N311 Care Plan #1

Lakeview College of Nursing

Olivia Powell

Demographics (5 points)

Date of Admission	Patient Initials R.M.	Age 74	Gender
Race/Ethnicity	Occupation	Marital Status	Allergies
Code Status	Height	Weight	

Medical History (5 Points)

Past Medical History:

Past Surgical History:

Family History:

Social History (tobacco/alcohol/drugs):

Admission Assessment

Chief Complaint (2 points): Pt. reports of pain from a fall

History of present Illness (10 points): Onset: History of falls, most recent fall occurred on 9/12 Location: Shoulders D: Pain fluctuates from day to day; when pain does occur, it lasts all day**.** Characteristics: Pain was stabbing when injury occurred. Pt states aching pain today. Associated Manifestations: Sitting in the same position for too long**.** Relieving Factors: Pt watches body movements and tries sitting up straight. Therapeutic Treatments: Pt takes Tylenol as needed for pain.
Pt reports she was walking up to her house at dusk. She claims she could not see where she was stepping and tripped up the stairs falling on her face. Pt came to Paris Community Hospital to be checked over to make sure nothing major had occurred. While being admitted pt found out her blood glucose levels are uncontrolled. Pt is being monitored for blood glucose levels, bruising, and pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Diabetes Mellitus

Secondary Diagnosis (if applicable):.

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

Diabetes mellitus (DM) is a disorder of carbohydrate metabolism which is characterized by high levels of blood glucose resulting from the body's inability to produce or utilize insulin (Capriotti, 2020). Due to the body's inability to utilize insulin results in high levels of blood glucose. Having such high glucose levels makes that person more susceptible to cardiovascular diseases (CVD), renal damage, and disorders of the nervous system as well as the eyes. A person with diabetes mellitus is at twice the risk of death than someone who does not have diabetes (Capriotti, 2020). Diabetes is classified into four categories: Type 1 (T1DM), Type 2 (T2DM), Gestational diabetes mellitus (GDM), and Specific types of diabetes due to other causes. Each type is causes by a different pathophysiological mechanism (Capriotti, 2020). T1DM and T2DM occur due to a mutation in multiple genes and environmental factors also play a role in both types. Some accelerators of T1DM and T2DM are obesity, sedentary behaviors, and insulin resistance (Capriotti, 2020). A major cause of T1DM is T-cell-mediated autoimmune destruction of the insulin-secreting beta cells of the pancreas. Overall, there is an absence of insulin in the body (Capriotti, 2020). T2DM is slower coming on in the body. Eventually, there is a chance the pancreatic reserve of insulin can become exhausted. There is a small amount of people that undergo autoimmune destruction of pancreatic islet cells that could possibly be due to diet or infection. (Capriotti, 2020). Only during pregnancy can GDM occur due to hormonal changes in the body that make the cells less responsive to insulin. It can be harmful to the mother and fetus which makes treatment required (Capriotti, 2020). The major pathophysiological process and cause of diabetes is dysfunctional carbohydrate metabolism. When carbohydrates are digested in the body, it is turned into glucose in the bloodstream. Glucose needs insulin to help it move freely within the body. Insulin is created by beta cells called islets of Langerhans which is located in the pancreas (Capriotti, 2020). The amount of glucose that stays in the body depends

on how much insulin was secreted which causes the storage, use, and rapid uptake by most of the cells of the body. Once the glucose is absorbed into the bloodstream, the production of insulin will control the cellular uptake of the glucose (Capriotti, 2020). Then the glucose is absorbed into the cells to be stored, made into fat, or used for energy production. If there is too much buildup of glucose in the bloodstream, the lining of blood vessels will be inflamed.

Some common signs and symptoms of DM include: dehydration, hyperglycemia, electrolyte imbalance, acetone breath, abdominal pain, and even stroke-like symptoms (Swearingen & Wright, 2019).

Diagnostic testing can be used to confirm DM. Any person that has a hemoglobin A1c level greater than 6%, overweight/obese, an have at least one or more risk factors of DM should be tested. There is an oral glucose tolerance test which is a 2-hour test where a person will ingest a glucose solution and have blood work conducted within the 2-hour period (Swearingen & Wright, 2019). There is also a Casual/Random plasma glucose test which measures the amount of glucose in the blood stream. This test is conducted any time of the day whether food has been consumed or not. It is measuring for 180 mg/dL on at least two or more occasions (Swearing & Wright, 2019). A self-glucose test may be conducted in the person's home. A blood glucose meter kit is needed for this specific test as the person pricks their finger to push their blood into a test strip for it to be read through the monitor.

Treatments for diabetes include: watching your diet, exercise, self-monitoring of blood glucose, and insulin shots (depending on which type a person is/severity). The goal of these treatments is to get the blood glucose use up in the body instead of more of storing the glucose for later use. The more buildup of glucose, the less likely the blood glucose level will decrease.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis.

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.

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-				
K+				
Cl-				
CO2				
Glucose				
BUN				
Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				

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				
pH				
Specific Gravity				
Glucose				
Protein				

Ketones				
WBC				
RBC				
Leukoesterase				

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):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Current Medications (10 points, 2 points per completed med)

5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic					
Dose					
Frequency					
Route					
Classification					
Mechanism of Action					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					

Medications Reference (APA):

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
CARDIOVASCULAR: **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:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
GASTROINTESTINAL: **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:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **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 ☐** **Needs support to stand and walk☐**	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:**	.

Sensory: **LOC:**	
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0947	**81 bpm**	**117/57** **RUP**	**16**	**98.7 F**	**98%** **Room Air**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	**0-10**	**shoulders**	**5**	**aching**	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

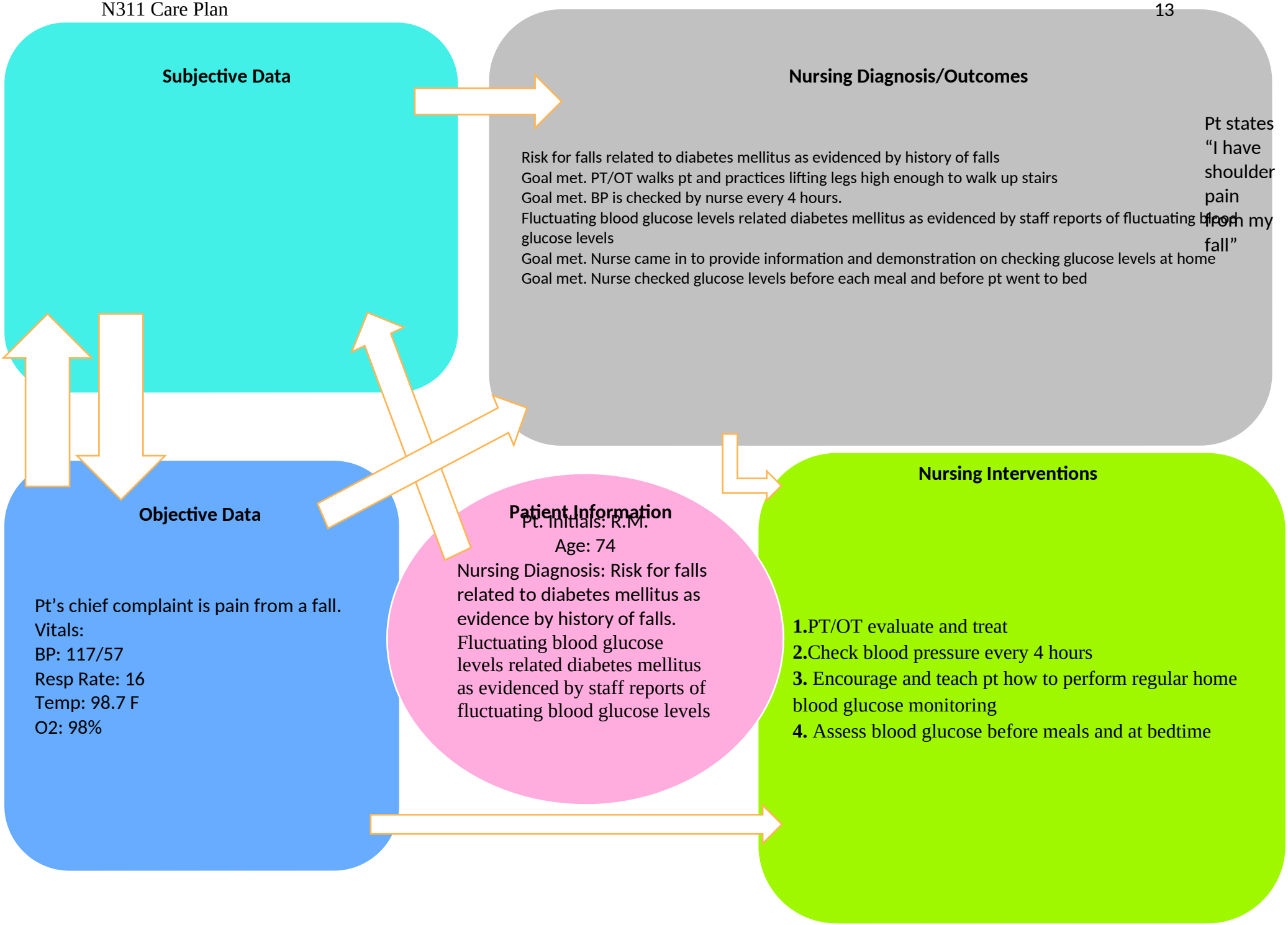
Nursing Diagnosis	Rational	Intervention (2 per dx) ALL IN ONE	Evaluation
• Include full nursing diagnosis with	• Explain why the nursing		• How did the patient/family respond

"related to" and "as evidenced by" components	diagnosis was chosen	**BOOK**	to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for falls related to diabetes mellitus as evidence by history of falls	Pt reports history of falls and states "the first fall was not as bad as this time".	**1.**PT/OT evaluate and treat **2.**Check blood pressure every 4 hours	Goal met. PT/OT walks pt and practices lifting legs high enough to walk up stairs Goal met. BP is checked by nurse every 4 hours.
2. Fluctuating blood glucose levels related diabetes mellitus as evidenced by staff reports of fluctuating blood glucose levels	Pt reported that she had blood glucose managed at home, but nursing staff reported it uncontrolled.	**1.** Encourage and teach pt how to perform regular home blood glucose monitoring **2.**Assess blood glucose before meals and at bedtime	Goal met. Nurse came in to provide information and demonstration on checking glucose levels at home Goal met. Nurse checked glucose levels before each meal and before pt went to bed

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):


Subjective Data
Pt states "I have shoulder pain from my fall"
Nursing Diagnosis/Outcomes
Risk for falls related to diabetes mellitus as evidenced by history of falls
Goal met. PT/OT walks pt and practices lifting legs high enough to walk up stairs
Goal met. BP is checked by nurse every 4 hours.
Fluctuating blood glucose levels related diabetes mellitus as evidenced by staff reports of fluctuating blood glucose levels
Goal met. Nurse came in to provide information and demonstration on checking glucose levels at home
Goal met. Nurse checked glucose levels before each meal and before pt went to bed
Objective Data
Pt's chief complaint is pain from a fall.
Vitals:
BP: 117/57
Resp Rate: 16
Temp: 98.7 F
O2: 98%
Patient Information
Pt. Initials: R.M.
Age: 74
Nursing Diagnosis: Risk for falls related to diabetes mellitus as evidence by history of falls. Fluctuating blood glucose levels related diabetes mellitus as evidenced by staff reports of fluctuating blood glucose levels
Nursing Interventions
1.PT/OT evaluate and treat
2.Check blood pressure every 4 hours
3. Encourage and teach pt how to perform regular home blood glucose monitoring
4. Assess blood glucose before meals and at bedtime