

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>* <u>Health Care Team Collaboration</u>: The ED nurse gives an excellent report to the MICU to prepare the new team for the patient's condition.</p> <p>* <u>Human Caring</u>: The patient is probably scared of what may happen to her. It is important to calmly speak to the patient before and during procedures as much as possible to keep her informed and reduce possible anxiety.</p> <p>* <u>Standard Precautions</u>: It is important to practice good hand hygiene and properly clean IV ports before connecting any new line or syringe. Dispose of needles and hazardous materials properly.</p> <p>* <u>Safety & Security</u>: Keep floors clear of trash and do not leave items in the patient's bed. Do not share the patient's information over the phone or with people who are not family members or involved in her care.</p>	<p>* <u>Assessment & Evaluation of Vital Signs</u>: Fannie Mae's vital signs indicate that she was experiencing SIRS and has progressed to severe sepsis and she is not responding to the current treatment. Her low blood pressure and high respiratory rate and high lactate levels indicate that her body is not being adequately perfused.</p> <p>* <u>Fluid Management Evaluation with Recommendations</u>: She is currently being given D5 ½ NS at 100 mL/hr. The fluid type should allow the fluid in her body to shift back into circulation, which is important for our patient's condition, but the fluid should be run at about 30 mL/kg/hr since she is not responding to the current rate of fluid resuscitation.</p> <p>* <u>Type of Vascular Access with Recommendations</u>: She will need a PICC line, central line, or Pulmonary Artery catheter so her central venous pressure can be monitored. Her CVP needs to be kept at 8-12 to indicate that she is being perfused.</p> <p>* <u>Type of Medications with Recommendations</u>: After taking a blood culture, a broad-spectrum antibiotic needs to be started in case infection may be causing the sepsis. She also needs to be started on a vasopressor like epinephrine to constrict the vessels to raise her blood pressure and improve perfusion. A glucocorticoid could also be given to reduce the inflammation in her body.</p> <p>* <u>Oxygen Administration with Recommendations</u>: The patient may need to be sedated to decrease the demand of oxygen, and she may need to be put on ventilation to increase the supply of oxygen.</p> <p>* <u>Special Needs this Patient Might Have on Discharge</u>: The patient might need to be put on a blood thinner if she is going to remain inactive. She also may need to continue antibiotic therapy. If she has not received it</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p>* <u>Neurological Assessment</u>: I would do a neuro assessment because of her history including a CVA and because changes in LOC is often an early sign of MOD.</p> <p>* <u>Respiratory Assessment</u>:</p> <p>* <u>Abdominal Assessment</u>:</p> <p>* <u>Cardiac Assessment</u>: I would do a cardiac assessment because of her low blood pressure and increased heart rate. The sepsis may be cause her to go into shock and affecting her perfusion.</p> <p>* <u>Skin Assessment</u>:</p>

	previously, she also needs to be encouraged to get the pneumococcal vaccine.
Nursing Management (Choose three areas to address)	
<p>*<u>Wound Management</u>: The patient has a stage III pressure on her hip that may not be the first priority but does need to be addressed and cared for when the more pertinent issues of perfusion are managed. If the wound is on her right hip, that indicates that she may lay on her side often, so she needs to be taught to turn herself, or have the nursing home staff turn her more often.</p> <p>*<u>Drain and Specimen Management</u>:</p> <p>*<u>Comfort Management</u>:</p>	<p>*<u>Musculoskeletal Management</u>: The patient may benefit from some physical therapy if she is not already involved in it. Lack of activity could contribute to blood clots, pressure ulcers, and pneumonia, which are all included in this patient's history. After the sepsis is addressed and managed, the patient should be taught the importance of physical activity, even light activity, since she has weakness.</p> <p>*<u>Pain Management</u>:</p> <p>*<u>Respiratory Management</u>: The patient has pneumonia which could have led to her current condition or if nothing else is contributing to poor perfusion in her body. The patient, if not on a ventilator, needs to be encouraged to cough and deep breath and use an incentive spirometer. She also needs to be kept in semi-fowler's to encourage adequate ventilation.</p>