

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*<u>Health Care Team Collaboration</u>: I would expect to collaborate with the HCP to assess pt & provide orders for care, RT r/t her current respiratory status, wound care nurse for her pressure ulcers, Pharmacist for her the medications she may be prescribed for pneumonia & for sepsis such as inflammation & possible infection, PT/OT r/t pts right sided weakness & the fact that she is ill & will be potentially be bed ridden for a time period. A dietician for her nutritional need's r/t age and skin integrity.</p> <p>*<u>Human Caring</u>: The pt. may be anxious or stressed because she is ill & having difficulty breathing. I would approach her in a calm and comforting way in an attempt to reassure her that we are doing everything to help her get better. I will make it a point to remain calm so that my energy doesn't directly affect her fear. I would answer any questions she or the family/caregivers may have and I would nurse out loud so that she knows exactly what I am doing and why I'm doing it. I would orient her to the floor and plan of care etc.</p> <p>*<u>Standard Precautions</u>: I will wash my hands each time I enter the pts room & as needed thereafter. I will make sure to sanitize any equipment I will be using such as pulse ox, stethoscope etc. before and after each use. I will evaluate the need for any special isolation precautions depending diagnosis & offending agent in an attempt to prevent the spread of infection.</p> <p>*<u>Safety & Security</u>: I will make sure that I identify my pt. by name & DOB & assess for allergies each time I give a med. I will verify. I will make sure that I round and address my 4 P's hourly. I will place the pt. on fall precautions – yellow gown, socks, wristband & magnet. I will make sure there is a bed alarm on pt. I will teach to how to use the call light should she needs assistance . I will make sure my bed is locked, lowered w. 2-3 rails up and that the room is free of clutter etc. I will make sure that I am communicating with my pt and addressing both physical and emotional deficits she may have.</p>	<p>*<u>Assessment & Evaluation of Vital Signs</u>: Blood Pressure – since arriving to the hospital the pt. has become increasingly hypotensive; her MAP also has dropped from a 74 to a 58 despite being given fluids that coupled with the tachypnea, tachycardia and fever lead to believe she is in septic shock. I am curious to know what her urine output, CMP and ABGs look like</p> <p>*<u>Fluid Management Evaluation with Recommendations</u>: I would like to know the pts. current weight to determine the appropriate fluid resuscitation needed. I'd also question the fluid order (D5 ½ NS) – in sepsis pts. are at risk for hyperglycemia as well as the pt. has pneumonia and pressure ulcers – bacteria loves sugar which can further complicate things. I would suggest using LR or NS to provide vascular expansion without the dextrose.</p> <p>*<u>Type of Vascular Access with Recommendations</u>: I would suggest placing a central line being that the pt is frail, dehydrated and will likely require frequent lab draws, fluid resuscitation and possibly even parenteral nutrition support.</p> <p>*<u>Type of Medications with Recommendations</u>: I would like to the pt. started on vasopressors to increase C.O & perfusion. Abx will also be beneficial to treat the pneumonia after confirming causative agent. Glucocorticoids to combat the inflammation.</p> <p>*<u>Oxygen Administration with Recommendations</u>: The patient obviously in respiratory distress, she's already on 4L so I'd like to switch her to a more invasive option such as NRB or HFNC, reassess and prepare to intubate if not improved.</p> <p>*<u>Special Needs this Patient Might Have on Discharge</u>: The pt. will need wound care for her pressure ulcers as well as strict attention skin care interventions so she doesn't develop further complications. The pt may suffer from anxiety/depression given her health status as well as treating any long term effects that are related to possible post sepsis symptoms.</p>

<p align="center">Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>		
<p>*<u>Neurological Assessment:</u> *Respiratory Assessment: r/t pt. dx of pneumonia her rr is increased. Also, hypotension can lead to decreased C.O & tissue perfusion *<u>Abdominal Assessment:</u> *Cardiac Assessment: r/t pts respiratory status her heart is at risk for dysrhythmias because her heart is working twice as heart to compensate. *<u>Skin Assessment:</u></p>		
<p align="center">Nursing Management (Choose three areas to address)</p>		
<p>*Wound Management: I would teach the pt. or caregiver to keep the pressure ulcer dressing dry, teach the signs & symptoms of infection and when to call the Dr. I would make sure the pts & caregiver understand the specific orders the Dr. has recommended such as to use or not to use topical medication, to have it open to air or dressed etc. *<u>Drain and Specimen Management:</u> *<u>Comfort Management:</u></p>	<p>*<u>Musculoskeletal Management:</u> *Pain Management: It's important to stay on top of pain and to take pain medication prior to wound care to minimize pain & discomfort. Depending on the type of pain medication administered I would teach priority information such as bleeding/constipation etc. *Respiratory Management: Because of the pts. pneumonia it will be important to teach her to how to mobilize secretions with the TCBD method or IS, she may be discharged with o2 supplement so we'd need to teach her or the caregivers the appropriate liters and specific needs she may have and the importance of carefully monitoring o2 saturations.</p>	