

N210 Care Plan

Lindsey Platt

2/21/19

### Patient Demographics

Age: 85                      Gender: M

Place of Residence: 117

Code Status: DNR

Date of Admission: 2/20/19

### Social History

Marital status: Single

Occupation: former professor

Tobacco use: cigars, cigarettes 2-3 years

Alcohol use: none

Substance abuse: none

### Past History

Past Medical History:

Hypertension

Atrial Fibrillation

COPD

Gout due to renal impairment

Iron deficiency anemia

Hypothyroidism

Laceration without foreign body

Type 2 diabetes mellitus with diabetic  
chronic kidney disease

Past Surgical History:

Left knee replacement

Allergies: Morphine, Latex

### History of Present Illness

Subjective complaint: The patient states “for my wound on my knee”.

HPI:

The patient tripped over an extension cord right after this past Christmas, didn't seek medical attention because he thought he was fine, just a broken patella that the doctors said would heal by itself. A wound opened up in January and he had been seeing a wound care clinic for it. He came to this nursing home for physical therapy and assisted living before he goes home.

Medical Diagnosis/Acute Problem(s): type 2 diabetes mellitus

Current Treatments:

Physical therapy

Incentive Spirometry use

Aldactone Tablet 25 mg (Spironolactone) give 1 tablet by mouth in the morning for HTN

Ferrous Gluconate Tablet 324 mg give 1 tablet by mouth in the morning for anemia

GlipiZIDE ER Tablet 2.5 mg give 1 tablet by mouth in the morning for DM

Levothyroxine Sodium Tablet 50 mcg give 1 tablet by mouth in the morning for hypothyroidism

Lisinopril tablet 2.5 mg give 1 tablet by mouth in the morning for HTN

Toprol XL Tablet 25 mg give 1 tablet by mouth in the morning and at bedtime for HTN

Warfarin Sodium Tablet give 8 mg by mouth in the evening for a-fib

## Pathophysiology

Medical Diagnosis/Acute Problem: type 2 diabetes mellitus

Describe the pathophysiology. Include risk factors, clinical manifestations, appropriate diagnostics, and recommended treatments.

Diabetes mellitus (DM) is a worldwide epidemic of chronic hyperglycemia. Prevalence has increased in a direct relationship with increasing incidence of obesity. Metabolic, vascular, and neurologic disorders ensue from dysfunctional glucose transport into body cells. DM is classified into the following four clinical classes including prediabetes. Type 2 (90%-95%): Metabolic disorder that may range from insulin resistance with moderate insulin deficiency to a severe defect in insulin secretion with insulin resistance that results in severe hyperglycemia without ketosis. Untreated hyperglycemia can result in hyperglycemic hyperosmolar syndrome (HHS) (Swearingen, 2018).

Clinical manifestations of chronic hyperglycemia include fatigue, weakness, weight loss, paresthesias, dehydration, electrolyte imbalance, metabolic acidosis caused by ketosis, altered mental status, Kussmaul's respirations (paroxysmal dyspnea), acetone breath, possible hypovolemic shock (hypotension, weak and rapid pulse), abdominal pain, and possible strokelike symptoms, and shallow respirations (Swearingen, 2018).

Diagnostic tests include fasting plasma glucose/blood sugar, casual/random plasma glucose, hemoglobin A1C/glycosylated hemoglobin (glycohemoglobin). Testing for DM should be considered for persons of any age who are overweight (Swearingen, 2018).

Risk factors include weight (being overweight), waist circumference, inactivity, race (black or Hispanic), age (over 45), prediabetes, areas of darkened skin usually armpits and neck (Type 2 diabetes- Risk Factors, 2019).

Recommended treatments include weight loss, healthy eating, regular exercise, diabetes medication or insulin therapy, blood sugar monitoring (Type 2 diabetes- Treatment).

Describe the pathophysiology specifically as it relates to **YOUR** patient. Include discussion on signs and symptoms as well as the results of any relevant diagnostic tests.

My patient has a BMI of 33.1 making him obese which is the biggest cause of type 2 diabetes. He is on GlipiZIDE ER Tablet 2.5 mg once a day for DM. Another thing that put him at risk is his age since he is over 45, he is 85. He does need to use a walker but otherwise he does not need any assistance. He eats a normal diet where he should be eating a diabetic diet with fewer carbs and sugars. He cannot exercise other than physical therapy due to his tunneling wound. This patient also did not present dehydration, abdominal pain, or weakness however he did have a fast heart rate and slow, shallow respirations.

### Physical Assessment

|  |   |   |
|--|---|---|
| <b>Vital Signs:</b><br><br>T: 96.8 temporal    P: 90    RR: 10    O2Sat: 98%    BP: 118/66 | <b>Pain: on left knee</b><br><br>Rating:    6 /10<br><br>Characteristics: sharp, constant aching pain | <b>Intake &amp; Output:</b> For breakfast, ate eggs and toast, juice, and coffee<br>Voided once and no BM |
|--|---|---|

**NEUROLOGICAL:**  
 MAE: **Y**    **N**    PERLA: **Y**    **N**  
 Strength Equal: **Y**    **N** if no - Legs Arms    Both: his left leg is weaker due to the wound, his arms and right leg were strong  
 Orientation, Mental Status, Speech, Sensory, LOC: A+Ox4

**EENT:**  
 Ears: no hearing aids                      Eyes: glasses  
 Nose: normal                                  Teeth: no dentures

**GASTROINTESTINAL:**  
 Diet at home: normal                      Current Diet: normal  
 Height: 75 in                      Weight: 272.3 lbs  
 Auscultation: active in all 4 quadrants  
 Last BM, character & freq of stools \_\_\_\_\_  
 Palpation: Pain, Mass etc none  
 Inspection: distention, incisions, scars, drains, wounds: Wound vac on left knee  
 Ostomy: **Y**    **N**    Nasogastric: **Y**    **N**    Feeding tubes/PEG tube **Y**    **N**    Type: \_\_\_\_\_

**MUSCULOSKELETAL:**  
 Neurovascular status, ROM, Supportive devices/strength: Active ROM

ADL Assistance **Y** **N**    Fall Risk: **Y** **N**                      Morse Fall Scale: 85  
 Activity/Mobility Status:  
     **Needs assistance with equipment**  
     Needs support to stand and walk

**GENITOURINARY:**  
 Color, character, quantity of urine,  
 Pain :    **Y**    **N**    Describe: \_\_\_\_\_  
 Dialysis **Y**    **N**  
 Inspection of genitals:  
 Catheter: **Y**    **N**    Type \_\_\_\_\_

**CARDIOVASCULAR:**  
 Heart sounds: S1, S2, S3, S4, murmur etc. S1 and S2 was heard  
 Cardiac rhythm (if applicable) normal  
 Peripheral Pulses 2+ bilaterally, Capillary refill less than 3 seconds  
 Neck Vein Distention: **Y**    **N**    Edema **Y**    **N**  
 Location of Edema \_\_\_\_\_

**PSYCHOSOCIAL/CULTURAL:**  
 Coping methods: he states he thought he was fine  
 Educational level: masters  
 Developmental level: elderly                      Ethnicity: caucasian  
 Religion & what it means to pt. no preference  
 Occupation (previous if retired) former professor  
 Personal/Family Data (Think about home environment, family structure, and available family support): he has 3 children and many grandchildren and says that someone visits him every day  
 Do you feel safe at home?                      **Y**                      **N**

**RESPIRATORY:**  
 Accessory muscle use: **Y**    **N**  
 Breath Sounds: Location, character \_\_\_\_\_

**INTEGUMENTARY:**  
 Skin color, character, turgor, rashes, bruises, wounds: character, drainage, approximation etc.: no abnormalities: he had bruises on his arms and hands  
 Braden scale: 20. Also date & location of IV's: IV in right arm for antibiotics 2/21/19

**The Nursing Process**

|  |   |
|--|---|
| <b>Nursing Diagnosis #1 (Physical):</b> Impaired tissue integrity: wound r/t metabolic disorder (diabetes mellitus)_ _ |   |
| <b>Outcome Planning:</b> The patient will exhibit signs of wound healing   |   |
| <b>Nursing Interventions</b>   | <b>Client Responses to Interventions</b>  |
| 1.Take the patient’s temperature to check for infection  | 1.No fever  |
| 2.Assess nutritional status  | 2. He ate carbs and protein for breakfast (toast and eggs)                            |
| 3.Stress the importance of changing positions for adequate blood flow  | 3. He ate breakfast in his room however had physical therapy afterward                |
| 4.Encourage incentive spirometry use   | 4. The patient has one in his room and claims he uses it several times a day          |
| 5.Assess wound to check for redness or swelling  | 5. No redness or swelling, wound is an inch and a half in diameter all the way around |
| <b>Evaluation (client progress):</b> The wound has not gotten any bigger or smaller                                    |   |

|  |  |
|--|--|
| <b>Nursing Diagnosis #2 (Safety):</b> Fall Risk r/t tunneling wound_in left leg_ ____  |  |
| <b>Outcome Planning:</b> The patient understands that he should have assistance while getting up   |  |
| <b>Nursing Interventions</b>   | <b>Client Responses to Interventions</b>                                   |
| 1.Keep personal items close to the patient   | 1.He had his phone and incentive spirometer on his nightstand within reach |
| 2. Assist the patient to the bathroom  | 2.CNA helped him earlier   |
| 3.Keep his walker within reach   | 3.It was right in front of him   |
| 4.Encourage the patient to call for assistance if he needs help  | 4.He agreed but said he didn’t need help                                   |
| 5.Place bed in lowest position   | 5.The client was not in bed but his bed was lowered to the ground          |
| <b>Evaluation (client progress):</b> The patient has a better understanding of his tunneling wound and agreed to call for assistance when needed |  |

Swearingen, P. L. (2018). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. Place of publication not identified: MOSBY.

2018. Type 2 diabetes mellitus- treatments. Retrieved from <https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/diagnosis-treatment/drc-20351199>