

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*<u>Health Care Team Collaboration</u>: The patient needs a wide variety of health care workers in order to be properly treated. She will need a nurse for compassion and to carry out the Physicians orders. A physician to assess and provide orders. A respiratory therapist due to respiratory distress (her RR 38). Physical therapy to address the right sided weakness, and ambulation during her stay. The Lab to process the blood tests she will likely get to evaluate her condition throughout treatment. She will also need adequate nutrition to promote the bodies healing so dietary will be involved. Pharmacy to process med orders and get them to the nurse. As well as transport should she need a chest x ray. She may also need radiology to carry out the x rays. She may also need a wound care team for the pressure ulcer on her hip.</p> <p>*<u>Human Caring</u>: While the patient is in the hospital, she will need someone to give her compassion in her time of stress and need. She is probably scared so the more the healthcare team communicates with her about what is going on and what is next the less fear she should feel. This is where the I would step in and advocate for her if she had anxiety about a procedure to get the provider to give her an anti-anxiety med. If the patient has trust in the health care team, she will also be less fearful. It would help to have a calm environment to lessen anxiety. The less fear and anxiety the patient feels it will keep from increasing her respiratory distress and promote relaxation to help the body heal.</p> <p>*<u>Standard Precautions</u>: With the patient</p>	<p>*<u>Assessment & Evaluation of Vital Signs</u>: The patient has decreasing blood pressure with every new set of VS despite the fluids running. Her HR, temperature and respirations are also increasing. Since the patient has pneumonia as well as sepsis she could be going into septic shock but we cannot be sure until she has had a fluid bolus and reassessing her BP. She is also on 4L of O2 and with her RR still increasing she needs a face mask and increased O2 rate.</p> <p>*<u>Fluid Management Evaluation with Recommendations</u>: I don't think she is receiving fluids at a high enough rate or with the right solution. She needs LR due to the Sepsis and dehydration and she should be getting a fluid bolus until her vitals stabilize. The D5 ½ she is on has glucose in it and giving this to her when she doesn't need it could cause an imbalance of insulin and glucose in her body.</p> <p>*<u>Type of Vascular Access with Recommendations</u>: I would recommend this patient get a central venous catheter to be able to give several medications and fluids at a time with out additional peripheral lines. I also think with her blood pressure being so low and dropping she needs an ART line for continuous blood pressure monitoring and blood draws to check her labs without taking to much blood from her as she is already anemic with her low RBC count.</p> <p>*<u>Type of Medications with Recommendations</u>: Due to her having a sepsis dx shortly after</p>

already having sepsis it is important to keep good hand hygiene and gloves when necessary to prevent the spread of anything else to this patient. I would need to maintain aseptic technique when drawing blood and cleaning the outer portion of the catheter. And sterile procedure if the catheter needs changed.

*Safety & Security: With the patients age and right sided paresthesia, she will be on fall precautions. This includes a bed alarm, yellow nonskid socks, a fall risk bracelet, and call light in reach at all times. I would also ask about allergies and educate the patient anytime I give meds

Choose Two Priority Assessments and Provide a Rationale for Each Choice

*Neurological Assessment:

*Respiratory Assessment: The patient is in respiratory distress with high respirations and labored breathing. She is also not perfusing her vital organs with a lactic acid of 4.0 she is likely in septic shock so frequent respiratory and neuro check are necessary to assess if the patient's condition is worsening or improving and the course of treatment.

*Abdominal Assessment:

*Cardiac Assessment: I would do frequent cardiac assessments due to the patients decreasing blood pressure and increasing heart rate. This is because of the increasing temperature increasing cardiac output which will cause the heart rate to go up. The assessment is necessary to assure the patients HR doesn't get too high and that she still has adequate perfusion to the heart.

*Skin Assessment:

admission I would have started her on antibiotics in the ED to hopefully get rid of the infection lowering her temperature. I would also recommend she be started on norepinephrine to decrease her HR and increase BP by constricting the blood vessels.

*Oxygen Administration with Recommendations:

It would be faster to tell how she is compensating with her fast respirations with an O2 sat, but I can tell from her abnormal H&H that she doesn't have enough oxygen in her blood, with a RR at 39 she does need to be higher than 4L so she doesn't wear out. I would first start her on a face mask and try 6L and go up from there with frequent monitoring of her O2 sat.

*Special Needs this Patient Might Have on Discharge: This patient could have long term organ damage due to sepsis and pneumonia. So, she could need a respiratory therapist to visit her at the nursing home, possibly go home on oxygen. She may need dialysis if the sepsis damaged her kidneys. She may need to be assessed for liver damage, so she doesn't take hepatotoxic drugs. She will need to have a skin care plan in place to heal the pressure ulcer and to prevent new ones. I would recommend she go home on a low dose aspirin to prevent future cardiac problems since she doesn't currently have any home meds, as well as some pain meds for the pressure ulcer.

Nursing Management (Choose three areas to address)

*Wound Management: With the patient having a stage 3 pressure ulcer on her right hip she will need to have the wound cleaned and dressing changed as needed if it gets wet or saturated. She will also need to be turned or taught to move often to prevent new skin break down. With the antibiotics given the infection should be cleared up before she goes home. She will need continued skin care when she goes back to the nursing home.

*Drain and Specimen Management:

*Comfort Management:

*Musculoskeletal Management:

*Pain Management: Having the pressure ulcer and the respiratory distress due to pneumonia it is necessary to put her on pain medications. Probably Tylenol or ibuprofen scheduled around the clock and an opioid PRN for severe pain or discomfort.

*Respiratory Management: I would teach the patient why we are giving her oxygen therapy which will likely lead to better compliance of wearing the oxygen. Due to the pneumonia, she might need to be turned prone to better the flow of O₂ and to take the pressure off her chest making it a little easier to breathe. She also needs to be taught about incentive spirometry and the TCDB for ways she can help her comfort level.