N321 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 09-08-2020	**Patient Initials** S.O.	**Age** 66	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Disability	**Marital Status** Married	**Allergies** Adhesive tape, codeine, Tylenol-codeine
Code Status DNR	**Height** 5’9”	**Weight** 325lbs	

Medical History (5 Points)

Past Medical History: Patient has a past medical history of uncontrolled type 2 diabetes mellitus, chronic obstructive lung disease, hyponatremia, sepsis, open wound of lower limb, closed fracture of metatarsal bone, chronic obstructive kidney disease stage 3, obesity, hyperosmolar non-ketotic state in type 2 diabetes mellitus, cellulitis, neuropathy, hypertension, edema of the lower extremity.

Past Surgical History: Patient has had carpel tunnel surgery bilaterally, two cesarean sections, foot/toes surgery procedure on 08/24/2020, tubal ligation, and an angiocardiography of the left heart on 01/03/2020.

Family History: The patient’s mother and father had diabetes mellitus.

Social History (tobacco/alcohol/drugs): Patient reports that she began smoking at the age of 30 and stated, “I smoke about one pack of cigarettes a day.” Patient reports no history of drug or alcohol abuse.

Assistive Devices: Patient uses a walker to ambulate.

Living Situation: Patient stated that she lives with her husband.

Education Level: Patient received a high school diploma.

Admission Assessment

Chief Complaint (2 points): Patient came into the emergency department with complaint of left leg pain from the ankle and the lower leg.

History of present Illness (10 points): Onset: On September 8th, a 66 y/o white, married, female, came into the emergency department at Iroquois Memorial Hospital and was admitted later that night for uncontrolled type two diabetes mellitus and cellulitis of the lower limb. **Location**: Patient is experiencing swelling, warmth, tenderness, and pain in the left lower leg due to the cellulitis. Patient is also experiencing pain in her lower left leg and around the ankle due to a chronic wound. **Duration:** The patient started experiencing pain in her left lower extremity the day she came to the emergency department. The patient stated, "I have not been taking my insulin for more than two weeks." **Characteristics:** The patient stated, "it hurts when I put pressure on my left leg". The patient rated her pain a 6 on a scale of one to ten. **Associated Manifestations:** The patient did not state any associated manifestations. **Relieving factors:** The patient took acetaminophen to help relieve the pain. **Treatment:** Patient has previously had foot/ toe surgery for her left foot on August 24th, 2020.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Uncontrolled Type 2 Diabetes Mellitus

Secondary Diagnosis (if applicable): Cellulitis of the lower limb

Pathophysiology of the Disease, APA format (20 points):

Type 2 diabetes mellitus is a chronic condition in which it affects the way our bodies metabolize sugar also known as glucose (Mayo Clinic, 2020). Glucose is a sugar in which we get our main source of energy from for our cells that make up our muscles and other tissues (Mayo Clinic, 2020). When you have type 2 diabetes your body will either resist the effects of insulin or not produce enough insulin to keep your glucose levels at the normal range of 70-100 mg/dL (Mayo Clinic, 2020). Insulin is a hormone that comes from your pancreas (Mayo Clinic, 2020). Your pancreas will try making more insulin to try to get the cells to respond, but after awhile your

pancreas is no longer going to be able to keep up causing you to go into prediabetes and type 2 diabetes (Centers for Disease Control and Prevention, 2019).

Type 2 diabetes can take many years to develop and a lot of people can go for a long time without any noticeable symptoms (Centers for Disease Control and Prevention, 2019). Some signs and symptoms of type 2 diabetes mellitus include increased thirst, frequent urination, increased hunger, unintended weight loss, fatigue, blurred vision, slow-healing sores, frequent infections, and areas of darkened skin usually in the armpits and neck (Mayo Clinic, 2020).

Some risk factors that can increase your risk for developing type 2 diabetes mellitus include weight, fat distribution, inactivity, family history, race, ethnicity, age, prediabetes, gestational diabetes, polycystic ovarian syndrome, and areas of darkened skin usually in the armpits and neck (Mayo Clinic, 2020). Type 2 diabetes is easily ignored but can affect many major organs such as your heart, blood vessels, nerves, eyes, and kidneys (Mayo Clinic, 2020). By eating a nutritional balanced diet, you can help control your blood glucose levels to help prevent further complications (Mayo Clinic, 2020). Some of these complications include heart and blood vessel disease, nerve damage (neuropathy), kidney damage, eye damage, slow healing, hearing impairment, skin conditions, sleep apnea, and Alzheimer's disease (Mayo Clinic, 2020). My patient did not take care of herself. My patient was severely obese, had a long history of smoking cigarettes, did not exercise, did not eat a well-balanced diet, and was an older adult. Therefore, it led to her developing further complications such as chronic kidney disease, neuropathy, and slow healing.

Type 2 diabetes is preventable by choosing to live a healthy lifestyle (Mayo Clinic, 2020). A healthy lifestyle can include eating healthy foods, getting active, losing weight, and avoiding being sedentary for long periods (Mayo Clinic, 2020). You may also take medication such as metformin to reduce the risk of type 2 diabetes, but even with medications a healthy lifestyle is crucial for preventing or managing diabetes (Mayo Clinic, 2020).

Type 2 diabetes can be diagnosed with a couple of different tests such as glycated hemoglobin (A1C) test, random blood sugar test, fasting blood sugar test, and an oral glucose tolerance test (Mayo Clinic, 2020). If diagnosed with type 2 diabetes treatment can include weight loss, healthy eating, regular exercise, possibly diabetes medication or insulin therapy, and blood sugar monitoring (Mayo Clinic, 2020). My patient takes daily insulin and has severe uncontrolled diabetes because she does not take her insulin as directed and does not eat or exercise appropriately.

Pathophysiology References (2) (APA):

Centers for Disease Control and Prevention. (2019, May 30). *Type 2 Diabetes*. Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes/basics/type2.html

Mayo Clinic. (2020c, August 26). *Type 2 diabetes - Symptoms and causes*. https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/syc-20351193

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4-5.5 million cells	3.57 million cells	3.56 million cells	RBCs are decreased primarily from anemia caused by the patient's chronic kidney disease (Capriotti & Frizzell, 2016).
Hgb	12-15g/dL	9.6 g/dL	9.5 g/dL	Hgb is decreased primarily from anemia caused by the patient's chronic kidney disease (Capriotti & Frizzell, 2016).
Hct	42% to 52%	30.8%	30.6%	These values are consistent with a low number of red blood cells from anemia caused by the patient's chronic kidney disease (Capriotti & Frizzell, 2016).
Platelets	150,000-400,000 cells/mm3	232,000 cells/mm3	221,000 cells/mm3	
WBC	4,500-11,000 cells/mm3	15.8 cells/mm3	15.8 cells/mm3	WBCs are elevated due to some sort of infection possibly MRSA from the patient's opened pressure ulcer (Capriotti & Frizzell, 2016).
Neutrophils	45% to 75%	71.8%	70.4%	
Lymphocytes	20% to 40%	16%	17.2%	These values are consistent with a high number of white blood cells indicating that the patient has an infection in their body (Capriotti & Frizzell, 2016).
Monocytes	4% to 6%	10.7%	10.3%	These values are consistent with a high number of white blood cells indicating that the patient has an infection in their body (Capriotti & Frizzell, 2016).

Eosinophils	Less than 7%	1.1%	1.5%	
Bands	0.0%-1.0%	0.03%	0.04%	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145 mEq/L	129 mEq/L	135 mEq/L	Sodium is decreased due to dehydration (Capriotti & Frizzell, 2016).
K+	3.5-5.0 mEq/L	3.4 mEq/L	3.5 mEq/L	Potassium is decreased due to chronic kidney disease and diuretic medication (Capriotti & Frizzell, 2016).
Cl-	98-108 mEq/L	92 mEq/L	98 mEq/L	Decreased levels can be caused from the patient's chronic lung disorder (Capriotti & Frizzell, 2016).
CO2	22-29 mEq/L	26 mEq/L	24 mEq/L	
Glucose	70-100 mg/dL	442 mg/dL	285 mg/dL	Glucose levels are high due to the patient's uncontrolled type two diabetes mellitus (Capriotti & Frizzell, 2016).
BUN	8-25 mg/dL	18 mg/dL	12 mg/dL	
Creatinine	0.6-1.3 mg/dL	1.41 mg/dL	1.29 mg/dL	
Albumin	3.5-5.2 gm/dL	3.2 gm/dL	3.3 gm/dL	Albumin levels are slightly decreased due an inflammatory disease and the patient's poor nutritional state (Capriotti & Frizzell, 2016).
Calcium	8.6-10 mg/dL	9 mg/dL	8.8 mg/dL	
Mag	1.6-2.6 mg/dL	2.1 mg/dL	N/A	
Phosphate	2.5-4.5 mg/dL	2.6 mg/dL	N/A	

Bilirubin	Less than 1.5 mg/dL	0.4 mg/dL	N/A	
Alk Phos	20-140 U/L	105 U/L	N/A	
AST	10-30 units/ L	14 units/L	13 units/L	
ALT	10-40 units/ L	37 units/L	25 units/L	
Amylase	-	**N/A**		
Lipase	-	**N/A**		
Lactic Acid	-	**N/A**		

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	1 second	1 second	N/A	
PT	9.5-11.3 seconds	13.5 seconds	N/A	A prolonged PT means that the blood is taking too long to form a clot and could be because of an underlying condition such as liver disease (Capriotti & Frizzell, 2016).
PTT	30-40 seconds	24 seconds	N/A	A decreased PTT time could indicate an underlying condition such as liver disease (Capriotti & Frizzell, 2016).
D-Dimer	Less than or equal to 250 ng/mL	N/A	N/A	
BNP	15.00-99.90 pg/mL	133.70 pg/ mL	N/A	An elevated BNP can be due to the patient's chronic kidney disease and COPD (Capriotti & Frizzell, 2016).
HDL	More than 60 mg/dL	N/A	N/A	
LDL	Less than 130 mg/dL	N/A	N/A	
Cholesterol	Less than	N/A	N/A	

	200 mg/dL			
Triglycerides	Less than 150mg/dL	N/A	N/A	
Hgb A1c	Less than 7%	N/A	N/A	
TSH	0.4-4.0 mU/L	N/A	N/A	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Colorless, yellow, clear	Colorless, yellow, clear, no odor present		
pH	4.5-8	7		
Specific Gravity	1.005-1.035	1.010		
Glucose	Negative	negative		
Protein	negative	negative		
Ketones	negative	negative		
WBC	negative	negative		
RBC	negative	negative		
Leukoesterase	negative	negative		

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

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

Blood Culture	**No growth**	**No growth after 1 day**		
Sputum Culture	**-**	**N/A**		
Stool Culture	**-**	**N/A**		

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Human Pathophysiology*. F.A. Davis Company.

Crnp, H. B. M. R., Palm, M. L., & Md, L. B. S. (2016). *Bates' Nursing Guide to Physical Examination and History Taking* (2nd ed.). LWW.

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications.* Pearson.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

EKG 12 Lead: Results pending.

X-ray: Results: 2 metallic pins were identified in the projection of the 3rd and 4th metatarsals on the AP view. The lateral projection image suggests that the 3rd metatarsal pin is along the dorsal surface of the 3rd metatarsal. It also shows sclerosis in the projection of the 2nd metatarsal which may indicate a healing fracture in the 2nd metatarsal as well. Severe soft tissue swelling about the distal portion of the 5th metatarsal with gas in the soft tissue are seen and could indicate a gas-forming infection with soft tissues. Prominent soft tissue swelling around the ankle is also suspected.

Diagnostic Test Correlation (5 points):

Patient presented to the ER with complaint of left leg pain in the ankle and lower leg. During assessment, the patient was found to have a swollen ankle and cellulitis of the lower extremity Due to this, the provider found it important to order an x-ray of her left lower extremity. Soft tissue swelling and a closed fracture of the metatarsals were seen. This indicated that their were new findings since the preoperative study on 08/03/2020.

Diagnostic Test Reference (APA):

Cnrn, R. P. J. H. L., & PhD Rn, K. C. H. (2017). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing (Brunner and Suddarth's Textbook of Medical-Surgical)* (14th ed.). LWW.

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications.* Pearson.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/ Generic	Acetaminophen (Tylenol)	Furosemide (Lasix)	Allopurinol (Lopurin)	Atorvastatin calcium (Lipitor)	Meloxicam (Mobic)
Dose	500mg	40mg	100mg	40mg	15mg
Frequency	Every 4 hours PRN	3 tablets b.i.d.	q.d.	q.d.	q.d.
Route	oral	oral	oral	oral	oral

Classification	Nonsalicylate, para-aminophenol derivative, antipyretic, nonopioid analgesic	Loop diuretic, antihypertensive, diuretic	Xanthine oxidase inhibitor, antigout	HMG-CoA reductase inhibitor, antihyperlipidemic	NSAID, analgesic
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. As the body's plasma volume decreases, aldosterone production increases, which promotes sodium reabsorption and the loss of potassium and hydrogen ions. Furosemide also increases the excretion of calcium, magnesium, bicarbonate, ammonium, and phosphate. By reducing intracellular and extracellular fluid volume, the drug	Inhibits uric acid production by inhibiting xanthine oxidase, the enzyme that converts hypoxanthine and xanthine to uric acid. Allopurinol is metabolized to oxipurinol, which also inhibits xanthine oxidase.	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.	Blocks cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate the inflammatory response and cause local pain, swelling, and vasodilation. By inhibiting prostaglandins, the NSAID meloxicam reduces inflammatory symptoms. It also relieves pain because prostaglandins promote pain transmission from the periphery to the spinal cord.

		reduces blood pressure and decreases cardiac output. Over time, cardiac output returns to normal.			
Reason Client Taking	This medication is being taken for pain and fever.	This medication is being taken to manage edema and hypertension.	This medication is being taken to treat primary gout and hyperuricemia.	This medication is being taken to control lipid levels	This medication is being taken to relieve signs and symptoms of rheumatoid arthritis.
Contraindications (2)	Severe hepatic impairment, severe active liver disease	Anuria, hypersensitivity to furosemide or its components	Hypersensitivity to allopurinol or its components.	Active hepatic disease, breastfeeding	Asthma, bronchospasm
Side Effects/ Adverse Reactions (2)	Agitation, fatigue	Arrhythmias, thromboembolism	Thrombocytopenia, hepatic necrosis	Arrythmias, hypoglycemia	Heart failure, GI bleeding
Nursing Considerations (2)	1. Use acetaminophen cautiously in patient's with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment 2.	1. obtain patient's weight periodically to monitor fluid loss. 2. monitor patient for hypokalemia	1. have patient maintain a fluid intake to produce a daily urinary output of 2 L daily. 2. Monitor patient for the development of a skin rash that may occur 1 week or more after allopurinol therapy is initiated.	1. monitor blood glucose because atorvastatin can affect blood glucose control. 2. Medication should be given to the patient around the same time every day to maintain its effects.	1. know that the risk of heart failure increases with the NSAID use. 2. monitor patient closely for thrombotic events. These events may occur early in treatment and risk increases with duration of

	acetaminophen can cause hepatotoxicity, so liver function tests need to be ordered and monitored				time.

Hospital Medications (5 required)

Brand/ Generic	Aspirin (Ecotrin)	Glimepiride (Amaryl)	Lorazepam (Ativan)	Pregabalin (Lyrica)	Amitriptyline hydrochloride (Elavil)
Dose	81mg	4mg	1mg	100mg	100mg
Frequency	q.d.	b.i.d.	q.d. at bedtime	q.d. at bedtime	q.d. at bedtime
Route	oral	oral	oral	oral	oral
Classification	Salicylate, NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic)	Sulfonylurea, Antidiabetic	Anxiolytic, Benzodiazepine	Gamma-aminobutyric acid (GABA) analogue, analgesic, anticonvulsant	Tricyclic antidepressant, antidepressant
Mechanism of Action	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Inhibits platelets aggregation by interfering with production of thromboxane	Stimulates insulin release from beta cells in pancreas. Glimepiride also increases peripheral tissue sensitivity to insulin, either by enhancing insulin binding to	May potentiate the effects of GABA and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. GABA inhibits	Binds to alpha 2 delta site, an auxiliary subunit of voltage calcium channels in CNS tissue where it may reduce calcium dependent release of several neurotransmitters, possibly by	Acts by blocking the reuptake of both serotonin and norepinephrine neurotransmitters. This action may elevate mood and reduce depression.

	A2.	cellular receptors or by increasing the number of insulin receptors.	excitatory stimulation, which helps control emotional behavior. Limbic system contains a highly dense area of benzodiazepine receptors, which may explain drug's antianxiety effects. Also, lorazepam hyperpolarizes neuronal cells, thereby interfering with their ability to generate seizures.	modulating calcium channel function. With fewer neurotransmitters, pain sensation and seizure activity decline.	
Reason Client Taking	This medication is being taken to relieve mild pain or fever.	This medication is being taken to help control the patient's blood glucose levels in type 2 diabetes mellitus.	This medication is being taken to decrease any agitation and restlessness the pt may have.	This medication is being taken to help manage neuropathic pain associated with diabetic peripheral neuropathy.	This medication is being taken to relieve depression.
Contraindications (2)	Active bleeding or coagulation disorders, current or	Ketoacidosis, sole therapy for type 1 diabetes	Intra-arterial delivery; premature infants; psychosis	Hypersensitivity to pregabalin or its components	Acute recovery phase after MI, concurrent

	recent GI bleed or ulcers	mellitus			therapy with cisapride
Side Effects/Adverse Reactions (2)	CNS depression, GI bleeding	Hypoglycemia, liver failure	Coma, anxiety	Intracranial hypertension, suicidal ideation	MI, coma
Nursing Considerations (2)	1. Should give aspirin to patient with or after meals to prevent GI upset. 2. Ask the patient about tinnitus. This reaction can happen when blood aspirin levels reach or exceed the maximum dosage for therapeutic effect.	1. monitor fasting blood glucose level to determine the patient's response to the medication. 2. monitor the patient closely for any allergic reactions especially those that can be life-threatening.	1. Monitor patient's respirations every 5 to 15 minutes and keep emergency resuscitation equipment readily available as it can cause life-threatening respiratory depression. 2. Monitor the patient's closely for signs and symptoms of profound decrease in consciousness, including coma, sedation, and respiratory depression.	1. Monitor patient closely for any adverse effects and stop the medication if patient shows signs of hypersensitivity. 2. Medication can cause edema and weight gain. Patient should be weighed often.	1. Use with caution if the patient has a history of seizures, urine retention, or angle-closure glaucoma because of amitriptyline's atropine-like effects. 2. Monitor the patient's blood pressure for hypotension or hypertension.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's drug handbook.* Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point):	Pt appears uncomfortable and in pain

Alertness: **Orientation:** **Distress:** **Overall appearance:**	A&O x3 Oriented to person, time, place, and current events, but is confused and depressed. Pt appears to be in moderate distress Pt appears uncomfortable and pale. Looks like the patient is in pain
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 White/ looks a little pale for race Appears dehydrated, not well groomed Warm Normal turgor 2+ None noted None noted Wound noted on bottom of left foot. 15cm at least, warm, swollen, red, tenderness Left lower extremity cellulitis 14
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and neck are symmetrical, no bumps or lesions noted. Trachea is midline. Lymph nodes are nonpalpable Ears are free of discharge, no bumps or lesions noted, healthy cerumen, and tympanic membrane is a pearly grey Upon inspection sclera was white, cornea was clear, conjunctiva was white with no lesions or discharge noted. Normal EOM Septum midline. No drainage or bleeding noted. No deviation or abnormalities and sinuses are not tender Patient has natural teeth on top and bottom. Poor hygiene overall. No lesions or bumps noted. Mouth is pink and moist.
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 ☐**	. S1 and S2 heart sounds normal with no murmurs, gallops, or rubs present. Patient had good air movement. Patient was tachycardic Pulse was 95 bpm radial Capillary refill is between 5-6 seconds. Lower left extremity

Location of Edema:	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient has normal lung sounds with no dyspnea. Respirations are nonlabored.
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 ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Normal eating at home, patient stated they eat what they want at home Diabetic diet 5'9" 325 lbs Bowel sounds are normoactive in each quadrant One day ago No pain or masses noted on palpation No abnormalities found upon inspection for distention, incision, scars, or drains. Wound on bottom of left foot. At least 15cm, warm to the touch, redness, swollen, and tenderness present.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Colorless, yellow, and no odor present. Patient voided once while I was there, but output was not recorded. Genitals and bottom showed no signs of lesions or skin breakdown.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐	Patient has no neurovascular deficits noted. ROM is good. Patient uses a walker. Patient is very weak and works with physical therapy every day. Fall risk is 16. Patient is a high risk for falls and on fall precautions. Patient walks with a walker and gait belt. Patient is a two assist. Patient tends to lose their balance easily.

Needs support to stand and walk☒	Patient needs support to stand and walk
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 presents signs of weakness in lower extremities. Patient can move arms bilaterally. Oriented to person, time, place, and current events Patient is confused and depressed. Patient has good overall vision. Alert and oriented x3
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	No deficits were noted. Patient does not specify a religion. Patient did not note any coping methods. Patient lives with husband, but mostly takes care of herself. They have a daughter that visits and helps them out when needed.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	95 bpm	133/72	18	99.2 °F temporal	95% with 2L of nasal cannula oxygen
1100	96 bpm	132/76	20	98.6 °F temporal	94% with 2L of nasal cannula oxygen

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0745	0-10	Left lower extremity	8/10	Patient described her pain as feeling throbby and achy.	Patient is taking 500mg of acetaminophen every 4 fours as needed to help keep her pain level and fever under control. Patient is also taking 81mg of aspirin every day to help with her pain.
0815	0-10	Left lower extremity	6/10	Patient described her pain as throbbing and achy, but said she felt better after taking her morning pain medication.	Patient took aspirin to help with the pain she was experiencing. Patient can also take 500mg every 4 hours as needed to help keep her pain level under control and lower her fever if she has one.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** right hand **Date on IV:** 09/10/2020 **Patency of IV:** patent **Signs of erythema, drainage, etc.:** no signs of erythema or drainage noted. **IV dressing assessment:** IV site looks clean and dry with no redness or irritation noted.	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
210 mL	No output was noted

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is on 2 L nasal cannula to keep oxygen levels above 90%. Patient is diabetic and requires accu-checks before and after meals. The patient last rated her pain a 6 on a scale of 0-10 at 0815. The patient is prescribed acetaminophen 500mg every 4 hours PRN for pain and fever. Patient is also prescribed 81mg of aspirin every day for pain. Patient uses a walker and gait belt to ambulate. The patient transfers with a two-person assist. Patient works with physical therapy everyday to help gain strength back. The nurses did show concern with her diet as her blood glucose level was over 600 when she came into the emergency **department and typically likes to stay in the upper 200s throughout the day.**

Procedures/testing done: Patient had an X-ray on her left lower extremity which showed a wound near the 5th digit of the left foot and a closed fracture of the metatarsal bones.

Complaints/Issues: Patient had no issues or complaints.

Vital signs (stable/unstable): Patient's vital signs were stable. Patient did show some signs of being tachycardic and hypertensive.

Tolerating diet, activity, etc.: Patient will continue to be on a diabetic diet while in the hospital and will continue to have her blood sugar checked before and after meals. Patient can participate in normal activities as tolerated with health care providers help.

Physician notifications: No notifications were presented at this time.

Future plans for patient: Patient will continue oxygen therapy with the nasal cannula. Patient's blood glucose will also continue to be monitored in hopes of getting it under control.

Discharge Planning (2 points)

Discharge location: Patient will be discharged to her home.

Home health needs (if applicable): The patient refused any services for at home at this time.

Equipment needs (if applicable): Patient will continue to use a walker once she is discharged home.

Follow up plan: Patient will follow-up with her primary care provider within 10 days after discharge. Patient may need to continue wearing the boot for her fracture once discharged depending on the pending results.

Education needs: Patient will need education related to uncontrolled type two diabetes mellitus. Patient should get education on the proper dieting and exercising to help better her health. Smoking cessation education should also be provided to this patient, as she says she currently smokes one pack of cigarettes a day and has since she was 30 years old.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for falls related to altered	Patient must use a walker to help her	1. Encourage the patient to always use	Patient's family was not at the hospital with her.

mobility secondary to unsteady gait as evidenced by patient unsteady on feet and a fall score of 16.	ambulate and transfer with a two-person assist. Patient also has a closed fracture of the metatarsal bones in her left lower extremity due to a recent fall.	her walker and to wear shoes or slippers with nonskid soles. 2. Make sure the patient's bed is always lowered to the lowest possible position and move all belongings within arms reach of the patient.	Patient responded great to her goals and outcomes. Patient ambulated with her walker and always waited for someone to help her transfer. Goals were met. Patient will be re-evaluated on evening shift.
2. Ineffective health maintenance related to demonstration of uncontrolled diabetes as evidenced by high blood sugar	Patient came into the emergency department with her blood glucose level over 600. Once admitted to the hospital her blood glucose level dropped, but still stayed in the upper 200s. Patient stated that she has not been taking her insulin for over two weeks due to her insurance changing. Patient also stated that she eats whatever she wants to eat at home.	1. The nurse will consult with the dietitian to educate the patient on diet regime for diabetics and help the patient come up with a diet plan she can use at home. 2. The nurse will encourage the patient to develop a daily menu that she can use at home that will help her to meet her diabetic needs	Patient's family was not at the hospital with her. Patient did not want to meet with a dietician and did not want to come up with a diet plan. She enjoys eating what she wants. Goals were not met.
3. Impaired skin integrity related to cellulitis and pressure ulcers as evidenced by disruption of epidermal and dermal tissues.	Patient has cellulitis on her lower left extremity. Patient also has a pressure ulcer open on the bottom of her left foot.	1. Patient will keep her left foot elevated and will not put pressure on her left foot or lower extremity unless necessary. 2. The patient's wound will be changed daily per wound care orders and proper hygiene will be performed	The patient's family was not present at the hospital with her. The patient kept pressure off her left lower extremity. The nurses kept her left foot clean, dry, and open to let the wound air out. Patient was taught about hygiene and keeping the wound

		before and after dressing changes.	clean. Goals were met.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

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Mayo Clinic. (2020b, February 29). *Bedsores (pressure ulcers) - Symptoms and causes*. https://www.mayoclinic.org/diseases-conditions/bed-sores/symptoms-causes/syc-20355893

Mayo Clinic. (2020c, August 26). *Type 2 diabetes - Symptoms and causes*. https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/syc-20351193

Concept Map (20 Points

Subjective Data

Patient said her leg felt like it was throbbing.
Patient also stated that "she felt achy."
Patient rated her pain an 8 out of 10 and then later after medications she rated her pain a 6 out of 10.

Nursing Diagnosis/Outcomes

1. Risk for falls related to altered mobility secondary to unsteady gait as evidenced by patient unsteady on feet and a fall score of 16.
   - Patient's family was not at the hospital with her.
   - Patient responded great to her goals and outcomes. Patient ambulated with her walker and always waited for someone to help her transfer. Goals were met. Patient will be re-evaluated on evening shift.
2. Ineffective health maintenance related to demonstration of uncontrolled diabetes as evidenced by high blood sugar
   - Patient's family was not at the hospital with her.
   - Patient did not want to meet with a dietician and did not want to come up with a diet plan. She enjoys eating what she wants. Goals were not met.
3. Impaired skin integrity related to cellulitis and pressure ulcers as evidenced by disruption of epidermal and dermal tissues.
   - The patient's family was not present at the hospital with her.
   - The patient kept pressure off her left lower extremity. The nurses kept her left foot clean, dry, and open to let the wound air out. Patient was taught about hygiene and keeping the wound clean. Goals were met.

Objective Data

Diagnosis: uncontrolled type 2 DM and cellulitis.
Most recent vital signs: B/P – 132/76
Pulse - 96bpm
RR – 20
Temp – 98.6°F temporal
02 – 94% with 2L of nasal cannula oxygen
Blood culture came back negative
Urine was yellow, colorless, and had no odor present.
WBCs, monocytes, glucose, BNP, INR, and PT levels were all elevated.
RBCs, Hgb, Hct, lymphocytes, albumin, and PTT levels were all decreased.

Patient Information

A 66 year old female with a prior medical history of uncontrolled type 2 diabetes mellitus, chronic obstructive lung disease, hyponatremia, sepsis, open wound of lower limb, closed fracture of metatarsal bone, chronic obstructive kidney disease stage 3, obesity, hyperosmolar non-ketotic state in type 2 diabetes mellitus, cellulitis, hypertension, edema of the lower extremity brought herself into the emergency department because she was experiencing left leg pain from the ankle and the lower leg. The patient was admitted and diagnosed with uncontrolled type 2 DM and cellulitis. She is currently taking multiple medications including acetaminophen and aspirin for pain and fever.

Nursing Interventions

- Encourage the patient to always use her walker and to wear shoes or slippers with nonskid soles.
- Make sure the patient's bed is always lowered to the lowest possible position and move all belongings within arm's reach of the patient.
- The nurse will consult with the dietitian to educate the patient on diet regime for diabetics and help the patient come up with a diet plan she can use at home.
- The nurse will encourage the patient to develop a daily menu that she can use at home that will help her to meet her diabetic needs
- Patient will keep her left foot elevated and will not put pressure on her left foot or lower extremity unless necessary.
- The patient's wound will be changed daily per wound care orders and proper hygiene will be performed before and after dressing changes.

N321 Care Plan

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