

<p><b>Universal Competencies (Address all)</b></p>	<p><b>Required Areas of Care (Address all)</b></p>
<p><u>*Health Care Team Collaboration:</u>                      - For the team collaboration for Fannie Mae the nurse should be included because the nurse will be taking care of the patient's health which will be monitoring the patients' labs, vital signs, and administrating medications. Another important team member would be the infectious disease doctor since the labs show that she is going through an infection, so the doctor needs to follow up on her to prescribe antibiotics. The patient may be going through sepsis/septic shock since her labs indicate this. We would also want the respiratory therapist since the patient's breaths are labored &amp; is currently on 4 liters nasal cannula. She might have to be intubated because she is also diagnosed with pneumonia. Dietary plays an important role as well to keep the patient from being malnourished. Fannie needs to be taking a high calorie diet to help her in the process of healing and getting much better. Another person who needs to be part of the team would be case management to provide help with any kind of costs that she will be needing help on after her hospital stay.</p> <p><u>*Human Caring:</u>                      - I will relate to my patient's well-being by being there for my patient and I will engage in activities that demonstrate caring. For example, I will be attentively listening to my patient, be comforting, have honesty, and be responsible to my patient. The patient deserves all the respect and patience from us as their nurse. I will build a trusting and respectful bond with Fannie Mae. I will be her advocate and help her through this process of healing. As a nurse we must be nonjudgmental and accept their cultural beliefs.</p>	<p><u>*Assessment &amp; Evaluation of Vital Signs:</u>                      - Fannie Mae's vital signs are B/P: 80/48, HR: 121, RR: 39, TEMP: 102.5. Her blood pressure is low since there is a decreased cardiac output and the dilation of blood vessels. Fannie's HR is high because it's working hard to deliver the adequate amount of blood to the heart and body. It's also trying to compensate. Respiration rate is high as well because of pneumonia and sepsis going on. Oxygen is inadequate due to the high demand. Fannie's hemoglobin is decreasing from 10 to 9 which is indicating there is a loss of oxygen transporting in her body. Her temperature is increased because an infection is going on. Her WBC is increased because normal range is 5-10. All Fannie's vital signs indicate they are related to a systemic response.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u>                      - Fannie's fluids are D5 ½ NS at 100 mL/hr. Since she is going through septic shock, I would recommend increasing her fluids by using the 30 mL/kg measurement. I would need an order from the health care provider for a different IV fluid &amp; rate. These fluids will help with her dehydration and decrease her temperature. This will also help with her tissue perfusion to get much better. We can also provide a fluid bolus to help with her blood pressure since it keeps decreasing. While we are administering these fluids, we should be assessing our patient at the same time to prevent any kind of fluid overload. Before and after administrating a medication, we need to always flush with a 10mL syringe NS to make sure the IV site is patent.</p> <p><u>*Type of Vascular Access with</u></p>

\*Standard Precautions:

- As I go see my patient, I will wash my hands thoroughly before and after I have contact with her to prevent the spread of any kind of infection. I will always wear gloves before initiating any kind of contact with my patient to prevent the spread of infection. As I do vital signs with my patient, I will also clean my stethoscope, pulse oximeter, and all other equipment needed to protect my patient and myself from any kind of contamination. I will use an alcohol pad for 30 seconds to clean them. When I flush my patient's IV line, I will use an alcohol swab & clean the port for 15 seconds then put a swab cap. I'll make sure to correctly dispose anything that is contaminated.

\*Safety & Security:

- A safety precaution will be that I will always address my patient with 2 identifiers which will be her name and date of birth. As well as always verify what her allergies are to make sure she doesn't have any kind of reaction to a medication I might be giving her. I will be following the 7 rights of administration. To protect my patient from harm I will keep the side rails raised as indicated, bed in low and locked position to prevent any falls, put non-skid socks on, put the call light within her reach, and have hourly rounding done to check our "4" P's. They are to ask for her pain, position, potty, and possessions. I will be doing my AIDET: acknowledge, introduce, duration, explanation, and thank you. I will also ensure privacy and provide accurate information to my patient and her family. We want to do all this to protect the patient from physical harm.

**Choose Two Priority Assessments and Provide a Rationale for Each Choice**

Recommendations:

- Fannie has an 18-gauge intravenous to the right forearm. I would recommend putting an arterial line for continuous blood pressure readings and obtaining arterial blood gas analysis samples. I would also recommend another IV line to provide more fluid infusions to be going on to help provide more hydration. For example, a central venous line. This way my patient can get fewer sticks to get blood draws, run medication all the time, or transfusion of blood. It's important to have accesses for any kind of emergency for example if she needs a blood transfusion. Since her hemoglobin is getting low it could get below a 7 which she would need a blood transfusion to be done.

\*Type of Medications with

Recommendations:

- I would recommend giving the patient vasopressors to keep her blood pressure increased since it's been on the low side. We want to keep that mean arterial pressure above 65 so we can know the organs are perfusing well enough and getting that blood flowing. I would also recommend broad spectrum antibiotics since her labs indicate there is sepsis/septic shock going on. I would also recommend PPI protonix to prevent stress ulcers and Enoxaparin to prevent blood clots from occurring since Fannie is on bedrest.

\*Oxygen Administration with

Recommendations:

- Fannie Mae is currently on 4L nasal cannula. I also calculated her MAP which is at a 58 & it should be > 65. My patient is currently having poor oxygen perfusion and a high respiratory rate so I'm recommending turning up her oxygen to 15 L high flow mask. This will help

**\*Respiratory Assessment:**

- I chose this assessment because Fannie is diagnosed with pneumonia. I need to listen to her lungs thoroughly for any kind of crackles, wheezes, striding, or etc. On her vital signs we see that her respirations are labored and 39. When normally they should be 12-24, equal and clear. I would look at her oral mucosa, cyanosis of lips, and fingertips for capillary refill. On this assessment I will also assess the position of trachea, cough, and visually inspect her chest as well as listen for 1 full breath in 7 locations front & 10 on her back. The rationale is to see any cyanosis that will indicate hypoxia. Fannie would have crackles in her top lobes and from the bottom distant sounds. I would also assess her oxygen levels since they are decreased and give her a higher amount of oxygen if needed.

**\*Cardiac Assessment:**

- I chose this assessment because my patients HR is high as well as her blood pressure. A normal HR should be 60-100 bpm and a blood pressure should 120/80. I will inspect her chest. I will make sure to listen to the correct 4 places on her heart which is the aortic, pulmonic, tricuspid, and 1 full minute on her apical. I'm listening for any rhythm's that might be abnormal or equal. I will check her capillary refill to see how well her blood perfusion is. Fannie has a history of myocardial infarction and in her current assessment she is having poor cardiac output. I would also place an EKG to see how well her cardiac rhythms are going and making sure nothing is lethal.

deliver 100% oxygen to help her breathe much easier. I will be monitoring her O2 sat which if it doesn't improve, I will continue to increase the oxygen level or see what we can do to improve it. Last option would be to intubate Fannie which is an invasive procedure. I would also recommend an incentive spirometer which she should breathe into at least 10 times in an hour since we want to prevent that pneumonia to keep from spreading. Another thing we can do is turn, cough, deep breathing and turn the patient to help as well.

**\*Special Needs this Patient Might Have on Discharge:**

- Fannie Mae needs to have a special dietary plan to include her in a high calorie/protein meal and have adequate fluid intake. She will need case management to help her with any kind of costs from the hospital stay to maybe oxygen and medications she will be needing to take home. Fannie will need rehabilitation and physical therapy to improve her motor skills as well as help build strength to her right side of her body. PT will help her walk, do ranges of motion, and get her moving more. She will have the physicians follow up on her frequently. Fannie will need an occupational therapist to help with activities of daily living. They will help with brushing her teeth, eating, and just any type of activity.

**Nursing Management (Choose three areas to address)**

**\*Wound Management:**

- I chose this because Fannie is having a stage 3 right hip pressure ulcer. I want to make sure to keep it from getting any kind of bacteria or infection. To maintain this goal, I must keep it clean as well as the dressing because we don't want it to get any worse than what it already is. Due to Fannie's illness, she has poor wound healing, so this is another reason why I want to keep it from getting an infection. I will turn my patient every 2 hours to prevent more pressure ulcers from forming.

**\*Comfort Management:**

- I chose this because Fannie is an older patient who is a frail woman. I will provide her meals, fluids, and a quiet room. I will make sure that she is always in a comfortable position. We want to provide cluster care to not interrupt as much our patient, keep her pain level decreased, and provide oral/hygiene care. I will keep her in a calm state and just make sure to keep her mental and emotional needs met. We want to always promote body healing on our patient.

**\*Respiratory Management:**

- I chose this because my patient's respiration is 39 and labored. For my patient to heal correctly it's important to have the adequate oxygen perfusion. Since she has septic shock and pneumonia this can delay healing. I can see that my patient has a lactic acid level of 4.0 which indicates poor perfusion to her organs. All this can lead to MODS which we need to help our patient regain oxygen perfusion to her organs.