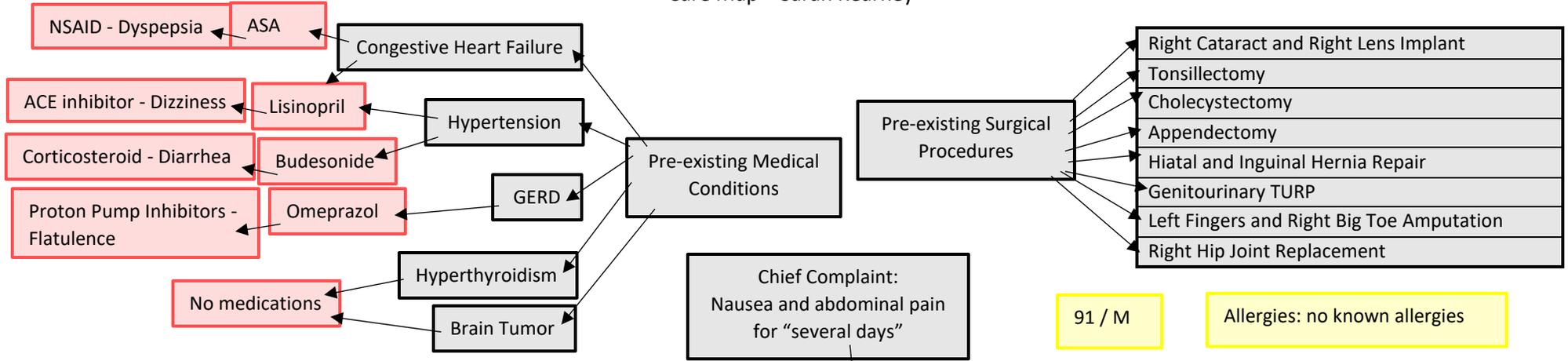


Care Map – Sarah Kearney



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:

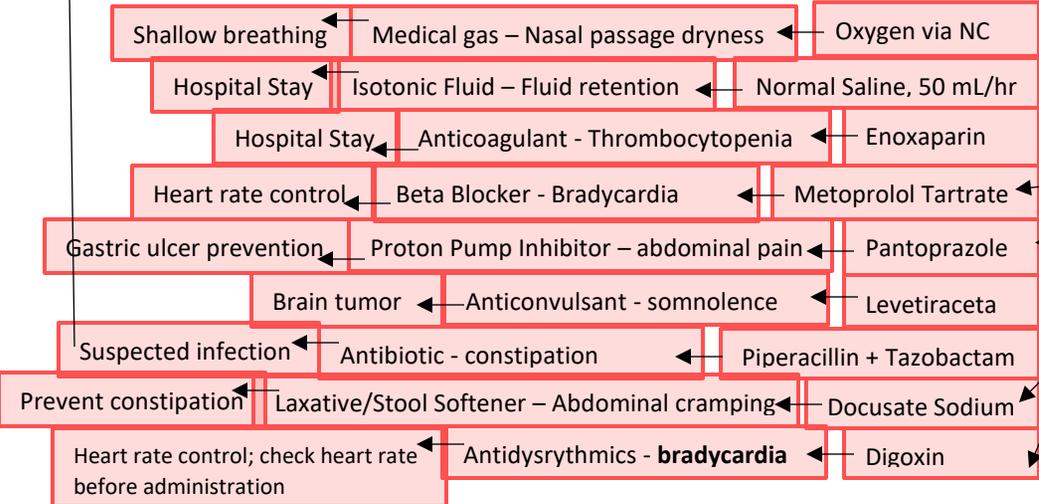
- Exploratory Laparotomy
- Grahams Patch Repair of Gastric Ulcer

Diagnostic Tests:

- KUB X-Ray – Upper GI ulcer indication, 5 cm duodenal diverticulum
- Chest X-Ray – Left basilar opacity, left pleural effusion

Consults:

- General Surgery
- Intensivist
- Cardiologist – Atrial Fibrillation



Subjective Findings: **Impaired comfort**- Pt states he is "very cold" and expresses he "gets uncomfortable in bed after a bit", has pain at 8/10 in abdomen, and that he is "very tired"

Objective Findings: Shallow breathing, **3+ pitting edema in lower extremities**, weakness, fatigue, unsteady gait, high BP

Impaired Comfort:

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

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