

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p>*<u>Health Care Team Collaboration:</u> - Ensure the physician is aware of the patient's nausea, vomiting, and severe pain that is not relieved by high doses of analgesic and if there's something they can do/order to address the patient's discomfort.</p> <p>*<u>Human Caring:</u> - Enter the room with a pleasant manner, a smile and kindness. - Ask the patient how he's feeling, if there's anything he would like to talk about, or if there's anything bothering him. If he chooses to talk or vent, just listen, and make sure he feels heard.</p> <p>*<u>Standard Precautions:</u> - Hand hygiene when walking in or out of the room and in between donning/doffing gloves. - Clean the stethoscope before and after use. - Wear gloves when coming into direct contact with the patient or his secretions.</p> <p>*<u>Safety & Security:</u> - Make sure to use two identifiers when greeting the patient. - Ensure that the red rules are acknowledged, bed rails 2X up, bed in low position, non-skid socks on, clean up any unnecessary clutter around the room.</p>	<p>*<u>Assessment & Evaluation of Vital Signs:</u> I would like to do a full head to toe assessment to make sure I fully know the patient I am taking care of. I would also assess his VS to ensure I gain a baseline and be able to know when there has been a change so I can react accordingly.</p> <p>*<u>Fluid Management Evaluation with Recommendations:</u> We would need to manage his fluid intake carefully as he has CHF which could inhibit his ability to distribute fluids properly. Especially since he has cracking in his lungs already, he may already be overloading on fluids.</p> <p>*<u>Type of Vascular Access with Recommendations:</u> We have a right arm AV fistula and a left forearm IV. I would personally use the left forearm IV for any fluids or medications to ensure that I don't clot off his AV fistula for dialysis.</p> <p>*<u>Type of Medications with Recommendations:</u> We may need to assess what types of pain medications he's taking and determine whether they are managing his pain needs or if there is something that could possibly do it better. Then we would need to assess whether he could go home on those medications and make sure we don't damage his kidney's further as well. We may also need to assess his insulin needs if the sliding scale isn't maintaining a proper glucose level.</p> <p>*<u>Oxygen Administration with</u></p>

<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	<p>Recommendations:</p>
<p>*Neurological Assessment: This would be valid since he is coming out of surgery which has numerous other possible adverse effects, we would want to ensure he hasn't had a sudden change in LOC and that his neuro status is intact.</p> <p>*Respiratory Assessment: Since he is receiving high doses of analgesics, most likely opioids, we would want to assess his respiratory status to ensure there isn't any depression. He also just came out of surgery, therefore was intubated and we would want to ensure he didn't aspirate or have any other complications resulting from it.</p> <p>*Abdominal Assessment:</p> <p>*Cardiac Assessment: I would also like to do a cardiac assessment to make sure we haven't overloaded him with fluids and his heart doesn't have any abnormalities upon auscultation or ECG</p> <p>*Skin Assessment:</p>	<p>The patient's O2 sat is 91% which I would monitor closer because we wouldn't want it to drop any further. If it were to drop further, I would administer 2-4L per nasal cannula and instruct the patient to take slow deep breathes in through his nose and out through his mouth.</p> <p>*Special Needs this Patient Might Have on Discharge:</p> <p>He would need a lot of education on how to properly care for himself after discharge. Case management may also be necessary to get him resources for home health. He will need help with personally assistive devices such as a walker, cane, or wheelchair.</p>
<p align="center">Nursing Management (Choose three areas to address)</p>	
<p>*Wound Management: Make sure the wound isn't bleeding or oozing excessively, becoming red or swollen, in an effort to prevent infection, and possibly catch it early enough to treat before causing further problem. Educate the patient on keeping the incision clean and how to clean it when necessary.</p> <p>*Drain and Specimen Management: Ensuring clean drain sites can be the difference between being able to remove the drain within a few days to having to go back into surgery because of infection. Ensure the sites are clean. Collect specimens if necessary, in an aseptic manner. Educate the patient on proper drain site management and to keep them clean.</p> <p>*Comfort Management:</p>	<p>*Musculoskeletal Management:</p> <p>*Pain Management: Management of pain can be crucial in helping a patient heal and rehab properly. If a patient is in excessive pain continuously then they are less likely to start physical therapy causing them to be bed ridden longer than necessary which can then lead to several health complications that could have been prevented from simply getting up and moving early. Educate the patient on alternative methods of pain management, such as massage, movement, heat and/or ice.</p> <p>*Respiratory Management:</p>

Caroline Abeyta