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Universal Competencies (Address all)	Required Areas of Care (Address all)
*Health Care Team Collaboration: PT and OT: To aide the patient in recovery and promotion of ADL skills. Wound Care: For protection from infection and healing post surgery. Respiratory: To provide breathing treatments and prevention of further decline in lung health due to the patient being sedentary/in hospital. Nurse: To provide patient safe and healing patient care. Admitting Physician: To follow the patient through their stay and monitor and prescribe medication and treatments if necessary. Surgeon: To follow up post procedure to monitor for any complications. Psychology: To evaluated and assist the patient in coping with the changes in life he will have to battle. Social Worker: To gather information/resources for therapy, medical equipment and possible financial assistance to help the patient post discharge. *Human Caring: 1) The patient's pain(first) and N/V needs to be tended to and lessened/resolved. If pain is resolved the patient's vital signs may improve by decreasing to normal parameters. 2) I would also consult psychology to assist with the patient's mental health. Having someone to speak to about his feelings of self-care and denial of the amputated limb would assist with the acceptance. This may also assist with the patient's blood sugar levels since increased stress can also increase glucose levels. 3) Respiratory therapy would be helpful to decrease the chances of the lungs being	*Assessment & Evaluation of Vital Signs: BP: The patient appears hypertensives which could be from the increased pain levels and history of CHF. HR: The patient's heart is in normal range but unaware of the patient's baseline. RR: The respirations are elevated but which may be due to the increased pain. The decrease in saturation levels may also be due to the decreased H & H and lack of O2 being transported throughout the body. Temp: The temperature is elevated but not feverish which may be due to the history of gangrene prior to surgery. He may also be having increase sign of infection within his lungs. *Fluid Management Evaluation with Recommendations: Patient is on IV NS at 150 ml/hr for fluid and electrolyte replenishment. I would be CAREFUL with the amount and Rate due to NS increasing chloride levels which are already borderline. A fluid overload should be monitored due to the history of renal failure and CHF. Daily weights and I/O should be assessed. *Type of Vascular Access with Recommendations: The patient has IV access for his fluids and medications but I would be sure to have a second IV sight readily available with the patient's history of diabetes and gangrene. This should be done in preparation and prevention of issues if the patient becomes septic. The Right arm AV fistula should be assessed for bruit and thrill with pulse checks and blood pressure should not be taken on the right arm.

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more affected by the immobility.

*Standard Precautions:
Hand Hygiene
PPE: Gloves
Aseptic Technique: For wound care
Safely handle and dispose of sharps: with all insulin injections
Cleaning environment and waste management: to provide the patient a clean environment.
Appropriate handling of soiled linens.

*Safety & Security:

Choose Two Priority Assessments and Provide a Rationale for Each Choice

*Neurological Assessment:
*Respiratory Assessment: I believe a though respiratory assessment in important since the patient already has crackles upon auscultation. It is also important since the patient was intubated and under sedation. The nurse should also encourage and educate on the important of the incentive spirometry to prevent lung issues such as pneumonia. If patient RR should be monitored for respiratory depression due to pain medications.
*Abdominal Assessment:
*Cardiac Assessment:
*Skin Assessment: This assessment is necessary due to his history of diabetes and previous gangrene infection from his unhealing wound. Monitoring the limb post amputation is critical to promote healing but it is also important to monitor for skin breakdown throughout the body. Being

*Type of Medications with Recommendations:
The patient is on SSI and should be followed per protocol for glucose levels. Pain medication is not specified but the prescription should exclude renal toxic medications such as NSAIDs. He also has CHF and is also on IV fluids. Fluid overload should be monitored and Lasix may be used to decrease levels if needed.

*Oxygen Administration with Recommendations:
The recommendations is to keep the O2 saturations above 90%. The patient is on RA post surgery and extubation. Crackles have been heard upon auscultation which may indicate fluid build upon within the lungs and alveoli. This is a sign of pneumonia but is also a sign of CHF. It should be monitored and IS should be utilized regularly to prevent atelectasis.

*Special Needs this Patient Might Have on Discharge:
The patient may need to be sent to a rehab facility for further OT and PT therapy. Unless he is pretty functional prior to discharge and able to perform ADLs with minimal assistance.
The adjustment to home life will need to be evaluated based on patient safety and accessibility. Pull Bars may be needed in the bathroom and ramps for a wheel chair when needed.
Education should be provided to the patient regards transportation via crutches, wheel chair and/or prosthetic fitting and usage for affected limb to assist with his mobility.

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sedentary post surgery can increase moisture and decreased circulation.	
Nursing Management (Choose three areas to address)	
*Wound Management: Due to the patient's history of diabetes and decreased ability to heal, managing the newly operated limb to prevent infection is critical. The wound is now higher and closer to the patient's core but aseptic technique should still be practiced when caring for the wound. If patient happens to be fitted with a prosthetic post discharge, education on correct placement/fitting and skin assessment should be highly encouraged. *Drain and Specimen Management: *Comfort Management: The patient had an extensive procedure done and may even experience phantom pains on the amputated limb. There may also be some psychiatric issues due to not having the limb. Medications may be prescribed but taken as prescribed to prevent addiction, overdose and even death. The patient should be evaluated for signs and symptoms of suicide if comfort is unattainable.	*Musculoskeletal Management: The patient will have to adjust to the ability to perform ADLs with the affected limb. This means he may have to increase strength in the rest of his body to compensate for the inability to use his Right leg. PT and OT should be able to instruct on increasing upper body strength for mobility and lifting. Performing daily exercise on his upper body and core strength will help with activities such as getting in and out of bed or vehicles. The more the patient is able to perform solo, the better his mental health will be and less dependent on others. *Pain Management: *Respiratory Management: