

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*<u>Health Care Team Collaboration</u>: Infectious disease provider communicate once he arrives to assess the patient. Stay in constant contact with the RT on the patient's respiratory status. Contact a wound care specialist for management of her stage III pressure ulcer. Contact a case manager to help with home health and other needs for the patient. Cardiology for her history of MI and PVD. Neurologist for her CVA. Pulmonologist for her pneumonia. Dietician to ensure patient is getting all of her nutritional needs met let patient know what she can do at home. PT to work with the patient.</p> <p>*<u>Human Caring</u>: Talk/listen to her and her concerns. Have good communication with her ask her questions to make sure she understands what is being communicated to her. Encourage her and let her know that we will take very good care of her. Create a good rapport with the patient and let her know she is not alone.</p> <p>*<u>Standard Precautions</u>: Hand hygiene upon walking into the patient's room. Don gloves. Make sure to clean my stethoscope before placing it onto the patient. Ensure any/all equipment used are clean (asepsis/sterile techniques). Change gloves when needed and hand hygiene as needed/leaving patients room.</p> <p>*<u>Safety & Security</u>: Introduce myself. Verify patient with two identifiers (name, date of birth, look at arm band) and verify allergies (if allergies ask what symptoms and make sure it's in the system). Explain what I am doing to the patient. Verify orders and medications. 7 rights with medication administration. If patient get intubated make sure BVM and suction is set up. Make sure the side rails are up, bed is in the lowest position, call light is near her, address the 4 p's.</p>	<p>*<u>Assessment & Evaluation of Vital Signs</u>: With the patients BP 80/48 (hypotension), RR 39 (tachypnea), temperature 102.5 (febrile), HR 121(tachycardia), WBC count of 17, and a lactic acid of 4.0. She is becoming severe sepsis or septic shock.</p> <p>*<u>Fluid Management Evaluation with Recommendations</u>: She is getting D5 ½ NS which is a hypertonic crystalloid. I would administer crystalloid NS at 30ml/kg since the patient is hypotensive and has a lactate level of 4.</p> <p>*<u>Type of Vascular Access with Recommendations</u>: She has an 18 g IV to the right forearm. I would get another IV on her left arm for emergent use or if more rapid fluid administration is needed.</p> <p>*<u>Type of Medications with Recommendations</u>: Norepinephrine to increase her BP. Vasopressin to help with water reabsorption to help add volume. Antibiotics for her pneumonia and sepsis. Antipyretic for her elevated temperature. Anticoagulant her PT/INR is increasing and she will be in bed resting/recovering.</p> <p>*<u>Oxygen Administration with Recommendations</u>: Patient is on 4L NC. I would try 6L NC with humidified air see if that improves her oxygenation. Start low oxygen concentration and move up as needed. If she progresses to acute respiratory failure get her ventilated.</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> Home health for help with ADL's due to her CVA with residual right-sided weakness. Can also help her with her nutritional needs since her metabolic will be increased due to the sepsis. Physical therapy to help building up strength for her right sided weakness. Wound care to prevent further damage on her pressure ulcer and help keep it free from infections. Education on treatment plans and self-care. Mental health as this can be traumatic for the patient.</p>
<p><u>*Neurological Assessment:</u> I would do this assessment because the patient has a MAP of 58 which is under 65 so her brain is not getting perfused along with other organs. I would watch for changes in LOC, seizures, lethargy, etc.</p> <p><u>*Respiratory Assessment:</u> I would do this assessment because my patient has pneumonia and she is septic heading into septic shock in MODS lungs are the first to react to immediately to imbalance with pH and first organ initiating the MODS cascade.</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:.</u></p> <p><u>*Skin Assessment:</u></p>	
<p align="center">Nursing Management (Choose three areas to address)</p>	
<p><u>*Wound Management:</u> The patient having a stage III right hip pressure ulcer and septic, wound management is important. Proper wound care is needed to help keep bacteria and other infectious agents away. Also, to help healing of the wound. Educate/teach patient how to keep site clean, s/s of infection to report to HCP, prevention of a new ulcer or worsen the current one.</p> <p><u>*Drain and Specimen Management:</u> Want cultures to identify the specific organism causing the infection. Also, want to measure output from the Foley catheter. Should have an output of 0.5ml/kg/hr. Intake and output is very important to keep tract of. Educate/teach patient importance of I&O's how it can provide a lot of information about the body.</p> <p><u>*Comfort Management:</u></p>	<p><u>*Musculoskeletal Management:</u></p> <p><u>*Pain Management:</u></p> <p><u>*Respiratory Management:</u> With the patient having pneumonia, respiratory issues, and an increasing lactate level. Making sure that the patient has good oxygenation is very important in order to have good perfusion for the other organs in the body. Educate/teach patient use of incentive spirometer, position, TCDB can help with oxygenation. Staying hydrated can help thin secretions.</p>