

<p>Universal Competencies (Address all)</p>	<p>Required Areas of Care (Address all)</p>
<p><u>*Health Care Team Collaboration:</u> Respiratory-patient has coarse crackles bilaterally in the lower lobes and O2 saturations of 91% on room air so he may require closer monitoring and assistance from respiratory. Case Management – patient has voiced concerns about possibly having difficulty taking care of himself once he goes home so having someone set up at home care and therapy is vital to Mr. Mack recovery and acceptance. Therapist (OT,PT)- patient will need help relearning how to walk and getting around without part of his limb. Pastoral-since he refuses to look at his leg after the amputation, he may need someone to talk to like a pastor, chaplain, etc. depending on the patients’ beliefs to talk about how he feels about losing his leg. Pharmacist Physicians (cardiology, intensivist)-this patient has a history of CHF which may require a cardiologist to follow up on his care and because of his diabetes and renal failure an intensivist will be needed to provide the care for that.</p> <p><u>*Human Caring:</u> This patient will require a lot of basic human caring. In report, it said the patient was restless and irritable through the night which could be frustrating for the nurse but we need to look at it from his point of view. We need to realize he has gone through a huge change and that can be frightening and cause someone to feel unsure about things and they can act out. As the person who sees them daily and takes care of them, we need to be understanding of what they are going through and try to provide nonjudgmental nursing care.</p> <p><u>*Standard Precautions:</u> This patient does not have any airborne/contact precautions so he would be on standard precautions to ensure he does not get an infection after surgery. We will need to do hand washing, wearing gloves/mask as appropriate</p>	<p><u>*Assessment & Evaluation of Vital Signs:</u> His blood pressure is a little elevated which needs to be monitored closely. He has a history of CHF so we would need to look at his baseline for blood pressure to see what is normal for him and make sure he is getting the correct medications. His heart rate is also slightly elevated but not a cause for concern at this time. We will continue to monitor for any changes that will require intervention. His respirations are also slightly elevated which are not a huge indication of problems but with an O2 saturation of 91% paired with his respirations could mean he could be having a little bit of difficulty breathing. He may required a little bit of oxygen just to get his saturations higher. He just had surgery, so we will want to keep a close eye on his oxygenation to make sure he does not get atelectasis. We can prevent this by having him use an incentive spirometer to keep his alveoli open to prevent any more respiratory problems. His temperature is also elevated but his WBCs are normal which indicates he does not have an infection so we will watch his temperature closely.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> I do not have the weight for this patient to calculate his maintenance fluid requirement but since he is in renal failure, watching his fluid intake is very important. His kidneys are not working well and pumping too much fluid in his body could cause more problems. We may need to lower his IV fluid rate to a more appropriate rate for a renal failure patient.</p> <p><u>*Type of Vascular Access with Recommendations:</u> This patient has a left forearm peripheral IV and a right arm AV fistula. Being that he is in the ICU and depending how long he may be in the hospital could indicate a need for another IV line, PICC, central line, or dialysis.</p> <p><u>*Type of Medications with</u></p>

<p>especially when changing dressings on his wound.</p> <p><u>*Safety & Security:</u> It is always important to maintain safety when taking care of patients when it comes to medication administration and making sure you verify the 7 rights and if the patient has any allergies. Always throwing away sharps and syringes in the appropriate bin are also an important safety measure. This patient is also a fall risk because he had a below knee amputation so it is important to make sure he has a bed alarm, no slip socks, bed all the way down, side rails up, and making sure his call light is within reach to call us if he needs to get up.</p>	<p><u>Recommendations:</u> Because of his diabetes and his high blood sugars despite taking his insulin regularly, he may need a long acting insulin added to his medications. He may need his regular insulin for meals and a long acting to help control it better throughout the day. For his renal failure he may need to take a diuretic to help flush the fluids he is getting out of this body since his kidneys do not work properly. He may also need a blood pressure medication such as an ACE inhibitor to lower his blood pressure since he has CHF. He will also need a pain medication since he had an amputation. A antiemetic for his nausea and vomiting. He may also benefit from some iron supplements to help with his low RBCs and H&H.</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p><u>*Oxygen Administration with Recommendations:</u></p>
<p><u>*Neurological Assessment:</u> <u>*Respiratory Assessment:</u> I think a respiratory assessment is important because he is O2 saturations are only 91% on room air and that is relatively low and needs to be monitored. He also has coarse crackles in his lungs which is important to monitor on every assessment to see if it gets better or worse. <u>*Abdominal Assessment:</u> <u>*Cardiac Assessment:</u> <u>*Skin Assessment:</u> I think a skin assessment is also incredibly important because he is at risk for infection and possible skin breakdown. He is at risk for infection because he has a fresh incision from his amputation and it is important for us to watch this closely to watch for any signs of infection. It is also important to watch for skin breakdown because he will not be as mobile as before so we need to make sure we are rotating the patient every 2 hours so he does not get any pressure ulcers.</p>	<p>He may need to be put on some supplemental oxygen since his oxygen saturations a slightly low on room air. We could start him on 2L nasal cannula and adjust as needed.</p> <p><u>*Special Needs this Patient Might Have on Discharge:</u> This patient will require a lot of work with a case manager to organize his care once he goes home. He will need dialysis set up, PT/OT, rehab, home care, and support groups. He had a huge change in his life and will need a lot of support and resources to learn how to properly adapt to his new lifestyle.</p>
<p>Nursing Management (Choose three areas to address)</p>	
<p><u>*Wound Management:</u> I think wound management is a very important nursing plan</p>	<p><u>*Musculoskeletal Management:</u> <u>*Pain Management:</u></p>

of care. The patient has a fresh wound on his right leg stump that will require close monitoring, so it does not get infected. We would need to check his dressing regularly to make sure it is still clean, dry, and intact. And it is important to monitor for bleeding and change the dressing as necessary depending on physician orders. We would also need to keep his leg elevated with pillows to keep too much pressure from pressing on his wound.

*Drain and Specimen Management:

*Comfort Management:

It is also important to monitor pain in this patient. He had a leg amputation so it will take some time to adjust, and we want to keep the patient as comfortable as possible. He could also be experiencing phantom limb pain which we would want to treat as well. We will need to come up with a plan to manage the patient's pain by setting goals with the patient on what level of pain the patient would like to stay at. A zero-pain score may not be possible so we want to have a conversation with the patient to see if a pain score of less than 3 could be attainable. We can treat with medications depending on the severity of pain and physician orders. It is our job to be the patient advocate so we can have a conversation with the physician if the pain medications ordered are not helping the patient get some relief. Or we can offer other forms of pain relief such as cognitive-behavioral therapies, hot/cold applications, etc.

*Respiratory Management:

This patient is running at 91% on room air and has coarse crackles to bilateral lower lobes. He recently had surgery which can put him at a risk of developing atelectasis. We want to monitor his breathing and breath sounds and utilize the incentive spirometer. We also want to make sure the patient is sitting up in at least semi-fowlers position for optimal lung expansion. We want to teach the patient turn, cough, and deep breath exercises while he is sitting in bed. We also want to try to get the patient up and out of bed to prevent any secretions from settling in the lungs causing more breathing problems.