Rebecca Harvey

Clinical Care Concept Map

Patient Presentation:
Hypotensive
Weak
Malnourished
Severe diarrhea x 1 week

Assessment/noticing cues:
Hypotension (BP)
Lab values
WBC's
H/H
BUN
Albumin
Procalcitonin

Primary Concept: Perfusion

Related Medical Diagnosis:
Severe Sepsis w Septic Shock

Relevant diagnostic Tests, Treatment, and Relevant Medications:
WBC -
VIS -
BUN/creatinine
ALT/AST
ABG's

Interpreting and Prioritizing cues:
Hypotension - unresolved w fluid resuscitation.
Lab values
Procalcitonin elevated indicating sepsis.

Worst Case Scenario/Potential Complications:
Death.
MODS - his organs (kidney/liver) have impaired Ft based on labs. If we do not prevent further damage pt will have severe impairments

Responding/take action:
Vasopressors to keep MAP at 65 or greater
Monitor I/O's
Bed rest
Culture/Blood cultures

Reflecting /evaluate outcomes:
the patient was "unstable" during my clinical and labs were trending toward worse outcomes. I believe something is being missed but missed day 2 to see other trends.

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Patient Preparation Worksheet

Time	Meds/Care Priorities	Labs/Glucose
	Norepinephrine titration to keep Map above 60	
	Antibiotics- Flagyl/ fidaxomicin	
	BG- need to maintain per orders	

Initials: KP Room #: 7 Adm. Date 4/12 Post op day# —

Diagnosis: Severe sepsis with shock

Current problem: Severe sepsis with shock, AKI, malnutrition, diarrhea, Pancolitis, severe protein calorie malnutrition, type 2 DM

Patient Story:

PT to ED via EMS with C/O diarrhea x1 week, weakness, denies N/V/ abdominal Pain, 78 systolic pressure in EMS

Allergies: Ceftriaxone

PRIORITY Body System to Assess: Respiratory, Neuro, PNV, VS (perfusion)

	CV	Resp	Neuro	GI	GU	Skin	VS/Pain	Other
Prior Nursing Assessment								
Current Nursing Assessment								

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC Neutrophils	73.36 69.0	
H&H	8.3/ 25.3	His H&H is trending down. He could possibly need a blood transfusion. This also Indicates possible bleeding
ALT AST	12 9	This indicates the liver possibly has an acute injury or is not functioning properly.
Metabolic Panel Labs		
K+	3.6	His potassium was low on admission and due to the diarrhea he is receiving K+ Replacement to prevent electrolyte imbalance dysthymia
Misc. Labs		
Procalcitonin	2.29	Indicates that he has sepsis.

Lab TRENDS Concerning to Nurse?

WBC- Is WBC are astronomically high and trending higher indicating that we are not treating whatever infection or issue is causing his sepsis.
CXR- his new chest x-ray indicates bilateral lower lobe pleural effusions or atelectasis indicating that he may be getting pneumonia or fluid overload. However, he is still currently on 2 vasopressors for low B/P.

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Code Status Full CODE

O2 therapy 2L NC

IV site 20G LT anterior forearm, triple lumen picc line to RT [illegible]

IV Maintenance LR @ 100ml/hour

IV Drips Norepinephrine and vasopressin

Tubes 16 fr foley placed 4/15, RT flank nehprostomy tube To left kidney

Activity Bed rest with turns q2

Fall Risk/Safety High

Diet 60 gram carb soft low fat w Boost BID

Last BM 4/16 noted as brown fluffy/mushy

Intake:

Output:

Therapies: RT/OT/PT OT/PT on hold

Dressings See notes

Notes:

only known medical HX of type 2 insulin dependent DM,
CT SCAN- indicates left hydronephrosis, and pancolitis,

PT has had wound culture to rt lower leg that was 4+ staph, 2+wbc, 3+ gram positive cocci

Wounds present on RT lower lateral leg, rt. Anterior/distal thigh, LT distal lower shin, Rt plantar, LT posterior ankle, pressure injury to rt and left coccyx

Pharmacology

List each medication you will administer this shift and the PRNs in the last 24 hours.

Medications	Pharm. Class	Mechanism of Action In OWN WORDS	Common Side Effects	Assessments/nursing responsibilities
Enoxaparin	Anticoagulant	Prevents patient from getting DVT due To decreased movement	Risk of bleeding, Bruising at injection site	Check platelet levels, educate patient on signs/ Symptoms of bleeding
Fidaxomicin Deficiency	Macrolides	Antibiotic used to treat C-diff	Nausea, vomiting, Abdominal pain	Monitor for allergic reaction, GI bleeding, nausea Vomiting, abdominal pain
Finasteride		Used to treat BPH, reduce risk of Acute urinary retention	Decrease libido, Hypotension (Orthost-Atic)	B/p especially when mobil, suicidal ideation, Urinary retention
Metronidazole Flagyl	Antibiotic	Antibiotic used to treat a wide Variety of infections	Agitation, blurred vision Confusion, drowsiness Unusual tiredness	Neuro assessment, bloody stool, agitation,
Mirtazapine Refer on	Tetracyclic Antidepressant	Used to treat major depressive Disorder	Increase risk of suicidal Thoughts, dysrythmia	Teach pt to not stop abruptly or take with other Types of antidepressants like MAOI's monitor For Bradycardia and dysrythmias
Pantoprazole	PPI	Used to help with over production of Gastric juices during hospitalization	rash, arthralgia, diarrhe Headache	Alt/ast, diarrhea, electrolytes,
Potassium-Phosphate- sodium Phosphate	Phosphates	Used to help prevent kidney stone. Decreases acidity in urine.	Severe ongoing diarrhe Seizures, SOB	Monitor I/O's, kidney function/ labs (BUN/ Creatinine)

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical problem? State the pathophysiology of this problem in your *own* words.

Medical Problem	Pathophysiology of Medical Problem
Severe sepsis with shock	Sepsis occurs as the bodies systemic response to a severe infection. IT can set in gradually or rapidly Depending on the type and location of the infection. Sepsis progresses to septic shock as a result of When the body is struggling to compensate for systemic changes in fluid shift causing hypotension And possible MODS or damage to multiple organ systems (lungs, liver, kidney, heart) due to Low perfusion or blood pressure.

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Medication	Pharm. Class	MOA	Common Side Effects	Assessment/ Nursing responsibilities
Metamucil	Bulk laxatives/ vitamin/nutritional	Can be used for bowel regularity.	Rash, allergic reaction, hives, bloating, cramps	Monitor for signs of severe allergic reaction, increased diarrhea
Tamsulosin	Alpha blockers	Used to relax muscles in bladder and prostate to treat BPH/ urinary retention	Cough, fever, chills, back/side pain, lightheadedness	Monitor i/o to identify urinary retention
Norepenephrine	Vasopressor	Causes vasoconstriction to increase B/P	Bradycardia, ischemic injury, headache, anxiety, dyspnea	Extravasating- use a central line when possible, monitor b/p map
Vasopressin	Vasopressor	Causes vasoconstriction to increase b/p	Nausea, hyponatremia, diaphoresis, headache	Monitor VS, cardiac telemetry,

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Problem Recognition

To prevent a complication based on the primary medical problem, answer each question in the table below.

Question	Most Likely	Worst Possible
Identify the most likely and worst possible complications.	The patient will be placed on a generalized Antibiotic to treat infection, medication to Maintain b/p and will begin to improve	Septic shock when not treated rapidly Leads to death
What interventions can prevent them from developing?	Maintain b/p, antibiotic therapy identifying trends in labs/VS early to treat symptoms	
What clinical data/assessments are needed to identify them early?	VS, lab trends, Neuro, pnv, and respiratory Assessments to identify worsening signs of MODS	
What nursing interventions will the nurse implement if the anticipated complication develops?	Notify physician	

Putting it All Together to Provide Safe Patient Care

1. Which findings have you collected that are most important and need to be noticed as clinically significant?

Most Important Assessment Findings	Clinical Significance
B/P- all vital signs I/O Lab values (WBC, H&H, ALT/AST, BUN/creatinine, ABG)	Vital signs are vital and trends can tell us a lot about how our patient is responding To treatment. I/O are important due to his HX of renal impairment and infection. Lab values and trends will help us determine if treatment is working or if other Interventions need to be implemented.

Medical Management of Care

2. Identify the rationale for each provider order and its expected outcome.

Provider Order	Rationale	Expected Outcome
Nutritional Shake (Boost) Supplement Q2 TURNS Maintain map above 60mmhg w levophed / vasopressin VS - Q2	The pt is very malnourished in order to help his body fight infection we need to supplement his nutrition to provide his body with vitamins and strength We need to turn him frequently to prevent further skin breakdown. His VS, B/P & profusion are vital to prevent MODS to progressing his organs into failure	Prevent more skin breaks down. Tx B/P & med to keep map above 60 & profuse vital organs. Identify change in LOC or status & intervene if status declines.

Nursing Management of Care

3. After interpreting clinical data collected, identify the nursing priority goal for your shift and three priority interventions specific for your patient. For each intervention write the rationale and expected outcome.

Nursing Priority		
Goal/Outcome		
Priority Intervention(s)	**Rationale**	**Expected Outcome**
1. Perfusion	1. Failure to adequately profuse organs will lead to Progressive MODS and death	1. Maintain MAP greater than 65
2. I/O	2. Due to BDHI AKF need to monitor for fluid imbalances.	2. Patient I/o will be indicative that fluid Resuscitation is working with out fluid Overload
3. Wound care	3. This pt possible already has infection in his wounds but We need to be sure to keep them dry and covered	3. To prevent progress or detoriation of Wounds/ (prevent infection)

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4. What interventions/nursing responsibilities could be delegated?

Nursing Tasks/Interventions	Appropriate Delegation to Whom?	Rationale for Delegation
VS medications Assessments	RN	This Pt is currently unstable and should be monitored/assessed only by an RN at the moment

5. To provide compassionate holistic care for this patient, answer the following questions.

What is the patient likely experiencing/ feeling right now in this situation?	The patient is most likely experiencing depression and increased anxiety Related to not knowing exactly what is causing him to feel so sick, weak, and tire
What can you do to engage yourself with this patient's experience, and show that they matter to you as a person?	I need to reassure client that we are doing everything we can to help him feel Better and allow him to express his feelings so that they can be acknowledged.

6. Identify the psychosocial/holistic care priority specifically for your patient based on the findings you noticed as most important. List appropriate interventions, rationale, and expected outcomes.

Psychosocial/Holistic Care Priority	Keeping the patient focused on positive things even if they seem small can Possibly decrease his anxiety	
Priority Intervention(s)	**Rationale**	**Expected Outcome**
OPEN Blinds During Day	helps promote sleep/wake cycle and prevent worsen anxiety/depression	Pt will get adequate sleep/rest to promote healing

EDUCATION PRIORITIES/DISCHARGE PLANNING

7. Identify three priority educational topics that need to be included in a teaching plan to prevent complications and prepare this patient for discharge.

Teaching About Illness Care	Rationale	How are you going to teach?
1. Teach signs/symptoms of infection	1. Infection can lead to sepsis/ Septic shock early intervention shows better outcomes.	1. If you start having a fever, feel tired more than normal or have any drainage coming from wounds return to ED immediately.
2. Nutritional care	2. Encourage the pt to get adequate nutrition due to severe malnourishment	2. Eat meals high in fat/calories/ protein by having frequent snacks or drinking boost shakes so We can try to improve your Nutritional Status. See a dietician.
3. Avoid large crowds	3. Due to the impairment of immune organs and malnourishment Pt is at higher risk of getting infection and body has less reserves to Fight infections	3. Avoid large crowds because due to increased risk of picking up bacteria and getting another infection

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EVALUATION

8. After implementing the plan of care, interpret clinical data at the end of your shift to determine if your patient's condition has improved, has not changed, or has declined. (NCSBN: Step 6 Evaluate outcomes)

Most Important Data	Improved	No Change	Declined
WBC			
Platelets			
AOG			

9. Has the patient's *overall* status improved, declined, or remained unchanged during your shift? If the patient has not improved, what other interventions must be considered by the nurse? (NCSBN: Step 6 Evaluate outcomes)

Overall Status	Additional Interventions to Implement	Expected Outcome

END OF SHIFT: Professional Communication-SBAR to Primary NURSE

Situation

- Name/age 59 yo male
- Brief summary of primary problem Severe sepsis w shock
- Day of admission/~~post-op~~# 4/12

Background

- Primary problem/diagnosis severe sepsis & shock
- Most important past medical history DM II insulin dependent
- Most important background data Hx pyelonephritis & urinary infection

Assessment

Most important clinical data:

- Vital signs
- Assessment
- Diagnostics/lab values See pg 1

Trend of most important clinical data (stable-increasing/decreasing)

- How have you advanced the plan of care?
- Patient response
- Current status (stable/unstable/worsening)

Recommendation

- Suggestions to advance plan of care /

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POST-CLINICAL REFLECTION

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
What feelings did you experience in clinical? Why?	I felt like I was missing something important for my patient. There was no clear sign of where the infection was coming from and his status was not improving w current interventions.
What did you already know and do well as you provided patient care?	I am able to read notes and make appropriate nursing diagnosis for my patients.
What areas do you need to develop/improve?	I felt like I needed to improve my understanding of sepsis and additional interventions we can do for this patient to improve prognosis.
What did you learn today?	I learned that it is sometimes harder to identify causes of infection with certain patients who have a wide variety of possible sources to infection.
How will you apply what was learned to improve patient care?	To help me in practice improve how I care for and treat septic patients. To advocate for more interventions & keep my patient from [redacted]. worsening

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