

N441 Care Plan

N321 Care Plan # 1

Lakeview College of Nursing

Name Graciela Dassori

Demographics (3 points)

Date of Admission 9/13/2020	Patient Initials DJ	Age 41	Gender M
Race/Ethnicity African American	Occupation Unemployed	Marital Status Single	Allergies Bactrim: hives Lorazepam: hallucinations Vancomycin: hearing loss
Code Status Full	Height 5'8	Weight 181lbs	

Medical History (5 Points)

Past Medical History:

- **AIDS (acquired immune deficiency syndrome) (HCC)**
 - Alcohol abuse
 - Anemia due to chronic kidney disease 12/28/2019
 - Anxiety
 - Asthma
 - Cannabis dependence (HCC)
 - Chronic sinusitis
 - Diabetes
 - Edema of lower extremity
 - Foot fracture
 - Fracture of multiple ribs

- Fracture of sternum
- GERD
- Hepatitis C
- Herpes zoster
- High cholesterol
- Human immunodeficiency virus (HIV)
- Hypertension
- Influenza 2/20/2018
- Neuropathy
- Other fluid overload 12/28/2019
- Pancreatitis
- Pleurisy with effusion
 - Pneumonia
 - Rib pain

Past Surgical History:

Appendectomy

Colonoscopy (2019)

Insertion of dialysis catheter (2019)

Upper gastrointestinal endoscopy (2019)

Family History:

- Hypertension Mother
 - Hypertension Sister
 - Hypertension Brother
 - Heart Attack Maternal Grandmother
 - Cancer Maternal Grandfather
 - No Known Problems Paternal Grandmother
 - No Known Problems Paternal Grandfather

Social History (tobacco/alcohol/drugs):

Current Every Day Smoker; Packs/day: 0.5; smoked for 27 years
Drinks alcohol/social drinker
Cocaine, Marijuana regularly

Assistive Devices: n/a

Living Situation: leaves by himself in apartment

Education Level: high school

Admission Assessment

Chief Complaint (2 points): Diffuse mialgias

History of present Illness (10 points):.

Patient onset of symptoms started after consuming cocaine . He states pain in the location of his back radiating to his arms and legs, duration is continuous with the character of stabbing. No alleviating factors and aggravated by movement. And touch . It started last night while consuming drugs with a friend. He describes the pain as severe 10/10.

He did not have any fever associated, and denied any respiratory symptoms.

The patient had issues with his hemodialysis access, and claims to have been without dialysis for a month; The fistula for dialysis is positive for cluttered cocci and when pressure is applied to the area pus comes out; so dialysis was postponed till he receives antibiotics. He voided once in a 24 hour period due to the lack of dialysis this is expected.

Lab cultures are pending to rule out sepsis; the doctor has ordered to take samples from both arms to pinpoint a source of infection.

The patient also has a non healing wound on his left ankle for which he had a debridement treatment last year. It is being cleaned with Dakin's solution and wet to dry dressing.

Patient has been noted to have hallucinations when awake and overall he spent most of his day sleeping. He started crying when he was taking his breakfast stating " I feel ashamed, I didn't want to end up like this", "I better stop thinking about this" , " I cant stand the pain when I move my arms"

Primary Diagnosis

Primary Diagnosis on Admission (2 points): drug abuse cocaine and methamphetamine

Secondary Diagnosis (if applicable): infection, hyperglycemia/ acidosis, end stage renal disease, HIV

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

The abuse of drugs especially heroin, inhalants, MDMA, synthetic marijuana and nicotine has a potential to damage the kidney by dehydration and muscle breakdown. Also, the condition called heroin nephropathy is a condition associated with HIV for the use of illegal street drugs and contaminated needles.

HIV infection progressing to AIDS makes the immune system prone to infections; specially the the patient has been refusing dialysis for a month and not taking his medications; This is likely why the fistula is infected and potentially he may become septic.

Also, because of refusing dialysis for a month his lab values are showing a progressive decline.

In a person with end stage renal disease not receiving dialysis, in just a few weeks ,the build up of toxins will end up the life of the patient.

Uncontrolled diabetes makes skin ulcers difficult to heal, that is why he has a non healing wound on his left ankle since last year.

Also, missing dialysis increases the neuropathic pain related to end stage kidney disease and since most pain medication is not compatible with a low GFR he is on a high dose of gabapentin.

Signs and symptoms of end stage renal disease includes nausea, vomiting, loss of appetite, fatigue and weakness, sleep problems, changes in how much you urinate, decreased mental sharpness, muscle twitches and cramps, swelling of feet and ankles, persistent itching, chest pain, if fluid builds up around the lining of the heart, shortness of breath, if fluid builds up in the lungs, hypertension that's difficult to control.

Blood tests such as creatinine and urea in blood as well as the GFR less than 15 help diagnose end stage renal disease.

His laboratory values reflect build up of toxins in the body, he is significantly hyperglycemic at 495 , his bicarbonate was at 7 , sodium was 120, potassium with 7.3. The patient's arterial blood gas showed a pH of 7.30, pCO2 of 27, PO2 of 72, on 21% FiO2. Showing acidosis .BNP was 191.Pain 10/10.

His treatment at the time is based on 800mg of gabapentin 3 times daily; blood cultures are pending. Dialysis would be performed after administering antibiotics to prevent the spread of bacteria and causing septicemia.

Pathophysiology References (2) (APA):

Hinkle, J.L. & Cheever, K. H. (2018). Brunner & Suddarth's Textbook of medical surgical Nursing (14thed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams & Wilkins

Henry, N. J. E., McMichael, M., Johnson, J., DiStasi, A., Ball, B. S., Holman, H. C., ... Lemon, T. (2016). Rn adult medical surgical nursing: review module. Leawood, KS: Assessment Technologies Institute.

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	Admission	Today's	Reason for Abnormal Value
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	Range	Value	Value	
RBC	3.50-5.20			
Hgb	11-16	9.2		Anemia due to end stage kidney disease
Hct	34-47	29.1		Anemia due to end stage kidney disease
Platelets	140-400	92		
WBC	4-11	14.2		Infection
Neutrophils	1.60-7.70	9		Infection
Lymphocytes	1-4.90	3		
Monocytes	0.00-1.10	0		
Eosinophils	0.00-0.50	0		
Bands	3-30	12		

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
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Na-	136-145	120		ESRD/Hyponatremia
K+	3.5-5.1	7.3		Hyperkalemia /ESRD
Cl-	98-107	91		Hypochloremia/ ESRD
CO2	21-32	7		Acidosis/impaired ammonia excretion
Glucose	60-99	646	130	Acute distress/ diabetes
BUN	7-18	116		ESRD
Creatinine	0.60-1.30	13.34		ESRD
Albumin	3.4-5	5.5		Infection
Calcium	8.5-10.1	7.6		Hypocalcemia/ kidney unable to make vitamin D
Mag	1.7-2.2	1.9		
Phosphate	2.5-4.5	5.8		ESRD
Bilirubin	0.1-1.2	2.5		ESRD
Alk Phos	20-140	141		ESRD
AST	15-37	31		
ALT	7-56	14		
Amylase	23-85	60		
Lipase	0-160	134		
Lactic Acid	2-4	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	2.0 to 3.0	n/a	n/a	
PT	10 to 12 seconds	n/a	n/a	
PTT	30 to 45 seconds	n/a	n/a	
D-Dimer	Less than 3.42	n/a		
BNP	Less than 125	n/a		
HDL	40-59	n/a		
LDL	100-129	n/a		
Cholesterol	200-239	n/a		
Triglycerides	less than	n/a		

	150			
Hgb A1c		n/a		
TSH	0.4-4	2		

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	n/a		
pH	5-8.5	n/a		
Specific Gravity	1.000-1.030	n/a		
Glucose	Negative	n/a		
Protein	NEG	n/a		
Ketones	NEG	n/a		
WBC	0-5	n/a		
RBC	NEG	n/a		
Leukoesterase	NEG	n/a		

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	NEG	n/a		
Blood Culture		n/a	Pending	
Sputum Culture		n/a	n/a	
Stool Culture		n/a	n/a	

The patients abnormal lab values are abnormal because the patient has not had dialysis in a month and he is not taking his medications so, this creates toxin build up in the body making most of his labs look abnormal since there is no filtration of toxins with ESRD.

Lab Correlations Reference (APA):

Hinkle, J.L. & Cheever, K. H. (2018). Brunner & Suddarth's Textbook of medical surgical Nursing (14thed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams & Wilkins.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Imaging:

Chest x-ray clear

Echocardiogram:

Echo June 2020: EF 55%, diastolic dysfunction, mild mitral regurgitation

Microbiology:

COVID-19 testing negative, rapid test

Diagnostic Test Correlation (5 points): Chest x- ray clear shows there is no build up of fluid in the lungs; valvular disease with regurgitation is common in patients in dialysis and end stage renal disease since the build up of toxins hardens the arteries and calcified them.

Diagnostic Test Reference (APA):

Hinkle, J.L. & Cheever, K. H. (2018). Brunner & Suddarth's Textbook of medical surgical Nursing (14thed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams & Wilkins.

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Brand/Generic	Tivicay (dolutegravir)	abacavir (ZIAGEN)	amlodipine (NORVASC)	Calcitriol (ROCALTRONOL)	carvedilol (COREG)
Dose	50 MG Tablet	600 MG Tablet	1	0	6
Frequency	Daily	Once a day	Once a day	Once a day	Once a day
Route	PO	PO	PO	PO	PO
Classification	Antiretrovirals	Antiretrovirals	calcium channel blockers	vit D analog	beta blockers

Mechanism of Action	blocks HIV replication	blocks HIV replication	inhibits the movement of calcium ions	acts on cells in the gastrointestinal tract to increase the production of calcium	Improves heart contractility lowers blood pressure
Reason Client Taking	HIV	HIV	Hypertension	Hypocalcemia	Mitral regurgitation /hypertension
Contraindications (2)	-intercurrent illness -surgery precluding oral intake	-liver problems -pancreatitis	-liver disease -coronary artery disease	- hypercalcemia - Immobilized patients	- glaucoma - breathing problems
Side	-hepatotoxicity	-Nausea	-Swelling of	-weakness	-

Effects/Adverse Reactions (2)	-headache	-sleep problems	the ankles or feet -dizziness	-headache	dizziness - drowsiness
Nursing Considerations (2)	-monitor liver function periodically - use with precaution in kidney disease	-monitor liver function periodically -report signs of peripheral neuropathy or pancreatitis	-Monitor BP -monitor peripheral or facial edema	<ul style="list-style-type: none"> Assess for symptoms of vitamin deficiency prior to and periodically during therapy. - Assess patient for bone pain and weakness prior to and during therapy 	Monitor intake and output and daily weight. -Assess for fluid overload

Hospital Medications (5 required)

Brand/Generic	Hydralazine (Apresoline)	insulin glargine (LANTUS)	insulin lispro (HUMALOG)	Gabapentin (neurotin)	pantoprazole (PROTONIX)
Dose	10 MG	8 Units	Sliding scale	800mg	40mg
Frequency	TID	nightly	TID	TID	Once a day
Route	PO	Subcutaneous	Subcutaneous	PO	BID
Classification	Vasodilator	blood-glucose-lowering agent	blood-glucose-lowering agent	anticonvulsants	Anti-ulcer

Mechanism of Action	Inhibits calcium	regulate glucose metabolism	regulate glucose metabolism†	Inhibit calcium channels	Inhibits the final step in gastric acid production
Reason Client Taking	Hypertension	Diabetes	Diabetes	Neuropathic pain	Protect stomach lining

<p>Contraindications (2)</p>	<p>-Renal failure -heart failure</p>	<p>- hypoglycemia -decreased kidney function</p>	<p>- hypoglycemia -decreased kidney function</p>	<p>-depression. -kidney disease</p>	<p>Hypersensitivity to pantoprazole - Concurrent therapy with rilpivirine-containing products</p>
<p>Side Effects/Adverse Reactions (2)</p>	<p>-loss of appetite - nausea</p>	<p>- hypoglycemia -weight gain</p>	<p>- hypoglycemia -weight gain</p>	<p>-Somnolence -Sedation and Dizziness</p>	<p>-Headache -joint pain</p>

Nursing Considerations (2)	-check BP at least weekly - assess feet and ankles for fluid retention	-administer subQ - rotate sites	-administer subQ - rotate sites	-Advise patient not to take gabapent in within 2 hr of an antacid - do not drive if somnolence is noted	-Ensure the continuity of gastric acid suppression during transition from oral to I.V, -Instruct patient not to chew capsules or crush tablets and swallow immediately because may cause irritation if held in mouth
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Medications Reference (APA):

nvanz. (2018). In *Physicians' Desk Reference* (65th ed., pp. 2127-2134). Montvale, NJ: PDR Network.

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: alerted x3 Orientation: to place, time, person Distress: none Overall appearance: looks tired, disinterested</p>	
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INTEGUMENTARY (2 points):

Skin color: black

Character: elastic

Temperature: cold to touch

Turgor: hydrated

Rashes:none

Bruises: none

Wounds: left ankle

Braden Score: 22

Drains present: Y N

Type:

HEENT (1 point):

Head/Neck: normocephalic, no palpable glands, no tracheal deviation

Ears: no drainage/ clear ear canal

Eyes: sclera is white, clear lacrimals, no secretions

Nose: nostrils are patent

Teeth: good dentition

CARDIOVASCULAR (2 points):

Heart sounds: S1,S2

S1, S2, S3, S4, murmur etc.

Cardiac rhythm (if applicable): Regular

Peripheral Pulses: present weak

Capillary refill: within 5sec

Neck Vein Distention: Y N Edema Y N

Location of Edema:

RESPIRATORY (2 points):

Accessory muscle use: Y N
Breath Sounds: Location, character
Clear lung sounds in all quadrants

GASTROINTESTINAL (2 points):
Diet at home: regular diet
Current Diet: regular
Height: 5'8
Weight: 180
Auscultation Bowel sounds: present in all quadrants
Last BM: today
Palpation: Pain, Mass etc.: no pain with palpation
Inspection:
 Distention: none
 Incisions: none
 Scars: none
 Drains: none
 Wounds: none
Ostomy: Y N
Nasogastric: Y N
 Size:
Feeding tubes/PEG tube Y N
 Type:

GENITOURINARY (2 Points):

Color: anuric

Character: not assessed

Quantity of urine: none

Pain with urination: Y N

Dialysis: Y N

Inspection of genitals: no lesions noted

Catheter: Y N

Type:

Size:

MUSCULOSKELETAL (2 points):

Neurovascular status:

ROM: limited ROM

Supportive devices: n/a

Strength: weak

ADL Assistance: Y N

Fall Risk: Y N

Fall Score: 23

Activity/Mobility Status: independent

Independent (up ad lib) no

Needs assistance with equipment no

Needs support to stand and walk no

NEUROLOGICAL (2 points):

MAEW: Y x N

PERLA: Y x N

Strength Equal: Y X N if no - Legs Arms Both

Orientation: place, time, self

Mental Status: alert

Speech: clear

Sensory: intact

LOC: intact

PSYCHOSOCIAL/CULTURAL (2 points):

Coping method(s): friends/ family talk

Developmental level: behaves his age

Religion & what it means to pt.: believes in god

Personal/Family Data (Think about home environment, family structure, and available family support):

Has some friends

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:00am	69	112/59	20	36.6	96 RA

10:00am	65	120/62	20	36.4	97 RA
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Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:45am	10	Arms/back	Severe	Throbbing	Gabapentin
9:00am	7	Arms/back	Severe	Throbbing	Will continue to monitor for pain

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
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Size of IV:20 Location of IV:ledt arm Date on IV: 9/12/20 Patency of IV: patent Signs of erythema, drainage, etc.:no signs of infection IV dressing assessment: Dressing is clean and in place	Saline lock
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
300ml	0 ml

Nursing Care

Summary of Care (2 points)

Procedures/testing done: lab samples for lab culture

Complaints/Issues: Neck pain , headache

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: tolerating well

Physician notifications: will continue antibiotics, scheduled meds and continue to monitor progress

Future plans for patient: discharge

Discharge Planning (2 points)

Discharge location: private apartment

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: follow up with PCP in a week and as needed

Education needs: substance abuse

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none">• Include full nursing diagnosis with “related to” and “as evidenced by” components	Rational <ul style="list-style-type: none">• Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation <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.

<p>1. Acute pain related to neuropathy as evidenced by patient statement pain 10/10</p>	<p>Provide pain relief</p>	<p>1. Assess type and location of patient's pain whenever vital signs are obtained and as needed.</p> <p>2. Acknowledge existence of pain; inform patient of available analgesics</p>	<p>Resident is rating her pain in a scale from 0 to 10; resident is restricting move on affected extremity.</p> <p>Current PRN pain meds are being effective controlling pain</p> <p>No modification to plan needed at the time</p>
<p>2.- Risk for infection related to high WBC as evidenced by infected fistula</p>	<p>Avoid infection</p>	<p>1-Early recognition of infection to allow for prompt treatment</p> <p>2-Patient will demonstrate a meticulous hand</p>	<p>Patient verbalizes he will report signs of infection and will practice proper hand washing technique</p> <p>No modification to plan needed at the time</p>

		washing technique.	
2. impaired skin integrity related to uncontrolled diabetes as evidenced by non healing wound on left ankle	Avoid diabetic wound ulcers	1.Assess site of impaired tissue integrity and its condition 2-Assess characteristics of wound, including color, size	Patient verbalize he will report changes in skin and will notify of the existence of new wounds or signs of infection No modification to plan needed at the time
3. Impaired physical mobility related pain as evidenced by patient statement pain 10/10	Patient is unable to move arms due to pain	-Assess the emotional response to the disability or limitation -Consider the need for home assistance	Patient verbalize and understands the need of assistance due to his condition and he is encourage to verbalize feelings about the progression of his disease Plan may need to include palliative care/ hospice home assistance

<p>4.- deficient knowledge related to misunderstanding treatment options as evidenced by refusing medications</p>	<p>Patient is unable to understand the consequences of refusing treatment</p>	<p>-Observe and note existing misconceptions regarding material to be taught - Assess barriers for learning</p>	<p>- Patient verbalizes he may want to self medicate with drugs and refuses treatment because of anticipating faster progress of disease. He is unaware of hospice care for assistance and pain relief in terminal illnesses.</p> <p>Plan may need to include palliative care/ hospice home assistance</p>
<p>5.-ineffective health maintenance related to illness as evidenced by refusing scheduled medications and dialysis</p>	<p>Patient is not following his medical treatment at home</p>	<p>1-. asses the thoughts, feelings, beliefs, values and reasons of not doing the recommended plan of care</p> <p>2.-assess financial status and presence of support groups</p>	<p>patient verbalize he lacks support in his community and he felt sad of ending his life like this. He will like to have more support</p> <p>Plan may need to include palliative care/ hospice home assistance</p>

Other References (APA):

Hinkle, J.L. & Cheever, K. H. (2018). Brunner & Suddarth's Textbook of medical surgical Nursing (14thed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams & Wilkins.

Concept Map (20 Points):

Subjective Data

- patient verbalizes pain 10/10
- patient verbalize lost of independence

Nursing Diagnosis/Outcomes

- 1-Acute pain related to neuropathy as evidenced by patient statement pain 10/10
- 2.-impaired skin integrity related to uncontrolled diabetes as evidenced by non healing wound on left ankle
- 3.-Impaired physical mobility related pain as evidenced by patient statement pain 10/10
- 4.-deficient knowledge related to misunderstanding treatment options as evidenced by refusing medications
- 5.-ineffective health maintenance related to illness as evidenced by refusing scheduled medications and dialysis

Objective Data

Pulse:69
BP: 112/59
Resp: 20
Temp:36.6
O2: 96 RA

Patient Information

41 years old male with hx of cocaine use. Brought to the hospital by his friend after he started feeling sick after consuming drugs. Has been without dialysis or taking HIV medications for a month

- Assess type and location of patient's pain whenever vital signs are obtained and as needed.
- Acknowledge existence of pain; inform patient of available analgesics
- Early recognition of infection to allow for prompt treatment
- Patient will demonstrate a meticulous hand washing technique.
- Assess site of impaired tissue integrity and its condition
- Assess characteristics of wound, including color, size
- Observe and note existing misconceptions regarding material to be taught
- Assess barriers for learning
- . assess the thoughts, feelings, beliefs, values and reasons of not doing the recommended plan of care
- assess financial status and presence of support groups

End stage renal disease, substance abuse, HIV

