

Care Map – Sarah Kearney

NSAID - Dyspepsia

ASA

Congestive Heart Failure

ACE inhibitor - Dizziness

Lisinopril

Hypertension

Corticosteroid - Diarrhea

Budesonide

Pre-existing Medical Conditions

Pre-existing Surgical Procedures

Proton Pump Inhibitors - Flatulence

Omeprazole

GERD

Right Cataract and Right Lens Implant
Tonsillectomy
Cholecystectomy
Appendectomy
Hiatal and Inguinal Hernia Repair
Genitourinary TURP
Left Fingers and Right Big Toe Amputation
Right Hip Joint Replacement

No medications

Hyperthyroidism

Chief Complaint:

Nausea and abdominal pain for "several days"

91 / M

Allergies: no known allergies

Brain Tumor

Pertinent Labs:

WBC - 17.6 (high)

Hgb - 12.4 (low)

MCH - 24.4 (low)

MCHC - 29.7 (low)

RDW - 17.4 (high)

Major Diagnosis:

Severe sepsis due to acute peritonitis

Procedures:

Exploratory Laparotomy

Grahams Patch Repair of Gastric Ulcer

Shallow breathing

Medical gas - Nasal passage dryness

Oxygen via NC

Hospital Stay

Isotonic Fluid - Fluid retention

Normal Saline, 50 ml/hr

Consults:

General Surgery

Intensivist

Cardiologist

Fibrillation

Diagnostic Tests:

KUB X-Ray - Upper GI ulcer indication, 5 cm duodenal diverticulum

Chest X-Ray - Left basilar opacity, left pleural effusion

Hospital Stay

Anticoagulant - Thrombocytopenia

Heart rate control

Beta Blocker - Bradycardia

Gastric ulcer prevention

Proton Pump Inhibitor - abdominal pain

Pantoprazole

Brain tumor

Anticonvulsant - somnolence

Levetiracetam

Suspected infection

Antibiotic - constipation

Piperacillin + Tazobactam

Subjective Findings:

states he is "and expresses he "gets up and is irked after a bit at 8/10 in abdomen, and "irred"

Objective Findings: Shallow breathing, 3+ pitting edema

extremities, weakness, fatigue, unsteady gait, high BP

Prevent constipation

Laxative/Stool Softener - Abdominal cramping

Docusate Sodium

Heart rate control; check heart rate before administration

Antidysrhythmics - bradycardia

Digoxin

Impaired Comfort:

1. I will bring patient an extra blanket and be sure his shoulders are covered since it is difficult for him to pull up blankets.

2. I will reposition patient every hour and alternate between bed and chair 3 times/day to prevent feeling of stiffness and increase comfort.

Help patient identify diversion activities he enjoys, such as watching TV or reading, to distract from discomfort

Excess Fluid Volume:

1. I will elevate affected extremities with pillows to aid in circulation of the affected areas.

2. I will remove non-slip socks while in bed to prevent skin breakdown from elastic cuff being too tight on ankles.

Educate patient on how to choose lower sodium foods to promote heart health and decrease fluid retention.