

N311 Care Plan #2

Lakeview College of Nursing

Olivia Powell

Demographics (5 points)

Date of Admission	Patient Initials V.C.	Age 86	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 an abscess on left hip.**History of present Illness (10 points):** Onset: “on admission to the unit”. Location: Left hip.

Duration: “doesn’t last too long” pt stated. Characteristics: When pt moves, pain is sharp and constant even when stationary. Associated Manifestations: Pt stated, “when I move that’s when the pain is sharp”. Relieving Factors: Tylenol prn. Therapeutic Treatments: No treatment needed until admission on the unit.

Pt reports she did not have an issue with her left hip until admission onto the unit. She has a 12 in incision with staples with an abscess that formed upon admission. Wound is red with red/yellowish drainage. When pt moves that is when pain occurs the most so pt then moves to a different position to help relieve some of the pain. Pt is being checked for spread of infection and for healing from the incision site.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Abscess on left hip

Secondary Diagnosis (if applicable):

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

A skin abscess is a bump that appears under or within the skin's surface. Another name for a skin abscess is a boil. A skin abscess is typically filled with pus or clear fluid. This bump occurs mainly from a bacterial infection (Kahn, 2019). Since it does mainly occur from a bacterial infection, skin abscesses can form anywhere on the body. The most common areas include the face, back, or buttocks. They can also appear in places of hair growth such as the axilla or the groin area. A person may be more at risk for an abscess if over the age of 65, extremities are swollen, received an organ transplant, or a weakened immune system (Kahn, 2019).

The most common types of skin abscesses include bacterial and infected hair follicles. For the bacteria-based abscess, *staphylococcus aureus* is the most common (Kahn, 2019). When the bacteria enter in the body, white blood cells are sent to the affected area to attack the bacteria. Sometimes the nearby tissue dies, which then creates a hole filled with pus. This bacterium enters into the body through a hair follicle or wound injury that broke or punctured the skin. An infected hair follicle infection occurs when the follicle is trapped and unable to break through the skin (Kahn, 2019). This process is also known as an ingrown hair which sets the scene for an infection.

Some common signs and symptoms for a skin abscess include fever greater than 100.4 degrees Fahrenheit, edema, reddening of the skin, or warm skin (Swearingen & Wright, 2019).

Diagnostic testing for a skin abscess has multiple ways to confirm the diagnosis. One way of testing is testing for increased levels of white blood cell count. Another test is

radiographic evaluation to identify the abscess. The most well-known way of testing is culture and sensitivity of tissue by biopsy or a swab to determine the antibiotic (Kahn, 2019).

Treatments for a skin abscess vary depending on how severe the abscess is infected as well as the location of the abscess. Most of the time a skin abscess is harmless and can go away without treatment, but sometimes the more difficult abscesses can require laceration or even drainage. For a minor abscess, a topical cream and over the counter medications may be needed to help the healing process (Kahn, 2019). A mild disinfectant may be used to cleanse the surrounding area once the drainage to cleaned off the infected area. If the abscess is able to be treated at home, a warm compress can normally shrink and drain the abscess. Of the possible treatment options listed, the patient’s current orders included pain medication per physicians’ orders and regularly changed wound dressing with a mild disinfectant to clean around the infected area.

Pathophysiology References (2) (APA):

Kahn, A. (2019, July 31). What Causes Skin Abscess? Retrieved from

<https://www.healthline.com/health/skin-abscess>

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				
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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 different 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):

Physical Exam (18 points)

<p>GENERAL: Alertness: A&O x4 Orientation: Orientated to person, place, time, and current events. Distress: Pt appears distressed due to pain. Overall appearance: Well groomed.</p>	
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: Head and neck symmetrical. No lesions/rashes noted. Ears: Auricle was pink, moist, with no lesions or rashes noted. Eyes: Pt uses glasses to help with reading. Upon inspection, sclera was white, cornea was clear, conjunctiva was pink with no discharge or lesions noted. Nose: Septum midline. No bleeding or drainage noted. Teeth: Pt has natural teeth on top and bottom. Good dentition overall.</p>	
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. 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"/></p>	

<p>Breath Sounds: Location, character</p>	
<p>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 <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	
<p>NEUROLOGICAL:</p>	

MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> 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
0845	62 bpm	128/51 LUE	18	98.2 F	89% On nasal cannula

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0-10	Left hip	5	Sharp, constant	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

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

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.
1. Acute pain related to abscess on left hip as evidenced by pt reports “pain 5 out of 10 on left hip abscess.	Pt reports pain “doesn’t last too long” when it does occur.	1.Administer medication per physician order for pain management. 2.Educate pt about pain medication.	Goal met. Nurse administered pain medication to pt per physicians’ orders. Goal met. Nurse educated pt about the effects of pain medication.
2. Impaired skin integrity related to abscess on left hip as evidenced by wound dressing clean and intact.	Nursing staff reports of “left hip abscess and wound dressing is changed regularly”.	1. Assess the incision for drainage, separation of edges, and increase/decrease inflammation. 2. Cleanse drainage or secretion from intact skin surrounding the wound with a mild disinfectant.	Goal met. Nurse assessed incision for any improvements/changes. Goal met. Drainage was cleansed from skin and a disinfectant was used to clean the wound before putting on the appropriate dressing.

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 "abscess of left hip upon admission".

Nursing Diagnosis/Outcomes

Acute pain related to abscess on left hip as evidenced by pt reports "pain 5 out of 10 on left hip abscess"
Goal met. Pt's pain level is now 3 out of 10 on a scale of 0-10 by discharge.
Goal met. Pt pain meds are now only PRN by discharge.
Impaired skin integrity related to abscess on left hip as evidenced by wound dressing clean and intact.
Goal met. Pt will have 6 in dressing by discharge.
Goal met. Pt will have normal skin integrity by discharge.

Objective Data

Pt's chief complaint was abscess on left hip.
Vitals:
BP: 128/51
Pulse: 62 bpm
Resp Rate: 18
Temp: 98.2 F
O2: 89%

Patient Information

Pt Initials: V.C. Age: 86
Nursing Diagnosis: Acute pain related to abscess on left hip as evidenced by pt reports "pain 5 out of 10 on left hip abscess."
Impaired skin integrity related to abscess on left hip as evidenced by wound dressing clean and intact

Nursing Interventions

Nurse administered pain medication per physicians' orders.
Nurse educated pt about the effects of pain medication.
Nurse assessed incision or any improvements/changes.
Drainage was cleansed from skin and a disinfectant was used to clean the wound before putting on the appropriate dressing.



