

Universal Competencies (Address all)	Required Areas of Care (Address all)
<p><u>*Health Care Team Collaboration:</u> I would anticipate physical therapy, nephrology, surgery, case management, respiratory, and potentially spiritual care to be consulted.</p> <p><u>*Human Caring:</u> Provide emotional and physical support to the patient as needed.</p> <p><u>*Standard Precautions:</u> Hand hygiene, aseptic technique, clean and sterile equipment prior to use and PPE if needed.</p> <p><u>*Safety & Security:</u> Bed low/locked, 4 P's.</p>	<p><u>*Assessment & Evaluation of Vital Signs:</u> Respiratory rate and saturation could be abnormal d/t CHF and overcompensation. The blood pressure and pulse elevation could be related to pain for recent surgery. Temperature elevation could also be due to surgery.</p> <p><u>*Fluid Management Evaluation with Recommendations:</u> Patient is receiving 150 ml/hr of NS. I think fluids are necessary d/t the surgery and the patient's lack of appetite. My recommendation would be to decrease the rate because the patient has CHF and could hold onto the fluid.</p> <p><u>*Type of Vascular Access with Recommendations:</u> Patient has L FA peripheral IV and R arm AV fistula for dialysis. I recommend another peripheral be place for security in case of emergency.</p>
<p>Choose Two Priority Assessments and Provide a Rationale for Each Choice</p>	
<p><u>*Neurological Assessment:</u></p> <p><u>*Respiratory Assessment:</u> Patient has CHF and has coarse crackles in BLL. Monitoring the respiratory status is vital to ensure he is not getting worse.</p> <p><u>*Abdominal Assessment:</u></p> <p><u>*Cardiac Assessment:</u></p> <p><u>*Skin Assessment:</u> Monitoring the patient's surgery site for infection or bleeding is very important. Also monitoring the patient's skin for fluid retention/edema d/t the CHF.</p>	<p><u>*Type of Medications with Recommendations:</u> I anticipate the patient need antibiotics and pain medications for post-op surgery and recent gangrene infection. The patient will also need insulin protocol in place, with it either being rapid and long acting. Antiemetics will also be beneficial d/t N/V. Bowel protocol would also benefit the patient d/t surgery and pain medications causing constipation.</p> <p><u>*Oxygen Administration with Recommendations:</u> Patient is currently on RA but supplemental oxygen may be beneficial.</p> <p><u>*Special Needs this Patient Might Have on Discharge:</u> This patient will need inpatient physical therapy and rehabilitation after discharge. I also think this patient would need home health after discharge from rehab until he gets accustomed to the amputation.</p>

Nursing Management (Choose three areas to address)

*Wound Management: The patient just had surgical amputation of the right leg d/t non-healing wound that progressed to gangrene. I believe wound management would be great for this patient to prevent it from getting infected.

*Drain and Specimen Management:

*Comfort Management:

*Musculoskeletal Management:

*Pain Management: This is necessary d/t post op of leg amputation and managing the pain is vital to proper healing and health restoration.

*Respiratory Management: The patient is a CHF patient and already has coarse crackles in the lower lobes of both lungs. Respiratory would be beneficial for prevention of the lungs worsening and managing the CHF.