

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*<u>Health Care Team Collaboration:</u></p> <ul style="list-style-type: none"> • Infectious disease consulted due to sepsis, pneumonia • Respiratory Therapy consulted due to tachypnea with labored breathing on 4L O2 • Would consider wound care consult due to stage 3 pressure ulcer • Would consider cardiology consult due to MI history • Would consider Neurology consult due to CVA history • Contact LTC facility to obtain list of home medications and possible allergies <p>*<u>Human Caring:</u></p> <ul style="list-style-type: none"> • Acknowledge patient concerns and fears • Speak to the patient in terms she can understand • Answer any questions patient may have • Stay with patient when possible and reassure her that she isn't alone <p>*<u>Standard Precautions:</u></p> <ul style="list-style-type: none"> • Good hand hygiene • Use clean gloves and changes as needed • Ensure proper asepsis is followed for peri care and wound care of ulcer <p>*<u>Safety & Security:</u></p> <ul style="list-style-type: none"> • Place patient on fall precautions due to right sided weakness and paresthesia. Including nonslip socks, yellow gown, bed alarm, 3 bed rails up, bed on lowest level, call light within reach • Assess MEWS for sepsis progression • Assess IV site for redness, edema, and pain • Verify O2 setting of 4L upon entering the room • Identify patient with Name and date of birth before all interactions 	<p>*<u>Assessment & Evaluation of Vital Signs:</u></p> <ul style="list-style-type: none"> • Two most recent vital signs show continued decline • BP at 0500 91/59, at 0700 80/48 indicating worsening hypotension • HR at 0500 92, at 0700 121 indicating patient has become tachycardic • RR at 0500 38, at 0700 39 indicating continued tachypnea despite 4L of O2 • Temperature at 0500 101.2, at 0700 102.5 indicating infection <p>*<u>Fluid Management Evaluation with Recommendations:</u></p> <ul style="list-style-type: none"> • D5 1/2NS is not a crystalloid fluid • Crystalloid fluids are the preferred fluid for patients with sepsis • The rate of fluid should be calculated by the patient's weight at 30mL/KG/Hr. Patient weight is not provided to calculate appropriate rate <p>*<u>Type of Vascular Access with Recommendations:</u></p> <ul style="list-style-type: none"> • Pt may need a central line to accommodate fluid resuscitation needs • CVP monitoring may be needed • Multiple blood draws may be needed to assess infection • Also Consider an atrial line to closely monitor hypotension and obtain ABG levels <p>*<u>Type of Medications with Recommendations:</u></p> <ul style="list-style-type: none"> • If fluid resuscitation is unsuccessful, adding a pressor such as norepinephrine may be needed. • Within the first hour of sepsis, and after blood cultures have been obtained, a broad-spectrum antibiotic should be given, such as cefepime, meropenem,

<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p>piperacillin, ceftriaxone</p> <ul style="list-style-type: none"> • Antipyretic is needed for temperature
<p><u>*Respiratory Assessment:</u></p> <ul style="list-style-type: none"> • Comprehensive Respiratory assessment is priority due to tachypnea with respirations of 39. Pt has pneumonia and is currently requiring 4L of O2 <p><u>*Cardiac Assessment:</u></p> <ul style="list-style-type: none"> • Second priority assessment would be cardiac due to patient being hypotensive with increasing tachycardia. • Lactic Acid levels are increasing which is an indication of tissue hypoxia 	<p><u>*Oxygen Administration with Recommendations:</u></p> <ul style="list-style-type: none"> • Although I do not know a pulse ox reading the patient has significant tachypnea which indicates she may become tired very quickly requiring an increase of support to high flow O2 or possibly intubation <p><u>*Special Needs this Patient Might Have on Discharge:</u></p> <ul style="list-style-type: none"> • Patient will be discharged back to LTC facility • Patient may have Post sepsis syndrome which will require rehabilitation and psychological support • Elderly patients may have cognitive impairment following sepsis that will require additional support and monitoring
<p align="center">Nursing Management (Choose three areas to address)</p>	
<p><u>*Wound Management:</u></p> <ul style="list-style-type: none"> • Due to stage 3 pressure ulcer on the patients right hip aseptic dressing changes will be required. • Patient needs to be turned Q2 hrs. • A full skin assessment should be completed at least once per shift to prevent any further damage • Patient has use of left side, therefore teach the patient to shift her weight frequently to prevent further breakdown • Obtain an order for analgesic if needed for pain control during wound care 	<p><u>*Musculoskeletal Management:</u></p> <ul style="list-style-type: none"> • Due to patient's right sided weakness and paresthesia passive range of motion exercises should be performed • Patient is also in bed a lot which will quickly cause muscle weakness • Teach the patient the importance of active range of motion and how to perform these exercises when able • Once patient is able encourage ambulation with assistance <p><u>*Respiratory Management:</u></p> <ul style="list-style-type: none"> • Closely monitor respiratory status including pulse ox, respiratory rate, liters of O2 required and ABG's • Complete a comprehensive respiratory assessment • Monitor patient for increasing support

	<p>needs such as need for high flow O2 or intubation</p> <ul style="list-style-type: none">• Teach patient about procedures needed to increase O2 support• When patient is stable teach deep breathing and Incentive spirometer use
--	--