

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*Health Care Team Collaboration: Emergency room nurse effectively gave the MICU nurse a thorough SBAR report, allowing the MICU to be prepared for the patient that they are receiving.</p> <p>*Human Caring: Evidence of human caring can be seen as, a complete medical history obtained by the ED nurse, as well as quick recognition of decline by the nursing home staff.</p> <p>*Standard Precautions: When starting the patient’s IV and catheter the ED nurse would have performed hand hygiene before and as needed and worn the appropriate gloves throughout the entire procedure, changing them when indicated and as necessary.</p> <p>*Safety & Security: Safety and security can be provided by, checking patient identifiers, medication administration rights, and following the “red rules”, some of which include; bed at the lowest level, floor clear of clutter, side rails up for safety.</p>	<p>*Assessment & Evaluation of Vital Signs: When Ms. Mae comes into the ED her vital signs indicate that she meets the SIRS criteria. Examples of those vitals are her respirations and her temperature. Her decline is seen in the MICU when her blood pressure is lower, her heart rate is higher, respirations higher, and temperature has increased. These new vitals also trend towards SIRS. Also, with the admitting diagnosis of pneumonia, this means that she now meets the criteria for sepsis.</p> <p>*Fluid Management Evaluation with Recommendations: In the ED she is receiving D5 1/2 NS at 100mL/hr. This fluid is given because of history of dehydration and sepsis. The rate can be continued as a bolus until the patient’s blood pressure is within normal limits. The D5 portion of the fluid may help with dehydration, restoring volume to her circulatory system and giving energy to her cells.</p> <p>*Type of Vascular Access with Recommendations: Right now, she has a right forearm 18g peripheral needle. If she continues to decline in MICU, the patient may benefit from a central line. This would</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	

*Neurological Assessment:

*Respiratory Assessment:

With the patient's history and current status, I would choose a respiratory assessment. Her continued respiratory effort and decline indicate that she needs frequent and thorough assessing. Also, the patient needs continual pulse ox monitoring to assess her O2 level.

*Abdominal Assessment:

*Cardiac Assessment:

*Skin Assessment:

With Ms. Mae's current pressure ulcer and age, she is at a higher risk of pressure ulcers and skin tears, even without being sick. Now that she is hospitalized she is at a higher risk of pressure ulcers. Frequent turning and repositioning from the hospital staff is necessary for healing and prevention. After completing her initial skin assessment a wound care consult would be beneficial since her ulcer is a stage 3.

helpful in the event of large fluid resuscitation as well as if the patient needs vasopressors in the future to keep her blood pressure up. Then a central line would also avoid unnecessary punctures for blood draws, as well as having multiple IV sites that increase the risk of infection.

*Type of Medications with

Recommendations:

With her declining blood pressure and increased heart rate, the patient would benefit from a vasopressor being added. This is indicated after fluid resuscitation was seen as ineffective. Also, due to her high white blood cell count, a specific antibiotic would be indicated to lower her infection rate with her history of pneumonia.

*Oxygen Administration with

Recommendations:

The patient has been on 4L nasal cannula since she was admitted to the ED. There is no O2 reported, but we can assume that her oxygen level has dropped. Her respiration rate has been consistent since admission, but her heart rate has dramatically increased. With the increased heart rate, her oxygen demand increases. She may benefit from more invasive oxygen administration. Examples can include high flow nasal cannula or mechanical ventilation if she continues to progress poorly. She would also benefit from continuous pulse monitoring in the MICU.

*Special Needs this Patient Might Have on

Discharge:

Upon discharge, wound care at the nursing home would be necessary until the wound is healed. Also, education of frequent repositioning of patients for the nursing home staff. She may also benefit from physical therapy for rehabilitation of her residual right sided weakness, including a walker or a scooter. Also, she would benefit from symptom management education for her peripheral vascular disease.

Nursing Management (Choose three areas to address)

*Wound Management: With Ms. Mae's current stage 3 pressure ulcer, q2hr turning and repositioning, as well as a wound consult would be necessary. Her body is already stressed and focused on healing from Sepsis, she is at a higher risk of developing additional ulcers or a new skin tear. Adding quality nutrition and range of motion exercises into her care can also supplement healing. Education can be directed towards healthcare staff in the hospital, as well as nursing home staff once she is discharged. Education on self turning and repositioning can be added once she is able to retain information.

*Drain and Specimen Management:

*Comfort Management:

*Musculoskeletal Management: Being hospitalized, and already having right sided weakness, Ms. Mae is at a higher risk of contractures and decreased mobility. Adding passive and active range of motion exercises in the hospital; and adding physical therapy at the nursing home can decrease her risk for immobility. By supplementing her diet with high calorie and high protein foods, she would also be able to maintain and gain muscle mass which would help maintain her current mobility.

*Pain Management:

*Respiratory Management: When Ms. Mae is in the hospital, using tools such as TCDB and IS can make sure that she is able to clear secretions and avoid hypo perfusion. Good education on respiratory exercises such as TCDB would be beneficial to her even when she out of the hospital and back in her nursing home. If necessary, Ms. Mae could also benefit from a case management consult to use short term supplemental oxygen due to her history of a myocardial infarction. This would increase supply of oxygen and decrease demand that her heart is requiring.