N321 Care Plan # 1

Lakeview College of Nursing

Name Casey Buchanan

Demographics (3 points)

Date of Admission 9/16/20	**Patient Initials** P.T.	**Age** 70	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Lactose (abdominal pain) NKDA
Code Status Full Code	**Height** 5'5"	**Weight** 120 lbs	

Medical History (5 Points)

Past Medical History: Chronic hypokalemia, chronic back pain, chronic obstructive lung disease, cerebrovascular accident with left sided weakness, acute gastritis, iron deficiency, arthritis, anxiety, ulcer of duodenum, hyperlipidemia, alcoholism, primary malignant neoplasm of right lung

Past Surgical History: Hip fracture (2018), right upper lobe lobectomy (1980's), partial gastrectomy for duodenal ulcers (N.D.), appendectomy (1966), tonsillectomy (1957).

Family History: Maternal grandmother had CVA and diabetes. Reports that first-degree relatives have no current problems or diseases.

Social History (tobacco/alcohol/drugs): Patient states he drinks 4-5 beers daily. Not currently using tobacco or smoking. Former smoker, smoked for 25 years.

Assistive Devices: Uses walker at home.

Living Situation: Lives at home with his wife.

Education Level: 10 years of education.

Admission Assessment

Chief Complaint (2 points): Admitted with shortness of breath and chest pain.

History of present Illness (10 points): Patient is a 70-year old male that came to the emergency department on 9/16/20. Patient presented with shortness of breath that he stated started three

days prior. He also complained of mild chest pain. Upon admission it was also noted that the patient had an elevated D-dimer, acute hyponatremia, sepsis, leukocytosis, cellulitis, hypomagnesemia, systemic inflammation, edema in lower legs, tachycardia, and chronic respiratory failure. Lab values also showed a very high lactic acid level indicating a systemic infection or sepsis.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Sepsis

Secondary Diagnosis (if applicable): Exacerbation of COPD, blood clot.

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

Chronic obstructive pulmonary disease is the combination of chronic bronchitis, emphysema, and hyperactive airway disease. COPD is prevalent in the United States and is the third leading cause of death. Smoking is the number one risk factor for COPD, however exposure to chemicals, environmental factors, and genetic factor can play a role. Exposure to cigarette smoke or harmful chemicals for many years damages and changes the structure of the bronchioles and alveoli sacs in the lungs. With COPD a large amount of mucus is secreted which obstructs airflow and leads to a chronic cough. The alveoli of the lungs also become overdistended which leads to retained air in the lungs. The airways, or bronchioles also become narrowed. All of these factors lead to poor ventilation and hypoxia. Dyspnea, difficulty breathing, is usually one of the first symptom individuals with COPD experience. Other symptoms or manifestations that a person with COPD might exhibit include wheezing, chest tightness, frequent infections, lack of energy, weight loss, and swelling in the feet and legs. This patient often reported dyspnea and required several breathing treatments. His respiratory rate while resting was often about 20 respirations a minute. His oxygen saturation remained stable

between 96-98% on 2L oxygen through a nasal cannula. The patient has edema and sores on his lower legs and feet.

One diagnostic test that can be done to diagnose COPD is a pulmonary function test. In this test, the amount of air that can be inhaled and exhaled is measured and determines if enough oxygen is able to be delivered throughout the body. A chest x-ray is also done to confirm the presence of emphysema and to rule out other possible disorders. A CT scan screens for cancer and detects emphysema as well. An arterial blood gas analysis is used to measure the oxygen and carbon dioxide in the blood. This patient has a previous diagnosis of COPD however a CT scan, chest x-ray, and an EKG were performed to get a better idea of what was causing exacerbation. The CT scan in particular showed increase mucus, a portion of a collapsed lung, and fluid in the thoracic cavity.

There is no cure for COPD, but treatment is aimed at controlling symptoms, reducing the risk of complications, and slowing the progression of the disease. If the patient has not already quit smoking that is the first step. Medications that can help for patients with COPD include bronchodilators, inhaled steroids, combination inhalers, oral steroids, and antibiotics. Complications due to COPD can arise. These include infections, heart problems, lung cancer, high blood pressure, and depression. The patient does use a bronchodilator daily, as well as frequent use of antibiotics and steroids.

While the patient came into the emergency department due to shortness of breath, lab diagnostics determined that the patient is septic. Sepsis is a dangerous condition caused by a widespread infection throughout the body. If left untreated, organ failure and death will occur. Sepsis is a very serious condition for anyone but due to this patient being an older adult and having COPD it is essential to treat and closely monitor him. Signs and symptoms of sepsis

include an increase in blood pressure, a respiratory rate higher than 22 breaths/min, and having high levels of lactic acid in the blood. Due to the patient having COPD, his blood pressure and respiratory rate can often be elevated. However, the patient presented with a lactic acid level of 6.95, significantly higher than the normal range. He also has an increased neutrophil percentage and decreased lymphocyte percentage indicating an infection. With treatment his next lactic acid level was down to 4.70, which is still very high but shows that treatment is working.

Risk factors for sepsis include being young or elderly, having diabetes, cirrhosis, using antibiotics, using steroids, and having a compromised immune system. This patient has many risk factors such as being elderly, chronic alcoholism, and using antibiotics. The patient also had an elevated D-dimer which confirms the presence of a blood clot. A blood clot is a common complication of sepsis.

Pathophysiology References (2) (APA):

Capriotti, T., Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* Philadelphia: F.A. Davis Company.

Mayo Clinic. (2020). *COPD.* https://www.mayoclinic.org/diseases-conditions/copd/diagnosis-treatment/drc-20353685.

Mayo Clinic. (2018). *Sepsis*. https://www.mayoclinic.org/diseases-conditions/sepsis/symptoms-causes/syc-20351214.

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	4.6-6.20		3.25	Value consistent with anemia, which is common among COPD patients (Capriotti & Frizzell, 2016).
Hgb	14.0-18.0		10.4	Value consistent with anemia, which is common among COPD patients. (Capriotti & Frizzell, 2016).
Hct	42.0-52.0%		32.0	Value consistent with anemia, which is common among COPD patients (Capriotti & Frizzell, 2016).
Platelets	150-400		243	
WBC	4.3-11.0		18.5	Value consistent with systemic infection (Capriotti & Frizzell, 2016).
Neutrophils	37.0-85.0%		96.9	Values consistent with systemic infection (Capriotti & Frizzell, 2016).
Lymphocytes	20.0-45.0%		0.6	Value consistent with systemic infection (Capriotti & Frizzell, 2016).
Monocytes	0.0-15.0%		2.1	
Eosinophils	0.0-8.0%		0	
Bands	0.0-0.1%		N/A	

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		131	Value consistent with multiple health issues such as COPD and chronic alcoholism (Capriotti & Frizzell, 2016).
K+	3.5-5.5		3.9	

Cl-	95-110		101	
CO2	23-31		17	Value consistent with alcohol use (Capriotti & Frizzell, 2016).
Glucose	70-110		187	Value consistent with infection (Capriotti & Frizzell, 2016).
BUN	8-25		13	
Creatinine	0.70-1.50		0.81	
Albumin	3.5-5.0		3.5	
Calcium	8.4-10.3		7.3	Value consistent with hypomagnesemia or septicemia (Capriotti & Frizzell, 2016).
Mag	1.6-2.6		1.6	
Phosphate	2.5-4.5			
Bilirubin	0.2-1.2		1.6	Value consistent with cirrhosis due to alcoholism (Capriotti & Frizzell, 2016).
Alk Phos	40-150		77	
AST	16-40		10	Value consistent with liver disease (Capriotti & Frizzell, 2016).
ALT	7-52		22	
Amylase	23-85			
Lipase	12-70			
Lactic Acid	0.50-2.20	6.95	4.70	Value consistent with systemic infection (Capriotti & Frizzell, 2016).

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	0.90-1.10		0.85	Value consistent with possible blood clot (Capriotti & Frizzell, 2016).
PT	12.2-14.3		11.6	Value consistent with possible blood clot (Capriotti & Frizzell, 2016).
PTT	24-34		24	
D-Dimer	100.0-339.0		579.0	Value consistent with blood clot (Capriotti & Frizzell, 2016).
BNP	15.00-99.90		92.10	
HDL	>60			
LDL	<100			
Cholesterol	<200			
Triglycerides	<150			
Hgb A1c	<7%			
TSH	0.4-4.0			

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	Yellow/Clear			
pH	4.6-8.0			
Specific Gravity	1.005-1.030			
Glucose	Negative			
Protein	0-8 mg/dL			
Ketones	Negative			
WBC	0-4			
RBC	0-2			
Leukoesterase	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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Capriotti, T., Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): An EKG 12 lead, CT Angiogram, and chest x-ray were performed.

Diagnostic Test Correlation (5 points): An EKG was performed to give a snapshot of what was going on with the heart. The EKG will show if the patient has a dysrhythmia, ischemia, infarction, or other abnormalities. This test was done because the patient was experiencing some chest pain. The CT angiogram of the chest was performed to view the lungs due to the patient having shortness of breath. The CT ruled out a pulmonary embolism and pneumothorax. It did show the presence of trace fluid in the pleural space, a dilated and fluid filled esophagus, right

lung wall thickening, mucous, and a right upper lobe collapse. The chest x-ray is another diagnostic tool that was used to determine if there were any major concerns in the chest. The chest x-ray also confirmed that there wasn't a pneumothorax and the presence of the collapsed upper right lobe of the lung. This was performed due to the patient having shortness of breath and mild chest pain.

Diagnostic Test Reference (APA):

Hinkle, H. L., & Cheever, K. H., (2018). *Textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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

Home Medications (5 required)

Brand/Generic	Eliquis/ apixaban	Mag-Ox/ Magnesium oxide	Protonix/ Pantoprazole	Feosol/ Ferrous sulfate	Acephen/ acetaminophen
Dose	2.5 mg	400 mg	40 mg	325 mg	325 mg
Frequency	Twice daily for 30 days	Twice daily	Once daily for 18 days	Once daily	1 tablet, three times a day
Route	Oral	Oral	Oral	Oral	Oral
Classification	Antithrombolytic	Electrolyte replacement	Antiulcer, Gastric acid proton pump inhibitor	Antienemic, nutritional supplement	Antipyretic, nonopioid analgesic
Mechanism of Action	Inhibits factor Xa. This decreases thrombin generation and development of a thrombus.	Assists enzymes that use ATP. It is needed for the ATP pump to function normally.	Inhibits and interferes with gastric acid production.	Binds with hemoglobin in the blood to normalize RBC production.	Interferes with pain impulse in the PNS.
Reason Client Taking	To manage a possible blood clot due to elevated D-dimer and prevent more from forming.	Used for correction of magnesium deficiency due to alcoholism.	To prevent the reoccurrence of esophagitis and reduce GERD symptoms	To replace iron.	To relieve pain
Contraindicatio	Active	Renal	Do not take if using	Hemolytic	Severe

ns (2)	bleeding. Hypersensitivity to apixaban.	impairment. Hypersensitivity to magnesium salts.	products with rilpivirine. Hypersensitivy to pantoprazole.	anemias. Hypersensitivity to iron salts.	hepatic impairment. Severe active liver disease.
Side Effects/Adverse Reactions (2)	Anaphylaxis. GI bleeding.	Arrhythmias. Hypotension	Elevated triglycerides. Hepatic failure.	Hypertension. Constipation.	Leukopenia. Pulmonary edema.
Nursing Considerations (2)	Don't discontinue prematurely without an alternative because a clot may form. Tablets may be crushed and put in applesauce if needed.	May cause watery stools. Monitor patient for hypermagnesemia. Signs include, bradycardia, dyspnea, slurred speech, nausea, and hypotension.	Monitor the patient's urine because pantoprazole can cause nephritis. Monitor patients on long term use for osteoporosis and fractures.	Give with a full glass of water or juice. Take one hour before a meal or two hours after a meal for maximum absorption/	Monitor labs such as AST, ALB, bilirubin, and creatinine before and during use. Use cautiously in patients with severe alcoholism.

Hospital Medications (5 required)

Brand/ Generic	Zithromax/ azithromycin	Vancocin/ vancomycin hydrochloride	Medrol/ methylprednisolone	Proventil/ albuterol	Eliquis/ apixaban
Dose	500 mg	4 g	80 mg	3 mg	2.5 mg
Frequency	Once daily for 5 days	Once daily for 4 days	Every 6 hours	4 times a day	2 times a day
Route	Oral	IV	IV	Inhalation solution	Oral
Classification	Antibiotic	Antibiotic	Anti-inflammatory, immunosuppressant	Bronchodilator	Antithrombolytic
Mechanism of Action	Binds to bacteria and blocks RNA protein synthesis.	Damages the cell wall of bacteria and causes the cell to die.	Suppresses the immune response by inhibiting WBC's at inflammation sites.	Relaxes the muscles of the bronchus and inhibit the release of histamine by binding with receptors on the cell membrane.	Inhibits factor Xa. This decreases thrombin generation and development of a thrombus.
Reason Client Taking	To treat an infection.	To treat a septic infection as well as a soft	To treat an immune disorder.	To treat bronchospasms due to an obstructed	To manage a possible blood due to elevated D-dimer and

		tissue infection of the legs.		airway.	prevent more from forming.
Contraindications (2)	History of jaundice of hepatic disfunction with previous use. Hypersensitivity to azithromycin.	Hypersensitivity to corn products when given with dextrose. Hypersensitivity to vancomycin.	Fungal infection. Hypersensitivity to methylprednisolone.	Hypersensitivity to albuterol.	Active bleeding. Hypersensitivity to apixaban.
Side Effects/Adverse Reactions (2)	Abdominal pain. Diarrhea.	Neutropenia. Constipation.	Moon face. Abdominal distention.	Altered taste. Pulmonary edema.	Anaphylaxis. GI bleeding.
Nursing Considerations (2)	If possible obtain culture and sensitivity tests before treatment if possible. Give one hour before food or two to three hours after food.	Infuse over at least one hour per gram. Check IV site for tenderness, pain, phlebitis, and necrosis.	Use caution when administering to patients with CHF or renal insufficiency due to possible edema. Patients that may have an infection must be monitored closely because the drug may mask or worsen fungal infections.	Assess patients that have diabetes, hypertension, cardiac disorders, or seizures because albuterol can make these conditions worse. Monitor potassium levels because albuterol can cause hypokalemia.	Don't discontinue prematurely without an alternative because a clot may form. Tablets may be crushed and put in applesauce if needed.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's drug handbook* (18th. Ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point):	

Alertness: Alert **Orientation: Oriented to person, place, and time** **Distress: Cooperative. Appears frustrated, depressed** **Overall appearance: Very thin, bruising throughout body**	
INTEGUMENTARY (2 points): **Skin color: Slightly pale** **Character: Poor, many breaks in skin, open sores with drainage on lower limbs and feet** **Temperature: Warm** **Turgor: Intact** **Rashes: No rashes** **Bruises: Bruising noted throughout body** **Wounds: Open wounds on lower limbs** **Braden Score: 14** **Drains present: Y☐ N X** **Type:**	
HEENT (1 point): **Head/Neck: Normocephalic. Trachea midline. No lymphadenopathy.** **Ears: Hearing intact, no visible sores** **Eyes: Clear, no discharge.** **Nose: Patent** **Teeth**: **Poor dentition.**	.
CARDIOVASCULAR (2 points): **Heart sounds: S1, S2 auscultated, no murmurs, gallops, or rubs.** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):N/A** **Peripheral Pulses: Palpable. Diminish right pedal.** **Capillary refill:< 3** **Neck Vein Distention: Y ☐ N ☒ Edema Y ☒ N ☐** **Location of Edema: Lower legs bilateral.**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Unlabored, non-productive cough, SOB at rest and exertion. Diminished lung sounds in right lower, and upper lobes. Diminished lung sounds in left lower and upper lobes. Crackles heard in right and left lower lobes. On 2L O2 nasal cannula.**	.
GASTROINTESTINAL (2 points): **Diet at home: Regular** **Current Diet: Regular** **Height: 5'5"** **Weight: 120 lbs** **Auscultation Bowel sounds: Bowel sounds present in all four quadrants.** **Last BM: 9/16/20**	.

Palpation: Pain, Mass etc.: Abdomen soft, nontender, no nausea. **Inspection:** **Distention: No distension** **Incisions: No incisions** **Scars: Some scarring due to previous surgeries, all in good appearance** **Drains: No drains** **Wounds: Open wounds with drainage on bilateral lower legs and feet.** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color: Pale yellow** **Character: Clear** **Quantity of urine: 175 mL output in 5 hours** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: N/A** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status: Intact** **ROM: Limited ROM in bilateral lower extremities. Good ROM in upper extremities.** **Supportive devices: Patient uses walker around the home.** **Strength: Diminished strength throughout** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 70** **Activity/Mobility Status: Assistance x2, with gait belt** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐ Yes** **Needs support to stand and walk☐Yes**	.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☒ Arms ☐ Both ☐** **Orientation: Oriented x4** **Mental Status: Competent** **Speech: Clear and intact** **Sensory: Intact** **LOC: Alert**	.
PSYCHOSOCIAL/CULTURAL (2 points):	.

Coping method(s): Efficient **Developmental level: Appropriate for age** **Religion & what it means to pt: N/A** **Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives with his wife. May need more assistance with environment and support.**	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	**124**	**151/78**	**21**	**98.3**	**98** **2L NC**
1230	**110**	**131/78**	**20**	**98.3**	**96** **2L NC**

Vitals taken at 0730 show an elevated pulse, B/P, and RR. This is in part to moving and assessing the patient.
Vitals taken at 1230 are also elevated but are as to be expected due to patient condition as well as infection and chronic COPD.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730 Patient reports no pain	**0-10**				
1230	**0-10**	**Back, legs, all over**	**5**	**Dull**	**Hydrocodone given**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 gauge **Location of IV: Right forearm** **Date on IV: 9/17/20 0344** **Patency of IV: patent** **Signs of erythema, drainage, etc.: no erythema, swelling, or drainage.** **IV dressing assessment: Clean, dry, intact.**	Saline locked

Size of IV: 20 gauge **Location of IV: Right antecubital** **Date on IV: 9/16/20. 1455** **Patency of IV: patent** **Signs of erythema, drainage, etc.: no erythema, swelling, or drainage.** **IV dressing assessment: Clean, dry, intact.**	0.9% sodium chloride 150ml/hr.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
480 ml **90% of breakfast consumed**	**175 ml**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is on 2L O2 nasal cannula and receiving frequent nebulizer treatment to facilitate adequate breathing. Patient has many conditions. Current focus of treatment is aimed at treating sepsis, blood clots, tachypnea, hypomagnesemia, cellulitis, and exacerbation of COPD.

Procedures/testing done: The patient had several diagnostic tests such as an ABG, CT, chest x-ray, EKG, and lab analysis.

Complaints/Issues: Shortness of breath and mild pain.

Vital signs (stable/unstable): Blood pressure, pulse, and respiratory rate are elevated. This is expected due to infection and COPD.

Tolerating diet, activity, etc.: Patient is tolerating a regular diet well and eating most of his food. Activity is limited due to edema and sores on the lower limbs, but the patient is permitted to perform activities as tolerated.

Physician notifications: No notifications at this time.

Future plans for patient: Continue to treat infection, continue with nebulizer treatments for the shortness of breath, and continue to monitor vitals and labs.

Discharge Planning (2 points)

Discharge location: Home. Currently no discharge date is set.

Home health needs (if applicable): I am unaware of concrete plans for home health at this time. Possible home health needs might include education on chronic pain interventions and risk prone health behavior.

Equipment needs (if applicable): Patient uses walker at home. Patient also states that he has a wheel chair at his home he can use if he needs to.

Follow up plan: No home follow up plan at this time.

Education needs: Possible topics for education include chronic pain interventions, risk for falls, and coping strategies for anxiety. The patient also could benefit from education on risk-prone health behaviors such as alcoholism.

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

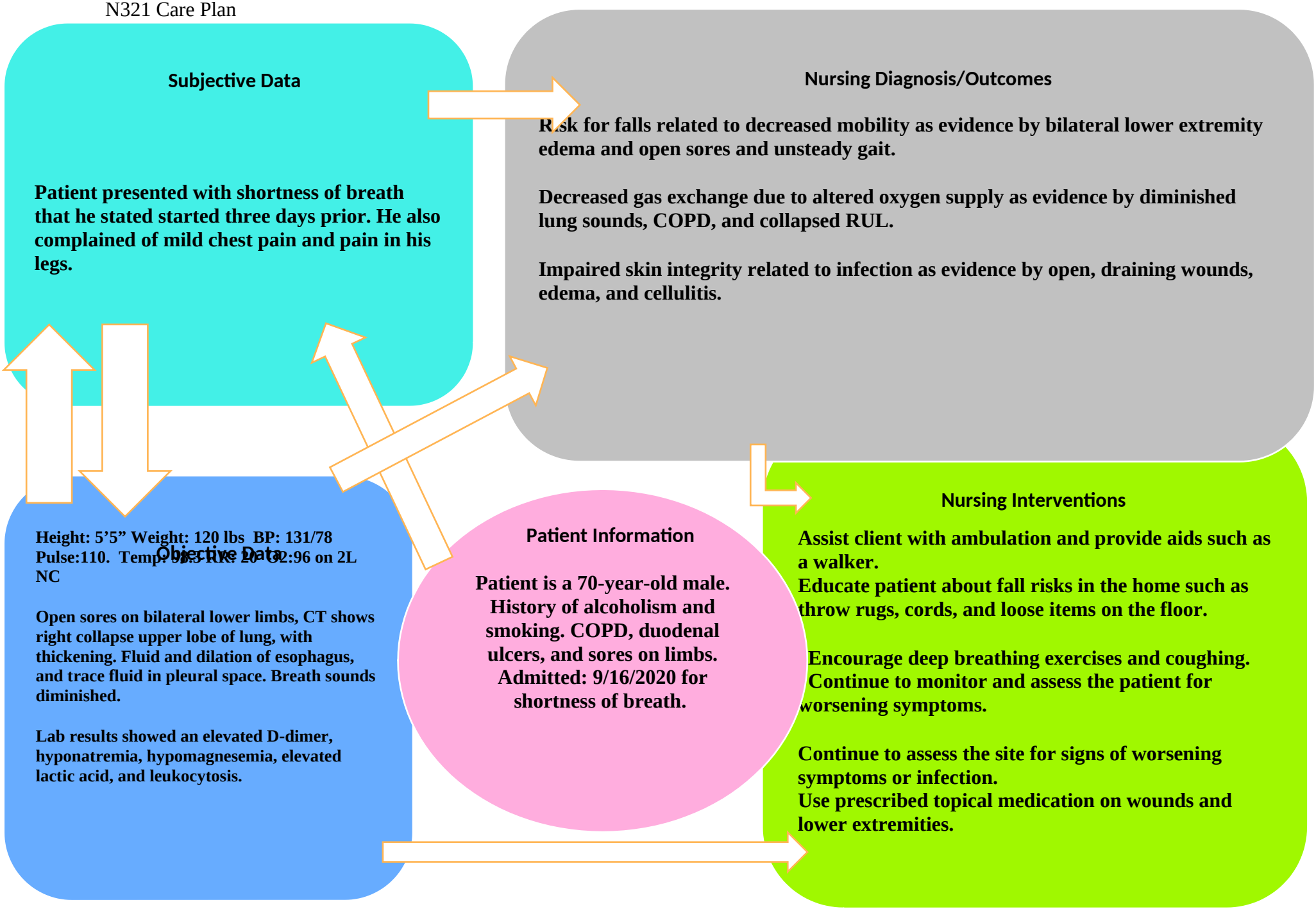
1. Risk for falls related to decreased mobility as evidence by bilateral lower extremity edema and open sores and unsteady gait.	**The patient is at risk for falls due to the condition of his lower extremities and unsteady gait.**	**1. Assist client with ambulation and provide aids such as a walker.** **2. Educate patient about fall risks in the home such as throw rugs, cords, and loose items on the floor.**	**The client allowed the nursing staff to assist him with ambulation. The client is responsive in discussing ambulation at home with a walker and a wheelchair if he should need it. The goal is to keep the patient free from falls and injury.**
2. Decreased gas exchange due to altered oxygen supply as evidence by diminished lung sounds, COPD, and collapsed RUL.	**Patient presented in the emergency department with shortness of breath. The patient has chronic COPD and has undergone a lobectomy in the past.**	**1. Encourage deep breathing exercises and coughing.** **2. Continue to monitor and assess the patient for worsening symptoms.**	**The patient does comply with breathing treatments and the respiratory therapist. He is compliant with assessment and monitoring of his vitals. The goal is to decrease his shortness of breath to be able to go home.**
3. Impaired skin integrity related to infection as evidence by open, draining wounds, edema, and cellulitis.	**The patient has open leg sores bilaterally, that are draining. He also has cellulitis and edema that increases his risk for impaired skin integrity.**	**1. Continue to assess the site for signs of worsening symptoms or infection.** **2. Use prescribed topical medication on wounds and lower extremities.**	**The patient is compliant with assessment of his skin and limbs. He understands that the medicated cream is to help the sores on his legs. The goal is to heal the sores to stop and prevent infection.**

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.

Concept Map (20 Points):

N321 Care Plan



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