

<p>Universal Competencies (Address all)</p>	<p>Required Areas of Care (Address all)</p>
<p><u>*Health Care Team Collaboration:</u> All the nurses working together to keep an eye on the patient. Work with telesitter hub and UAP's in the case of nurse not being able to monitor the pt. Working with doctors for orders and treatment.</p> <p><u>*Human Caring:</u> Giving the patient the utter most human respect. Respecting their privacy, giving them the best care and respecting autonomy.</p> <p><u>*Standard Precautions:</u> Wash hands, mask and clean aseptic practice.</p> <p><u>*Safety & Security:</u> Fall risk, frequent monitoring LOC, seizure precaution and sitter.</p>	<p><u>*Assessment & Evaluation of Vital Signs:</u> SIRS 4/4 -results with RR 39, HR 121, WBC 17000, temp 102.5. For intervention's we need to inform doctor of patient status.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> The patient needs a fluid bolus due to hypotension and tachycardia.</p> <p><u>*Type of Vascular Access with Recommendations:</u> The patient needs a central line or PICC since they will more than likely need antibiotics.</p> <p><u>*Type of Medications with Recommendations:</u> Pt needs antibiotics for the infection. Crystalloid IV medications for his dehydration, steroids for inflammation, and electrolytes.</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	
<p><u>*Neurological Assessment:</u> This is a priority for patient safety. Knowing a base line helps determine any changes in LOC which can be a huge problem.</p> <p><u>*Respiratory Assessment:</u> The patient is at a significant risk for ARDS and considering the RR is 39 we need to assess why. We need to lower RR.</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p><u>*Skin Assessment:</u></p>	<p><u>*Oxygen Administration with Recommendations:</u> O2 to help pt perfuse and make sure to frequently assess for hypoxia.</p> <p><u>*Special Needs this Patient Might Have on Discharge:</u> Long term antibiotic therapy, fall risk and bleeding risk.</p>
<p>Nursing Management (Choose three areas to address)</p>	
<p><u>*Wound Management:</u> We need to be document any pressure ulcers. We need to be caring (treating) the ulcers and move them every 2 hrs to prevent</p>	<p><u>*Musculoskeletal Management:</u> Do a neuro assessment to monitor any musculoskeletal changes.</p>

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further skin ulcers.

*Drain and Specimen Management:

*Comfort Management: Ask pt if they're in any pain and treat if needed. Move pt to comfortable position.

*Pain Management: Ask them if they're in any pain and treat it.

*Respiratory Management: The patients HOB needs to be elevated, give O2, listen to lungs and observe for ARDS.