

## CRE Scenario

### **Universal Competencies:**

- Contact the respiratory team—patient may possibly need to be on a ventilator due to inadequate oxygenation caused by sepsis and pneumonia. Contact physical and occupational therapy—patient may need assistance with ambulation and activities of daily living since she has right sided weakness.
- Discuss with patient and family what their wishes are for possible end of life care—patient is 81 years old, frail and has an extensive medical history. She may not want invasive procedures such as intubation to be included in her care.
- Patient will need to be on droplet isolation precautions due to pneumonia—visitors and staff will need to wear a mask when in patient room.
- Patient will need to be a high risk fall precaution—she is 81 years old, frail, and has right sided weakness and paresthesia. Patient will need to be assisted when getting out bed and walking.

### **Required Areas of Care:**

- Patient's vital signs are not stable. Her temperature is high (related to sepsis and pneumonia), blood pressure has dropped and will need immediate intervention to raise it back up, respirations are high and heart rate is high, will need to obtain patient's oxygen saturation.
- Patient is currently getting 100 mL an hour—I would recommend fluid resuscitation with a crystalloid solution to try to correct the patient's current blood pressure of 80/48 and continue to monitor patient's output from the foley.
- The patient currently only has a right forearm IV access—patient might need another large bore IV started for antibiotics and antipyretics. A central line could also be beneficial to the patient for administration of fluid and medications quickly. Patient may also need an arterial line placed to monitor blood pressure and ABG's.
- Patient will need to be started on IV antibiotics as soon as possible to treat sepsis and pneumonia—patient will also need an antipyretic (possibly IV Tylenol) due to a temperature of 102.5. If patient's blood pressure does to respond to fluid resuscitation, patient may need a vasopressor medication to increase blood pressure.
- The patient's oxygenation saturation is not included in the current vital signs, but given how low the patient's blood pressure is, the body is not being adequately oxygenated. The patient will need to be switched to high flow and increase oxygen to 10 liters. See how patient responds to high flow. Consider mechanical ventilation if patient's oxygenation does not improve.
- This patient may need to be discharged with supplemental oxygen, antibiotics, possibly physical or occupational therapy. Case management may need to be contacted for the patient—the patient came from the nursing home with a stage III pressure ulcer. The patient's history says she has peripheral vascular disease, but is not on any home medications to treat it, this may need to be addressed before discharge as well.

**Priority Assessments:**

- I would perform a neurological assessment on this patient—a decreased level in consciousness is an indicator of septic shock, which I think this patient could be experiencing.
- I would perform a skin assessment on this patient—she was brought in with a stage III pressure ulcer and I want to make sure we are mindful of this patient's positioning to prevent the pressure ulcer from getting worse.

**Nursing Management:**

- Comfort management—this patient is 81 years old with sepsis pneumonia, a stage III pressure ulcer, a history of a stroke, MI, and peripheral vascular disease. She is frail and weak, it is important that this patient is comfortable and able to make decisions for herself about her care if she is able to do so.
- Respiratory management—the patient has pneumonia, labored breathing and the body is not being oxygenated adequately. It is important to make sure we know how invasive of procedures the patient wishes to have done to maintain her respiratory status.
- Wound management—the patient came in with a stage III pressure ulcer, along with sepsis and pneumonia. It is likely the patient will have to stay in the hospital for a while to be treated. It is also possible the patient will have to be intubated and will be on bedrest. Making sure the pressure ulcer does not get worse and preventing the patient from developing any other pressure injuries is important for this patient's plan of care.