SOAP Note Based on Priority Problems

Priority Patient Problem #1: Acute pain in urethra and suprapubic area

Subjective:

This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.

History Present Illness (HPI): 78 year old female, HX of CHF and diabetes, low BP and NaCl fluid bolus, aggitated lives alone, admitted with urosepsis, recieved large amount of IV fluid, 4L nasal canula, HOB elevated. Not taking cardiac medications
PMH: CHF and diabetes

Allergies: NKA

Current Medications: 7 bottles prescription at home (cardiac) → Glyburide 2.5mg PO daily with breakfast Levaquin 250mg IV bolus q 12 hr, Furosemide 20mg IV bolus, Albuterol 0.5/ solution in 3mL 0.9% NaCl via nebulizer q6hr

PRN meds: tylenol 325mg PO q4hr for fever greater than 37.7
IV therapy: 1000mL Lactated R. 30ml/hr (DC) 1000mL 0.9% NaCl at 150ml/hr

Objective:

This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.

Vital Signs: At 2400: (T) 101.0, (P) 98, (RR) 24, (BP) 128/82 (O2) 85% 4L

Labs: Hgb: 11.3 (low), Hct: 33% (low) WBC: 13,000 (high) → BUN: 21mg/dL (elevated) Albumin 3.2 (slightly low) Cholesterol: 225 (slightly ↑)

Diagnostics: Chest x-ray: lungs are well aerated, No evidence of focal area of consolidation. Faint rounded density is seen in base of lower hemithorax probably representing nipple shadow. Hilar and pulmonary vasculature is dilated consistent with long-standing mild COPD. The heart is enlarged →

Assessment:

Focused assessments on your priority problem.

High respiration rate, labored breathing, O2 88% placed on 2L of O2, then O2 saturation 90% placed on 4L of O2 BP was 130/94. Temperature 100.6 HOB elevated. Restless and upset. Fell out of bed and xray showed hip fracture. Not candidate for surgery due to HF. Placed in bucks traction. Pressure ulcer above coccyx Stage 2, barrier cream being placed. 2hr frequent assessments. LOC concerning, sepsis possible.

Medications: Home
20mg
potassium chloride 20mEq & 40mEq
Digoxin .125
metroprolol 20mg
Isosorbide 10mg

Urinalysis:
Appearance: cloudy, Leukocyte esterase: positive (detects WBC in urine)
color: slight amber, WBC-10 (high) RBC: 4-6 (high), RBC cast-(positive (small amount of bleeding from kidneys)

consistent with hypertrophy of L. ventricle. costophrenic angles are clear.

Left hip and femur:
AP view of hip revierved, only 1 limited view is obtained. poor quality X-ray with a lot of soft tissue shadow. significant for basicervicdl-type femoral neck fracture. Lesser trochanter is intact. High intertrochanteric fracture/basicervical.

Left elbow:
No fracture apparent but evidence of mild soft tissue shadow consistent with muscle contusion.

Plan ***Based on priority problem only** *Include what your plan is for the client. What treatments or medications are needed? You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?*	**Plan:** My plan would be to continue J.J on pain medication needed PRN, and to continue to monitor her pain level on the numeric pain scale. I would also continue to monitor her PQRST assessment of pain. That would be for my nursing priority. Now that I know her priority diagnosis is ~~are~~ impaired gas exchange, I would have focused more on that, but for acute pain some nursing interventions performed could be to help establish a acceptable pain goal for J.J. Also, to help teach some nonpharmacologic interventions to help with her pain, like applying heat to suprapubic area if needed. Also evaluating how J.J is responding to pain management strategies. **Teaching & Resources:** Teaching about nonpharmacologic ways to help relieve some of her pain.

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:

   a. Craig (RN)

   b. DR. Baxter

2) What were some steps the nursing team demonstrated that promoted patient safety?

   a. Raised the head of bed to help J.J with her breathing

   b. Applied O2 therapy when J.J was having trouble breathing

   c. Had DR order proper medications needed for HF

3) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?

   a. If **yes**, describe:
   I think the nurses communicated well with eachother and kept the other members (DR, pharmacy) updated when needed. They showed therapeutic communication with J.J as well by letting her know when they were about to do something for her. (ex. applying oxygen)

   b. If **no**, describe:

Reflection

1) Go back to your Preconference Template:

   a. Indicate (circle, star, highlight, etc.) the components of your preconference template that you saw applied to the care of this patient.

2) Review your Nursing Process Form: Did you select a correct priority nursing problem?

   a. If **yes,** write it here:

   b. If **no,** write what you now understand the priority nursing problem to be:
   Now I believe the priority problem is impaired gas exchange

3) Review your Patient Problem Form: Did you see many of your anticipated nursing assessments and interventions used?

   a. Were there interventions you included that *were not* used in the scenario that could help this patient?

      i. If **yes,** describe:
      Maybe, administer lorazepam PO as indicated to help calm her down and not be as restless.

      ii. If **no,** describe:

4) After completing the scenario, what is your patient at risk for developing?

   a. Sepsis

   b. Why? For one her age plays a big role in that and also if her infection

moves into her kidneys and ureters that could cause sepsis. She is already showing signs with restlessness and fevers and trouble breathing.

5) **What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice?**

My biggest take away would be that a UTI is serious and if left untreated for too long that can cause sepsis. understanding s|sx of this are very important and making sure the patient is started on antibiotics soon it vital. This impacted my nursing practice by realizing that changes happen very quickly and knowing that is important. Monitoring vital signs and changes in LOC is important to identify if changes are happening. Also always remembering the ABC's and in this case J.J needed O2 therapy and needed to eventually be put on more O2 because she was not getting enough. So staying on top of that is very important.

Patient Problems (Nursing Diagnoses)

List two potential patient problems you will be addressing as part of your nurse's notes, along with clinical reasoning, goals/expected outcomes, assessments, and priority nursing interventions. The patient problems must be in priority order. Six nursing interventions for each priority problem must be completed.

Problem # 1 Acute pain in urethra and suprapubic area
Clinical Reasoning: urinary tract infection

Goal/EO: ATI (J.J) will have a pain level of 5/10 on a numeric pain by the end of my shift
Ongoing Assessments: Assess pain on numeric scale 1-10, S/Sx related to pain (BP, HR, RR) q4hr
NI:
1. Establish an acceptable pain goal during my time of care
2. Teach nonpharmacologic interventions for pain relief q4hr
3. Administer any analgesics ordered to alleviate pain PRN
4. Evaluate ATI (J.J) response to pain management strategies q2h
5. Respond immediately to ~~Response~~ reports of pain during my time of care
6. Administer Lorazepam PO as indicated on orders

Problem # 2 Lack of knowledge
Clinical Reasoning: urinary tract infection

Goal/EO: ATI (J.J) will verbalize knowledge of causes and treatment of UTI during my time of care
Ongoing Assessments: Assess signs of knowledge of UTI risk factors, prevention, and treatment during my time of care
NI:
1. Teach importance of follow up care q shift
2. Encourage fluids q1hr during my shift
3. Teach proper perineal hygiene to decrease risk of UTI qShift
4. Teach importance of taking full course of antibiotics even if S/Sx have resolved qshift
5. Encourage frequent bladder emptying q2hr
6. Encourage any questions or concerns (JJ) may have during my time of care.

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME _____

MEDICATION Levofloxacin IVPB REVIEW MODULE CHAPTER _____

CATEGORY CLASS Antibiotic

PURPOSE OF MEDICATION

Expected Pharmacological Action

Inhibits DNA enzyme gyrase in susceptible microorganisms, interfering with bacterial cell replication, repair.

Therapeutic Use

Bactericidal. Treatment of susceptible infections due to S. pneumoniae, S. aureus, E. faecalis, H. influenzae + more, including acute bacterial exacerbation of chronic bronchitis community-acquired pneumonia, nosocomial pneumonia, complicated/uncomplicated UTI

Complications

Hypersensitivity to levofloxacin, other fluoroquinolones
Cautions: known or suspected CNS disorders, seizures, renal impairment, bradycardia, RA, severe cerebral arteriosclerosis, pts at risk QT interval prolongation (HF) diabetes, tendon rupture, risk for tendonitis, concomitant use of corticosteroids, organ transplant recipient

Contraindications/Precautions

Occasional: diarrhea, nausea, abdominal pain, dizziness, drowsiness, and headache.
Ophthalmic local burning/discomfort, margin crusting, foreign body sensation, ocular itching, altered taste
Rare: flatulence pain, inflammation, swelling in calves, hands, shoulder, chest pain, difficulty breathing, palpitations, edema, tendon pain, corneal staining, allergic reaction, eyelid swelling

Interactions

Drug: may decrease therapeutic effect of BCG. Antacids (calcium, magnesium, iron preparations) sucralfate, zinc decreases absorption. NSAIDs may increase risk of CNS stimulation, seizures. Medications that prolong QT interval may increase risk of arrhythmias. May increase anticoagulant effect of warfarin.
Lab values: may alter serum glucose

Evaluation of Medication Effectiveness

Bactericidal, inhibits DNA enzyme gyrase in susceptible microorganisms.

Medication Administration

IV: 250mg/50mL, 500mg/100mL, 750mg/150mL. Dilute with 10mL with minimum 40mL 0.9% NaCl, D5W providing concentration of 5mg/mL.
250-750mg q24hr, 750mg q24hr for severe or complicated infections.

Nursing Interventions

Question for hypersensitivity
Monitor serum glucose, renal function, LFT.
Monitor daily bowel pattern, stool consistency.
Be alert for superinfection, fever, vomiting, diarrhea, oral mucosal changes
Monitor muscle weakness
Monitor pain, swelling, bruising, popping of tendons.

Client Education

Essential to complete drug therapy
Report episodes of diarrhea, frequent diarrhea, fever, abdominal pain
Report severe reaction
Look out for tendon swelling/inflammation
Report nervous system problems
Drink plenty of fluids
Treatment may cause heart problems, such as low HR, palpitations, nerve damage numbness, tingling, and weakness.

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Sam Roberts

MEDICATION Lorazepam REVIEW MODULE CHAPTER

CATEGORY CLASS

PURPOSE OF MEDICATION

Expected Pharmacological Action

Enhances action of inhibitory neurotransmitter gamma-aminobutyric acid (GABA) in CNS, affecting memory, motor, sensory, cognitive function.

Therapeutic Use

Management of anxiety disorders, short term relief of symptoms of anxiety, anxiety associated with depressive symptoms.

N: status epilepticus, preanesthesia for amnesia sedation

Complications

Frequent: drowsiness, dizziness

Rare: weakness, ataxia (impaired coordination), headache, hypotension, nausea, vomiting, confusion, and injection site reaction.

Medication Administration

PO: give w/ food, tablets may be crushed. 0.5-2mg q4-6hrs
max: 10mg/day

IV: IV push at a rate not to exceed 2mg/min
Dilute with equal vol. of sterile water for injection, D5W or 0.9% NaCl

Contraindications/Precautions

Hypersensitivity to Lo-Razepam, other benzodiazepines
Acute narrow-angle glaucoma, severe respiratory depression (except during mechanical ventilation)
Cautions: Neonates, renal/hepatic impairment, compromised pulmonary function, depression, concomitant use of CNS depressants, pts high risk for suicidal ideation and behavior
Hx of drug use, ↑ drug seeking behavior, dependency.

Nursing Interventions

Monitor BP, HR, RR
Screen for suicidal ideation & behavior
Monitor for new onset of anxiety
Monitor for drug abuse
Evaluate for therapeutic response
Monitor therapeutic serum levels
Assess motor responses

Interactions

Drug: Valproic acid may increase concentration/effects
Alcohol, other CNS depressants may increase CNS depression
Herbal: herbals w/ sedative properties (chamomile, kava kava, valerian) - may increase depression
Lab: None significant, Therapeutic serum level 50-240 ng/mL
Toxic serum level, unknown.

Client Education

Avoid tasks that require alertness, motor skills,
Avoid smoking
Do not abruptly discontinue medication
Do not use with alcohol
Seek immediate medical attention if suicidal thoughts, new onset or worsening of anxiety or depression

Evaluation of Medication Effectiveness

Produces anxiolytic, anticonvulsant, sedative, muscle relaxant, and anti-emetic effects.

Student Name: _____

Medical Diagnosis/Disease: Urinary Tract Infection

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation

Anatomy and Physiology

Normal Structures

The urinary systems function is to filter blood and create urine as a waste product. The urinary system includes the kidneys, renal pelvis, ureters, bladder and urethra. The kidneys and urinary systems help the body to eliminate liquid waste called urea and to keep chemicals, such as potassium and sodium and water in balance. Urea is carried in the bloodstream to the kidneys where it is removed in the form of urine. There are two kidneys located below the ribs toward the middle of the back →

Pathophysiology of Disease

The urinary tract above the urethra is normally sterile. Several mechanical and physiologic defense mechanisms aid in maintaining sterility and preventing UTI. The defenses include: normal voiding with complete emptying of the bladder, ureterovesical junction competence, and ureteral peristaltic activity that propels urine towards the bladder. Antibacterial characteristics of urine are maintained by acidic pH (less than 6.0) high urea concentration, and abundant glycoproteins that interfere with the growth of bacteria. A change in any of these defense mechanisms increase the risk for UTI →

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs

Dipstick urinalysis
urine culture
clean catch urine sample
H & P exam

Additional Diagnostics

ultrasound of urinary tract
CT scan
cystoscopy

NCLEX II *(3)*: Health Promotion and Maintenance

Contributing Risk Factors

CAUTI's (catheter associated UTI
HAI - (health care associated infection)
fungal and parasitic infections
immunosuppressed pts.
Diabetics
Kidney problems
Multiple courses of antibiotics

Signs and Symptoms

Dysuria
Hesitancy
Intermittency
Postvoid dribbling
Urinary Retention or incomplete emptying
Incontenence
Nocturia
Urinary Frequency
Abdominal pain
Fever
Hematuria

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

Heating pads

Surgical

Prevention of Complications

(What are some potential complications associated with this disease process)

painful urination
urethritis
cystitis or severe systemic illness
localized abdominal discomfort
urinary tract abnormalities

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies

Anticipated Medication Management

Antibiotics (fluconazole) fungal
Sensitivity-guided antibiotics
3-6 month trial of prophylactic antibiotic regimen

NCLEX IV *(5)*: Basic Care and Comfort

Non-Pharmacologic Care Measures

Adequate fluid intake
patient teaching
Frequent voicting
Wiping from front to back
Proper perineal hygiene

NCLEX III *(4)*: Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

pain
stress about being sick
stress over tests that may need to be done
fatigue

Client/Family Education

List 3 potential teaching topics/areas

- Take antibiotics as prescribed
- Practice appropriate hygiene, cleaning
- Wipe front to back.
- Empty bladder before and after sexual intercourse.

NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

primary dr.
Nurses
urologist
pharmacy
radiology
Home care

patho cont...

The organisms that usually cause UTI is originate in the perineum and are ~~involved~~ introduced via the ascending route from the urethra. Most infections are caused by gram-negative bacilli normally found in the GI tract. Gram-positive organisms, such as streptococci, enterococci, and staphylococcus saprophyticus, can cause UTI's.
A common factor contributing to ascending infection is urologic instrumentation (catheterizations) Instrumentation allows bacteria that are normally present at the opening of the urethra to enter the urethra or bladder.
Sexual intercourse promotes "milking" of bacteria from the vagina and perineum and may cause minor urethral trauma that predisposes women to UTIs.
UTIs can result from hematogenous transmission, in which blood-borne bacteria invade the kidneys, ureters, or bladder from elsewhere in the body. For a kidney infection to occur in this manner, there must be prior injury to urinary tract, such as obstruction of the ureter, damage caused by stones, or renal scars.

Anatomy cont.

The kidneys remove waste products and drugs from the body, they balance the bodys fluids and release hormones to regulate blood pressure. The kidneys remove urea from the blood through tiny filtering units called nephrons. Each nephron consists of a ball formed of small blood capillaries, called a glomerulus and small tube called Renal tubule. Urea forms the urine as it passes through the nephrons and down the renal tubules of the kidneys. There are two ureters, narrow tubes that carry urine from the kidneys to the bladder. Muscles in the ureter wall continually tighten and relax forcing urine downward, away from kidneys. If urine backs up or stays still a kidney infection could develop. About 10-15 seconds small amounts of urine are emptied into the bladder. Bladder is triangle shaped, hollow organ. Its held in place by ligaments that are attached to other organs and pelvic bones. The bladder walls ~~contract~~ relax and expand to store urine, and contract and flatten to empty urine through the urethra. There is two sphincter muscles - they are circular muscles that help keep urine from leaking by closing tightly like a rubber band around the opening of the bladder. Nerves that alert a person when its time to urinate urethra - a tube that allows urine to pass outside the body. The brain signals the body (bladder) muscles to tighten which squeezes urine out of the bladder. At the same time, the brain signals the sphincter muscles to relax to let urine exit the bladder through urethra.