

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*Health Care Team Collaboration: I want to provide Mr. Mack with the best care possible during his hospital stay; this will rely on the collaboration of many different entities in the hospital. I want to involve:</p> <ul style="list-style-type: none"> • Doctors- <ul style="list-style-type: none"> ○ Surgeon who performed the amputation & can continue to monitor/provide care for the remainder of the hospital stay ○ Cardiologist - for his CHF ○ PCP or endocrinologist for diabetes management ○ Nephrologist because he is renal failure ○ Pain Doctor - pain management • Pharmacist - so we can make sure Mr. Mack has all the medications needed throughout his hospital stay • Nurses - to assess/maintain Mr. Mack's airway, breathing, & circulation; and to monitor VS, manage pain, as well as be able to assess when other participants need to be brought into Mr. Mack's plan of care (ex: counselor for psychological help) • Physical/Occupational Therapy - to help Mr. Mack implement lifestyle modifications that will help him be successful in re-learning how to do ADLs and other activities that he enjoys • Diabetes Education - a nurse who has specific knowledge in diabetes management who can further educate Mr. Mack about T1DM and the specific things he should look for/do regarding his new amputation, wound healing, and insulin needs • Counselor - so Mr. Mack will have a licensed professional to talk to about how he feels about the leg amputation and coping strategies • Case Management/Social Worker - so we can get Mr. Mack connected to resources for when he discharges, 	<p>*Assessment & Evaluation of Vital Signs: BP - 150/90</p> <ul style="list-style-type: none"> • I feel like his BP is high because of a combo of things: renal failure, CHF and stressors (pain) • I would want to administer any meds he is already on if he has them and/or continue to monitor <p>HR - 88</p> <ul style="list-style-type: none"> • WNL, continue to monitor <p>RR - 22</p> <ul style="list-style-type: none"> • Increased respirations possibly due to CHF or pain - I would want to assess for pain, treat, and continue to monitor <p>SaO2 - 91% RA</p> <ul style="list-style-type: none"> • Good O2 sat, but want to monitor to make sure it doesn't decrease <p>Temp - 99.2 F</p> <ul style="list-style-type: none"> • WNL but starting to get close to a fever so I would want to continue to monitor and possible give meds to decrease temp <p>*Fluid Management Evaluation with Recommendations: Mr. Mack has NS infusing at 150 ml/hr - I feel like this is a lot for the patient since he is on dialysis and has CHF, I would recommend it be decreased to maybe 100-120 ml/hr to prevent fluid overload.</p> <p>*Type of Vascular Access with Recommendations:</p> <ul style="list-style-type: none"> • R AV fistula that has palpable thrill and audible bruit • L FA peripheral IV <p>I feel like these are good accesses for us to have for now since he is only having NS infusing currently. I don't feel like we need to stick the patient to get another IV site currently.</p> <p>*Type of Medications with</p>

possibly to a rehab or just for when he goes back home

- **Dietician** – to help implement a nutritious diet plan for Mr. Mack that reflects all of his medical needs and will promote healing
- **Chaplain** – to tend to Mr. Mack's spiritual needs (if he wants)

*Human Caring:

I want to build a trusting and caring relationship with the patient (and family if there) that shows I have the patient's best interest in mind. I want to address Mr. Mack in a kind and respectful manner, listen to the patient's concerns about having difficulty taking care of himself at home and relay that information to the case manager who can help him with resources for when he discharges. I want to encourage/make sure the patient is involved in his plan of care. I also want to tailor my patient care specifically to Mr. Mack and what will work best for him and let him have as many choices as possible.

*Standard Precautions:

I will wash my hands upon entering the patient's room and PRN as I go through my assessments and other patient care. I will wear gloves and maintain aseptic technique while preparing/administering the patient's medications (during medication admin I will clean IV hubs before administering meds and put a new alcohol cap on ports after) and while I do my assessments. For Mr. Mack's insulin I will always have another RN verify his dose with me and sign off before I give the insulin to him. I will clean all equipment before using it on the patient. I will dispose of all contaminated trash according to hospital policy. I will use special precautions as defined by hospital protocols. I will also check the patient's IV sites and dressings/drains frequently and change as needed. I will also do/document wound care as ordered. I will do all of these things to prevent the spread of germs and decrease the risk for infection.

Recommendations:

I would like to give Mr. Mack medication for:

- **Nausea/vomiting** – to control/prevent the N/V he was complaining of and as needed
- **Pain** – Mr. Mack had a leg amputation, and he will need pain management for that, we should assess his pain routinely using a consistent scale and reassess pain after we give pain medication
- **Insulin** – he is on a sliding scale for insulin so we should administer according to the protocol; we can also do patient education as to why his blood sugar is running higher than normal despite the insulin (his body is under a huge amount of stress currently and his blood sugar is most likely running high because of that as well as other factors like pain)
- **Antibiotics** – to prevent infection
- **Antipyretics** – to decrease fever PRN
- **Lovenox** – to prevent DVTs

*Oxygen Administration with

Recommendations:

I think Mr. Mack would benefit from O2 via nasal canula PRN just because he does have CHF (which makes it harder for him to get O2 into his bloodstream) – he is currently at 91% on RA with a RR of 22, I think his O2 is okay now but if he were to desat or have more labored breathing I feel like the extra O2 would help.

*Special Needs this Patient Might Have on Discharge:

- **Possible rehab or continued physical/occupational therapy** – to learn how to do normal ADLs with the new amputation
- **Home health** – for a nurse to come by periodically to check on him, make sure he is healing how he should, make sure he is getting all his medications, and see what needs he

***Safety & Security:**

I will identify the patient with 2 identifiers and verify patient allergies every time I enter the room. I will follow safety protocols such as: siderails up, bed down, non-skid socks, no clutter in the room. I will always have the patient's call light within his reach. I will verify all medication orders with the eMAR and document accurately. I will also use AIDET while communicating with the patient/ possible family members. I will assess the 4Ps when I go into check on the patient (pain, position, potty, possessions). I want to maintain as much privacy as I can to promote the patient's dignity. I also want to keep all patient information confidential (HIPPA). I will also provide clear and accurate education throughout the patient's stay in the hospital. I will do all these things to promote the patient's physical safety and emotional security.

Choose Two Priority Assessments and Provide a Rationale for Each Choice

***Cardiac Assessment:** I chose to do a cardiac assessment for Mr. Mack because he has a diagnosis of CHF – I want to assess/monitor how he is doing after surgery and compare that to his baseline (which would hopefully be in his chart from the nurse who took care of him before surgery) to make sure he is staying within the limits that are normal for him.

***Skin Assessment:** I also want to do a skin assessment. I want to check his incision site for his below-the-knee amputation as well as assess/monitor the rest of the body as well throughout his hospital stay since he is at risk for skin breakdown because of decreased mobilization and because he is a diabetic.

may have as he continues to heal, etc.

- **Any special equipment** needed/referrals – wheelchair, cane, prosthetics, railing at home, etc.
- **Safety check at home** – if he has stairs, get rid of fall risks (rugs/clutter), railing/seat in the shower, wheelchair ramps, etc.
- **Pharmacy** - make sure his meds are attainable as far as distance, transport, cost, etc.
- **Resources for counseling or support groups** if the patient is interested since this is a very big life change
- **Transportation** – since Mr. Mack will need to continue with his dialysis, follow-up appointments/regularly scheduled appointments with his normal providers, and to be able to pick up groceries, medications, and other errands

Nursing Management (Choose three areas to address)

*Wound Management: I would want to begin teaching for wound management at the very beginning of the patient's stay in the hospital, I would include

- Follow-up appointments for wound care
- At home wound cleansing and dressing changes
- Recognizing s/s of infection and when to report

to promote effective wound healing. Towards the end of the patient's stay I would want to have him show me how he would do dressing changes as well so I could make sure he knows how to properly do it at home.

*Musculoskeletal Management: Because Mr. Mack had a below the knee amputation, I would want to teach him how to do exercises that will promote range of motion and proper healing. I would also want to encourage him to continue PT and OT to further his ability to get back to the things he used to be able to do.

*Pain Management: I would want to teach Mr. Mack about proper pain management: positions to decrease pain, distractions, cold/heat application, and pain medications (alternating medications for best effect).