

<p>Universal Competencies (Address all)</p>	<p>Required Areas of Care (Address all)</p>
<p><u>*Health Care Team Collaboration:</u></p> <ul style="list-style-type: none"> I would involve a social worker because he said he may have difficulty caring for himself at home. The social worker can help contact home health to help care for him when he is discharged. I would involve a diabetic educator on the floor because his blood sugar has been running in the 200's despite sliding scale regular insulin being given per protocol. The diabetic educator could educate him on how to manage his diabetes at home as well as ways to prevent his blood sugar from being out of control. I would also contact his primary care provider, letting him/her know about Mr. Mack's blood sugar still being out of whack despite regular insulin being administered per the protocol. The primary care provider could possibly come up with a protocol that helps manage his blood sugar. I would also let his physician know about his oxygen levels being on 91% RA. I would contact wound care because his healing wound advanced to gangrene. The wound care team would help manage the gangrene and know what to do next to prevent more of his extremities from becoming gangrene. I would contact the respiratory therapist because of his oxygen levels along with coarse crackles to the bilateral lower lobes of his lungs. The respiratory therapist would come up with a respiratory treatment to help manage this. <p><u>*Human Caring</u></p> <ul style="list-style-type: none"> I would be respectful to Mr. Mack and ask him if he's afraid of looking at his operative leg and show kindness and compassion towards him. I would also show empathy towards Mr. Mack. I would take the time to communicate with Mr. Mack asking what's causing his restlessness and irritableness and try to come up with a way to lessen both. I would also take extra time to ask him more questions about his life and what he enjoys doing, rather than just asking him health questions. <p><u>*Standard Precautions:</u></p> <ul style="list-style-type: none"> I would always perform hand hygiene when entering his room, wear gloves when I'm going to touch the patient, and change my gloves right away if they become soiled before touching the patient again. I would perform hand hygiene in between gloving and when I exit the room. I would identify the patient every time I enter the room with two identifiers. I would clean my stethoscope before touching the patient when listening to his lungs. If I were to administer any medications through the IV, I would scrub the hub before and after, as well as 	<p><u>*Assessment & Evaluation of Vital Signs:</u> (what's going on with them and what does it mean)</p> <ul style="list-style-type: none"> Mr. Mack's BP is 150/90, and this could be from stress, pain, or anxiety from being in the hospital as well as dealing with a leg amputation. Mr. Mack's respiratory rate is 22 which is high, this could be from stress, pain, and anxiety as well. His respiratory rate could also be high due to him having CHF. Mr. Mack's SaO2 is at 91% which is below the baseline for normal oxygen levels. CHF could cause oxygen levels to be lower, which could possibly be his "normal" baseline from the CHF. I would want to find out his baseline VS upon admission to see if his oxygen level is low or if it's his "normal" from CHF. <p><u>*Fluid Management Evaluation with Recommendations:</u></p> <ul style="list-style-type: none"> Mr. Mack has Normal Saline infusion at 150 ml/hr. Since his BUN and Creatinine are high and he's in renal failure, I would contact the physician to see if the fluids need to be decreased. I would see if the fluids needed to be decreased to prevent fluid overload, since his kidneys aren't working correctly. <p><u>*Type of Vascular Access with Recommendations:</u></p> <ul style="list-style-type: none"> Mr. Mack has a forearm Peripheral IV so that he can receive fluids as well as medications when he needs them. I would look at the protocol on how long we can keep that IV site and change it if needed. I would recommend having another IV site, because we want to always have access. I would recommend to continually assess the IV sites to make sure they're clean and dry without infection. Mr. Mack has an AV fistula for his dialysis since he's in renal failure. This is accessed three times a week, and I would recommend assessing for a bruit and palpable thrill. I would also recommend monitoring the site to make sure it's clean, dry, and no infection. <p><u>*Type of Medications with Recommendations:</u></p> <ul style="list-style-type: none"> I would recommend IV Tylenol (Ofirmev) to manage his pain. Because he has respiratory problems, I would not recommend giving any opioids, because it could cause respiratory depression. I would recommend blood pressure medications for hypertension if it continues to stay high. I would continue to monitor the blood pressure and recommend the hypertension medications (Beta Blockers) if it increases or doesn't decrease. I would recommend prophylactic antibiotics to avoid getting an infection from his below the knee amputation and gangrene. I would recommend Furosemide or any other diuretic, depending on the urine output. If the

<p>clean any other equipment before touching the patient with it such as the pulse oximeter.</p> <p><u>*Safety & Security:</u></p> <ul style="list-style-type: none"> • I would make sure the side rails are up, bed is locked and low, non-skid socks on the patient, no clutter in the room, and make sure he has the call light in reach as well as everything he needs before leaving the room. • Along with identifying the patient with two identifiers, I would verify the patients' allergies, especially before medication administration to prevent giving a medication that he's allergic to. • When administering medications, I would perform medication rights before administering the medication. I would make sure it's the right patient, drug, dose, time, route, reason, and documentation to make sure I'm giving medications in the safest way possible. • I would assess the AV fistula and peripheral IV for redness, warmth, or tenderness to make sure there's no infection or problems with the sites. I would also assess his right leg dressing to make sure it stays clean, dry, and intact. • I would make sure the correct infusion of NS was running at the right rate and right drug upon entering the room to ensure patient safety. 	<p>urine output is decreased, I would recommend this medication, especially since Mr. Mack has CHF and renal failure, which may cause him to retain too much fluid.</p> <ul style="list-style-type: none"> • I would recommend giving insulin based off the sliding scale and physicians new order, since his other insulin didn't seem to be working. I would recommend this, because he is a type 1 diabetic, and his glucose is 346 which is high. <p><u>*Oxygen Administration with Recommendations:</u></p> <ul style="list-style-type: none"> • I would recommend administering 2L of Nasal Canula and adjust based off the physician orders and oxygen saturation level. I would recommend this because his oxygen level was 91% which is low. <p><u>*Special Needs this Patient Might Have on Discharge:</u></p> <ul style="list-style-type: none"> • Mr. Mack may need home health to help take care of him, because he voiced concerns of having difficulty caring for himself. He may also need home health, to help take care of his wounds and dressing changes. • During discharge I would also see if he has any tripping hazards such as rugs or cords, that need to be taken care of. • Mr. Mack may need someone to help transport him to dialysis because of his amputation and possibly not being able to drive.
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	
<p><u>*Neurological Assessment:</u></p> <p>*Respiratory Assessment: I chose this assessment because of his low oxygen level, bilateral crackles, and because he is on high doses of pain medication. Depending on the pain medication he's on, I would especially watch for signs of respiratory depression if he's on any opioids. I would continue to assess his oxygen after giving him oxygen to see if his levels are getting better or worsening. I would continue to assess his lung sounds (7 on the front, 10 on the back) to see if his crackles are worsening or not. I would assess his capillary refill to see if oxygen/blood is circulating to the extremities. I would also assess for pursed-lipped breathing, pallor, and cyanosis since oxygen is a concern for Mr. Mack.</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p>*Skin Assessment: I chose this assessment because of his below the knee amputation of his right leg that advanced to gangrene. I would continue to assess it to see if it worsens, and I would also assess the skin around it to see if it's spreading. Wherever the gangrene is, I would mark a line around it to see if it's spreading along the extremity. I would assess the skin on the rest of the body for color, temp, texture, rashes/bruising/lesions, edema, and pain. I would also assess for skin breakdown, since his leg is amputated, and he may not be as mobile as usual. I would turn Mr. Mack every two hours to prevent skin breakdown.</p>	

Nursing Management (Choose three areas to address)	
<p>*Wound Management: I would assess his wound/gangrene throughout the shift to see if it's spreading or worsening. I would teach the patient the importance of my assessments to prevent further damage of the extremity. I would apply a dressing if it's ordered and be sure to change it PRN/per protocol. While changing the dressing I would perform aseptic technique to prevent further infection. I would also manage the wound by giving prophylactic antibiotics if necessary to prevent infection.</p> <p><u>*Drain and Specimen Management:</u></p> <p><u>*Comfort Management:</u></p>	<p>*Musculoskeletal Management:</p> <p>*Pain Management: I would assess the pain level each time I enter the room. I would assess using the numeric rating scale (0-10) because he's alert and oriented and depending on the number administer pain medication per the protocol. If the patient is in pain, I would ask him to describe it, and tell me where it's at, when it started, and what makes it better or worse. I would also try to provide non-pharmacological pain management such as trying to talk to Mr. Mack about his home life and work, to try and distract him from his pain. I would provide a relaxing environment for Mr. Mack to try and lessen his pain as well.</p> <p>*Respiratory Management: I would sit the patient up to help prevent respiratory distress. I would also put the nasal cannula on Mr. Mack with oxygen because his oxygen level is at 91%. I would also have him TCDB to help his respiratory function, as well as teach him how to use the incentive spirometer to help prevent pneumonia and improve the function of his lungs. I would put the pulse oximeter on Mr. Mack to have a constant measure of his oxygen saturation, so that I can perform interventions if necessary. I would also check his capillary refill and pulses each time I go into the room to assess his respiratory function.</p>