N301 Care Plan

Lakeview College of Nursing

Demographics (5 points)

Date of Admission 6/8/19	Patient Initials J.S	Age 31	Gender Female
Race/Ethnicity Caucasian	Occupation In Home Health/CNA	Marital Status Single	Allergies NKA
CodeStatus Full Code	Height 5'3/160cm	Weight 87.9kg	

Medical History (5 Points)

Past Medical History: Dx of Ulcerative Colitis, Gall bladder removed

Past Surgical History: Cholecystectomy

Social History (tobacco/alcohol/drugs, pertinent social factors): No alcohol, no drugs, smoker ½ pack/ day

Admission Assessment

Chief Complaint (2 points): Patient complains of vomiting and abdominal pain

History of present Illness (10 points):

A 31 year old female patient presented to the ED complaining of vomiting and abdominal pain twice this week and returned a third time to be admitted. The abdominal pain and vomiting began earlier this week. The abdominal pain is in the lower abdomen and moves throughout the stomach. The pain has been consistent and has not gone away. The pain and nausea are aggravated by eating and drinking, there are no relieving factors yet, medications are not making the pain and nausea go away completely. Patient rates pain 8/10 at admission. The patient smokes cigarettes about 1/2 a pack a day and has been diagnosed with ulcerative colitis. The patient's highest level of education is a GED. Patient works as a caregiver in the community. There is no known family history of Ulcerative colitis.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Ulcerative colitis

Secondary Diagnosis (if applicable): Intractable nausea and vomiting

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

Ulcerative colitis is a chronic disease of the large intestine, also known as the colon, in which the lining of the colon becomes inflamed and develops tiny open sores/ulcers, that produce pus and mucous (Capriotti & Frizzell, 2016). It can begin in the rectum and extend to the cecum. Ulcerative colitis starts by affecting the mucosal layer, eventually penetrating the submucosa which then leads to sloughing of the mucosa which creates ulcerative lesions.

The cause of Ulcerative colitis is unknown. Theories believe an interaction of external agents, hosts responses and genetic immunologic factors create a pathogenic response. A bacterium, virus or other antigen interacts with the body's immune system to trigger the disease or cause damage to the intestinal wall, initiating or accelerating the disease process (Capriotti & Frizzell, 2016). Inflammation continues to damage the intestinal wall, which causes the symptoms of Ulcerative colitis.

Signs and symptoms related to Ulcerative colitis include bloody diarrhea, mild fever, abdominal pain, rectal urgency, tenesmus, loose and frequent stool or stool littered with blood, abdominal pain, fever, vomiting, anorexia, weight loss and dehydration (Swearingen, 2016). Remissions and exacerbations are common.

Extracolonic manifestations can also occur. These include skin lesions, polyarthritis, liver impairment and ophthalmic complications, anemia and hypoalbuminemia, abdominal pain/tenderness, fever, weight loss. With rectal examination, the mucosa may feel gritty. The

examination glove finger may be covered with blood, mucus or pus. Patient presented to the ED with nausea and abdominal pain and tenderness.

Diagnostic tests include stool examination, sigmoidoscopy, colonoscopy, CT scan, abdominal plain films, serum antibody testing, and blood tests (Swearingen, 2016). Patient had a positive occult blood stool test, C.diff negative and fecal leukocytes negative.

Anti-inflammatory drugs are often the first step in the treatment of Ulcerative colitis. Patients diagnosed with Ulcerative colitis can also be prescribed immune system suppressors reduce inflammation, but they also suppress the immune system response that starts the process of inflammation. For some people, a combination of these drugs works better than one drug alone (Capriotti & Frizzell, 2016). People with ulcerative colitis who run fevers will likely take antibiotics to help prevent or control the infection.

References:

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology Introductory Concepts and Clinical Perspectives. Philadelphia, PA: F.A. Davis Company.

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

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	**4.2-5.4**	**4.87**	**4.6**	**N/A**
Hgb	**12-16**	**14.7**	**13.8**	**N/A**
Hct	**37%-47%**	**42.8**	**40.6**	**N/A**
Platelets	**150-400**	**266**	**210**	**N/A**
WBC	**4.5-11**	**11.4**	**6.8**	**Patients with ulcerative colitis will often have a higher WBC as an**

				indication of inflammation in the body
Neutrophils	**54-75%**	**81.7**	**72.8**	**Patients with ulcerative colitis will often have inflammation in the body, elevated neutrophils indicate the immune response to the infection is occurring (Eldridge 2019)**
Lymphocytes	**20-40%**	**11.5**	**18.6**	**Patients with ulcerative colitis will often have inflammation in the body, low lymphocytes may indicate the infection can be viral or the patient is at risk for one (Eldridge 2019)**
Monocytes	**2-8%**	**6.3**	**7.9**	**N/A**
Eosinophils	**1-4%**	**0.2**	**0.3**	**N/A**
Bands	**0.5-1%**	**0.3**	**0.2**	**N/A**

Chemistry: Highlight Abnormal

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na+	**135-145**	**137**	**136**	**N/A**
K+	**3.5-5.1**	**3.2**	**4.1**	**Patients with ulcerative colitis may present with abnormal electrolytes as an indication of an imbalance due to symptoms of the disease (Barkas 2013).**
Cl-	**98-107**	**96**	**102**	**Patients with ulcerative colitis are at risk for electrolyte imbalances due to the symptoms of the disease (Barkas 2013).**
CO2	**23-29**	**32**	**28**	**Elevated levels may indicate dehydration or fluid imbalance in ulcerative colitis patients.**
Glucose	**70-99**	**115**	**99**	**Admission value may be high due to time taken and because it is not a fasting level. It can also be an indication of the stress the body is going through**

BUN	**6-20**	**12**	**7**	**N/A**
Creatinine	**0.5-0.9**	**0.7**	**0.56**	**N/A**
Albumin	**3.5-5.2**	**4.3**	**N/A**	**N/A**
Calcium	**8.6-10.4**	**9.4**	**7.9**	**N/A**
Mag	**1.6-2.4**	**N/A**	**N/A**	**N/A**
Phosphate	**44-147**	**N/A**	**N/A**	**N/A**
Bilirubin	**0-1.2**	**0.5**	**N/A**	**N/A**
Alk Phos	**44-147**	**63**	**N/A**	**N/A**
AST	**0-32**	**14**	**N/A**	**N/A**
ALT	**0-33**	**11**	**N/A**	**N/A**
Amylase	**23-85**	**N/A**	**N/A**	**N/A**
Lipase	**23-85**	**9**	**N/A**	**Patients with ulcerative colitis may have a decreased lipase as an indication of the long term disorder (Fletcher 2018).**
Cholesterol	**<200**	**N/A**	**N/A**	**N/A**
Triglycerides	**<150**	**N/A**	**N/A**	**N/A**
Lactic Acid	**0.5-2.4**	**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**	**N/A**
PT	**N/A**	**N/A**	**N/A**	**N/A**

PTT	**N/A**	**N/A**	**N/A**	**N/A**
D-Dimer	**N/A**	**N/A**	**N/A**	**N/A**
BNP	**N/A**	**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**	**N/A**
pH	**N/A**	**N/A**	**N/A**	**N/A**
Specific Gravity	**N/A**	**N/A**	**N/A**	**N/A**
Glucose	**N/A**	**N/A**	**N/A**	**N/A**
Protein	**N/A**	**N/A**	**N/A**	**N/A**
Ketones	**N/A**	**N/A**	**N/A**	**N/A**
WBC	**N/A**	**N/A**	**N/A**	**N/A**
RBC	**N/A**	**N/A**	**N/A**	**N/A**
Leukoesterase	**N/A**	**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**	**N/A**
Blood Culture	**N/A**	**N/A**	**N/A**	**N/A**
Sputum Culture	**N/A**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (APA):

Barkas, F., Liberopoulos, E., Kei, A., & Elisaf, M. (2013). Electrolyte and acid-base disorders in inflammatory bowel disease. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3959504/

Eldridge, L. (2019, May 19). What Role do Neutrophils Play in the Immune System? Retrieved from https://www.verywellhealth.com/what-are-neutrophils-p2-2249134

Fletcher, J. (n.d.). Lipase test: What is it, results, and lowering levels. Retrieved from https://www.medicalnewstoday.com/articles/322201.php

Other Diagnostic Tests (EKG, Echocardiogram, Xrays, CT scan, etc) (5 points): Fecal Leukocytes (negative) C. Diff (negative) Occult Blood Stool (positive)

Diagnostic Test Correlation, APA Format & References (5 points):. Occult Blood Stool positive due to dx of Ulcerative colitis and *******

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

Home Medications (5 required)

Brand/Generic	Flagyl/ Metronidazole	Naprosyn	Phenergan	Zofran	N/A
Dose	500mg BID	500mg BID PRN	12.5mg	4mg	N/A
Route	Oral	Oral	Oral, Q8H, PRN	Oral, Q8H, PRN	N/A
Classification	Antibiotic	NSAID	Antihistamine	Antiemetic	N/A
Action	Fight infection	Pain Relief	Allergy prevention	GI discomfort prevention	N/A
Reason Client Taking	Colitis- preventative	Suppresses pain and fever	Prevent/treat seasonal allergies	Prevent nausea and vomiting	N/A
Contraindications (2)	-seizures -liver problems	-asthma -anemia	-asthma -COPD	-hypersensitivity -QT syndrome	N/A
Side Effects/Adverse Reactions (2)	-loss of appetite -dry mouth	-increase risk of MI/stroke	-drowsiness -dizziness	-CNS weakness -altered taste	N/A

		-stomach bleeding			
Nursing Considerations (2)	-monitor for liver disease -monitor neurologic status	-dizziness: fall risk -sun sensitivity : limit exposure	-assess breathing/ respirations -assess for muscle weakness	-monitor electrolyte imbalances -monitor for hypersensitivity	**N/A**
Client Teaching needs (2)	-notify provider if pregnant or breastfeeding	-avoid alcohol -avoid aspirin	-avoid alcohol -avoid other antihistamines	-measure oral solution -report signs of hypersensitivity	**N/A**

Hospital Medications (5 required)

Brand/Generic	Ofirmev	Promethazine	Sodium Chloride 0.9% Bolus	Lovenox	Levaquin
Dose	1000mg= 100ml	12.5mg= 0.5ml	100ml/hr	40mg=0.4ml	500mg= 100ml
Route	IV piggyback	IM	IV drip	SQ injection/ daily	IV piggyback
Classification	antipyretic	antihistimine		Anticoagulant	antibiotic
Action	Interferes with pain impulse	Prevent nausea and vomiting		Prevention of blood clots	
Reason Client Taking	Manage moderate to severe pain	antinausea		Pt not moving as much, preventative	
Contraindications (2)	-hepatic impairment -liver disease	-hyper sensitivity -bone marrow depression			
Side Effects/Adverse Reactions (2)	-neutropenia -hypoglycemic coma	-dry mouth -constipation			
Nursing Considerations	-monitor infusion for	-monitor when used			

(2)	air embolism -monitor renal function	with other antihistamines -monitor breathing			
Client Teaching needs (2)	-recognize s/sx of hepatotoxicity -report pain to before it becomes severe	-avoid alcohol use -avoid drugs for sleep or anxiety			

Lab Reference (APA Format):

2018 Nurses drug handbook (17th ed.). (2018). Burlington, MA: Jones & Bartlett Learning.

Assessment

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0600	51	110/69	18	36.4	97
1100	48	154/74	18	36.3	98

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:**	PERLA: yes Orientation: A&O x4 Mental Status: appropriate Speech: clear Sensory: active LOC: appropriate Patient awake in bed but drowsy and fatigued. She is A&O x4. Patient appears to be lethargic and annoyed. States she did not sleep well over

	night. Patient speaks English well and at a normal pace. Patient MAEW for current age and condition. Patient's strength is bilaterally equal. Patient shows no signs of neurological damage or deficit. .
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☐**	Supportive device: No ADL Assistance: No Fall Risk: No Independent No assistance needed with equipment or stand/walk Patient exhibits active range of motion bilaterally. Patient shows no sign of neurovascular deficit. Patient denies the use of a walker, wheel cahier, or cane. Patient denies the use of any other assistive devices around her home.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable)** **Peripheral Pulses:** **Capillary refill: _____** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema_____**	Heart Sounds: S1, S2 Cardiac Rhythm: regular Peripheral Pulses: Equal 3+ Cap Refill: < 3 seconds Neck Vein Distention: No Edema: No. Patient is not currently being monitored by telemetry. Patient was noted to be in normal sinus rhythm on admission. Heart sound auscultated x5. S1, S2 heart sounds noted. Radial and pedal pulses assessed. Pulses graded 3+ and present bilaterally. Capillary refill average at <3 seconds. Patient shows no signs of edema. Negative for neck vein distention
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Accessory muscle: No Breath sounds: Clear and equal at 10 points No accessory muscle use when breathing. Trachea midline. No deviations. Patient is denies current shortness of breath.. Anterior and posterior lung sounds auscultated. currently breathing room air. Patient denies the use of

	oxygen at home.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** . **Last BM:** . **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 1,500-1,700 calorie diet. Patient states her normal diet at home is "whatever she wants.". Bowel sounds present in all four quadrants. Patient denies pain on palpation. No masses present. No ostomy, nasogastric tubes, PEG tubes. No drains. Patient last BM ay 0800. Patient denies any rapid or current weight loss.
INTEGUMENTARY (2 points): **Skin color** **character, turgor, rashes, bruises:** **wounds:** . **Braden scale : _____** **Drains present: Y☐ N ☒** **Type_____**	Skin: clear of rashes/bruises, no tenting, no wounds Braden Scale: Mild Risk Skin has normal elasticity, warm to touch. No abnormal texture. No notable skin turgor. No rashes or bruises.
HEENT (2 points): **Head:** . **Ears:** **Eyes:** **Nose:** **Teeth**	Head: without tenderness, masses or scarring Ears: non tender, no swelling Eyes: visual acuity intact Nose: mucosa pink and moist Teeth: normal positioning, no decay Head is midline with no deviations. Ears show no abnormal drainage, tympanic membrane visible, pearly grey. PEERLA is noted. Nose shows no deviated septum, turbinates equal bilaterally. Oral mucosa is pink and moist with no notable abnormalities. Patient's teeth present as white in color.
GENITOURINARY (2 Points): **Color, character, quantity of urine, pain,** **Dialysis Y ☐ N ☒** **Inspection of genitals** **Catheter: Y ☐ N ☒** **Type_____**	Urine: pale yellow, no pain No dialysis, catheter. No genital abnormalities noted. Urine is pale yellow. Patient denies pain, hesitancy or urgency on urination. No abnormal odor. Patient is not on I&O's.
PSYCHOSOCIAL/CULTURAL (2	Coping methods: relies on family support

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)**	Edu level: GED Dev level: appropriate Ethnicity: Caucasian Religion: Christian Occupation: Care giver Family Data: family close by, active with each other

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0-10	Stomach	7	"very nauseous"	Fluids and clear liquids only diet implemented
1100	0-10	Stomach	5	"still nauseous"	Malox given to reduce nausea

IV Assessment (2 Points)

Site Location, Patency/Condition & Date	Fluid Type/Rate or Saline Lock
Left arm, slight redness due to showering 6/9/19	0.9% normal saline

Intake and Output during Your Shift (2 points)

Intake N/A	Output N/A
ml	**ml**

Nursing Care

Summary of care- Narrative of Nursing care provided, patient status throughout the day, any major concerns, etc (2 points): Patient's nausea and abdominal pain decreased from initial

admission report. Patient moved from a clear liquid diet to regular food diet, in hopes to hold down food.

Discharge Planning- Identify discharge needs, education, home health services/equipment, family involved, etc (2 points): Patient discharged 6/10/19 after successful consumption of regular food. Patient educated on maintaining a lighter diet if nausea due to colitis continues.

***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 bleeding related to active loss occurring as evidenced by blood present in stool	Patient actively passing bowels with the presence of blood	1.. Assess for hypotension, tachycardia, tachypnea, pallor, diaphoresis, syncope, and restlessness (signs of hemorrhage). 2. Assess I&O and urine specific gravity, daily wt, and assess lab values to evaluate fluid, electrolyte, and hematologic status.
2. Risk for infection related to potential for perforation occurring with deeply inflamed colonic mucosa as evidenced by diagnosis of ulcerative colitis.	Patient has been diagnosed with ulcerative colitis and is experiencing a severe episode.	1. Assess for fever, chills, increased respiratory and heart rates, diaphoresis, and increased abdominal discomfort (perforation sign/symptoms).

		2. Administer antibiotics as prescribed and in a timely fashion.
3. Risk for dysfunctional gastrointestinal motility and electrolyte imbalance related to the inflammatory process of the intestines as evidenced by diarrhea.	Patient has multiple episodes of diarrhea due to ulcerative colitis placing her at risk for electrolyte imbalances and dysfunctional GI motility.	1.. Assess and record the amount, frequency, and character of stools. Measure liquid stools. 2. Assess serum electrolytes particularly K+ for abnormalities. Alert healthcare provider to K+ less than 3.5 mEq/L.
4. Risk for impaired skin integrity related to persistent diarrhea as evidenced by multiple loose stools in one day.	Patient has multiple diarrhea episodes that may cause irritation and require frequent clean ups.	1.. Provide materials such as wipes vs toilet paper, for the patient to cleanse and dry the perineal area after each bowel movement, using a non irritating cleansing agent. 2. . Provide protective skin products to prevent irritation caused by frequent stools and maintain perianal skin integrity.
5. Risk for acute pain and nausea related to the intestinal inflammatory process as evidenced by diagnosis of Ulcerative colitis.	Ulcerative colitis causes severe abdominal pain and inflammation placing the patient in increased pain during exacerbations.	1.. Assess and document characteristics of the discomfort. Use a pain scale with the patient rating discomfort from 0 (no pain) to 10

		(worst pain). 2.. Instruct the patient to request medication before discomfort becomes severe.

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

Concept Map Attached (20 points):