W4-Clinical Log

There were four patients I was taking care of this shift. The first patient was a 68 year old female who came in with anemia, renal failure, and cellulititis on her left foot. She also has a history of Diabetes so in addition to checking her blood glucose levels, I administered 2 units of insulin before lunch when her blood glucose level was 208. I also gave her a heparin injection. Another medication she was on was Coreg so before administering this PO med I assessed her BP and HR to make sure that the drug was actually needed. This patient has two amputated toes and has a diabetic ulcer very close to where the toes were removed. I was able to see this patient’s foot ulcer get debrided, cleaned, and rewrapped.

 Another patient came in with abdominal pain and pneumonia and is legally blind. I educated him about the use and the importance of the incentive spirometer. When I did my physical assessment on him, I noticed that his IV site was red and swollen and therefore infiltrated, so I told the IV nurse and she set up a new line.

 The third patient I cared for was a confused 91 year old female and was a total care patient. She was incontinent and at risk for skin breakdown, though luckily she did not have any thus far. I put skin protectant on her buttocks area and made sure to turn and position her every 2 hours. This patient was also having trouble moving her bowels so we got a phone order from the MD for a fleet enema. Fortunately, the patient went on her own and the enema was not needed. Since she finally had a bowel movement, she was able to be discharged in the afternoon.

 The last patient was an 84 year old female who came in from a nursing home because of an abscess on her left cheek that was positive for MRSA, which required her to be on contact precautions. She had a PEG tube in which she received feedings through, and a PICC line on her upper right arm which measured 26cm and which I flushed several times throughout the day. She received Grevidy @ 30mL/hr and when I administered her meds through the PEG tube, I paused the feeding for 30 minutes after her getting the med to enhance absorption of the drug. Because of her history of anxiety she takes Xanax in addition to her other meds like Colace and Potassium. Her K+ level was in fact low when I looked it up so it was given to her through her PEG tube. In addition this patient was on an antibiotic called Zyvox to treat the infection in her mouth.

My goals for this week were:

1. Assess partnerships necessary in the care of the individual, family and community
2. Communicates consistently with partners caring for individuals, families, and communities
3. Evaluates the partnerships developed with individuals, families, and communities, in the delivery of patient care

All three of these goals have to do with the collaboration and partnership that takes place when caring for patients. With collaboration comes effective communication and without both of these aspects, the quality of the patient’s care would diminish.

 While taking care of the patient that had the foot ulcer debrided, both the regular MD and the Podiatrist came in to assess the patient and asked me for a brief report. After all of us discussing with the patient the plan of care and her current health status, the MD put in a discharge order for the following morning. I could see how important the partnership between not only both doctors, but the nurses and aids as well, in caring for this patient is, as each of them have their own role. In addition, whenever a patient’s family is there I always speak with them about the patient’s status and plan of care. For example, the sister of the patient with MRSA has several questions for me so I answered what I could and offered to print some information out for her. Since this patient was confused, her sister definitely played a big role in her care and I discussed everything with her to make sure she voiced her opinions and/or concerns

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