

<p><b>Universal Competencies (Address all)</b></p>	<p><b>Required Areas of Care (Address all)</b></p>
<p><u>*Health Care Team Collaboration:</u> Caring for a patient takes a team and good communication. Part of the team ; UAPs, case managers, tele sitters, nurses on the unit, Doctor, social services, pastoral care, PT, ect. There are people with a specific skill such as making orders, watching your patient while you are gone to lunch, help with respiratory aspect, and everyone of these jobs is vital.</p> <p><u>*Human Caring:</u> As nurses our job is to maintain their dignity during their most vulnerable state. We do not judge, we treat everyone equally, and kindly. In spite of their anger, we need to keep in mind that they are hurting and it has nothing to do with who I am as a nurse.</p> <p><u>*Standard Precautions:</u> Washing hands, PPE, cleaning equipment, masking, aseptic technique needs to be followed.</p> <p><u>*Safety &amp; Security:</u> Bed rails up, bed low, socks, frequent assessments- LOC, vitals, respiratory, cardiac, peripheral, skin checks, and seizure pads. These are all vital in the safety of the patient especially if they become confused.</p>	<p><u>*Assessment &amp; Evaluation of Vital Signs:</u> HR-121, RR-39, Temp- 102.5, WBC-170000. Patient’s respirations were increasing so they were having trouble breathing. I would sit them up, give oxygen, and call the Dr. to inform them about the pt. status.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> Giving fluid is needed and a bolus because the patient was hypotensive and tachycardic. Assessing the patient’s status, perfusion, and LOC is necessary.</p> <p><u>*Type of Vascular Access with Recommendations:</u> Right now the patient has an 18G IV on their Rt forearm. With the extent of the patients condition I would think they need a Central line or a PICC be placed. They might need a blood transfusion. The patient will definitely need lots of fluids and medications (antibiotics/BP).</p> <p><u>*Type of Medications with Recommendations:</u> The medications needed- Antibiotics for the infection such as ceftriaxone. Fluids for dehydration and electrolyte replacement (crystalloids/lactated ringers). The patient’s glucose will increase during this time due to the stress on the body so insulin maybe. Inflammation is present so glucocorticoids. Blood pressure medications.</p>
<p><b>Choose Two Priority Assessments and Provide a Rationale for Each Choice</b></p>	
<p><u>*Neurological Assessment:</u> This one is important. The patient’s change in LOC is often an early indicator of something essentially\ being wrong in the patient. Confusion is a symptom of sepsis. Their safety is a priority and when this is off they could cause harm to themselves or others. Catching these symptoms early is crucial. Constant Assessments are needed. A pt. sitter may be needed or an alarm put on them.</p> <p><u>*Respiratory Assessment:</u> This can identify how well their perfusion is. The right oxygenation device is important during this time. The patient is at risk for ARDS or hypercapnic. Working with Respiratory therapist will be part of this patients care. ABGs will be needed and constant monitoring.</p>	<p><u>*Oxygen Administration with Recommendations:</u> Due to the pneumonia the patient is already having trouble with breathing. Oxygenation and perfusion is important during this time. Continuous oxygen is needed and even a high flow will be considered. Assessing capillary refill, ABGs, skin color, Respirations, and pulse will help in looking at the perfusion status.</p> <p><u>*Special Needs this Patient Might Have on Discharge:</u> The patient will have Oxygen, antibiotics, and being a fall risk patient. Having someone go over and put lights in their restroom and remove rugs will help.</p>

<b>Nursing Management (Choose three areas to address)</b>	
<p>*<u>Wound Management</u>: Checking the site, changing the dressing, and moving the patient to prevent further skin breakdown.</p> <p>*<u>Drain and Specimen Management</u>:</p> <p>*<u>Comfort Management</u>: During this time at the hospital, we want to care for them the best we can. Giving pain medications, changing sheets, baths, position changes, and just listening to the patient during their stay.</p>	<p>*<u>Musculoskeletal Management</u>:</p> <p>*<u>Pain Management</u>: Constantly assessing their pain and giving pain medications. As well as teaching the patient to ask before it gets to a 10 so we can control the pain better. If the patient is non-verbal looking at vital signs and facial expression such as grimacing.</p> <p>*<u>Respiratory Management</u>:</p>