Ann-Kathleen Dieudonne Ndinga

N301 Care Plan

Lakeview College of Nursing

Demographics (5 points)

Date of Admission 1/30/19	**Patient Initials** E.M	**Age** 75	**Gender** F
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Widow	**Allergies** Ciprofloxacin, ferrous sulfate, Flagyl, Levaquin, Macroclantin, Penicillins, Requip, sulfa antibiotics, Tetracycline, Zithromax
CodeStatus FULL	**Height** 4'10"	**Weight** 127 lb, 9.6 oz.	

Medical History (5 Points)

Past Medical History: Anxiety, arthralgia, arthritis, asthma, C.difficile colitis, CAD, depression, DM, dysuria, GERD, HTN, IBS, restless leg syndrome, Rheumatoid arthritis (RA), stroke

Past Surgical History: Total hip arthroplasty

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

Admission Assessment

Chief Complaint (2 points): Joint pain

History of present Illness (10 points): Patient with history of Rheumatoid arthritis, T2DM, CAD, presented with generalized joint pain. She was seen in the ED last Tuesday, according to her daughter. She was evaluated and sent back to her assisted living facility. Daughter received call from patient the next day saying patient was in emotional distress due to persistent pain. Admitted to hospital on Wednesday with RA flare-up.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Rheumatoid arthritis flare-up

Secondary Diagnosis (if applicable): Dehydration

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

- Rheumatoid Arthritis (RA) is the most common type of autoimmune arthritis. It can happen at any age between 20-60 years old and affects women more than men. Its cause is unknown. The immune system of the body normally protects against foreign objects such as bacteria and viruses. However, in RA, the body mistakenly attacks normal, healthy tissue, leading to prolonged inflammation in the joints (specifically the synovium), causing damage. RA cases vary in duration—some are chronic and last a lifetime whereas some are short-term and goes in remission.
- Signs and symptoms: fever, anemia, dry eyes and mouth, Rheumatoid nodules, swelling and warmth in joint, symmetrical, inflamed/thickened synovium, anemia. Symptoms include joint pain (fingers and wrist mainly, but also neck, shoulder, elbows, ankles, knees, feet), sunrise stiffness, soft feeling in joints, fatigue, loss of appetite
- Labs and diagnostics: There is no one test to diagnose RA. It is also hard to diagnose RA because the signs and symptoms are similar to other diseases. However, the following are commonly used:
    - + Rheumatoid factor
    - Elevated erythrocyte sedimentation rate (ESR) (ESR=126 upon admission)
    - C-reactive protein (and inflammation) (CRP= 43.41 upon admission)
    - X-Ray- creates images of the inside of the body; this will help visualize the progression of the disease
- Treatment: There is no cure for RA. It's important to catch it early to prevent progression of joint damage. The goal of treatment is to improve joint pain and swelling and to improve ability to perform day-to-activities.
    - Medication: NSAIDs, steroids, DMARDs
    - Surgery: Joint replacement, synovectomy (removal of synovium), arthodesis joint fusion (remove the joint and fuse the bones with a bone graft)
    - Managed with: rest and exercise plans, joint support (splint and assistive devices), staying healthy (low stress will decrease flare-ups)
- P/t assessment: joint and neck pain, fatigue, Rheumatoid nodules, severe deformity of hands due to synovial thickening

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	Explanation for abnormal findings
RBC	**4.2-6.1 million**	**4.46**	**4.6**	

Hgb	**12 to 15**	**9.8**	**9.1**	Chronic inflammation (r/t RA) can lower production of RBC, and therefore Hgb (Hinkle & Cheever, 2018)
Hct	**36-47**	**32.1**	**30.4**	Chronic inflammation (r/t RA) can lower production of RBC, and therefore Hct (Hinkle & Cheever, 2018)
Platelets	**140-450,000**	**452**	**507**	Due to inflammation or anemia (Hinkle & Cheever, 2018)
WBC	**4-12,000**	**15**	**10.3**	K. pneumoniae UTI (Hinkle & Cheever, 2018)
Neutrophils	**47-73%**	**69.7**	**77.5**	First response to inflammation (Hinkle & Cheever, 2018)
Lymphocytes	**18-42%**	**20.9**	**14.4**	anti-inflammation medication (cetirizine) (Hinkle & Cheever, 2018)
Monocytes	**4-12%**	**8.5**	**7.3**	
Eosinophils	**0-5%**	**0.7**	**0**	
Bands	**N/a**	**N/a**	**N/a**	

Chemistry: Highlight Abnormal

Lab	Normal Range	Admission Value	Today's Value	Explanation for abnormal findings
Na+	**136-145**	**134**	**138**	Home diet may not include enough salt (HTN med hx) (Hinkle & Cheever, 2018)
K+	**3.5-5.0**	**4**	**4**	
Cl-	**98-106**	**102**	**101**	
CO2	**21-31**	**20**	**22**	
Glucose	**70-110**	**172**	**160**	Poorly managed DM (Hinkle & Cheever, 2018)
BUN	**10 to 20**	**16**	**16**	
Creatinine	**0.5-1.2**	**0.56**	**0.55**	
Albumin	**3.5-5.7**	**N/a**	**N/a**	
Calcium	**9 to 10.5**	**9.2**	**9.4**	

Mag	**1.3-2.1**	**1.9**	**N/a**	
Phosphate	**3 to 4.5**	**N/a**	**N/a**	
Bilirubin	**0-1.0**	**N/a**	**N/a**	
Alk Phos	**30-120**	**N/a**	**N/a**	
AST	**13-39**	**15**	**16**	
ALT	**7 to 52**	**12**	**14**	
Amylase	**56-90**	**N/a**	**N/a**	
Lipase	**11 to 82**	**N/a**	**N/a**	
Cholesterol	**<200**	**N/a**	**N/a**	
Triglycerides	**35-160**	**N/a**	**N/a**	
Lactic Acid	**0.6-2.2**	**N/a**	**N/a**	

Other Tests Highlight Abnormal

Lab Test	Normal Range	Value on Admission	Today's Value	Explanation for abnormal findings
INR	**0.8-1.1**	**1.1**	**1**	
PT	**10-13 sec**	**12.2**	**12**	
PTT	**25-36**	**28**	**29**	
D-Dimer	**<0.4**	**2.21**	**2.18**	Elevated platelet count (due to inflammation and anemia) (Hinkle & Cheever, 2018)
BNP	**N/a**	**N/a**	**N/a**	

Urinalysis Highlight Abnormal

Lab Test	Normal Range	Value on Admission	Today's Value	Explanation for abnormal findings

Color & Clarity	**Pale yellow/clear**	**Yellow/hazy**	**Yellow/clear**	K. pneumoniae UTI (OSF, 2019)
pH	**5 to 9**	**5**	**5**	
Specific Gravity	**1.003-1.03**	**1.01**	**1**	
Glucose	**Neg**	**1 +**	**N/a**	Poorly managed DM (Hinkle & Cheever, 2018)
Protein	**Neg**	**N/a**	**N/a**	
Ketones	**Neg**	**2 +**	**N/a**	Poorly managed DM (Hinkle & Cheever, 2018)
WBC	**Neg**	**N/a**	**N/a**	
RBC	**Neg**	**N/a**	**N/a**	
Leukoesterase	**Neg**	**Neg**	**N/a**	

Cultures

Test	**Normal Range**	**Value on Admission**	**Today's Value**	**Explanation of Findings**
Urine Culture	**<10,000 colonies/mL**	**>100,000 CFU/mL**	**N/a**	K.pneumoniae UTI (OSF, 2019)
Blood Culture	**N/a**	**N/a**	**N/a**	
Sputum Culture	**N/a**	**N/a**	**N/a**	

***** CRP= 43.41, ESR=126 on admission

Lab Correlations Reference (APA):

OSF Healthcare (2019). EPIC System. Urbana, IL

Henry, N. J. E., & McMichael, M. (2016). *Content Mastery Series Review Module: RN Adult Medical Surgical Nursing* (10th ed.). ATI Nursing Education.

Hinkle, J., Cheever, K. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer

Other Diagnostic Tests (EKG, Echocardiogram, Xrays, CT scan, etc) (5 points): CT of the abdomen and pelvis (3cm cyst in upper pole of R kidney, tiny fat-containing umbilical hernia),

Chest X-Ray (normal), CT angiogram of the chest (negative for pulmonary embolism, no significant abnormality)

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

Hinkle, J., Cheever, K. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer

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

Home Medications (5 required)

Brand/Generic	**acetaminophen**	**albuterol**	**amiloride**	**cetirizine**	**clopidogrel**
Dose	500 mg	0.63 mg/3mL	5 mg	10 mg/ daily	75 mg/ every evening
Route	PO	INH	PO	PO	PO
Classification	Analgesic/antipyretic	Bronchodilator	diuretic	antihistamine	Antiplatelet
Action	locks pain impulses; inhibits prostaglandins in the CNS	Acts on beta2 (pulmonary) receptors by increasing levels of cyclic AMP--> causes bronchodilation	Inhibits sodium, potassium, ATPase ion exchange in the distal tubule-->inhibits sodium reabsorption & decreases potassium secretion	Competes with histamine at H1 receptor site; blocks effects of histamine	Inhibits first and second phases of ADP-induced effects in platelet aggregation
Reason Client Taking	Joint pain	Asthma (Med hx)	For HTN (Med hx)	Asthma (Med hx)	To reduce risk of stroke, MI, PAD (stroke, HTN med hx)
Contraindications (2)	Hypersensitivity ; Precaution:	Hypersensitivity;	Hypersensitivity; Diabetic	Hypersensitivity; severe	Hypersensitivity; active

	Pregnancy	heart block	neuropathy	hepatic disease	bleeding
Side Effects/Adverse Reactions (2)	Hepatotoxicity; vomiting	Tremors; palpitations	Headache; dyspnea	Headache; fatigue	Epistaxis; Athralgia
Nursing Considerations (2)	Monitor liver function (AST, ALT); Assess for hepatotoxicity	Assess respiratory function; Monitor for allergic reaction	Monitor for hyperkalemia and hypokalemia; Assess BP before, during therapy with p/t lying, standing, and sitting	Assess respiratory status; Assess for allergy symptoms	Assess for symptoms of stroke, MI; Monitor liver function
Client Teaching needs (2)	Do not exceed recommended dosage; do not use with alcohol, OTC products, or herbs w/o MD approval	Do not exceed recommended dosage; Don't use OTC medications before consulting MD	Take medication early in the day; Take with food or milk if they have GI symptoms of nausea and anorexia	Do not exceed recommended dose; take without regard to food	Blood work will be necessary during treatment; Report any unusual bleeding

Hospital Medications (5 required)

Brand/Generic	**acetaminophen**	**Aspirin (chewable)**	**Benzonatate**	**cetirizine**	**clopidogrel**
Dose	650 mg/ PRN q4h	81 mg/ every evening	100 mg 3x daily PRN	10 mg/ daily	75 mg/ every evening

Route	PO	PO	PO	PO	PO
Classification	Analgesic/antipyretic	antipyretic	Antitussive	antihistamine	Antiplatelet
Action	locks pain impulses; inhibits prostaglandins in the CNS	Blocks pain impulses in CNS	Numbs tissues of the lungs and pleura responsible for the cough reflex	Competes with histamine at H1 receptor site; blocks effects of histamine	Inhibits first and second phases of ADP-induced effects in platelet aggregation
Reason Client Taking	Joint pain	Joint pain	P/t developed cough	Asthma (Med hx)	To reduce risk of stroke, MI, PAD (stroke, HTN med hx)
Contraindications (2)	Hypersensitivity; Precaution: Pregnancy	Hypersensitivity; GI bleeding	Hypersensitivity; dysphagia	Hypersensitivity; severe hepatic disease	Hypersensitivity; active bleeding
Side Effects/Adverse Reactions (2)	Hepatotoxicity; vomiting	Nausea; vomiting	Drowsiness; nausea	Headache; fatigue	Epistaxis; Athralgia
Nursing Considerations (2)	Monitor liver function (AST, ALT); Assess for hepatotoxicity	Assess for pain; Monitor liver and renal function	Assess for allergy symptoms; Assess mental status	Assess respiratory status; Assess for allergy symptoms	Assess for symptoms of stroke, MI; Monitor liver function
Client Teaching needs (2)	Do not exceed recommended dosage; do not use with alcohol, OTC products, or herbs w/o MD approval	Report any symptoms of renal/hepatic toxity; take with 8 oz of water and sit upright for 30 min after taking	Do not exceed recommended dose; do not take with OTC medicine before consulting MD	Do not exceed recommended dose; take without regard to food	Blood work will be necessary during treatment; Report any unusual bleeding

Medication Reference (APA Format): Skidmore, L. (2015). Mosby's Drug Guide for Nursing Students (11th ed.). St.Louis, MS: Mosby/Elsevier Inc.

Assessment

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	72	133/61	18	98.2	94.00%
1500	70	132.6	16	98.5	95.00%

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:**	Alert, cooperative, no distress, oriented to person, place, time, normal speech
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☐**	Joint tenderness, requires help with ADLs (1-assist), ROM performed-does not MAEW Needs support to stand and walk; unsteady gait-requires gait belt; needs assistance with equipment- utilizes walker to move around and for stability
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable)** **Peripheral Pulses:** **Capillary refill: _<3 sec___** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema___N/a_____**	S1/S2 clear with no murmurs, gallops, or rubs; pulses equal throughout

RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Clear to auscultation, breathing is non-labored, regular RRR, no wheezes, rales, or ronchi; symmetric air entry
GASTROINTESTINAL (2 points): **Diet at home:** Regular **Current Diet:** Regular **Height:** 4'10” **Weight:** 127 lb, 9.6 oz **Auscultation Bowel sounds:** normoactive **Last BM:** ~1300 **Palpation: Pain, Mass etc** **Inspection: distention, incisions, scars, drains, wounds** **Ostomy: Y☐ N ☐** **Nasogastric: Y ☐ N ☐** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:__Na_____**	Soft, tenderness in LLQ, distended; normoactive bowel sounds, no changes in appetite, no nausea or vomiting
INTEGUMENTARY (2 points): **Skin color** **character, turgor, rashes, bruises: wounds:** **Braden scale : __14_____** **Drains present: Y☐ N ☐** **Type___N/a_____**	No redness, ulcers, or scars, dressing on lower coccyx region; skin is warm, dry, intact; turgor with rapid recoil
HEENT (2 points): **Head:** normocephalic **Ears:** hearing aid (L) **Eyes:** PERRLA **Nose:** No deviated septum **Teeth:** Good dentition	Head normocephalic; No lesions or scabs on ears, reports normal hearing- utilizes hearing aid in L ear; PERRLA, sclerae white, conjunctivae clear; no deviated septum; oral cavity pink, moist, clear, uvula and soft palate rise, good dentition
GENITOURINARY (2 Points): **Color, character, quantity of urine, pain,** **Dialysis Y☐ N ☐** **Inspection of genitals** **Catheter: Y☐ N ☐** **Type____N/a_____**	Yellow/ clear urine, no hesitancy or difficulty urinating, 220 mL emptied at 1615

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)**	Positive mindset; faith and family help her cope; older adult (75 y.o.), White, Christian- faith is important. She has one very involved daughter who helps her, as well as her grandchildren. Her husband passed away about a year ago.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1245	4	Joints (R/L hand), stomach (LLQ)	P/t states it mildly hurts	N/a	PRN acetaminophen (500mg tab)
1500	3	Joints (R/L hand)	P/t reports reduced pain	N/a	N/a. P/t prepared for discharge

IV Assesssment (2 Points)

Site Location, Patency/Condition & Date	Fluid Type/Rate or Saline Lock
L & R AC. Stopped prior to start of clinical; removed at 1615	N/a- Stopped prior to start of clinical; removed at 1615

Intake and Output during Your Shift (2 points)

Intake	Output
820 ml	940 ml

Nursing Care

Summary of care- Narrative of Nursing care provided, patient status throughout the day, any major concerns, etc (2 points): Focused assessment on patient, monitored vital signs, monitored mental status (alert and oriented throughout the day), encouraged fluid intake, no major concerns

Discharge Planning- Identify discharge needs, education, home health services/equipment, family involved, etc (2 points): Packed up personal belongings, prepped patient for discharge, p/t main concern was seeing her daughter upon discharge- contacted the daughter, she was not able to come but has made arrangements to see p/t on the next day; RN provided discharge information and education prior to release; Assisted living facility was contacted, sent information, and ready to receive patient.

***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	As evidenced by (AEB)	Intervention (2 per dx)
1. Acute pain	Reports of joint pain	**1.**Perform a comprehensive assessment. Assess location, characteristics, onset, duration, frequency, quality and severity of pain. (*Rational*: Assessment is the first step in managing pain. It helps ensure that the patient receives effective pain relief.) **2.** Administer medication as ordered. (*Rational*: Decreases pain and inflammation related with the pain)
2. Ineffective Peripheral Tissue Perfusion	Low Hgb & Hct	1. Assess for signs of decreased tissue perfusion. *(Rational:*provides a baseline for future comparison*)* 2**.** Monitor labs/ Check Hgb levels *(Rational:*Low hgb levels reduce the uptake of oxygen and oxygen delivery to the tissues.*)*
3. Risk for fall	Low Hgb & Hct	**1.** Assess conditions that can increase the patient's level of fall risk, such as history of

		falls, changes in mental status, sensory deficits, balance, medications, and symptoms related to diseases. ***(****Rational:* Proper assessment helps determine needed fall precautions.**)** 2. Assess the patient's environmental risk factors ***(****Rational:* Unfamiliar environment and poor placement of furniture and equipment can increase patient's risk for fall.**)**
4. Activity Intolerance	Fatigue	**1.**Thoroughly assess the patient's current physical activity and mobility. ***(****Rational:* This enables the nurse to obtain a baseline data) 2. Encourage the patient to perform activities more slowly. Provide frequent and longer rest periods if necessary. ***(****Rational:* Providing rest periods increases the patient's tolerance for the activity.)
5. Disturbed body image	Severe deformity of hands and p/t medical hx of anxiety	1.Evaluate the patient's verbal remarks about the actual or perceived change in body part or function. ***(****Rational:*It's important to evaluate p/t self-concept) 2.Refer to physical and occupational therapy, as needed. ***(****Rational:* These are helpful in identifying ways/devices to regain and

		maintain independence.)

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

Concept Map Attached (20 points):