Student Name: Rita Thompson

Medical Diagnosis/Disease: UTI

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

Anatomy and Physiology

Normal Structures

There are 2 kidneys that collect waste from the body and turns it into urine. The right kidney is slightly lower than the left kidney. Urine travels down the ureters to the bladder. The ureters are about 12 inches long. The urethra carries the urine outside of the body. Normal urine is slightly acidic. An adult bladder holds 500-700ml of urine. Each of our kidneys are made up of a million nephrons. Each nephron includes a filter called a glomerulus which filters the blood. The tubule returns the needed substances to the blood and removes waste.

Pathophysiology of Disease

The urinary tract above the urethra is normally sterile. When bacteria such as E.coli or candida albicans gets into the urethra this causes a UTI. Many things can contribute to bacteria getting in the urinary tract such as instruments, sex, and indwelling catheters. A UTI can be complicated or uncomplicated. A complicated UTI involves other things such as stones or diabetes and it is resistant to antibiotics. The can also be classified as upper or lower UTIs. A upper UTI may have symptoms such as fever and chills and a lower UTI may have no manifestations. An example of an upper UTI id pyelonephritis and an example of a lower UTI is cystitis. There is also urosepsis which means the UTI has spread systemically.

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs

wbcs

Additional Diagnostics
Dipstick uranalysis
Urine culture
CT scan
Ultrasound
cytoscopy

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

Contributing Risk Factors

catheters
Diabetes
Kidney problems
People on antibiotic therapy
Female
Birth control
Menopause
Being sexually active

Signs and Symptoms

Upper
Pelvic pain
Fever
Chills
N/V
Lower
Bloody urine
Burning with urination
Strong odor
Urine frequency

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

Bladder training

Surgical

Bladder neck incision
Laser transurethral

Prevention of Complications

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

Recurrent infections
Kidney damage
Sepsis

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

Anticipated Medication Management

Antiobtics
Trimethoprim/sulfamethoxazole, nitrofurantoin, cephalexin, Fosfomycin, ampicillin, amoxicillin, and cephalosporins
Analgesics
Antifungals

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

Non-Pharmacologic Care Measures

Increase fluid intake
Heat to suprapubic area
Toileting schedule

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

What stressors might a patient with this diagnosis be experiencing?

Nocturia
Incontenince
Anxiety
Stress
Bladder frequency

Client/Family Education

List 3 potential teaching topics/areas

•don't hold bladder

•take antibiotics as ordered

•maintain adequate fluid intake

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)

Home care
Primary care
urologist

Potential Patient Problems (Nursing Diagnoses) based on Research

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.

Problem # 1: acute pain
Clinical Reasoning: infection of the bladder may cause pelvic or back pain for the pt

Goal/EO: client will report a satisfactory pain level throughout my shift <3/10

Ongoing Assessments: Assess pain level q2h, assess pain quality q2h, assess urinary output q4h, assess pqrst of pain q4h, assess pain level with urination PRN

NI: 1. Administer analgesics q4h

2. Apply heating pad to painful area for 15 min intervals q2h

3. Administer opioids as ordered

4. Reposition q2h and PRN

5. Administer antispasmodics daily

6. Provide measures to relieve pain before it becomes severe

Problem # 2 Impaired urinary elimination
Clinical Reasoning: The UTI will cause decreased urinary output

Goal/EO: patient will have output of at least 200ml per shift

Ongoing Assessments: Assess urine output q2h, assess urine color and quality q2h, assess voiding pattern prn, assess pain level with urination PRN, assess with bladder scan daily, assess I & o's q8h

NI: 1. Promote fluids 2-3 L a day

2. encourage the client to void q2h

3. administer Lasix as ordered

4. have the patient sit fully upright when voiding to promote elimination

5. administer antibiotics as ordered

6. administer IV fluids as ordered

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
    a. **_Stephanie charge nurse_____**
    b. **__Craig RN_____**
2) What were some steps the nursing team demonstrated that promoted patient safety?
    a. **Checking name and DOB_____**
    b. **_Getting other staff for assistance when needed_____**
    c. **_Getting the meds reconsolidated to see what she actually needs _____**
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: __Yes, they were nice and spoke kindly to the patient even when she fell out of the bed, they weren't judging or rude at all. They asked good open ended questions as well_____
    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: **_decreased cardiac output_____**
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:
        _____
        _____
        ii. If **no,** describe: _Not really, we couldn't push fluids much because of the fluid overload due to the HF_____
4) After completing the scenario, what is your patient at risk for developing?
    a. __skin breakdown
    _____
    b. Why? ____the patient has decreased cardiac output = risk for impaired skin integrity and she is in the bucks traction and not moving much_____

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

__ This scenario helped me in my critical thinking and next step thought process. It helped me learn that there was different types of shock and the early and late signs of it. It helped me see how things could go in real life situations and how our choices as nurse will affect the outcome for the patient. It will impact my nursing care for patients with a UTI and what I can do to help that patient.

SOAP Note Based on Priority Problems

Priority Patient Problem #1: _Decreased cardiac output_____

bp

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):** Admitted for urosepsis. **PMH:** CHF, diabetes **Allergies:** **NKA** **Current Medications:** Glyburide 2.5 mg po with breakfast Levofloxacin 250 mg iv bolus q12h Acetaminophen 325 mg q4h prn Lorazepam 2mg q6h prn
Objective: *This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.*	**Vital Signs:** **T 37.2, P 88, R 22, BP 128/84, o2 91** **Labs:** **CBC- low hgb hct and WBC, low albumin, high cholesterol, high BUN** **Diagnostics:** **Urinalysis cloudy slight amber urine, specific gravity 1.039**
Assessment: *Focused assessments on your priority problem.*	**Focused assessment was on airway and breathing. I been monitoring her o2 levels and doing focused assessments to monitor levels of o2 and lung sounds which included crackles, related to her decreased cardiac output. Her skin integrity is also being monitored due to her being in the bucks traction due to her hip fracture.**

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: The plan of care moving forward will be to monitor skin integrity due to decreased cardiac output and being in the bucks traction. There is an increased risk for skin breakdown. We need to reposition frequently, at least q2h. We will also keep skin clean and dry to prevent breakdown. We will also provide O2 based on O2 needs during her time of care. We will monitor O2 levels, heart sounds, heart rate, blood pressure, BNP levels, cap refill, LOC, cardiac output, edema, pulses and weight (daily before breakfast). We will also be monitoring electrolytes daily and CBC. We will place the patient on a cardiac monitor and start on an ACE, beta blocker and diuretic to help with crackles.** **Teaching & Resources: Need to teach the pt to stay up in semi fowlers positon, we want to encourage the pt not to smoke and to avid alcohol, we can also teach about a low sodium diet, we need to educate about notifying provider about a 3+ lb weight gain after dischard**