

| <b>Universal Competencies (Address all)</b>  | <b>Required Areas of Care (Address all)</b>  |
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| <p><u>*Health Care Team Collaboration:</u><br/> There was collaboration within this scenario with the ED nurse giving report to the MICU nurse. The nursing home collaborated by getting their patient to the ED for assessment and intervention. After being in the ED yesterday I feel that 5 hours isn't that long of a time in comparison with her transition from nursing home to ED to MICU, but I also know that with her frail state, pneumonia, dehydration, and sepsis every minute counts. The collaboration with the RT and the infectious disease physician was discussed in the scenario, and this is greatly needed with this patient.</p> <p>I am concerned about the care she is receiving at her nursing home due to her Stage III pressure ulcer and her advancing symptoms of sepsis. I understand she is frail and elderly but by this brief description I am unsure she was being properly attended to.</p> <p><u>*Human Caring:</u><br/> Thea human caring competency consists of the nurse showing herself in a manner that shows kindness, compassion, and caring for the patient's well-being. The nurse should be willing to listen and spend time with the patient. It would be essential to spent time with this patient not only due to her immediate physical needs but also the mental confusion she may have and the fear she may be experiencing. It does not mention that this patient has a family member or even a staff member from the nursing home with her to help her understand or feel comforted. Therefore, the nurse's role of kindness and caring would be of the utmost importance. The nurse would need to be patient and take time to listen to this patient as words may be jumbled or hard</p> | <p><u>*Assessment &amp; Evaluation of Vital Signs:</u><br/> There are 3 sets of vitals that were given in this scenario and all 3 are of concern. The first set states that the patient has hypotension, tachypnea, and near hyperthermia. The next set of vitals reports an increase in her hyperthermia, a continuation of her 38 RR, and hypotension. The last set given in this scenario show further deterioration of her vital signs with worsening hypotension, tachycardia, worsening tachypnea, and increased hyperthermia. She is showing strong evidence through her vital signs and lab tests that sepsis is setting in and worsening.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u><br/> Often with patients with sepsis you use a balanced crystalloid solution compared to something like NS. I recall in our lecture that there was a lot of discussion around Albumin and its effects with critical patients.</p> <p><u>*Type of Vascular Access with Recommendations:</u><br/> I believe the ED staff made the right decision for this patient with the 18-gauge IV due to the diffused infection throughout the patient's body and the need for a large bore IV, but I would like to see a secondary IV assess in case of further needs.</p> <p><u>*Type of Medications with Recommendations:</u><br/> It would be essential to start a broad-spectrum antibiotic and obtain cultures. There is systemic infection going through her body so starting the broad antibiotic first while cultures are being processed would be helpful. She would also need a corticosteroid, but her glucose would need to be monitored</p> |

to understand due to her deteriorating state.

\*Standard Precautions:

I am unsure what standard health precautions that were utilized in this scenario as they are not mentioned but I would hope they used the following precautions: changing of gloves between this patient and other patients, wearing the policy assigned barrier equipment as needed, washing hands when entering and exiting the patient's room, using the sterile process when inserting the catheter, properly disposing of medical waste/sharp objects per policy, etc. There is a heightened risk of further infection and CAUTI with the insertion of the foley catheter. This patient seems very frail and compromised with immunity so these precautions would be essential to her having a chance of recovering.

\*Safety & Security:

The safety and security competencies list that the following are side rails are raised, non-skid socks are worn, clutter on the floor is removed, the bed is in the lowest position, reviewing the 7 medication administration rights prior to the patient taking a medication, mobility level of patient is assessed, etc. It appears they have an idea of her level of mobility through the report of residual right sided weakness and paresthesia and the report of a pressure ulcer. It would be essential to have all the listed above safety and security precautions in place due to this patient being a fall risk and altered mental status from age, fever, previous CVA, and dehydration. It was a good decision to move her to MICU so she can be closely monitored and cared for.

with this medication. With the sepsis there is a possibility of hyperglycemia so the staff would need to keep a close on the patient's blood sugar. The physician may also order TPN for nutritional needs if the patient is unable to enterally feed themselves.

\*Oxygen Administration with Recommendations:

It is very evident that this patient is tachypneic at this time which indicates to me the need to continuously aid through oxygen intervention. I do not have a O2 reading to see if the current intervention is working but if it was working, I would leave it until the RT decided what should come next for the patient. There would have to be some change in her RR for me as the nurse to not question intervention. If the patient's RR continues to be this high, she is not going to be able to continue to compensate so I would not be surprised if the RT/Physician recommended intubation. I would closely monitor the patient's RR and O2 through any respiratory intervention.

\*Special Needs this Patient Might Have on Discharge:

This patient would need several special instructions and needs upon discharge such as: take medications as prescribed and have them listed as she came in with no current medications but several health problems, turning her every couple hours to prevent further pressure ulcers, care for her Stage III wound, care for her heart condition and care for her respiratory needs. She would need to follow up with a pulmonologist and cardiologist to aid her lung and heart conditions. I am unsure if this patient would survive this type of illness with the listed history and age.

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| <p><b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b></p>  |  |
| <p><u>*Neurological Assessment:</u><br/>I would choose this assessment due to her age, the diagnosis of pneumonia, sepsis, and past events of MI and CVA. I would want a baseline when she came into the unit to have something to compare it to with either further deterioration or possible recovery.</p> <p><u>*Respiratory Assessment:</u><br/>I would choose this as my other assessment due to her current diagnosis of pneumonia, her RR of 38 to 39, and her need for NC at 4 liters.</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p><u>*Skin Assessment:</u></p> |  |
| <p><b>Nursing Management (Choose three areas to address)</b></p>   |  |
| <p><u>*Wound Management:</u><br/>This patient currently has a Stage III pressure ulcer that needs a lot of time and care to heal. This pressure ulcer will need around the clock assessments and care in order for it to have a chance to properly heal.</p> <p><u>*Drain and Specimen Management:</u></p> <p><u>*Comfort Management:</u></p>  | <p><u>*Musculoskeletal Management:</u></p> <p><u>*Pain Management:</u><br/>It would be essential to treat any pain this patient is enduring due pain decreasing the patient's ability to rest and therefore decreasing the ability to heal. This patient would be in a lot pain from fever, Stage III pressure ulcer, and pneumonia. Keeping this patient comfortable and free of pain would be very helpful to her ability to recover.</p> <p><u>*Respiratory Management:</u><br/>This patient is battling pneumonia with a history of CVA and MI so ongoing respiratory management and intervention would be essential to her survival. Her age with severe infection and a previous difficult history makes her oxygen perfusion difficult and in need of assistance.</p> |

