

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
NURSING 202 - ADVANCED CONCEPTS OF NURSING
MULTIDISCIPLINARY CARE MAP - TEMPLATE
2024

S	<p>Situation:</p> <ol style="list-style-type: none"> 1. <u>Patient Information:</u> J.T., 60yo, FIN 86016581 2. <u>Medical Diagnosis:</u> Diabetic Foot Cellulitis 3. <u>Date of Admission:</u> 03/30/2024 @ 1854 4. <u>Dates of Care:</u> 03/30/2024 (1854-2211) 5. <u>Reason for Admission & Current Situation:</u> ED Physician Note (Jonathan Hilton, MD; 03/30/2024 @ 2245) - 60-year-old male presents today with concern for infection of the left great toe. Patient is a diabetic and well-known to podiatry service due to neuropathy, osteomyelitis, history of hypertension, and presents with pain in the left great toe with erythema and streaking up the left leg. Patient states he has had an injury to the toe for about a week, has been trying to keep it clean but noted to get red and hot. Today he noted streaking up the left leg which prompted ED evaluation. Patient follows with Dr. Mirzaei from podiatry. He denies any systemic symptoms but he does have a fever today (38.1°C). He has mild tachycardia, but states he is having some pain.
B	<p>Background:</p> <ol style="list-style-type: none"> 1. <u>Medical History:</u> Type II Diabetes Mellitus (uncontrolled), HTN, Benign non-healing chronic Diabetic ulcer of right foot, Depression w/ Anxiety, Hyperlipidemia, CAD, Diabetic Peripheral Neuropathy, Acute Osteomyelitis of foot, Myocardial Infarction, Impaired Mobility <u>Surgical History:</u> Foot Amputation Metatarsal (02/22/2022), PICC Line (03/08/2021), Extremity I&D (03/07/2021), Foot I&D (03/03/2021), R Hand I&D (09/05/2019), Toe Amputation (06/25/2019), Appendectomy (no date), PTCA w/ 2 Stents (no date), Tonsillectomy (no date) <u>Code Status:</u> Full Code 2. <u>Chief Complaint:</u> Left great toe redness 3. <u>Summary of Hospitalization:</u> ED Physician Note (Jonathan Hilton, MD; 03/30/2024 @ 2245) - Evaluated for signs of sepsis with VBG, lactate, and basic labs. Treated with broad spectrum antibiotics (Cefepime, Piperacillin-Tazobactam, Vancomycin). Evaluated for osteomyelitis with x-ray. Discussion with podiatry. Will require admission. 4. <u>Current Treatments:</u> <ol style="list-style-type: none"> A. <u>Diagnostics:</u> XR Foot Complete Left (03/30/2024 @ 2044) – No evidence of osteomyelitis. Abnormal appearance of the midfoot is consistent with neuropathic changes. B. <u>Labs (03/30/2024 @ 2005):</u> POC-Venous CO2 21 ↓ (WNL: 24-29) Interpretation: CKD Stage IV; Uncontrolled Type II Diabetes

	<p>WBC 15.5 ↑ (WNL: 4.0-10.0) Interpretation: Infection/Cellulitis RBC 4.05 ↓ (WNL: 4.2-5.5) Interpretation: CKD Stage IV Hgb 11.6 ↓ (WNL: 13.2-16.9) Interpretation: CKD Stage IV Hct 34.7 ↓ (WNL: 40.5-50.6) Interpretation: CKD Stage IV Neutro Auto 81.8 ↑ (WNL 50.0-72.0) Interpretation: Infection/Cellulitis Lymph Auto 8.8 ↓ (WNL: 18.0-40.0) Interpretation: Infection/Cellulitis Neutro Absolute 12.66 ↑ (WNL: 1.6-7.8) Interpretation: Infection/Cellulitis Mono Absolute 1.33 ↑ (WNL: 0.20-1.00) Interpretation: Infection/Cellulitis IG Absolute 0.08 ↑ (WNL: 0.00-0.03) Interpretation: Infection/Cellulitis CO2 20 ↓ (WNL: 23-30) Interpretation: CKD Stage IV; Uncontrolled Type II Diabetes Glucose 279 ↑ (WNL: 70-99) Interpretation: Type II Diabetes BUN 29 ↑ (WNL: 6-21) Interpretation: CKD Stage IV Creatinine 3.04 ↑ (0.60-1.10) Interpretation: CKD Stage IV Est. GFR 23 ↓ (WNL: ≥ 60) Interpretation: CKD Stage IV POC Lactate 0.70 ↓ (WNL: 0.90-1.70) Interpretation: N/A Procalcitonin 0.23 ↑ (WNL: ≤ 0.09) Interpretation: Infection/Cellulitis</p> <p><u>C. Medications:</u></p> <ul style="list-style-type: none"> - Cefepime 2gm, 200mL/hr, Infuse Over: 30 minutes, IVPB, STAT - Piperacillin-Tazobactam 3.375gm = 10mL, 200mL/hr, Infuse Over: 30 minutes, IVPB, STAT - Vancomycin 1.5gm = 1 EA, 333.33mL/hr, Infuse Over: 90 minutes, IVPB, STAT <p><u>D. Orders:</u></p> <ul style="list-style-type: none"> - ED Request to Admit, Admit to BHC, Stable, Diabetic foot Cellulitis - Admit to Inpatient, Medical Surgical - Resuscitation Status, Full Code - Insert/Maintain Peripheral IV, Constant Order - Hypoglycemia Treatment Protocol - Cefepime 2gm, 200mL/hr, Infuse Over: 30 minutes, IVPB, STAT - Piperacillin-Tazobactam 3.375gm = 10mL, 200mL/hr, Infuse Over: 30 minutes, IVPB, STAT - Vancomycin 1.5gm = 1 EA, 333.33mL/hr, Infuse Over: 90 minutes, IVPB, STAT - Culture Blood, Blood Peripheral Draw, Stat collect - Culture Blood, Blood Peripheral Draw, Stat collect - Consult - General Surgery, Routine Routine, Consulting Physician: Mirzaei DPM, Allen (Podiatry), Provider Notified, Reason For Consult Assist with care of ED patient - ED Falls Risk, Fall Risk Score Triggered Event
A	<p>Assessment:</p> <ol style="list-style-type: none"> 1. <u>Focused Assessment:</u> Left great toe with quarter-size ulcer/abscess wound to the bottom, swelling, erythematous, warm to touch, streaking erythema up the left shin; fever (38.1°C); aching pain in left great toe/foot 8/10; HR 108, BP 144/84, RR 20, SpO2 98% RA 2. <u>Collaborative Care Team’s Assessment:</u> History and Physical (Borislav S. Antonov, MD; 03/30/2024 @ 2204) - 60-year-old male presents to the emergency room with complaints of redness of his left great toe

which started yesterday. Patient has history of osteomyelitis and toe amputation on the right. He will be admitted for IV antibiotics and further management.

Assessment/Plan: 1. Diabetic Foot - patient with left great toe infection, IV Zosyn, obtain MRI of the left foot, consult podiatry; 2. Cellulitis; 3. Diabetes Mellitus - on Lantus, continue; 4. Hypertension - continue on usual medications; 5. CKD Stage IV - expect at least 2 midnight stay, full admission, MedSurg no telemetry.

ED Physician Note (Jonathan Hilton, MD; 03/30/2024 @ 2245) -

History of Present Illness: 60-year-old male well-known to podiatry service due to neuropathy, osteomyelitis, also history of hypertension, presents with pain in the left great toe with erythema and streaking up the left leg. Patient states he has had an injury to the toe for about a week, has been trying to keep it clean but noted to get red and hot. Today he noted streaking up the left leg which prompted ED evaluation. Patient follows with Dr. Mirzaei from podiatry. He denies any systemic symptoms but he does have a fever today. He has mild tachycardia, but states he is having some pain.

Medical Decision Making: 60-year-old male presents today with concern for infection of the left great toe. Patient is a diabetic. Will evaluate for signs of sepsis with VBG and lactate, basic labs. Will treat with broad spectrum antibiotics. Will evaluate for osteomyelitis with plain films, low threshold for MRI. Will discuss with podiatry, Dr. Mirzaei. I suspect patient require admission.

Reexamination/Reevaluation: Patient with worsening renal function, signs of infection. Treated with broad-spectrum antibiotics. Discussion with podiatry, Dr. Mirzaei. Discussed with hospitalist team. Admission for continued management.

3. Priority Nursing Problems:

1. Acute Pain: L Great Toe - Aching pain in left great toe/foot rated 8/10 on the standard numeric pain scale; guarding of left leg/foot; HR 108, BP 144/84, RR 20

2. Impaired Skin Integrity: L Great Toe - Diabetic foot cellulitis; quarter-size ulcer/abscess wound to bottom of left great toe with swelling and erythema

4. Nursing Interventions:

- Provided a calm, low-stimuli environment by clustering care, dimming lights, and promoting comfort with position changes before admission to the Medical Surgical Unit. [Rationale: facilitated restful environment to limit pain and discomfort with excess movement of left extremity; aching pain in left great toe/foot 8/10; guarding of left leg/foot; HR 108, BP 144/84, RR 20]

- Administered Cefepime 2gm IVPB, 200mL/hr over 30 minutes. [Rationale: broad-spectrum antibiotic; cellulitis (left great toe with quarter-size ulcer/abscess wound to the bottom, swelling, erythematous, warm to touch, streaking erythema up the left shin); fever 38.1°C; WBC 15.5]

- Administered Piperacillin-Tazobactam 3.375gm IVPB, 200mL/hr over 30 minutes after physician discontinued Cefepime 2gm IVPB. [Rationale: broad-spectrum antibiotic; cellulitis (left great toe with quarter-size ulcer/abscess wound to the bottom, swelling, erythematous, warm to touch, streaking erythema up the left shin); fever 38.1°C; WBC 15.5]

- Administered Vancomycin 1.5gm IVPB, 333.33mL/hr over: 90 minutes.

[Rationale: broad-spectrum antibiotic; cellulitis (left great toe with quarter-size

	ulcer/abscess wound to the bottom, swelling, erythematous, warm to touch, streaking erythema up the left shin); fever 38.1°C; WBC 15.5]
R	<p>Recommendation:</p> <ol style="list-style-type: none"> 1. <u>Patient Goals:</u> <ol style="list-style-type: none"> 1. J.T. will use non-pharmacological pain relief methods such as repositioning and off-setting pressure from bottom of left great toe during my time of care. 2. The condition of J.T.'s wound on left great toe will not worsen and will remain or improve from a quarter-size abscess during my time of care. 2. <u>Consults:</u> Podiatry; General Surgery; Wound Care; Diabetic Educator; Case Management; Physical Therapy; Occupational Therapy 3. <u>Tests or Treatments:</u> CBC and BMP (WBC, glucose); antibiotics; analgesics; insulin; I&D of left great toe; wound care; carbohydrate balanced (diabetic) diet with protein supplementation 4. <u>Discharge Needs:</u> <ol style="list-style-type: none"> 1. Home Health Care 2. Take-home antibiotics 5. <u>Resources:</u> <ol style="list-style-type: none"> 1. Diabetic Educator and/or Endocrinologist 2. Outpatient Wound Care
	<p>Evaluation of Care:</p> <ol style="list-style-type: none"> 1. The effectiveness of the antibiotic medications (Cefepime, Piperacillin-Tazobactam, Vancomycin) was conveyed by the absence of worsening in the condition of the left great toe, foot, and lower leg. The patient's temperature and WBC were not reassessed from initial presentation to the Emergency Department as the patient was admitted to the Medical Surgical Unit with Vancomycin still infusing. Throughout my time of care, the skin of the left lower leg, foot, and great toe remained erythematous and warm to touch and the ulcer/abscess wound on the bottom of the left great toe remained the size of a quarter, however overall condition did not worsen. Providing a dim, quiet, and calm environment was effective in reducing the pain experienced in the left great toe. The patient was able to rest with eyes closed, respirations were even and unlabored with a rate of 16. 2. The patient's condition did improve during my time of care. The patient's pain was controlled with non-pharmacological methods (providing a dim, quiet environment until admission to the Medical Surgical Unit) as evidenced by resting with eyes closed, respirations were even and unlabored with a rate of 16. The condition of the ulcer/abscess wound on the bottom of the left great toe did not worsen during the time spent in the Emergency Department. The patient was admitted inpatient with Vancomycin infusing at 333.33mL/hr. 3. The patient's status remained stable throughout my time of care. Upon admission to the Medical Surgical Unit, the patient was able to walk from the stretcher to the inpatient bed without difficulty or excessive pain (gait was steady and even; no facial grimacing or verbal complaints of pain). 4. The goals of care were met and remained the same during my time of care in the Emergency Department. 5. The patient problems of Acute Pain and Impaired Skin Integrity remained the same. The patient was admitted from the Emergency Department to the Medical Surgical Unit with consults for podiatry, general surgery, and wound care for continuation of care.

- Identify the multidisciplinary team members involved in the care of your patient. Include the role they had in providing care.

