Bergan Gunter

CRE Fannie Mae

1/17/2022

Universal Competencies:

Health Care Team Collaboration: (Infectious disease doctor, respiratory therapy, intensivist, wound care)

Because Ms. Fannie is septic the infectious disease doctor will need to see her and be apart of her care team. The MICU intensivist will also see Ms. Fannie to treat the pneumonia, and to call in other specialist that are needed to care for her. Ms. Fannie also has a stage III pressure ulcer on her right hip that will need to be seen by a wound care specialist. A respiratory therapist will need to see her because she is in respiratory distress, and she may need to be put on a ventilator. Moreover, many people will need to be contacted to be apart of Ms. Fannie's care team. She will need extensive care in order to get better.

Human Caring:

To help foster a caring relationship with Ms. Fannie I will communicate in a caring way and I will listen attentively when she is speaking to me. I will be honest with her and answer any questions she may have to best of my abilities, and if I am unable to answer her questions, I will find someone who can. I will respect Ms. Fannies beliefs and do what I can to accommodate any spiritual needs she may have. Overall, I will treat her respectfully, will not be judgmental about any spiritual or cultural beliefs she may have, and I will advocate for the best care for her.

Standard Precautions:

To prevent further infection for Ms. Fannie I will follow standard precautions. Some standard precautions include washing your hands before you make contact with the patient, and through out your time in the patient's room when you have been contaminated. Washing your hands is one of the most important things you can do to help prevent the spread of infections. Wearing gloves when there is a possibility of coming in contact with bodily secretions. Wearing gloves is more of a protection for the caregiver than the patient, unless it is a sterile procedure then you are protecting the patient. Another standard precaution to prevent contamination is cleaning stethoscopes, pulse oximeter, and other equipment before coming in contact with the patient. You should also use aseptic technique when preparing and administering medications. You can do this by cleansing your hands a wearing gloves when you are preparing and administering the medications. You should also scrub the hub for at least 20 seconds before administering anything through an IV line. I will also dispose of contaminated materials in the proper receptacle. All of the standard precautions are followed to prevent further contamination to the patient, the caregiver, and to other patients.

Safety & Security:

I will always identify the patient with their name band using 2 patient identifiers to prevent doing or giving any medications to the wrong patient. It is also important that I ask the patient about any allergies before I give any medication to avoid giving the patient anything they may be allergic to. Other

safety measures include keeping 2 side rails up to prevent falling out of bed, always having the bed in the low and locked position when you are not at the bed side and making sure the call light is within reach of the patient. For this patient you would want the call light on the patients left side due to right sided weakness. For security of this patient some things you can do are provide privacy when you can, introduce your self and explain why you are there and what you are going to do, and keeping the patient information confidential.

Two Priority Assessments and Rationale:

1. Respiratory Assessment:

Ms. Fannie has a diagnosis of pneumonia and is in respiratory distress as evidenced by her respiratory rate 39 (breaths/min) and she is on 4 liters of oxygen by nasal cannula. You should complete a full focused respiratory assessment by listening to her lungs (7 spots on the anterior side, and 10 spots on the posterior side), obtaining an oxygen saturation via pulse oximetry, watch the patient breath assessing a respiratory rate and watching the rise and fall of the chest for symmetry and work of breathing. It is also important to monitor for any nasal flaring, intercostal retraction, midline trachea, and any cyanosis around the mouth or on the oral mucosa. If Ms. Fannie has a cough determine if it is a productive cough or dry cough and if there is any sputum you should assess the color and document it.

2. Skin Assessment:

I think doing a Skin Assessment is important because Ms. Fannie has a stage III pressure ulcer, and you should always assess the patient head to toe when you first see them. I would start the skin assessment by looking at the pressure ulcer and the dressing if there is one. I would assess skin turgor to help assess hydration status. I would then assess the entire body looking for any discoloration, rash, bruising, lesions, edema, moles, and scars. It is also important to look at the overall color of your patient and assess the temperature of the skin. Moreover, because Ms. Fannie already has a pressure ulcer it is important to look for any other areas that could potentially become a pressure ulcer. The most common places for these to appear are the bony prominences, and you should look for the area to be blanchable.

Required Areas of Care:

Assessments & Evaluation of Vital Signs:

When looking at the current vital signs and labs you can assume that the patient is heading for or is already entering severe sepsis. Her BP is low 80/48 (mmHg) which puts her MAP at 59 which means that the organs are not being properly perfused. Because sepsis leads to vasodilation the body tries to compensate by increasing the heart rate which is why her heart rate is 121 (beats per minute). Sepsis effects more than just the cardiovascular system and you can see that it is affecting her pulmonary system as well. This is seen by the respiratory rate of 39 (breaths per minute) and being on 4 liters of oxygen. I was not provided with an oxygen saturation but you can assume that when you attach a monitor to the patient the saturation will be low. This is assumed not only by the difficulty breathing but because her hemoglobin and red blood cells labs are low. In order to help Ms. Fannie breath and perfuse

all of her organs she will probably need mechanical ventilation. She also has a temperature of 102.5 (degrees Fahrenheit) and a White blood cell count of 17,000 which indicates infection. Ms. Fannie also has a lactic acid lab of 4.0 which is an indicatory of tissue hypoperfusion. After analyzing the labs and vitals you know that immediate intervention is needed to prevent further organ damage.

Fluid Managements Evaluation with Recommendations:

Ms. Fannie has D5 ½ NS running at 100 mL/hr to help rehydrate her and bring her BP back up by providing volume. In order to monitor the effectiveness of the fluid you should monitor the patients urinary out put which should be 0.5 mL/kg/hr, blood pressure, and her MAP. Other ways to assess hydration would be looking at mucosal membranes, skin turgor, and capillary refill.

Type of Vascular Access with Recommendations:

Ms. Fannie currently has a right forearm 18 gauge IV. However, she would probably benefit from a PICC or a central line. If one of these was put in you would be able to monitor central venous pressure which will tell you vascular resistance and perfusion effectiveness. Not only will you be able to monitor CVP but you can also do blood draws from one of the lumen decreasing the number of times you stick the patient. Another benefit of a central line is that you are less likely to have extravasation because the line is going directly to the heart and not into little vessels that are easily damaged.

Type of Medications with Recommendations:

Ms. Fannie is septic so she will need antibiotics to fight the infection and one that I would suspect her to be receiving would be vancomycin. With this drug you will need to monitor peak and trough levels, while also looking at the WBC count through out the treatment. Other antibiotics that she may be started on could be Ceftriaxone, Meropenem, Cefepime, and Piperacillin. Fluid resuscitation may be needed to reverse hypotension and improve cardiac output which leads to improved tissue perfusion. However, if the fluid resuscitation is not working you may need to administer Norepinephrine to constrict vessels and increase blood pressure. I would also recommend a PPI such as Protonix to prevent stress ulcers.

Oxygen Administration with Recommendations:

Ms. Fannie is currently receiving 4 liters of oxygen via nasal cannula. The first thing I would do is put her on a continuous oxygen saturation monitor so I would know what she was sating while on the 4 liters via nasal cannula. If her oxygen saturation was low, I would then move to a high flow nasal cannula to see if there was any improvement. The last option and the one that will most likely be needed is to place Ms. Fannie on a mechanical ventilator. I would also recommend getting and ABG drawn.

Special Needs this Patient Might Have on Discharge:

Ms. Fannie may need to see an occupational therapist to help her with her activities of daily living, and I can educate her about some of the things she may experience after being septic. I will teach her about post sepsis syndrome which included both physical and psychological symptoms. Some physical symptoms are insomnia, fatigue, and shortness of breath. Some psychological symptoms are panic attacks, nightmares, depression, and PTSD. It is

important for me to teach her about these things so she can get help if she is experiencing any of them.

Three Nursing Management areas:

1. Wound Management:

Ms. Fannie has a stage III pressure ulcer and I will be in charge of caring for it along with a wound care nurse. I will have to change the dressing on it as prescribed and taking pictures of the wound to measure the size of it. Besides caring for the current wound, it is also my job to prevent any other pressure wounds form forming. I will prevent these by turning the patient every 2 hours, making sure that she is not laying on anything that should not be in the bed, and possibly getting her a specialty mattress.

2. Respiratory Management:

If Ms. Fannie is put on a ventilator, it will be my job to monitor how she is tolerating the settings and report to RT and the physician if something doesn't look right. The ventilator will show me her oxygen saturation and respiratory rate. These will be important to monitor along with the placement of the endotracheal tube and moving it to prevent pressure ulcers. I will also perform mouth care to prevent further infection and suctioning the tube to keep it patent and help her remove secretions. It is also important to elevate the head of bed to at least 30 degrees to help open up the lungs. It is also important to monitor her ABG, hemoglobin, and RBC labs. If Ms. Fannie is not put on a Ventilator, I will be monitoring many of the same things such as oxygen saturation, respiratory rate, elevating the head of bed, ABG, hemoglobin, and RBC. I will also teach her how to use an incentive spirometer and have her turn cough deep breath.

3. Comfort Management:

It is important for me to Ms. Fannie as comfortable as I can to help decrease her oxygen demand. I can do this by keeping her in a comfortable position, keeping the room a comfortable temperature, managing her pain, and allowing her to rest. I can also cluster my care to reduce the amount of time I am waking her up. I will also change her sheets, provide mouth care, and bathe her to keep her comfortable.