

promptly prior to administration of antibiotic and antifungal agents. Avoid use of aspirin- or ibuprofen-based medications. It is important with each assessment to pay careful attention to the signs of sepsis, which include fever or hypothermia, unexplained tachycardia, or tachypnea. A late sign of sepsis or septic shock is a drop in the patient's blood pressure. Report any changes in the patients' condition to the provider.

4. The most important patient-centered outcome is prevention of sepsis with careful nursing assessment and monitoring.

Bleeding

1. Normal platelet counts are typically between 150,000 and 450,000/mm³ with some minor variations from laboratory to laboratory. Patients are at risk for spontaneous bleeding when the platelet count falls below 20,000/mm³. In some patients spontaneous bleeding from the nose, gums, or rectal area can occur at any time regardless of the platelet count. Certain medications (such as, ibuprofen- or aspirin-based products) can interfere with platelet function regardless of the actual platelet count.

2. A detailed physical assessment should be performed to evaluate signs of bleeding (current assessment reveals sites of spontaneous bleeding in the buccal mucosa and sclera). Chemotherapeutic agents work on all rapidly dividing cells, which include the hematopoietic cells, hair, cells that line the gastrointestinal tract from the mouth to the anus, and the rapidly dividing cancer cells. As the platelet count drops, patients are at risk for bleeding.

3. The immediate nursing intervention is minimizing factors that may cause bleeding. Assess whether the oxygen is humidified. The nose is vascular and can bleed easily if the mucosa is dried by oxygen. Inspect the length and placement of the nasal prongs and the nasal mucosa for any signs of irritation. Other interventions include transfusing platelets as ordered by a physician or nurse practitioner and having the patient use a soft toothbrush or Toothette (sponge toothbrush) for oral care.