

Running head: N311 Care Plan

N311 Care Plan #1

Lakeview College of Nursing

McKayla Norton

Demographics (5 points)

Date of Admission	Patient Initials JK	Age 74	Gender F
Race/Ethnicity	Occupation	Marital Status	Allergies
Code Status	Height	Weight	

Medical History (5 Points)

Past Medical History: N/A

Past Surgical History: N/A

Family History: N/A

Admission Assessment

Chief Complaint (2 points): Pt reports a hernia.

History of present Illness (10 points):

Onset: About 2 months ago

Location: Right lower quadrant

Duration: Pain constant without meds

Characteristics: The patient feels the pain is a “sharp, aching” pain that starts in her RLQ and radiates down her right leg.

Associated/Aggravating Manifestations: Pt has pain down her leg to which she believes is associated with her hernia pain. Pt says when she stands too long at her job or has to lift something heavy, her pain worsens.

Relieving Factors: Pt said that “sitting down and applying pressure” to the area where her hernia is, helps relieve the pain.

Therapeutic Treatments: This is not the first hernia pt has had. Pt said she sought treatment for a hernia in her LLQ previously in 2006. The pt started experiencing pain in her stomach about two months ago and recognized the symptoms, so pt decided to seek medical treatment. For this current hernia, the doctor prescribed .5 mg of Hydrocodone and 325mg of Tylenol for pain management.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Pt was diagnosed with GERD.

Secondary Diagnosis (if applicable): Pt has a hernia in her LLQ.

Pathophysiology of the Disease, APA format (20 points): The patient has had a history of hiatal hernias. GERD is usually present in patients who have had many hiatal hernias. The doctor has diagnosed patient with GERD as a complication of multiple hiatal hernias. GERD stands for gastroesophageal reflux which is “defined as a chronic relapsing condition in which the reflux of the stomach content into the esophagus and beyond provokes symptoms and/or complications.” Symptoms include heartburn and regurgitation, both of which the patient stated has been an issue and is a common underlying problem (Giorgi et al., 2016). In GERD the LES is weak and allows for content of the stomach to reflux into the esophagus. Because stomach contains acidic content, when entering the esophagus, it causes irritation to the esophageal squamous epithelium. Gastric acid can erode the protective mucosal epithelial layer, this can lead to ulceration of the esophagus. Repeated injury can cause metaplasia to the esophageal epithelial cells, this can turn them into columnar cells found in the stomach. This can cause Barrett’s esophagus, which is a precancerous change to the cells (Capriotti and Frizzell, 2016). Patients can present with pain ingesting foods with high fat content or take longer to digest. Postural positioning can aggravate GERD. Diagnostic testing used for GERD are endoscopy and manometry. Clinicians can use a endoscopy to visualize esophageal mucosa, and a manometry can determine the pressure of the LES. Clinicians can administer PPIs, histamines-2 receptor antagonists, and

antacids. These focus on decreasing acidity levels of gastric secretions and improve LES functions (Capriotti and Frizzell, 2016). This patient has been advised not to lay down and reduce foods that are low in fat content to try and reduce GERD.

Pathophysiology References (2) (APA):

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

De Giorgi, F, et al. *Pathophysiology of Gastro-Oesophageal Reflux Disease*. Oct. 2016,
www.ncbi.nlm.nih.gov/pmc/articles/PMC2639970/.

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	4.0-4.9 $10^6/uL$			
Hgb	12.0-16.0 g/dL			
Hct	37.0-48.0%			
Platelets	150-400 $10^3/uL$			
WBC	4.1-10.9 $10^3/uL$			
Neutrophils	1.50-7.70 $10^3/uL$			
Lymphocytes	1.00-4.90 $10^3/uL$			
Monocytes	0.00-0.80 $10^3/uL$			
Eosinophils	0.00-0.50 $10^3/uL$			
Bands				

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145 mmol/L			
K+	3.5-5.1 mmol/L			
Cl-	98-107 mmol/L			
CO2	21.0-32.0 mmol/L			
Glucose	60-99 mg/dL			
BUN	5-20 mg/dL			
Creatinine	0.5-1.5 mg/dL			
Albumin				
Calcium	8.5-10.1 mg/dL			
Mag	1.6-2.6 mg/dL			
Phosphate	-			

Bilirubin	-			
Alk Phos	-			

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

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			
pH	5.0-7.0			
Specific Gravity	1.003-1.005			
Glucose	Negative			
Protein	Negative			
Ketones	Negative			
WBC	0-25/uL			
RBC	0-20/uL			
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 (10 points):

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Brand/ Generic	N/A	N/A	N/A	N/A	N/A
Dose	N/A	N/A	N/A	N/A	N/A
Frequency	N/A	N/A	N/A	N/A	N/A
Route	N/A	N/A	N/A	N/A	N/A
Classification	N/A	N/A	N/A	N/A	N/A
Mechanism of Action	N/A	N/A	N/A	N/A	N/A

Reason Client Taking	N/A	N/A	N/A	N/A	N/A
Contraindications (2)	N/A	N/A	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	N/A	N/A	N/A	N/A	N/A

Medications (5 required)

Medications Reference (APA):

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	

<p>CARDIOVASCULAR: Heart sounds: Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	.
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds:</p>	.

GASTROINTESTINAL:

Diet at home:

Height:

Weight:

Auscultation Bowel sounds:

Last BM:

Palpation:

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 (Left) 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):

Assessment Physical Exam (18 points)

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1055	65 bpm	126/59 RUE	20	20	94% Room Air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1000	0-10	RLQ	5/6	shooting pain/aching	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

<p>Nursing Diagnosis</p> <ul style="list-style-type: none">• Include full nursing diagnosis with “related to” and “as evidenced by” components	<p>Rational</p> <ul style="list-style-type: none">• Explain why the nursing diagnosis was chosen	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none">• How did the patient/family respond to the nurse’s actions?• Client response, status of goals and outcomes, modifications to plan.
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<p>1. Acute Pain related to surgery as evidence by pt reporting pain a 5/10 while grimacing and holding pressure to stomach.</p>	<p>1. Pt reported that her pain was a 5/10 while holding pressure to her stomach. She says she is able to tolerate it some, but the pain medicine given helps relieve the rest of the pain and helps stop the aching pain felt for a while.</p>	<p>1. Pt will receive pain medicine as ordered by doctor to help manage pain while healing from surgery.</p> <p>2. Teach the pt about the medication she is taking and advise her about the adverse effects and desired outcomes while taking the medication.</p>	<p>1. Pt understood medication given and how it helps with her healing and pain management. Pt understood what all her medications were and asked any questions she had regarding taking them. Goals were met.</p>
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<p>2. Inability to intake food because of reflux related to GERD as evidence by heartburn after eating.</p>	<p>1. Pt reported inability to intake food because of heartburn after eating, so pt has a hard time receiving adequate food intake daily.</p>	<p>1. Obtaining a nutritional history to determine feeding habits of the pt to establish a nutritional plan.</p> <p>2. Instruct the pt to eat slowly and masticate foods well.</p>	<p>1. Pt understood what foods were adequate for intake to decrease the chance of developing heartburn. Goals were met.</p>
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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

Acute Pain related to Nursing Diagnosis/Outcomes
evidence by pt reporting pain a
5/10 while grimacing and
holding pressure to stomach.

Pt understood medication given and how it helps with her healing and pain management. Pt understood what all her medications were and asked any questions she had regarding taking them. Goals were met.

2. Inability to intake food because of reflux related to GERD as evidence by heartburn after eating.
Pt understood what foods were adequate for intake to decrease the chance of developing heartburn. Goals were met.

Objective Data

Patient Information

JK
74
Pt was diagnosed with
GERD

Nursing Interventions

1. Pt will receive pain medicine as ordered by doctor to help manage pain while healing from surgery.
2. Teach the pt about the medication she is taking, and advise her about the adverse effects and desired outcomes while taking the medication.
3. Obtaining a nutritional history to determine feeding habits of the pt to establish a nutritional plan.
4. Instruct the pt to eat slowly and masticate foods well.

