

N301 Care Plan

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 03/04/19	Patient Initials KM	Age 62	Gender Female
Race/Ethnicity White	Occupation Retired	Marital Status Widowed	Allergies Latex
CodeStatus Full Code	Height 158 cm	Weight 156.400 kg	

Medical History (5 Points)

Past Medical History:

- Congestive Heart Failure
- MRSA
- Esophageal Cancer
- Ventral hernia

Past Surgical History:

- Esophagogastroduodenoscopy Biopsy
- Insertion of tube in jejunum
- Argon plasma coagulation of lesion of esophagus
- Cardiac catheter
- Carpal tunnel release

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

- Tobacco- reviewed and denied
- Alcohol- stopped drinking this past year
- Drugs- reviewed and denied
- Family history-

- Mom: DM, cardiac disease, and hypertension
- Dad- colon cancer and COPD

Admission Assessment

Chief Complaint (2 points):

- CP that radiates to the back with SOB and cough

History of present Illness (10 points):

Patient presented to the ER with chest pain that radiates to the back. She rated this pain as a 7 on a 0-10 scale. Patient also complains of SOB and cough. She stated she has been throwing up for the past 5 days and decided to come in to figure out why. She describes the pain as sharp and radiating. She says the pain is constant, but hurts the most when she throws up or eats. Patient thought the SOB might relate to her asthma, but it was never relieved by her medicine. Patient also has current illnesses of anorexia nervosa, asthma, arthritis, chronic respiratory failure, depression, type 2 diabetes, glaucoma, urinary incontinence, obstructive sleep apnea, hypertension, hyperlipidemia, hypothyroidism, GERD, and morbid obesity.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):

- Acute Gastritis

Secondary Diagnosis (if applicable):. N/A

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

Gastritis is termed as the inflammation of the gastric or stomach mucosa. It can be either erosive or nonerosive, also acute or chronic. The erosive form of acute gastritis can be caused by some irritants such as aspirin or other NSAIDs. The non erosive form is caused by an

infection of *H. pylori* which could also be the main cause of PUD. Acute gastritis happens when there is a disruption of the mucosal barrier that is supposed to protect the stomach tissue from digestive juices. When the mucosa barrier is impaired, it gives the gastric mucosa a chance to become irritated when coming in contact with gastric juices. This will cause inflammation. With acute gastritis the inflammation is usually transient and self-limiting. The inflammation will cause the gastric mucosa to undergo superficial erosion. This can lead to a hemorrhage

A chest X-ray was ordered by the doctor in the ED for the patient. This test was ordered because the patient was complaining about chest pain. The findings of the X-ray were normal heart size, clear lungs, no visual pneumothorax or pleural effusion, and osseous structures intact. An upper GI series is an X-Ray that can be order to look at the shape of the upper GI tract. This can also help the doctor diagnose gastritis. Laboratory tests that can be used for acute gastritis can include CBC, serum and stool antibody/antigen test, and urea breath test. Another diagnostic test can include an upper endoscopy.

When assessing the patient physical assessment findings could be dyspepsia, abdominal discomfort, or indigestion. The patient can also present with headaches, nausea, and vomiting. With the upper abdominal pain it can be high enough to feel like chest pain which is what the patient came to the ED complaining of.

Treatment medications that are normally used in gastritis are histamine 2 antagonists, antacids, PPI, prostaglandins, anti-ulcer/mucosal barriers, antibodies. Some medications prescribed to the client include a sedative, ACE inhibitor, anticonvulsant, SSRI, and a statin. These are useful for her present illnesses too. Therapeutic procedures could include upper endoscopy, vagotomy or highly selective vagotomy, or partial gastrectomy.

References:

Hinkle, J. L., Brunner, L. S., Cheever, K. H., & Suddarth, D. S. (2018). *Brunner & Suddarths textbook of medical-surgical nursing* (14th ed.). Philadelphia: Lippincott Williams & Wilkins.

Somner, S., McMichael, N., & Johnson, J. (2016). *RN adult medical surgical nursing review module* (10.0 ed.). Sitwell, KS: Assessment Technologies Institute.

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	3.8-5.41	4.75x10 ⁶	4.73	
Hgb	11.3-15.2	14.2	14.1	
Hct	33.2-45.3	42.9	42.8	
Platelets	149-393	211	204	
WBC	4-11.7	7.4	7.8	
Neutrophils	45.3-79	73.5%	74.5%	
Lymphocytes	11.8-45.8	16.8%	14.6%	
Monocytes	4.4-12.0	7.5%	8.2%	
Eosinophils	0-6.3	1.5%	2.3%	
Bands	.N/A	.N/A	.N/A	

Chemistry: **Highlight Abnormal**

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na+	136-145	137	138	
K+	3.5-5.1	4.3	4.0	
Cl-	98-107	98	100	
CO2	22-29	28	29	
Glucose	70-99	218	114	Hyperglycemia in patients who are hospitalized is usually the result of too much insulin or delays in eating. The pt was NPO and on a different treatment regimen than at home causing the control of blood glucose to be difficult and can make the levels fluctuate (Cheever and Hinkle 2018 pg1479)
BUN	6-20	25	11	Elevated BUN levels reflect on Intravascular fluid volume deficit as a result of dehydration. The pt has been vomiting with diarrhea for the past five days which would lead to dehydration. (Cheever and Hinkle, 2018 pg 694)
Creatinine	0.5-0.9	0.79	0.62	
Albumin	3.5-5.2	4.0	3.2	.Albumin is particularly important for the maintenance of fluid balance within the vascular system. With the patient being dehydrated that could be the

				reason for the slightly low albumin level. (Cheever and Hinkle, 2018 pg 908)
Calcium	8.6-10.4	9.7	8.3	Hypocalcemia can occur in patients with severe diarrhea and low albumin levels. The patient had diarrhea before her hospitalization and also has slightly low albumin levels. (Cheever and Hinkle, 2018 pg 273)
Mag	. N/A	.N/A	.N/A	
Phosphate	.N/A	.N/A	.N/A	
Bilirubin	0-1.2	0.4	0.9	
Alk Phos	35-105	94	71	
AST	0-32	25	19	
ALT	0-33	22	18	
Amylase	.N/A	.N/A	.N/A	
Lipase	13-60	30	N/A	
Cholesterol	.N/A	.N/A	.N/A	
Triglycerides	.N/A	.N/A	.N/A	
Lactic Acid	.N/A	.N/A	.N/A	

Other Tests Highlight Abnormal

Lab Test	Normal range	Value on admission	Today's Value	Reason For Abnormal
INR	.N/A	.N/A	.N/A	
PT	.N/A	.N/A	.N/A	
PTT	.N/A	.N/A	.N/A	
D-Dimer	.N/A	.N/A	.N/A	
BNP	.N/A	.N/A	.N/A	

Urinalysis Highlight Abnormal

Lab Test	Normal Range	Value on Admission	Today's Value	Reason For Abnormal
Color & Clarity	.N/A	.N/A	.N/A	
pH	.N/A	.N/A	.N/A	
Specific Gravity	.N/A	.N/A	.N/A	
Glucose	.N/A	.N/A	.N/A	
Protein	.N/A	.N/A	.N/A	
Ketones	.N/A	.N/A	.N/A	
WBC	.N/A	.N/A	.N/A	

RBC	.N/A	.N/A	.N/A	
Leukoesterase	.N/A	.N/A	.N/A	

Cultures

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

Lab Correlations Reference (APA):

Hinkle, J. L., Brunner, L. S., Cheever, K. H., & Suddarth, D. S. (2018). *Brunner & Suddarths textbook of medical-surgical nursing* (14th ed.). Philadelphia: Lippincott Williams & Wilkins.

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

Patient presented to ER with chest pain. To understand why and to rule out treatments a chest X-Ray was ordered. The findings of the X-Ray was normal heart size, clear lungs, no visual pneumothorax or pleural effusion, and osseous structures intact. The chest X-Ray helped in the diagnosis of acute gastritis. The X ray can help determine the cause of nausea and vomiting or abdominal pain.

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

Upper GI Series. (2016, August 01). Retrieved March 6, 2019, from <https://www.niddk.nih.gov/health-information/diagnostic-tests/upper-gi-series>

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

Home Medications (5 required)

Brand/Generic	Albuterol (Proventil)	dicyclomine (Bentyl)	roflumilast (Daliresp)	Ferrous sulfate	Flonase fluticasone
Dose	2.5 mg Q4hrs	20 mg QAM	500 mcg QAM	325 mg BID	50mcg BID
Route	NEB	PO	PO	PO	Nasal spray
Classification	Bronchodilator	Gut anti- spasmodic	Anti-infla- mmatory	Iron supplement	steroid
Action	Relax bronchial smooth- muscle cells and inhibit histamine release	Relax smooth muscles of GI and GU tract	Metabolize enzymes in lung tissue to improve pulmonary function	Normalizes RBC production by binding with Hgb	Inhibits cells involved in the inflammato- ry response of asthma
Reason Client Taking	Client is asthmatic	Reduce the stomach and abdominal cramping and pain	Helps pts symptoms of COPD from getting worse	Used as an Iron supplement	To prevent asthma attacks
Contraindications (2)	Hypersensitiv- ity to albuterol Hypersensitiv- ity to milk products	GI obstruct- tiong Hepatic disease	Hypersensi- tivity to daliresp Moderate to severe liver damage	Hemolytic anemias Hemochrom- -atosis	Hypersensi- tivity Being used as the primary treatment of asthma

Side Effects/Adverse Reactions (2)	Angina Altered taste	Delirium palpitations	depression A Fib	Dizziness Metallic taste	Allergic rhinitis anxiety
Nursing Considerations (2)	Monitor serum K Be aware of drug tolerance	Assess pt for tachycardia before giving Do not give by IV	Monitor effectiveness on COPD exacerbation Watch for suicidal ideations	Give with full glass of water 1hr before eating or 2hrs after for better absorption	Monitor closely at start of therapy Titrate drug to lowest effective dosage after asthma attack
Client Teaching needs (2)	Teach pt how to use inhaler Wash mouth piece once a week	Store at room temp Take 30-60 min before eating	Tell family about possible suicidal ideations Tell pt that medication is not to be used for acute broncho-spasms	Do not chew Urge pt to eat chicken, fish, lean red meat, and turkey and vitamin C rich foods	Stress that it is not for acute broncho-spasms

Hospital Medications (5 required)

Brand/Generic	zolpidem (Ambien)	Lisinopril (Zestril)	Gabapentin (neurontin)	Sertraline (Zoloft)	Pravastatin (Pravachol)
Dose	5 mg HS	5mg QAM	300 mg HS	25 mg QAM	40 mg QAM

Route	PO	PO	PO	PO	PO
Classification	sedative	ACE inhibitor	anticonvulsant	SSRI	statin
Action	Potentiates the effect of GABA	Decreased release of aldosterone reduces Na and H ₂ O absorption and increase their secretion reducing BP	Prevents exaggerated response to pain stimuli and pain related responses	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons	Inhibits cholesterol synthesis in the liver
Reason Client Taking	Help the patient sleep while she is in pain	Controlling pts hypertension	Pain control from NG tube and epigastric pain	Client has hx of depression	Pt has hx of high cholesterol
Contraindications (2)	Hepatic impairment Ritonavir therap	Hx of angioedema Pts with renal impairment	Hypersensitivity Status epilepticus	Concurrent use of disulfiram Use within 14 days of MAO	Active hepatic disease pregnancy
Side Effects/Adverse Reactions (2)	Complex behaviors Suicidal ideations	Fatigue Chest pain	hypertension amnesia	Abnormal dreams Av block	Chills Blurred vision
Nursing Considerations (2)	Use cautiously in patients with other disorders	Use cautiously in pts with HF Monitor BP	Capsules may be opened up and mixed with food	Do not give to pts with bradycardia Monitor	Monitor liver enzymes Give drug 1hr before or

	Administer just before bedtimes	often	like applesauce Give drug at least 2 hours after an antacid	liver enzymes	4hrs after giving colestipol
Client Teaching needs (2)	Take exactly how prescribed Do not chew or break for slow release tablets	Explain it helps control not cure Take at same time everyday	Do not stop drug abruptly Keep follow up appointments	Dilute oral concentration before taking it Take dose immediately after mixing	Take at bedtime Notify provider about muscle aches

Lab Reference (APA Format):

Jones, & Bartlett/Learning. (2018). *2018 Nurse's Drug Handbook* (17th ed.). Burlington, MA: World Headquarters.

Assessment

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
.0700	.71	.107/47 Right arm	.18	.36.6	.99 NC 4L
.1100	.75	.103/57 Right arm	.18	.36.7	.100 NC 4L

Physical Exam (18 points)

<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation, Mental Status, Speech, Sensory, LOC:</p>	<p>Patient was alert and oriented x4. She showed no acute distress and felt sensation with light touch. Patient speaks English well and at a normal pace. Only complaints of sleep disturbances were when they woke her up to put in the NG tube. Patient had bilateral strength and equal. No signs of neurological damage or deficit.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status, ROM, Supportive devices/strength ADL Assistance Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p>Fall Risk: 60</p> <p>Upper and lower extremities show normal ROM and strength bilaterally. Patient complains of weakness when standing long. Patient uses a walker and sometimes needs help standing up depending on the day. Patient is a fall risk. There is no tenderness or swelling in extremities. Patient has a care partner to help with ADL assistance around the house like laundry and dishes because she cannot stand long</p>

<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable) Peripheral Pulses: strong Capillary refill: <u>good</u> Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema <u>legs</u></p>	<p>Patient heart sound was auscultated with a S1 S2 heart sound. Patient is not monitored on telemetry. She is in normal sinus rhythm. Radial and pedal pulses were graded at 2+ bilaterally. Capillary refill was normal and average at <2 seconds. Patient showed slight edema in legs. No neck vein distention. Patient has a port on the right side of her chest</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>No accessory muscles used when patient was breathing. Pt trachea was midline with no deviations. Patient states Shortness of breath. She has a non productive cough. Lung sounds were auscultated anteriorly and posteriorly. Normal breath sounds bilaterally. Patient has an albuterol inhaler PRN for her asthma. Patient is currently breathing through nasal cannula on 4L. Patient uses 4L at home.</p>

<p>GASTROINTESTINAL (2 points): Diet at home: regular Current Diet: NPO Height: 158 cm Weight: 156.400 kg Auscultation Bowel sounds: hypoactive Last BM: morning of 3/5 Palpation: Pain, Mass etc: no masses or pain upon palpation Inspection: distention, incisions, scars, drains, wounds scar from tube placement in jejunum Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type: _____</p>	<p>Patient's diet at home is regular with no restrictions. Her current diet in the hospital is NPO. patient abdomen is soft nontender and nondistended. She has hypoactive bowel sounds. No masses or palpable hernias present. Scar from surgery of the tube being placed in the jejunum. Nasogastric tube was placed at low intermediate suctioning to decompress the stomach. Patient's last BM was the morning of 3/5. She stated the stool was more formed than her usual BMs, most likely due to being dehydrated.</p>
<p>INTEGUMENTARY (2 points): Skin color character, turgor, rashes, bruises: wounds: . Braden scale : <u>20</u> Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type_____</p>	<p>Patient is caucasian with a light skin tone. She has warm, dry, and pink to the touch skin with no rashes or lesions. Patient has a port in right chest. No redness around port</p> <p>Braden Scale: 20</p>

<p>HEENT (2 points): Head: . Ears: Eyes: glasses Nose: NG tube Teeth</p>	<p>Head is normocephalic and midline. Hair is gray. Ears have no drainage with pearly grey tympanic membranes. PEERLA is noted. Patient wears glasses all the time. No presence of deviated septum with bilateral equal turbinates. There is no sinus tenderness. Oral mucosa is moist. No dentures are present.</p>
<p>GENITOURINARY (2 Points): Color, character, quantity of urine, pain, Dialysis Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type _____</p>	<p>Patient was able to ambulate to the bathroom. Her urine was yellow in color. She had an output 300cc of urine. Patient stated she had no pain while urinating. She has a history of urinary incontinence.</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping methods: crafts Educational level: college graduate Developmental level, appropriate for age Ethnicity, white Religion & what it means to pt: pt is non denominational, enjoys going to church Occupation (previous if retired) Personal/Family Data (Think about home environment, family structure, and available family support)</p>	<p>Patient was cooperative during physical assessment. She had an appropriate mood and affect. Patient is a college graduate. She worked 25 years in a factory then worked at Walmart before retirement. Patient denies smoking or drug use. She has stopped drinking alcohol in the past year. Patient states she enjoys doing crafts as a way of coping. She identifies as a non denominational religion and enjoys going to church. Her support person is her boyfriend who was present at bedside during assessment. She receives help from an inhome care partner for ADLs that she cannot perform herself such as laundry and the dishes.</p>

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
.0700	.0/10	.N/A	.N/A	.N/A	.N/A
.1100	.0/10	.N/A	.N/A	.N/A	.N/A

IV Assessment (2 Points)

Site Location, Patency/Condition & Date	Fluid Type/Rate or Saline Lock
.Port, Right chest, patent, dated 3/4	.saline lock Continuous infusion 1000mL 150mL/hr

Intake and Output during Your Shift (2 points)

Intake	Output
600ml	300ml

Nursing Care

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

When patient was admitted to the floor she was put on a clear liquid diet to help with the patient's nausea and vomiting. This did not help so she was made NPO and had a NG tube placed. This decompressed the patient's stomach and relieved her nausea. She was administered IV fluids to help with her dehydration. Patient was compliant with treatment and dietary restrictions.

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

Upon discharge, patient will be going home to her support partner/ boyfriend. SHe also has a support partner that helps her out around the house with everyday tasks such as laundry and dishes. The patient should be educated on identifying foods that could be triggers for her acute gastritis. The client also needs to avoid alcohol, caffeine, and foods that can cause irritation. The patient should also identify ways to reduce stress. It would also be helpful for the client to eat slowly with small frequent meals.

***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)
<p>1. .Deficient fluid volume as evidenced by dehydration from acute gastritis.</p> <p>(Swearingen, 2016, pg 611-612)</p>	<p>.This is in relation with fluid loss occurring with fever, vomiting, and diarrhea.</p>	<p>1. Assess clients weight daily on the same scale at the same time every day</p> <p>2. Administer and monitor NG tube, fluid replacement, or IV fluids as prescribed</p>
<p>2. . Impaired gas exchange as evidenced by acute COPD exacerbation.</p> <p>(Swearingen, 2016, pg 113)</p>	<p>. This is in relation to altered oxygen supply occurring with small airway inflammation and parenchymal destruction or alveolar edema</p>	<p>1. . assess for signs and symptoms of hypoxia and report significant findings</p> <p>2.. Position pt in high fowler's position</p>

<p>3. . Risk for ineffective gastrointestinal perfusion as evidenced chronic respiratory failure.</p> <p>(Swearingen, 2016, pg 112)</p>	<p>.This is in relation to ineffective inspiration and expiration occurring with chronic airflow</p>	<p>1.. Monitor pulse oximetry readings</p> <p>2. Auscultate breath sounds q2-4 hours and as indicated by the patient's condition</p>
<p>4. .Risk for unstable Blood Glucose level as evidenced by patients type 2 diabetes.</p> <p>(Swearingen, 2016, pg 357-358)</p>	<p>.This is in relation to inadequate blood glucose monitoring, dietary intake, and/or medication management</p>	<p>1.. Since pt is NPO check blood glucose q4 hours</p> <p>2. Assess patient's BP q4 hrs and alert health care provider to values outside patient's normal value</p>
<p>5. Excess fluid volume as evidenced by chronic diastolic CHF</p> <p>(Swearingen, 2018, pg 171)</p>	<p>. This is in relation to compromised regulatory mechanisms occurring with decreased cardiac output.</p>	<p>1. Assess for edema especially in dependent areas such as the ankles.</p> <p>2. Assess lungs for fluid extravasation such as crackles</p>

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

Swearingen, P. L., & Wright, J. D. (2016). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Concept Map Attached (20 points):