

N102 Nursing Care Plan - 2025

Medications

D5W 1,000 mL, IV, 75mL/hr Administering this helps with hydration since she is not drinking/eating & helps bring down the sodium levels since she is Hypernatremia. Also prevents skin breakdown since dehydration can lead to this.

Zofran 4mg IV push, Q4 Hr, PRN, for N/V. (Helps prevent further depletion of electrolyte loss)

Potassium Chloride IVPB 20 mEq = 100mL 50mL/hr over 2 hrs. (She is hypokalemic so this should help bring up her potassium levels and prevent cardiac issues and further electrolyte imbalance.)

Potassium Chloride (Kay Ciel) 20 mEq BID supplement (She is hypokalemic so by giving this supplement it should help bring up her potassium levels)

Fluconazole IVPB 200mg = 100mL 100mL/hr, over 1 hr Antibiotic (She is getting this because she has a fungal infection Oral thrush, this will help decrease skin breakdown inside her mouth by clearing the infection & help with her oral intake if has good oral care & no infection it will promote her to eat.

Ceftriaxone IVPB 1gm, 120mL/hr over 5 min IV push Q24 Antibiotic (She is getting this for her UTI which can cause hypokalemia from fluid loss, and UTI can impair kidney functioning leading to her electrolyte imbalance)

Treatments/ Therapies/

- 02/24-Cardiac Monitoring tele 48 hr -Electrolyte disorder (Electrolyte imbalances can cause abnormal sinus rhythms so it is important to monitor)
- 2/24-Insert/maintain Peripheral IV constant (Important to replenish her electrolyte imbalances specifically since she is not eating/drinking)
- 2/24 I & O Q8 (This is important to monitor her kidney function since she has an Uti and AKI along with decreased intake)
- 2/24-OOB up w assist
- 2/26-Therapeutic Heart healthy diet (this is crucial because electrolyte imbalance can cause cardiac issues like tachycardia, afib)
- 2/24- D5W 1,000 mL 100mL/hr (Important to keep hydrated since she is dehydrated, hypernatremia, and not eating/drinking)
- 2/25-BMP q12 (To track her electrolytes since she is dehydrated, AKI, UTI)
- 2/26- CBC auto diff (To monitor for signs of infection which she has UTI oral thrush)
- 2/24 Vital Signs (To monitor her heart function since electrolytes can affect it)
- 2/24 Culture Urine (To rule out an UTI which she had)
- 2/24 UA microscopic (To rule out an UTI which she had)
- 2/24 UA Macroscopic (To rule out an UTI which she had)
- Up R Quad- abdominal pain (She developed gall stones due to dehydration and electrolyte imbalance which this showed)
- 2/26 Nutrition screen (She was not eating/drinking so this is crucial to rule out alternatives)
- 2/25 NICHE coordinator (Contacted bc of her developmental delay & biting at wrist/aggravation)
- 2/25 Speech (This is important to determine her ability to swallow since she was no longer eating/drinking anything at all)
- 2/26- Dietary Supplement Ensure Enlive Daily dinner/breakfast (This is crucial since she is not eating or drinking that she gets the required nutrients needed)

Student Name: Katelyn Milligan

Dates of Care: 02/25 & 02/26

Instructor: Mrs. Snyder

Patient Initials: C.P

Diagnostic Studies

2/24: R upper Quad ultrasound: Liver normal in size and echogenicity. Gallstones are seen within the gallbladder. R kidney measures 6.8 cm in length and w/o hydronephrosis. **Possible she developed gallstones due to hypernatremia causing the bile in the gallbladder to thicken and form stones.**

2/26: ECG: Sinus tachycardia.

Tele 2/24: Sinus rhythm, 2/25: 10 beats vtach, sinus rhythm, sinus rhythm, 2/26: Sinus rhythm, sinus rhythm **Electrolyte imbalances cause issues with heart regularity specifically hypokalemia can lead to tachycardia which is one of the imbalances she has.**

2/24: Culture urine: Positive for E.Coli

UA macro: cloudy, dark yellow, spec grav H (1.044), positive for nitrate, a trace of Leuk est

UA Micro: **A large amount of mucous and amorphous crystals are present. Her UA & culture are showing that she is positive for an UTI.**

Labs: 2/24 2/25

WBC: 12.5 (H) 9.8 **High to start bc of UTI infection, trending down bc treatment w Ceftriaxone**

RBC: 6.13(H) 5.37(H)

Hemoglobin: 17.9(H) 15.7(H)

Hematocrit: 54.6(H) 51(H) **RBC, Hg, Ht all high due to AKI, dehydration, and her being hypovolemic**
Platelet: 387(H) 250 **Inflammation from the UTI, AKI, and dehydration can cause her platelet count to be high but it has improved meaning the inflammation is going away from the antibiotics and hydration.**

Sodium: 161(C) 154(H)

Potassium: 3.2(L) 3.8 **Her NA & K and chloride are improving because we are hydrating w D5W, administering Zofran, potassium chloride, and Ceftriaxone to all help with replenishing the electrolyte imbalances**

Chloride: 118H 117 H

BUN 27H 19, Creatinine 1.06(H) 0.85, GFR 67 87 BUN, Creatinine & GFR are all at normal levels bc we are resolving the AKI due to dehydration, and the UTI infection w antibiotics and electrolyte replacement.

Admitting Diagnosis: Hypernatremia

Patient Problem #1: Electrolyte

Imbalance

Clinical Reasoning: Decreased oral intake, decreased urine output, hypokalemia, hypernatremia, dry mucous membranes.

Patient Problem #2: Risk for skin breakdown

Clinical Reasoning: Decreased oral intake, not been OOB, incontinent using diaper, UTI, Oral thrush

2/25 Nephrology Progress: AKI-resolved, hypovolemia-dehydration (Na 161), decreased oral intake w flu symptoms & oral thrush. Prerenal ATKI from decreased oral intake and hypernatremia, improve w IV fluids. Monitor BMP and I & O. Sodium went from 161 to 151 in 24 hrs. Continue D5W at 100 mg/h if NA below 145 in the can be decreased to 5ml/hr. BMP Q12. Decreased PO intake, did not tolerate PO K+, continued IV repletion to maintain a level above 3.5, metabolic alkalosis unclear if resp component resolved. Hemoglobin 17.9 due to dehydration, now 15.7 continue IV fluids and monitor.

2/25 Hospitalist progress: dysphagia second to Esophagitis, anorexia, AKI resolved, hypernatremia improving, UTI, transaminitis improving, thrush week ago, on Nystatin w/o disappearance, dysphagia worse at home stopped eating, and decreased urine output. Creatinine on admin 161 improves with D5W most recent sodium 151, continue Fluconazole for Candida, treat UTI w Ceftriaxone, LFT improving, Abd ultrasound no evidence of Cholecystitis

2/24 Nephrology Consult: AKI- hypovolemia w dehydration regard to Na 161 and decreased oral intake, before admin creatinine 0.5 in 2021 and assessment 1.06. The mother told pt continues to urinate. Prerenal state with hypernatremia. Recommend UA & renal ultrasound, D5W at 75 mL/hr continue to monitor BMP, I & O, and avoid nephrotoxins. Hypernatremia- Sodium on arrival 161 free water deficit given and brought to 150.

Hypokalemia- decreased oral intake, start KCL 20 mEq x2 daily until K above 3.5 then stop & monitor. Maintain at 3.5-5. Acid-base- Metabolic Alkalosis, unclear if Resp component, underlying AKI w contraction Alkalosis. Polycythemia- Hemoglobin 17.9 Possible hemoconcentration from dehydration, monitor.

2/26 SLP: Mild baseline oral dysphagia, unable to get formal OME, informal assessment indicated mildly reduced lingula/labial/buccal strength. Oral phase-reduced bolus presentation improved over trials. Feed only awake, upright 90 degrees, OOB for meals, small single bits, slow rate of intake, alternate liquids/solids, medications administered with puree one at time, oral infection prevention.

2/25 PT: Inability to eat/drink, ADL-assist bed mobility independent, transfers-independent, ambulation-independent, range: WNL, min assistance for mobility to sit, mother said close to walking to normal self, balance good, safe to walk w assistance, no PT needed, Pt responds better to family prompting mobility.

2/26 Nutrition: Magic cup daily dinner discontinue, ensure enlive breakfast, at risk for malnutrition, continues w Candida/dysphagia. Discontinue cardiac diet for more options. Good PO intake for meals. 9kg weight loss

Own assessment 2/25: Non verbal does not appear in any discomfort, R eye not symmetrical w L, hearing intact no pain, oral mucosa dry w oral lesions dx of oral thrush, disoriented inappropriate for developmental age, poor attention/concentration, speech not appropriate for developmental age, receptive aphasia, R pupil reacts sluggish, kept R eye closed during assessment, opens eyes spontaneously, verbal response incomprehensible sounds, motor 4 withdraw from pain, Glasgow total:10, lungs clear regular rhythm, nonproductive cough, heart regular rhythm apical 94, skin not intact with appearance of bite marks on R wrist, not open but indentation, sensory very limited, nutrition very poor, friction a potential problem, Braden scale: mild risk, LUE

contracted and will not mobilize, incontinent of urine with adult diaper
Assessment 2/26: eyes asymmetrical, R eye continuously shut during assessment, oral mucosa dry w lesions dx of oral thrush, disoriented, no short term memory, inappropriate for age, poor attention, speech not understood & not appropriate for age, receptive aphasia, eyes open spontaneously, incomprehensible verbal sounds, withdraws from pain, Glasgow total:10, lungs clear bilaterally posterior & anterior, nonproductive cough, heart regular rhythm no cardiac symptoms, apical 96, all pulses palpable no edema cap refill less than 3 seconds, skin breakdown on R wrist from biting, sensory limited, mobility limited, nutrition very poor, Braden scale: high risk, LUE limited ROM, contracted, fall scale of 50, incontinent of urine wears diapers, facial expressions express feelings of discomfort, frowning and moaning, would express as a 4 on faces scale.

Nursing Interventions

1. Administered 5% dextrose 1,000 mL 100mL hr @ 17gtt/min
Rationale: By administering the dextrose it is helping to try and improve her hypokalemia/hyponatremia along w her kidneys since she was producing little urine.
2. Gave water cup w straw, declined and turned head.
Rationale: By continuous promoting of water intake, it may increase her thirst and get her to start drinking and then urinating.
3. Mixed apple sauce & oatmeal and attempted to feed
Rationale: The speech therapist tried this combination of foods with her during her consult and she reacted well, so by giving her something she may like it may prompt her to eat and drink.
4. Encouraged to eat and drink with help of moms assistance
Rationale: She asked for her mom all day and seemed to react well with her from previous interactions so with her moms help it may promote her to eat and drink.
5. Attempted oral care along with wet oral swabs & water
Rationale: By putting wet swabs in her mouth it may initiate a response that she wants water, and promote her to start actually drinking.
6. Found applesauce on the unit
Rationale: She was having minor oral intake and only with applesauce so it was crucial to have that at bedside to promote food intake.

Nursing Interventions

1. Elevated HOB to high fowlers, repositioned up further in bed and turned.
Rationale: It is important to turn and reposition her because she is at risk for skin breakdown from being dehydrated, not active OOB, and her also wearing a diaper for output.
2. Called NICHE coordinator Logan for interventions for distraction. Gave stuffed animal.
Rationale: She already has infection in her body from the UTI and the AKI and being dehydrated and she was gnawing at her wrist all day so by providing distractions it will help prevent an infection in her wrist as well.
3. Got OOB for walk, and bed linen changed/gown
Rationale: This allows for clean up of her sacrum because by sitting in urine it could cause a risk for skin breakdown.
4. Repositioned patient Q2 turns onto lateral side
Rationale: By lying in the same position, along with dehydration, and the use of the diaper she is at a high risk for skin breakdown so it is crucial to Q2 turn as ordered.
5. Applied new diaper and barrier cream, turned on R lateral side
Rationale: The use of barrier cream can really help with prevention of skin breakdown and to provide a moist barrier between her dehydrated skin and the diaper.
6. Attempted oral care along with wet oral swabs and water
Rationale: By attempting oral care along with swabs it may prompt her thirst and make her actually want to start drinking and or eating again.