessment & Evaluation of Vital Signs:</u> The patient's blood pressure is 80/48 and is likely caused by vasodilation r/t sepsis and decreased fluid volume r/t dehydration. The heart rate is elevated to 121 as an attempt to pump blood and perfuse the body as best it can. Respirations are increased to 39 because the body is struggling to perfuse, and the oxygen demands are increase. Increased respiratory effort is related to the increase heart rate and body workload while body trying to compensate. She is also feverish because of the septic infection. Fever is the body's natural response to fight off infection. The hypothalamus controls temperature and in sepsis it is affected, so it can cause temperature increase or decrease.</p> <p>*<u>Fluid Management Evaluation with Recommendations:</u> Fluid resuscitation is needed to reverse hypotension and improve cardiac output. Recommended bolus is 30mL/kg of NS.</p> <p>*<u>Type of Vascular Access with Recommendations:</u> The current vascular access is an 18 gauge IV in the right forearm. I would recommend a central line because medications can be administered this way and CVP can be assessed. CVP is important in severely septic patients because the pressure correlates to hypovolemia, fluid overload, pleural effusion, mechanical ventilation, and much more. A central line also allows access for blood draws without having to stick the patient which overall reduces the chance of infection and decreases patient discomfort.</p> <p>*<u>Type of Medications with Recommendations:</u> Corticosteroids to restore or maintain organ function. Broad spectrum antibiotic within first hour of</p> |

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| <p>weakness, so I want to ensure she is able to pass a swallow evaluation before beginning oral diet.</p> <p>Collaborate with the wound care team to evaluate patient's pressure ulcer and for indications of dressing changes.</p> <p>Collaborate with Physical Therapy because client has a pre-existing deficit of right sided weakness and paresthesia. Patient's mobility and fall risk need to be established.</p> <p>Collaborate with patient advocate to ensure patient is satisfied with care and facility.</p> <p>*Human Caring: I will listen to the patient and address her concerns. I will be engaged with the patient when caring for her by giving her my full attention and not discussing issues of my own or other issues on the unit. Fannie Mae is a priority and will be treated as such. I will also respect her age, gender, religious or spiritual practices, and culture. I will address these by asking if she has any personal preferences or needs. I will not discriminate or change her level of care based on any of these findings or beliefs.</p> <p>*Standard Precautions: I will wash my hands upon entering the room, prior to and after gloving, when indicated before during and after procedures, and when leaving the room. I will wear gloves when contact with bodily secretions may occur and when administering medications. I will protect myself and the patient by properly cleaning equipment prior to use such as stethoscope, pulse oximeter. I will use aseptic technique when performing procedures and administering medication. This includes scrubbing the hub during medication administration, using aseptic technique when preparing medications for administration, and maintaining sterility during sterile procedures. I will dispose of contaminated or used items in the proper place. Sharps will be disposed of in the sharps container and biohazardous items will</p> | <p>admission. Vasopressors to maintain MAP and to replace depletion that occurs during shock.</p> <p>*Oxygen Administration with Recommendations: This patient is experiencing respiratory distress while on 4L of oxygen via nasal cannula so more respiratory support is needed. This patient has also been diagnosed with pneumonia which affects gas exchange in the lungs. My recommendation for this patient is intubation and mechanical ventilation. My recommended ventilator setting is assist control so that the patient's body can rest and recover while the ventilator does the work but can also initiate her own breaths. This setting requires the least amount of effort from the patient and delivers the same tidal volume (amount of air per breath).</p> <p>*Special Needs this Patient Might Have on Discharge: There is a chance this patient may develop post sepsis syndrome and experience issues such as fatigue, SOB, reduced organ function, depression, or nightmares. Fannie Mae may need physical therapy, occupational therapy, neuro rehabilitation, and emotional/psychosocial support.</p> |
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be disposed of in a biobag and in the bio-bin as indicated by protocol.
If a contagious disease is indicated, I will wear the proper PPE to ensure my safety as well as the safety of other patients.

***Safety & Security:**

I will verify orders prior to performing any tasks or administering any medications.
I will identify the patient with 2 identifiers each time I come in contact with the patient. I will also verify allergies.
I will protect the patient from physical harm by initiating appropriate fall protocol, assessing mobility prior to moving the patient, assess restraints for safety and security, follow medication administration 7 rights with every medication administration, and perform procedure time outs and verify procedure prior to.
I will protect the client from psychological harm by addressing the client correctly, using the AIDET, assess 4 P's hourly, establish trust by communicating with the client, provide accurate information, and maintain patient confidentiality.
I will protect the patient from harm by providing clear, concise teaching when appropriate.

Choose Two Priority Assessments and Provide a Rationale for Each Choice

*Neurological Assessment:

***Respiratory Assessment:** I will perform a respiratory assessment because the client has been diagnosed with pneumonia and is experiencing respiratory distress. It is important to establish a baseline even when in distress so that improvements and worsening conditions can be recognized. The patient's respiratory status is unstable and must be maintained for optimal function and recovery.

*Abdominal Assessment:

***Cardiac Assessment:** I will perform a cardiac assessment because the patient has been diagnosed with sepsis. In sepsis the heart's

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| <p>contractility is reduced and systemic vasodilation occurs. This makes the heart work harder and it can easily become tired, especially in elderly clients and those with prior cardiac history like Fannie Mae who has a history of MI.</p> <p><u>*Skin Assessment:</u></p> | |
| <p>Nursing Management (Choose three areas to address)</p> | |
| <p>*Wound Management: Fannie Mae was admitted with a stage III right hip pressure ulcer. The development of this pressure ulcer is uncertain because it was apparent upon admission. It is important to make note of this finding in the chart because it was not acquired in the hospital. Thorough documentation and intervention are also required to make improvements and ensure that the pressure ulcer does not progress to a worsening stage. The management of this ulcer is important because the body is already compromised by sepsis and this ulcer provides an entry for additional infection to occur. I will teach the patient about repositioning in bed frequently to prevent more pressure ulcers and about the wound care itself so that it can be performed by the patient or family member at home once discharged.</p> <p><u>*Drain and Specimen Management:</u></p> <p><u>*Comfort Management:</u></p> | <p><u>*Musculoskeletal Management:</u></p> <p>*Pain Management: Pain is more susceptible in elderly clients and must be closely managed. Pain can exacerbate an illness and cause the patient more distress. Pain can also have an effect on vital signs. It is common for elderly clients to deny pain because they do not want pain medication, so I will educate the patient that there is more to be done for pain than medication. Discussing pharmacologic and non-pharmacologic pain management strategies and assessing for pain frequently will not only help manage pain but establish trust with the patient.</p> <p>*Respiratory Management: This patient is in respiratory distress and has been diagnosed with pneumonia, so it is important to address the respiratory system and manage its function. The patient is currently on 4L of oxygen via nasal cannula and is not showing improvement. It is likely that the client will need more respiratory support such as high flow nasal cannula or intubation and ventilator support. Both of those systems must be closely managed and assessed regularly for patient tolerance and progress. I will teach the patient that oxygen is vital to the body's function and areas to watch for skin breakdown when wearing certain devices. If the patient is sent home on oxygen I will teach her about oxygen safety such as keeping the oxygen supply away from heat or open flame and not to use petroleum based jelly near the oxygen because it can react and cause burns to the skin.</p> |

Kalli Workman