

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*<u>Health Care Team Collaboration</u>: Emergency Department Nurse giving a thorough SBAR report to the MICU nurse- complete with vitals to fully prepare the MICU nurse for her pt.</p> <p>*<u>Human Caring</u>: This can be seen as the nurses getting a complete assessment, hx and responding to the Pts condition in a prompt matter.</p> <p>*<u>Standard Precautions</u>: The ED staff practiced standard precaution by: Keeping a sterile field while inserting a foley catheter, and also HH before and after contact with pt. The nurse also performed HH& don gloves for pt. IV start.</p> <p>*<u>Safety & Security</u>: This can be seen as the nurses check the ID of the pt. by name and DOB, medication admin rights and also by making sure that the pt. is always in the safest environment that can be provided. (EX: bed lowest level, bed rails up, no clutter, 4 ps.)</p>	<p>*<u>Assessment & Evaluation of Vital Signs</u>: When Ms.Mae came into the ED her VS indicate that she meets SIRS criteria (ex: RR:>20, and temp>100.5). She further declines when the MICU VS are done, this is shown by her blood pressure decreasing even more, RR, HR and temp have increased further.</p> <p>*<u>Fluid Management Evaluation with Recommendations</u>: She has a R forearm IV with D51/2 NS at a rate of 100ml/hr. She is receiving this fluid for the dehydration. We can keep her on this rate for the time being and watching the BP, we might be looking into initiating a fluid resuscitation to increase BP due to her being septic.</p> <p>*<u>Type of Vascular Access with Recommendations</u>: She has a Right forearm, 18g peripheral IV right now. With her declining state, she might need to be considered for a central line to avoid excessive number of pokes from blood draws, to running fluids, meds etc. This would also reduce the risk of infection from multiple IV sites at multiple places on body.</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p> <p>*<u>Neurological Assessment</u>:</p> <p>*<u>Respiratory Assessment</u>: I would choose to do a respiratory assessment on Ms. Mae because her respirations are higher than normal limits and she has also been diagnosed with pneumonia upon admission. This indicates that she needs continuous and thorough respiratory assessments. She also is not a pulse ox, so I would like to know what her oxygen sat is at, by using a continuous pulse ox monitor.</p> <p>*<u>Abdominal Assessment</u>:</p>	<p>*<u>Type of Medications with Recommendations</u>: With the pts. BP and heart rate declining, we could maybe for see an order for vasopressor to be added, this can be indicated because her BP continues to drop after fluid resuscitation. Another medication that could be added is an antibiotic for her pneumonia that she was diagnosed with upon admission. Also, she could be ordered is a broad spectrum antibiotic for her increase in the WBC.</p> <p>*<u>Oxygen Administration with Recommendations</u>: From the Vitals given from admission until</p>

<p>*<u>Cardiac Assessment</u>:</p> <p>*<u>Skin Assessment</u>: Ms.Mae at her age and has residual right sided weakness she is at an increase of pressure ulcers. Ms.Mae currently has a stage 3 pressure ulcer that she was admitted with. She needs to be turned q 2 hrs. and needs to have wound care on the pre-existing ulcer.</p>	<p>transfer to MICU, there has been no O2 sat noted. She has been on 4L of oxygen with respiration rate staying consistent, but her heart rate has increased significantly. Her increase in heart rate could be from her body compensating for the high demand of O2. She may benefit from a high flow nasal cannula or mechanical ventilation. –I would also get her on a continuous pulse ox for monitoring.</p> <p>*<u>Special Needs this Patient Might Have on Discharge</u>: For discharge: Wound care to her nursing home would be needed, until wound is healed. Also, PT would be needed for the right sided weakness. Get social services involved to get her a walker and any other devices she might need to assist in her ambulation. She would also benefit from education of prevention of pressure ulcers and education on her peripheral vascular disease.</p>
--	--

Nursing Management (Choose three areas to address)

<p>*<u>Wound Management</u>: Ms.Mae needs to have wound care done to her stage 3 pressure ulcer, this will help prevent an infection to her wound. She is also at a higher risk of infection due to her age and health status. She and the nursing home staff needs to be taught and educated on repositioning her body and weight redistribution to prevent pressure ulcers in the future.</p> <p>*<u>Drain and Specimen Management</u>:</p> <p>*<u>Comfort Management</u>:</p>	<p>*<u>Musculoskeletal Management</u>: It is very important that the pt. gets active ROM every day. She already has residual right sided weakness, so it is very important that she gets ROM in to prevent contractures and regain strength. We could educate her on different ROM exercises, ways to build up strength and set goals to meet to ensure that the pt. is getting her active ROM every day to the prevent contractures, further weakness and pressure ulcers. We could also look into a PT consult for her at her nursing home.</p> <p>*<u>Pain Management</u>:</p> <p>*<u>Respiratory Management</u>: Ms. Mae in her room, can be using an IS to increase her lung capacity and breathing techniques to decrease her respirations. She can also use the turn, cough and deep breathe technique to clean secretions from her lungs. We can educate her on how to use these tools effectively so she can use them at the nursing home. She might also benefit from a consult</p>
--	---

	<p>to go back to the nursing home with short term supplemental O₂(due to her hx of MI). This will increase the supply of O₂, to decrease the demand being required.</p>
--	---