N301 Care Plan

Lakeview College of Nursing

Demographics (5 points)

Date of Admission 02/05/2019	**Patient Initials** MC	**Age** 54	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Full time employed	**Marital Status** Married	**Allergies** Penicillin
Code Status Full Code	**Height** 160cm	**Weight** 80.5kg	

Medical History (5 Points)

Past Medical History:.

- Asthma
- GERD
- Hypercholesteremia
- Hypothyroidism
- Seasonal allergies

Past Surgical History:.

- Oral surgery, date not noted.
- H/O tubal ligation, date not noted.
- Caesarean section, date not noted.
- Hysteroscopy with dilatation and curettage, date not noted.

Social History (tobacco/alcohol/drugs, pertinent social factors):.

Patient is currently employed full time. She lives with her husband and daughter. Husband and daughter were not present at the bedside. Patient denies any past or current use of any tobacco use. Patient denies any drug or substance use. Patient denies any current alcohol consumption. Patient uses glasses to read and watch television. Patient's education level includes a college education. Patient's family history includes arthritis and cancer.

Admission Assessment

Chief Complaint (2 points):.

- Postmenopausal bleeding

History of present Illness (10 points):.

Patient is a 54-year-old female who presented to the ED on 1/29 with complaints of postmenopausal bleeding. Patient denies on shortness of breath and chest pain. She states that she noticed the bleeding at home and was concerned. Upon physical examination, the ED doctor ordered a hysteroscopy. The hysteroscopy showed endometrial hyperplasia with atypia. The patient was schedule to have a total abdominal hysterectomy with possible bilateral salpingo-oophorectomy. The patient was admitted and the procedure was done yesterday, 02/05/2019. The patient is on hospital admission day two.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.

- Endometrial hyperplasia with atypia

Secondary Diagnosis (if applicable):.

- Total abdominal hysterectomy with possible bilateral salpingo-oophorectomy

Pathophysiology of the Disease, APA format (15 points):.

Endometrial hyperplasia is a buildup of endometrial tissues. This causes the lining of the uterus to become too thick. Endometrial hyperplasia is not cancerous but it can lead to endometrial cancer. Endometrial hyperplasia with atypia means that there is an increased risk of progression of the disease. There is a number of factors that can cause endometrial hyperplasia. The biggest is that there is an excess amount of estrogen in the body without progesterone (Cheever & Hinkle, 2018, p. 1705). During a regular period, ovulation occurs allowing

progesterone to be made which sheds the uterine lining. However, if the lining is not shed, then the endometrium continues to grow become too large and abnormal. Some of other factors include; estrogen therapy alone without progesterone in a woman, women with anovulatory cycles, polycystic ovarian syndrome (PCOS), or obesity. Certain medications such as Tamoxifen (Nolvadex) can also cause endometrial hyperplasia (American College of Obstetricians and Gynecologists, 2017).

It is important to recognize the risk factors and clinical manifestations of endometrial hyperplasia so it can be caught early enough before it becomes cancerous. Risk factors include; never having been pregnant, women over the age of menopause, diabetes, PCOS, gallbladder or thyroid disease, smoking, obesity, and a family history of ovarian or uterine cancer (ACOG, 2017). Clinical manifestations include; bleeding during menstrual periods that are heavier or longer than the typically area, bleeding after menopause, and menstrual period cycles that are shorter than 21 days (ACOG, 2017). The patient, MC, presented to the hospital with postmenopausal bleeding. This is the biggest clinical manifestation of endometrial hyperplasia. MC stated that she has past medical history with hypothyroidism and has a family history of cancer.

There are a number of diagnostic tests that can be run to help diagnose endometrial hyperplasia. Some of the bigger tests include an endometrial biopsy, dilation and curettage, and/or hysteroscopy (ACOG, 2017). Upon physical examination in the ED for MC, a hysteroscopy with dilation and curettage was ordered and performed. MC's hysteroscopy showed that she did have endometrial hyperplasia with atypia. To treat the diagnosis, she had a total abdominal hysterectomy with possible bilateral salpingo-oophorectomy. This surgery means that MC would have her uterus removed along with her ovaries and her fallopian tubes

depending on how progressed the endometrial hyperplasia is. Surgery is a last option treatment used if other measures did not work or if the disease has progressed to cancer. Treatment methods that can be done before resorting to surgery include; taking progestin or progesterone with estrogen, oral contraceptives may be used if menstrual periods are irregular, and losing weight (ACOG, 2017).

Reference:

Cheever, K., & Hinkle, J. (Eds). (2017). *Brunner's & Suddarth's Textbook of Medical-Surgical Nursing*: Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins

Women's Health Care Physicians. (2012). Endometrial Hyperplasia. The American College of *Obstetricians and Gynecologists*. Retrieved February 8, 2019, from https://www.acog.org/Patients/FAQs/Endometrial-Hyperplasia?IsMobileSet=false

Laboratory Data (15 points)

CBC: Highlight All Abnormal Labs, Explanations must contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.2 – 6 million	N/A	3.97	Red blood cell counts can be low or decreased due to bleeding from injury, surgery, or disease. The patient just had major abdominal surgery. This is the cause of the low RBC count (John Hopkins, 2018).
Hgb	11.3-15.2	N/A	10.5	A low hemoglobin count can be associated with a disease or blood loss. Hypothyroidism is one explain of a disease that causes the body to have lower hemoglobin. The patient has a past medical history of hypothyroidism. The past medical of the patient and her recent surgery is the cause of the low hemoglobin (Mayo Clinic, 2018).
Hct	33.2-45.3%	N/A	31.8	Low hematocrit levels are typically present after any type of surgery. The

				patient's recent surgery is the most likely cause of the low hematocrit levels (Mayo Clinic, 2018).
Platelets	150,000-400,000	N/A	219,000	.
WBC	4,000 - 11,000	N/A	6,700	.
Neutrophils	45.3-79	N/A	78.9	.
Lymphocytes	11.8 - 45.9	N/A	14.1	.
Monocytes	4.4 – 12.0	N/A	6.4	.
Eosinophils	0.0-6.3	N/A	0.2	.
Bands	N/A	N/A	N/A	.

Chemistry: Highlight Abnormal

Lab	**Normal Range**	**Admission Value**	**Today's Value**	**Reason For Abnormal**
Na+	135-145	N/A	N/A	.
K+	3.5-5	N/A	N/A	.
Cl-	98-107	N/A	N/A	.
CO2	22-29	N/A	N/A	.
Glucose	70-100	N/A	N/A	.
BUN	8-25	N/A	N/A	.
Creatinine	0.6-1.3	N/A	N/A	.
Albumin	3.5-5.2	N/A	N/A	.
Calcium	8.6-10	N/A	N/A	.
Mag	1.5-2	N/A	N/A	.

Phosphate	0.8-1.5	N/A	N/A	.
Bilirubin	< 1.5	N/A	N/A	.
Alk Phos	50-100	N/A	N/A	.
AST	10-30	N/A	N/A	.
ALT	10-40	N/A	N/A	.
Amylase	30-125	N/A	N/A	.
Lipase	10-150	N/A	N/A	.
Cholesterol	3- 5.5	N/A	N/A	.
Triglycerides	<150	N/A	N/A	.
Lactic Acid	0.5-2.4	N/A	N/A	.

Other Tests Highlight Abnormal

Lab Test	Normal Range	Value on Admission	Today's Value	Reason For Abnormal
INR	0.9-1.2	N/A	N/A	.
PT	11-14 sec	N/A	N/A	.
PTT	20-40 sec	N/A	N/A	.
D-Dimer	< 250	N/A	N/A	.
BNP	0.5 - 30	**N/A**	**N/A**	.

Urinalysis Highlight Abnormal

Lab Test	Normal Range	Value on Admission	Today's Value	Reason For Abnormal

Color & Clarity	Yellow, clear	Colorless/ clear	N/A	.
pH	5.0-8	8.0	N/A	.
Specific Gravity	1.005-1.024	1.006	N/A	.
Glucose	Normal	Normal	N/A	.
Protein	Negative - Normal	Negative	N/A	.
Ketones	Negative	Negative	N/A	.
WBC	<5	0	N/A	.
RBC	0-3	0	N/A	.
Leukoesterase	Negative	Negative	N/A	.

Cultures

Test	**Normal Range**	**Value on Admission**	**Today's Value**	**Explanation of Findings**
Urine Culture	Negative	Negative	N/A	.
Blood Culture	Negative	N/A	N/A	.
Sputum Culture	N/A	N/A	N/A	.

Lab Correlations Reference (APA): .

Cheever, K., & Hinkle, J. (Eds). (2017). *Brunner's & Suddarth's Textbook of Medical-Surgical Nursing*: Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins

John Hopkins Medicine. (2018). Blood Transfusions. Retrieved February 8, 2019, from https://www.hopkinsmedicine.org/healthlibrary/conditions/hematology_and_blood_disorders/blood_transfusions_85,P00106

Mayo Clinic. (2018). Low Hemoglobin Count. Retrieved February 8, 2019, from

https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760

Other Diagnostic Tests (EKG, Echocardiogram, Xrays, CT scan, etc) (5 points): .

- **Hysteroscopy**

Patient presented to the hospital with postmenopausal bleeding. A hysteroscopy with dilatation and curettage was ordered to help determined the etiology of her postmenopausal bleeding. A hysteroscopy is used to diagnosed or treat problems with the uterus. The main reason a hysteroscopy is used is to determine the etiology of abnormal bleeding. However, a hysteroscopy is also helpful in situations such as; removing adhesions, diagnosing the cause of repeated miscarriages, locating an IUD, and performing sterilization (ACOG, 2018). Upon examination, the hysteroscopy showed the etiology of the patient's postmenopausal bleeding. The patient was diagnosed with endometrial hyperplasia with atypia.

Diagnostic Test Correlation, APA Format & References (5 points):.

Women's Health Care Physicians. (2012). Endometrial Hyperplasia. The American College of *Obstetricians and Gynecologists*. Retrieved February 8, 2019, from https://www.acog.org/Patients/FAQs/Endometrial-Hyperplasia?IsMobileSet=false

Current Medications (10 points, 1 per completed med))

Home Medications (5 required)

Brand/Generic	**Aspirin**	**Pantoprazole**	**Albuterol**	**Montelukast**	**Levothyroxine**
Dose	81mg, PRN	40mg = 1 tab	90mcg/inh. = 2 inhales	10mg = 1 tab	75mcg = 1 tab
Route	PO	PO	Inhalant	PO	PO

Classification	Anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic	Antiulcer, gastric acid proton pump inhibitor	Bronchodilator	Antiallergenic, antiasthmatic	Thyroid hormone replace
Action	Blocks the activity of cyclooxygenase which inhibits prostaglandin synthesis. It also interferes with the production of thromboxane A2	Interferes with gastric acid secretion by inhibiting the proton pump in gastric parietal cells.	Attaches to beta2 receptors on bronchial cell membranes. It converts ATP to Camp. It relaxes bronchial smooth-muscle cells and inhibits the release of histamines.	Antagonizes receptors for cysteinyl leukotrienes. This prevents airway edema and other symptoms of allergies.	Replaces endogenous thyroid hormone which exerts its physiologic effects by controlling DNA transcription and protein synthesis.
Reason Client Taking	Pain	Patient has a history of GERD	Asthma related symptoms.	Asthma, seasonal allergies	Patient has a history or hypothyroidism
Contraindications (2)	Allergy to tartrazine dye Peptic ulcer disease	Hypersensitivity to pantoprazole Substituted benzimidazoles	Cautiously in glaucoma Seizure disorders	Phenylketonuria Hepatic disease	Uncorrected adrenal insufficiency Untreated thyrotoxicosis
Side Effects/Adverse Reactions (2)	Tinnitus/ hearing loss Prolonged bleeding time	Hyperglycemia Agranulocytosis	Arrhythmias Paradoxical bronchospasm	Suicidal tendencies Insomnia	Hyperthyroidism Alopecia
Nursing Considerations (2)	Don't crush timed-release or controlled-release tablets unless directed	Administer delayed-release oral suspension 30 minutes before a meal	Administer pressurized inhalations during second half of	Monitor for suicidal tendencies especially	Administer 30 to 60 minutes before breakfast. Expect patient

	Monitor/ask about tinnitus	mixed in apple juice or applesauce. Monitor the continuity of gastric acid suppression	inspiration Monitor serum potassium levels because it can cause hypokalemia	at the start of use and if the dose changes It is not for an acute asthma attack or status asthmatic us	to undergo thyroid function tests regularly during therapy
Client Teaching needs (2)	Advise patent to not take ibuprofen if taking low-dose aspirin. It might reduce effects of aspirin. Do not take aspirin if it has a strong vinegar-like odor	Instruct patient to swallow tablets whole. Do not chew or crush them. Do not take over-the-counter medications, including herbals, without talking to provider first	Teach patient how to properly use their inhaler. Advise to wait at least 1 minute between inhalations if dosage requires more than on inhalation	Take as prescribed, do not decrease or stop taking even if feeling better Avoid aspirin and NSAIDS during therapy	Inform the patient that the patient will probably take the drug the rest of their life Drug absorption is increased on an empty stomach, take 30 minutes before breakfast. It can cause insomnia if taken at night.

Hospital Medications (5 required)

Brand/ Generic	**Bisacodyl**	**Loratadine**	**Pravastatin**	**Ketorolac**	**Meperidine**
Dose	10mg = 2 tabs	10mg = 1 tab	40mg = 2 tabs	30mg = 1mL	100mg = 1 mL
Route	PO	PO	PO	IV Push	IM
Classification	Cathartics	Antihistamine	Antihyperlipidemic	Analgesic, anti-	Analgesic

				inflammatory	
Action	Irritates the GI mucosa and pulls water into the bowel lumen	Prevent histamine from acting on target issues which prevents allergy symptoms	Inhibits cholesterol synthesis in liver by blocking the enzyme needed to convert HMG-CoA to mevalonate	Blocks cyclooxygenase which blocks prostaglandin synthesis.	Binds with opiate receptors in the spinal cord and higher levels of the CNS. It stimulates kappa and mu receptors, which alters perception of pain
Reason Client Taking	Patient just had abdominal surgery, trying to prevent constipation	Seasonal allergies	Patient has a history of hypercholesterolemia	Prevent inflammation and pain from recent abdominal surgery	Help treat pain related to recent abdominal surgery
Contraindications (2)	Intestinal obstruction Fecal impaction	Bladder neck obstruction Prostatic hypertrophy	Active hepatic disease Persistent liver enzymes	Advanced renal impairment Hemorrhagic diathesis	Increased intracranial pressure Severe respiratory depression
Side Effects/Adverse Reactions (2)	Abdominal pain or cramping Nausea and diarrhea	Dysmenorrhea Nausea and vomiting	Abnormal thyroids function Cholestatic jaundice	Aplastic or hemolytic anemia Pneumonia	Orthostatic hypotension Diplopia
Nursing Considerations (2)	Monitor bowel elimination patterns and the presence of diarrhea	Monitor for signs of adverse effects Monitor and assess for dysmenorrh	Monitor liver enzymes before therapy starts and as indicated during Monitor patient's BUN and creatinine levels	Give I.V. injection over a period of time. It should be pushed slow Monitor	Monitor patient's intake of drug closely and for evidence of physical dependence Monitor/

	Administer in-between meals or at bedtime.	ea	periodically	patient closely for thrombotic events including MI and stroke	auscultate patient's bowel sounds to get function and detect constipation
Client Teaching needs (2)	Do not take within an hour after ingesting milk or gastric antacids Do not take frequently or longer than one week	Take on an empty stomach The tablet will dissolve in minutes and may be swallowed with or without water	Take medication at bedtime Do not stop taking medication even if cholesterol levels return to normal without talking to a provider first	Take medication with an antacid, meal, or a snack to prevent an upset stomach Do not take for more than 5 days because it can cause serious side effects	Emphasize the importance of taking the medication as prescribed Warn patient not to consume alcohol or take a benzodiazepine without discussing with a provider first

Lab Reference (APA Format):.

Jones & Bartlett Learning. (2018). *Nursing's Drug Handbook* (17th ed.). Burlington, MA.

Frandesen, G. & Pennington, S. (2018). *Abrams' Clinical Drug Therapy: Rationales for Nursing Practice (11th ed.)*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins

Assessment

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0750	95	110/56 – left arm	18	37.4C	98%
1020	92	126/54 –	16	36.8C	99%

		left arm			

Physical Exam (18 points)

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation, Mental Status, Speech, Sensory, LOC:**	Patient is awake in bed. Patient appeared to be in a good mood. She is A&O x4. Patient states that she was up using the bathroom half the night. Patient speaks English and at a normal pace. Patient MAEW and her PERLA was intact. Her strength is equal bilaterally. Patient does not show any sign of neurological damage.
MUSCULOSKELETAL (2 points): **Neurovascular status, ROM, Supportive devices/strength** **ADL Assistance Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	Fall Risk: 45 Patient has active range of motion bilaterally. Patient is a fall risk. Patient is up with assistance and to the bathroom x1. Patient has an assistance as a precaution. Patient benefits from the assistance of glasses. Patient denies the use of any assistive devices such as a walker, wheel chair, or cane. Patient also denies any use of assistive devices at home.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable)** **Peripheral Pulses:** Radial, pedial **Capillary refill:** < 2 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema_____**	. Patient is not currently on a telemetry monitor. Upon admission, patient was noted to be in normal sinus rhythm. Upon examination, heart sounds were auscultated x5. S1, S2 heart sounds were noted. Radial and pedal pulses assessed and were bilaterally present. Patient's capillary refill was less than 2 seconds. Patient shows no sign of neck vein distention or edema.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient's lungs sounds were auscultated. Lung sounds were clear bilaterally. Patient uses an albuterol inhaler, 2 puffs PRN, for asthma. Patient does not use accessory muscles when breathing. Patient is currently breathing room air. Patient denies any shortness of breath and the use

	of oxygen at home.
GASTROINTESTINAL (2 points): **Diet at home:** Regular **Current Diet:** Regular **Height:** 160cm **Weight:** 80.5kg **Auscultation Bowel sounds:** . **Last BM:** 02/05/2019 **Palpation: Pain, Mass etc** **Inspection: distention, incisions, scars, drains, wounds** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:_____**	Patient's current diet is a regular diet. Bowel sounds were auscultated and present in all four quadrants. Patient does report pain upon palpation due to incision site in her lower abdominal regions. Tenderness was noted also due to incision site. Patient's incision site was clean, had minimal leaking. There is no dressing on the site. Patient does have a scar on her lower abdomen from a previous C-section. There were no masses present. Patient has no ostomy, nasogastric tubes, feeding/PEG tubes, or drains. Patient reports pain on her incision site. Patient's last bowel movement was yesterday and she denies any recent weight loss.
INTEGUMENTARY (2 points): **Skin color** **character, turgor, rashes, bruises:** **wounds:** . **Braden scale** 22 **Drains present: Y☐ N ☒** **Type_____**	Braden scale: 22 Patient is Caucasian and has a fairer skin tone. Patient has good skin turgor and is warm to the touch. Patient's skin was pink and dry. No noted rashes or bruises.
HEENT (2 points): **Head:** . **Ears:** **Eyes:** **Nose:** **Teeth**	Patient's head is midline with no deviations. Patient's hair is brown in color. Patient's ears show no abnormal drainages. PERLA is present. Patient uses her glasses to read and watch television. Patient's nose shows no sign of a deviated septum. Patient's oral mucosa is pink and moist. Patient states that she's been drinking a lot of water in hopes of getting her IV out. There are no noted abnormalities. Patient's teeth are present and yellow to white in color.
GENITOURINARY (2 Points): **Color, character, quantity of urine, pain,** **Dialysis Y ☐ N ☒** **Inspection of genitals** **Catheter: Y ☐ N ☒** **Type_____**	Patient is able to ambulate to the bathroom x1. Patient has no use of dialysis and does not have a catheter present. Patient's urine is light yellow. There are a few drops of blood present in the urine. Patient denies any pain on urination. Patient also denies hesitancy or urgency. Urine has no abnormal odor. Patient is on I&Os.

PSYCHOSOCIAL/CULTURAL (2 points): **Coping methods,** **Educational level** **Developmental level,** **Ethnicity,** **Religion & what it means to pt.** **Occupation (previous if retired)** **Personal/Family Data (Think about home environment, family structure, and available family support)**	Patient presents in a good mood. Patient does state that she wishes she got a little more sleep last night. She states that she was up multiple times to use the bathroom since she's been drinking so much water. Patient lives with her husband and daughter. Husband and daughter were not present. Patient states that her daughter is at school and her husband is at work or they would be with her. She appears to have good family support. Patient is currently employed full time. When asked about religious preference, patient states that has no religious preference.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Numerical	Incision site	8/10	Severe, sharp	Pain medicines were given.
1025	Numerical	Incision site	4/10	Uncomfortable	Patient stated she did not want any pain medication.

IV Assesssment (2 Points)

Site Location, Patency/Condition & Date	Fluid Type/Rate or Saline Lock
Right peripheral IV 18g Date established: 02/05/2019 Right peripheral IV had infiltrated. The site had a little blood. The patient denies any pain but was complaining of the IV site leaking onto her bed. The IV was discontinued and removed from the patient's arm.	Continuous Infusion Normal saline 1,000mL

Intake and Output during Your Shift (2 points)

Intake	Output
500mL – two cups of water	0 mL

Nursing Care

Summary of care- Narrative of Nursing care provided, patient status throughout the day, any major concerns, etc (2 points): .

Patient was wide awake throughout the morning. Patient remained on the floor during the day but was going to be moved to another floor. Patient did have complaints of severe pain around 0800. Patient states that the pain was predominantly in and around her incision site on her lower abdomen. Pain medication was administered to help with the pain. Patient's vital signs remained stable throughout the day. Patient's abnormal lab values are due to her recent surgery and her past medical history. Patient had no pressing concerns.

Discharge Planning- Identify discharge needs, education, home health services/equipment, family involved, etc (2 points): .

Upon discharge, patient will be going home with her husband and daughter. Patient often sat up in bed and kept a pillow pressed against her abdomen. Patient should continue with this at home to help with pain during deep breathing exercises. Patient stated that her daughter was in nursing so she will have somebody to help assist her at home. Patient will not need the use of an assistive device equipment at home. The patient should follow-up with her primary care provider in a few days to monitor the healing progress of her incision site.

***The following must be listed in order of priority and must be NANDA approved Diagnosis (18 points Total, 3 points for each complete diagnosis with 2 interventions & Rational, 3 points for correct prioritization)**

Nursing Diagnosis	Rational	Intervention (2 per dx)
1. Risk for infection related to abdominal total hysterectomy as evidenced by large incision site on	The patient is at a risk for infection because there is no dressing covering her incision site. If the site is not properly cleaned and maintained, she	**1.**Monitor for any changes in the incision site that would be indicative of an infection. **2.**Monitor for changes in vital

abdomen (Swearingen, 2016).	has a high risk of getting an infection.	signs and lab values that would show an infection is present
2. Risk for bleeding related to abdominal total hysterectomy as evidenced by a decrease in RBC, Hgb, and Hct count (Swearingen, 2016).	The patient is at a risk for bleeding because of her low lab levels. The patient also does take aspirin PRN and that can also increase her risk of bleeding.	**1.** Monitor patient's RBC, Hgb, and Hct for any further decrease that would show signs of bleeding. **2.** Assess patient for signs of bleeding and implement bleeding precautions
3. Acute pain related to surgery as evidenced by patient's complaints of pain (Swearingen, 2016).	The patient was complaining about her pain being severe early in the morning. On a numerical scale, the patient rated her pain an 8/10.	**1.**Encourage periods of rest for the patient. **2**.Administer pain medication as prescribed and assess for any changes in pain.
4. Impaired physical mobility related to pain as evidenced by lack of ambulation (Swearingen, 2016).	The patient's reports of pain discourage her from wanting to ambulate. The patient has no issues getting to the bathroom but does not want to ambulate on the floor.	**1.**.Encourage ambulation a little at a time to encourage the patient to make progress. **2.** Allow periods of rest in-between each time the patient ambulates to allow the patient to get her strength back up.
5. Risk for constipation related to medication as evidenced by a lack of bowel movements since surgery (Swearingen, 2016).	The patient is on multiple medications that have constipation as a side effect. Constipation or a lack of bowel motility is also a side effect of anesthesia.	**1.**. Auscultate and palpate the patient's bowel to make sure there is no bowel obstruction or any GI issues that would cause constipation. **2.**. Provide laxatives as prescribed if the patient is experiencing constipation.

Overall APA Format/Neatness/Grammar (5 point):

Swearingen, P. (2016). *All-in-One Nursing Care Planning Resource* (4th ed.). St. Louis, Missouri: ELSEVIER.

Concept Map Attached (20 points):