

1. (1d; 2a,g; 3e; 4c; 6a): List the priority problem for your patient (include the current diagnosis, assessment findings, lab/diagnostic tests, and risk factors/past medical history that helped you identify the priority problem). Utilize assessment data, patient communication, and the electronic medical record (EMR).

My client this week was a 59-year-old male, and his priority problem was impaired skin integrity. The client had an unstageable sacral wound on his right buttock and the areas surrounding it were red. The client has a history of seizures and CVA's which had caused his body to contract. Due to the contraction and his limited ROM he needed maximum assistance to move and provide self-care. He had most likely got this pressure ulcer from not being able to turn himself obstructing capillary refill. Diagnostics to follow this impairment include a wound culture that resulted in Pseudomonas Aeruginosa, Enterococcus Faecalis, and a yeast-like organism. Abnormal assessment findings to support this priority problem is the wound on his buttock, contraction in his limbs, LOC x1, urinary(purwick) and bowel incontinence. He also had a high lab value on the 10/26 of C reactive protein being 2.8. According to the Cleveland clinic, your body forms more of this protein as an inflammatory response to not develop any sort of infection. While protein typically is a positive in older individuals as it improves skin integrity, this one could support the fact that there may have been some sort of infection trying to form because of the pressure ulcer. This client most likely needed different proteins to promote healing for this wound.

1. (2e): Describe your patient's nutritional status (BMI, appetite, current diet order, modified diets, 48-hour PO intake, % of meals consumed, and any consults related to nutritional intake).

My client this week was on an ADA diet with Glucerna, and his BMI was 23.3 kg/m<sup>2</sup>. He was a diabetic and needed the use of supplements. The two days I was there he ate 100% of his breakfast and drank all the Glucerna. He had a certain calorie count he needed to meet of 1800 to maintain his nutritional status so that his skin integrity could keep improving. The use of the Glucerna and certain proteins in his diet were needed to help his pressure ulcer to heal as protein is the main component to skin healing. The client had a good appetite and handled all of his meals well with no issues before, during, and or after eating. The only limitation with his diet was due to him being a diabetic and the need to limit sugar. For example, he had pancakes the morning of the 29th and he had sugar free syrup. Things like that are essential to go along with his meals assuring that his sugar does not skyrocket super high.

1. (4c; 5a,d): What was your patient's Mobility Level (AM-PAC Basic Mobility Assessment under Restorative Mobility intervention)? Describe what factors led to that score. What is the John Hopkins Mobility Goal, are there any barriers that may prevent achievement of this goal?

My client this week was a maximum assist. As he could get out of bed and to the chair it was difficult and needed 2-3 people in order to do so. He used a walker as a stabilization device for him to get from the bed to the chair. He needed full assistance for hygiene and helping maintain his self care. The client's mobility level was a 4 as his max movement was getting to a chair and his IMPAC was 10. The John Hopkins mobility goal for this client was to get him up in his chair TID for meals. Barriers that may contradict these goals are his mobility levels since he is a maximum assist and also his confusion. Since his LOC is x1 he gets confused easier and gets him up and moving even in his chair is a risk if you are not paying close attention to him. With his chair alarm this helped, however he was getting anxious and fidgety at times making it difficult.

Reference: <https://my.clevelandclinic.org/health/diagnostics/23056-c-reactive-protein-crp-test>