N311 Care Plan # 2

Lakeview College of Nursing

McKayla Norton

Demographics (5 points)

Date of Admission	Patient Initials JW	Age 49	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 came into the hospital with complaints of stomach pain.

History of present Illness (10 points):Pt stated that her stomach pain started about two weeks ago. She stated her pain was a constant duration. She describes it as an "intense, sharp pain" that felt like "cramping that wouldn't go away". Pt also stated that she felt very nauseous and the pain had made her eat less than normal. Pt stated that she would use the bathroom to try and relieve the pain but had no luck. She tried changing her diet to foods like jello and pudding because she stated it "soothed" her stomach. Pt stated that this did not always work, so she would often skip meals to avoid becoming sick and vomiting. Pt had not sought any previous treatment for this chief complaint, this is the first time pt has experienced this. The physician ordered IV antibiotics and was placed on a Tylenol drip to help with pain management.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):The primary diagnosis for this pt was appendicitis.

Secondary Diagnosis (if applicable):Pt also presented with gallstones.

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

According to *Pathophysiology: introductory concepts and clinical perspectives,* appendicitis is "an inflammation of the vermiform appendix, which is a blind-ended, pouchlike area that protrudes from the cecum where the small intestine meets the large intestine" (Capriotti & Frizzell, 2016, p.688). If appendicitis is left untreated it can cause major issues. Untreated appendicitis can lead to the appendix to rupture, causing peritonitis (Capriotti & Frizzell, 2016). Appendicitis usually develops during childhood and young adulthood, though it can happen at any age. An example of this would be my patient. The patient is 49 and just recently developed symptoms of appendicitis. This example shows that no matter the age, it can still happen to someone. Perforation of the appendix can happen in anyone but occurs more in children and the elderly (Capriotti & Frizzell, 2016). It is important to know the signs and symptoms of appendicitis. Although, there is a low mortality rate of 0.2% to 0.8% caused by complication of this disease, the older you get the percentage jumps to over 20% due to delay in diagnosis (Capriotti & Frizzell, 2016). Typical signs and symptoms of appendicitis are abdominal pain, rebound tenderness, and guarding of the right lower quadrant. Abdominal pain is common. Pain originates in the umbilical area and radiates to the right lower quadrant, this is known as McBurney's point (Capriotti & Frizzell, 2016). As time goes on, the appendix becomes more inflamed causing the severity in pain to increase. My patient reported she had pain radiating to her right lower quadrant and rated

her pain for this to be a 9 on a scale from 0-10. Rebound tenderness presented when the physician deeply palpated the patient's abdomen. The patient then felt increased pain as the physician released pressure from her abdomen. Often times when patients feel pain in their abdomen they begin to guard. Guarding is when patients guard the right lower quadrant by bringing their legs into a fetal position to relieve tension on their abdominal muscles (Capriotti & Frizzell, 2016). Other signs and symptoms include abdominal distention and a low-grade fever. There are two major events that cause appendicitis. The "narrowing of the appendix lumen because of an obstruction that results in ischemia and a compromised blood supply to the region" or "development of a medium for bacterial growth as normal mucous secretions remain trapped behind the lumen because of the narrowing. These trapped secretions add to the increasing intraluminal pressure and distention" (Capriotti & Frizzell, 2016 p. 689). As a result, the protective mucosa becomes compromised and bacteria attacks the wall of the appendix. This can cause inflammation. A combination of inflammation and tissue ischemia can lead to necrosis and perforation of the appendix (Capriotti & Frizzell, 2016). Peritonitis is then possible with perforation. Bacteria, WBCs, and mucus then enter the peritoneal cavity, causing peritonitis (Capriotti & Frizzell, 2016). There are a few diagnostic tests that can be used to determine if a patient is suffering from appendicitis. Physicians can use a computed tomography (CT) scan to determine if it is appendicitis by being able to view the abdomen (Swearingen & Wright, 2019). Lab draws can be done to see if appendicitis is present. A white blood count can reveal the presence of leukocytosis. The presence of more than 75% of neutrophils is a consistent finding of later stages of appendicitis (Swearingen & Wright, 2019). An ultrasound of the abdomen may also be used as a diagnostic test. These are used to rule out

appendicitis or other conditions that may mimic it. This is found to be more successful when diagnosing children with appendicitis. Using an ultrasound can rule out other diseases that may mimic appendicitis like Crohn's disease, diverticulitis, and gastroenteritis (Swearingen & Wright, 2019). Physicians also use x-rays, urinalysis, and IV pyelogram. They use x-rays to see if free air is noted in the abdominal cavity (Swearingen & Wright, 2019). A urinalysis is used to rule out any genitourinary conditions that also mimic appendicitis, and IV pyelogram is used to rule out ureteral stone or pyelitis (Swearingen & Wright, 2019). Treatment for appendicitis can be antibiotics if caught in the early stages. Continuous monitoring for peritonitis and IV therapy to restore fluid and electrolyte balance is essential (Capriotti & Frizzell, 2016). Primary treatment for acute appendicitis should be pain management and surgical removal of the appendix. I believe this is the best treatment for my patient. My patient ended up receiving pain medicine and having her appendix removed laparoscopically.

Pathophysiology References (2) (APA):

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

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 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):

Assessment

Physical Exam (18 points)

GENERAL: **Alertness: A&O x 4** **Orientation: Pt was oriented to person, time, place, and current events.** **Distress: Pt appeared to be in no acute distress.** **Overall appearance: Overall appearance of pt was well groomed.**	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	

HEENT: **Head/Neck: Head and neck symmetrical No rash or lesions noted.** **Ears: Outside of the ear did not present with any lesions or abnormalities.** **Eyes: Pt uses glasses to help with nearsighted vision. Upon inspection, sclera was white, cornea was clear, conjunctiva was pink with no lesions or discharged noted.** **Nose: Septum midline. No drainage or bleeding noted.** **Teeth: Pt has natural teeth on bottom and top. Good dentition overall.**	.
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
0845	**109**	**100/53 Left upper extremity**	**22**	**100.3 F**	**96 room air**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0710	**0-10**	**Right lower quadrant**	**9** **Pt said a comfortable pain level would be a 5-6.**	**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	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. Acute pain related to the inflammatory process as evidence by pt rating pain a 9 on a scale of 0-10.	**Pt reported pain to be a 9/10 and pt was experiencing increasing pain in the abdomen, not allowing her to become comfortable.**	**1.Pt will receive pain medicine as ordered by doctor to help manage pain while waiting for appendectomy 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. Advise the pt she should take her medicine on time and not wait for symptoms become severe.**	**Patient reported her pain as a 510 after receiving pain interventions. Patient said a 5/10 is her baseline for being able to manage pain. Patient demonstrated understanding of at-home medications by repeating back when to take medications and what to look for in adverse effects. Goals were met.**
2. Imbalanced nutrition less than body requirements related to inability to intake food/fluids because of nausea and vomiting as evidence by pt report of vomiting after fluid and food	**The pt reported that consuming foods and fluids caused her to vomit causing her to skip meals.**	**1. Obtaining a nutritional history to determine feeding habits of the pt to establish a nutritional plan.** **2. Give IV fluids per order from doctor to replace fluids that are**	**Patient understood that a low-fat diet would be beneficial after NPO restrictions are lifted after surgery. After IV fluids were administered, pt input and output levels were balanced. Goals were met.**

intake and NPO diet restrictions.		**depleted in the body.**	

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt stated her pain was a constant duration. She describes it as an "intense, sharp pain" that felt like "cramping that wouldn't go away". Pt also stated that she felt very nauseous and the pain had made her eat less than normal. Pt rated her pain a 9/10.

Nursing Diagnosis/Outcomes

Risk for infection related to inadequate primary defense occurring with inflammatory process as evidence by ruptured appendix.
Desired outcome:
The pt free of infection by evidence of heart rate 100 bpm or less, respiratory rate 12-20 breaths/minute with normal depth and pattern, and nondistended abdomen by time of pt discharge.
Acute pain related to inflammatory process as evidence by pt rating pain at a 9 on pain scale of 0-10.
Desired outcome:
Pt rates pain a 0 on pain scale after receiving pain-relieving interventions prior to discharge.

Objective Data

Pt had a low-grade fever of 100.3 and her blood pressure was 100/53. Pt HR was 109.

Patient Information

JW
49
Pt was primarily diagnosed with appendicitis.

Nursing Interventions

1.Pt will receive pain medicine as ordered by doctor to help manage pain while waiting for appendectomy 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. Advise the pt she should take her medicine on time and not wait for symptoms become severe.
. 1. Obtaining a nutritional history to determine feeding habits of the pt to establish a nutritional plan.

2. Give IV fluids per order from doctor to replace fluids that are depleted in the body.