Universal Competencies (Address all)	Required Areas of Care (Address all)
*Health Care Team Collaboration: - Multiple members of the health care team would need to add to this case. For example, other registered nurses for when patient is admitted, case manager for when patient is discharged and may need to go home on oxygen or long-term antibiotic treatment. We would also include a health care provider and the patient's primary health care provider to see any treatment plans put in place due to her medical history. *Human Caring: - Since the patient is coming from a nursing home, I would suspect the patient has some form of depression, and I would do my best to comfort the patient. I would give them more time just to talk and provide my presence. *Standard Precautions: - Basic standard precautions I would include is basic hand washing, aseptic techniques, and sterile techniques as needed. This would help treat the patient since she was diagnosed with sepsis, I would do the most to prevent further infection. *Safety & Security: - Since my patient is 81 years old and I don't know the status of her gait along with possible altered mental status, I would put my patient on fall precautions. I would ensure to identify the patient each time for medication administration.	*Assessment & Evaluation of Vital Signs: - My assessment reveals that the patient has all four categories of SIRS; temp is 102.5, respiratory rate is 39, heart rate is 121, and white blood cell count is at 17. All her vital signs indicate sepsis and require immediate intervention. *Fluid Management Evaluation with Recommendations: - The patient currently has D5 ½ NS running at 100mL/hour. I would recommend that some boluses be made frequently to help with hypotension and sepsis. I would perform peripheral neurovascular checks and assess respiratory assessments to ensure that fluid overload is not occurring. *Type of Vascular Access with Recommendations: - Patient has an 18-guage intravenous line in the right forearm with D5 ½ NS running at 100 mL/hour. I would recommend the patient have a central or PICC line started. In the event the patient needs continuous antibiotics, continuous fluids, and/or blood products. *Type of Medications with Recommendations: - The patient currently has no home medications. I would personally not like to make any recommendations because I'm not a doctor. However, I would suspect that the patient might need to start some type of blood thinner to prevent another cerebrovascular accident. The patient also has D5 ½ in NS running which I would recommend continuing, but also adding fluid bolus to help with the dehydration. I would also suspect that the patient would be started on some type of antibiotic therapy because of the sepsis.
Choose Two Priority Assessments and Provide a Rationale for Each Choice	
*Neurological Assessment: A neurological	

assessment would also be a priority for me. This is because one of the first signs of respiratory depression/distress is an altered mental status. Performing a neurological assessment will allow me to see my patient's current level of conciseness and if any confusion is present. It would also allow me to set up any parameters to keep the patient safe such as setting up fall risk precautions. *Respiratory Assessment: A respiratory assessment would be a priority for me because the patient has labored breathing with a respiratory rate of 39 and is on 4 Liters of oxygen per nasal cannula. The patient is at risk for acute respiratory distress syndrome. I would recommend getting an ABG to determine the respiratory status of the patient. *Abdominal Assessment: *Cardiac Assessment: *Skin Assessment:	*Oxygen Administration with Recommendations: - The patient is currently on 4 Liters per nasal cannula with a respiratory rate of 39 and labored. Her O2 level is not shown anywhere. My recommendations would be to place a continuous pule oximetry. I would assess the patient's respiratory status q15 minutes and increase oxygen level as needed. *Special Needs this Patient Might Have on Discharge: - I would contact case management because the patient may need long-term oxygen therapy. Then the patient would need help financially and educationally. If the patient is discharged on antibiotic therapy, I would ensure that her nursing home is able to continue her car.
Nursing Management (Choose three areas to address)	
*Wound Management: The patient came in with a known stage III right hip pressure ulcer I would be sure to document it with pictures and measurements. I would ensure to reposition my patient every two hours to prevent further injury or create a new pressure injury. *Drain and Specimen Management: *Comfort Management: I would assess the patient's pain level and intervene less invasive to most invasive. I would start by positioning the patient, giving warm blankets, and proper wound management. Then I would start by giving proper pain medications as needed.	*Musculoskeletal Management: *Pain Management: *Respiratory Management: As the nurse I would ensure that my patient's head of bed is in semi-fowler's position. As stated, earlier I would put on a continuous pulse oximetry and intervene as needed. I would perform frequent respiratory focused assessments documenting as needed.