

N321 Care Plan #2

Lakeview College of Nursing

Matthew Catlett

Demographics (3 points)

Date of Admission 09/22/20	Patient Initials R.S.	Age 46 y/o	Gender Male
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Married	Allergies NKDA
Code Status Full Code	Height 5'11"	Weight 193 lbs	

Medical History (5 Points)

Past Medical History: Hypertension

Past Surgical History: No past surgical history

Family History: Father also suffered from alcohol abuse and hypertension; client does not know mother.

Social History (tobacco/alcohol/drugs): Client reports heavy alcohol intake, no drug or tobacco use. Client stated upon admission that he drank "2 pints of vodka" causing 0.44 BAC.

Assistive Devices: N/A

Living Situation: Lives with wife in single level home.

Education Level: Has completed 4-year degree.

Admission Assessment

Chief Complaint (2 points): No chief complaint upon admission.

History of present Illness (10 points): 46 y/o client presents to ED via ambulance due to extreme alcohol intoxication. 0.44 BAC, with hypertension. Client not alert upon admission, unaware of location, date, and name. Client was picked up from rehabilitation facility, but was too unstable to receive treatment from rehabilitation facility.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Alcohol withdrawal

Secondary Diagnosis (if applicable): Hypertension

Pathophysiology of the Disease, APA format (20 points): Alcohol withdrawal occurs after weeks, months, or years of heavy alcohol abuse followed by abrupt termination of alcohol consumption. Chronic alcohol consumption can cause the body to adjust to constant alcohol intake and intoxication, and when the alcohol consumption stops, the body does not change accordingly. This causes the symptoms of alcohol withdrawal. These symptoms include anxiety, high blood pressure, confusion, headaches, nausea and vomiting, insomnia, and sweating. Treatments for alcohol withdrawal include treating the symptoms of alcohol withdrawal, especially anxiety, headache, increased blood pressure, and possible electrolyte imbalance caused by organ impairment/failure. To treat electrolyte imbalance, a test to see the levels of electrolytes must be done to find the exact electrolytes that are imbalanced, and to find how aggressive to treat those issues. To prevent future issues with alcohol withdrawal, patients are encouraged to quit drinking alcohol altogether, and if they find themselves having alcohol withdrawal symptoms again, they should call 911 or report to the nearest emergency department to treat symptoms.

Pathophysiology References (2) (APA):

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

Ambardekar, N. (2019, November 06). Alcohol Withdrawal: Symptoms, Treatment and Alcohol Detox Duration. Retrieved September 30, 2020, from <https://www.webmd.com/mental-health/addiction/alcohol-withdrawal-symptoms-treatments>

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 Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.5-6	4.53		
Hgb	14-16	16.6		
Hct	35%-47%	46.9 %		
Platelets	150-400	110		Low platelet caused by possible cirrhosis.
WBC	4.5-11	4.5		
Neutrophils	1.7-7.0	2.9		
Lymphocytes	0.9-2.9	1.31		
Monocytes	0-0.9	0.17		
Eosinophils	0.05-0.5	0.07		
Bands	0-0.5	N/A		

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-	135-145	140		
K+	3.5-5.5	3.1		Low potassium caused by excessive alcohol use.
Cl-	95-110	104		
CO2	23-31	23		

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Glucose	70-110	91		
BUN	8-25	4		Decreased BUN caused by decreased liver/kidney function.
Creatinine	0.7-1.5	0.66		Decreased AST caused by decreased liver/kidney function.
Albumin	3.5-5.0	3.2		Decreased albumin caused by decreased kidney function.
Calcium	8.4-10.3	6.9		Decreased calcium caused by kidney dysfunction
Mag	1.6-2.6	1.4		Decreased magnesium caused by poor nutritional intake/ decreased kidney function
Phosphate				
Bilirubin	0.2-1.2	5.9		Elevated bilirubin caused by decreased liver function.
Alk Phos	40-150	209		Elevated Alk Phos caused by decreased liver function.
AST	16-40	326		Elevated AST caused by decreased liver function.
ALT	7-52	77		Elevated ALT caused by decreased liver function.
Amylase				
Lipase				
Lactic Acid	0.5-2.2	3.61		

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	No blood or total cholesterol test given to this client.	-	-	-

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PT	-	-	-	-
PTT	-	-	-	-
D-Dimer	-	-	-	-
BNP	-	-	-	-
HDL	-	-	-	-
LDL	-	-	-	-
Cholesterol	-	-	-	-
Triglycerides	-	-	-	-
Hgb A1c	-	-	-	-
TSH	-	-	-	-

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	Clear-yellow; clear to slightly hazy	Yellow, clear	Yellow, clear	-
pH	4.5-8	N/A	-	-
Specific Gravity	1.005-1.035	N/A	-	-
Glucose	None	-	-	-
Protein	None	-	-	-
Ketones	None	-	-	-
WBC	None or rare	-	-	-
RBC	None or rare	-	-	-
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	<100,000/ml	N/A	-	-
Blood Culture	None present	-	-	-
Sputum Culture	None present	-	-	-
Stool Culture	None present	-	-	-

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 (5 points): EKG

Diagnostic Test Correlation (5 points): EKG leads were placed on client to measure heart's electrical activity.

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

Current Medications (10 points, 1 point per completed med)

10 different medications must be completed

Home Medications (5 required)

Brand/Generic	ibuprofen (Advil)	acetaminophen (Tylenol)	-	-	-
Dose	200 mg	500 mg	-	-	-
Frequency	PRN	PRN	-	-	-
Route	PO	PO	-	-	-
Classification	Analgesic	Antipyretic	-	-	-
Mechanism of Action	Blocks activity of cyclooxygenase.	Inhibits the enzyme cyclooxygenase , blocking prostaglandin production.	-	-	-
Reason Client Taking	To relieve mild to moderate pain/ headaches	To relieve mild to moderate pain/ headaches	-	-	-
Contraindications (2)	Asthma; bronchospasm	Severe liver disease, severe hepatic impairment.	-	-	-
Side Effects/Adverse Reactions (2)	Heart failure; acute renal failure	Hypotension; hepatotoxicity	-	-	-
Nursing Considerations (2)	Should not be used in pregnant women after 30 weeks gestation; Should not be used in patients with recent MI	Use cautiously in patients with hepatic impairment; Monitor patient for renal function in long term therapy.	-	-	-

Hospital Medications (5 required)

Brand/Generic	Sodium chloride 0.9% (normal saline)	lorazepam (Ativan)	Magnesium Sulfate	Potassium Chloride	labetalol (Normodyne)
Dose	1000 mL	1 mg	2 g	40 mEq	20 mg
Frequency	200 mL/hr	Once	Once	Once	Q2h, PRN
Route	IV drip	IV push	IV piggyback	IV piggyback	IV push
Classification	Crystalloid	Anxiolytic	Electrolyte replacement	Electrolyte replacement	Antihypertensive
Mechanism of Action	Allows regulation of fluid through osmosis.	May potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitter. GABA inhibits excitatory stimulation.	Assists all enzymes involved in phosphate transfers reactions that use ATP	Acts as the major cation in intracellular fluid, activating many enzymatic reactions.	Selectively blocks alpha₁ and beta₂ receptors in vascular smooth muscle.
Reason Client Taking	Regulation of fluid	To reduce anxiety caused by alcohol withdrawal.	To replenish magnesium.	To replenish potassium.	To manage hypertension
Contraindications (2)	N/A	Acute angle-closure glaucoma; psychosis	MI; Heart block	Acute dehydration; potassium sparing diuretics	Asthma; heart failure
Side Effects/Adverse Reactions (2)	N/A	Seizures; respiratory depression	Hypotension; hypermagnesemia.	Asystole; Ventricular fibrillation	Bradycardia; hepatic necrosis
Nursing Considerations	N/A	Before starting lorazepam	Frequently assess cardiac	Review patients	Monitor blood pressure

(2)		<p>therapy in a patient with depression, make sure he/she already takes an antidepressant because of the increased risk of suicide in patients with untreated depression; Use extreme caution when giving lorazepam to elderly patients, especially those with compromised respiratory function.</p>	<p>status; Monitor serum electrolyte levels</p>	<p>medical history; Injection should be given with extreme caution.</p>	<p>every 5 minutes for 30 minutes; Monitor blood glucose levels in diabetic patients.</p>
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Medications Reference (APA):

Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>- Client was fatigued but alert and oriented x3 -Mildly in distress due to ETOH withdrawal -Client appears poorly groomed due to hospital stay.</p>
<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>-Clients skin moist/sweaty, temperature warm. -No rashes, bruises, or wounds present. -Clients turgor < 5 seconds</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>-Face and trachea symmetrical; no deviation -TM pearly grey with no drainage -Eyes symmetrical, positive RLL, PERLA -No septal deviation, turbinates pink and moist -Dentition good, missing right maxillary cuspid -No inflammation or swelling in throat or mouth.</p>
<p>CARDIOVASCULAR (2 points): 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 checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>-S1 and S2 present, clear. -No arrhythmias present. -Pulses 2+ on upper and lower extremities. -Capillary refill ~2 seconds. -No edema present.</p>

<p>Location of Edema:</p>	
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>-Clear breath sounds bilaterally in all lobes, no crackles or other irregular breath sounds present.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Current Diet Height: 5'11" Weight: 193 lbs Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>-Normoactive bowel sounds -Regular diet, but client admits he does not eat as he should. -No pain or tenderness present. -Last bowel movement at 8:00 AM -Scar present on left axilla. -No drains or wounds.</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Foley Size: 14 FR</p>	<p>-Urine is dark yellow w/o cloudiness. -Decreased urine output -No abnormal growths or lesions in genital area.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 20 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/></p>	<p>-Full ROM -Strength equal on both sides. -Requires little to no help ambulating from bed to chair.</p>

Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	
NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" 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:	-Client is alert and oriented x3 -Speech normal
PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	-Client is Caucasian -Client identifies as a Christian, doesn't rely on religion heavily. -Uses alcohol as coping strategy -Client lives with wife, no children.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	81	132/99	24	98.5	99% Room Air
1100	89	128/99	16	98.5	100% Room Air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	Numerical	Overall	None	N/A	N/A
0700	Numerical	Overall	None	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	20g, R antecubital Date: 9/22/20 IV in proper placement, flushing well.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
5068 mL	2775 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Client was given medications to assist alcohol withdrawal symptoms, and was given bed baths daily along with help performing ADL's/

Procedures/testing done: Client's blood was drawn to check CBC, and vitamins and minerals.

Complaints/Issues: Client did not express any complaints, although he was upset that EMT's did not make sure he had his phone with him, as his phone was left at rehabilitation facility.

Vital signs (stable/unstable): Vital signs mostly stable upon admission other than increased blood pressure.

Tolerating diet, activity, etc.: Client typically had no issues with diet, although he did not feel hungry on day of clinical.

Physician notifications: N/A

Future plans for patient: Patient plans on re-entering rehabilitation facility and plans on removing alcohol from his life within the near future.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Client will be placing himself back in rehabilitation as planned.

**Education needs: Alternative coping mechanisms in replacement of alcohol abuse;
How to maintain a healthy diet to ensure all vitamin and mineral intakes are met.**

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.
1. Altered urinary elimination related to decreased kidney	Client was unable to urinate, input was greater than output.	1. Provide the client with a bladder scan to find if their bladder is holding urine. 2. Administer a	Client’s urination did not increase; no diuretic was given.

<p>function as evidenced by low urine output.</p>		<p>diuretic to help client urinate and eliminate fluid from the body.</p>	
<p>2. Nutritional deficiency related to poor nutritional diet as evidenced by electrolyte imbalance.</p>	<p>Client admitted to not eating a proper diet and drank alcohol in place of eating food.</p>	<p>1. Provide electrolyte replacement via IV 2. Provide education on proper nutritional intake to maintain proper electrolyte balance.</p>	<p>Client electrolyte balance improved after receiving electrolyte replacement. Client was willing to talk about his nutritional needs and was willing to lay out a diet plan.</p>
<p>3. Ineffective individual coping strategies related to alcoholism as evidenced by alcohol withdrawal.</p>	<p>Client stated that he used alcohol as a coping strategy; presented with 0.44 BAC.</p>	<p>1. Manage withdrawal symptoms to assist the body to ween from alcohol. 2 Speak to client about safe and effective coping strategies.</p>	<p>Client was willing to speak about alternative coping strategies and seemed eager to know how to stay on a plan of action. Client responded well to medications given to decrease the effects of withdrawal.</p>

Other References (APA):

Concept Map (20 Point

Subjective Data

- Cloudy-headed
- Alert and oriented x3
- Loss of appetite

Nursing Diagnosis/Outcomes

- Altered urinary elimination related to decreased kidney function as evidenced by low urine output.**
Client did not have any increase in urinary output.
- Nutritional deficiency related to poor nutritional diet as evidenced by electrolyte imbalance.**
Client willing to follow a diet plan after discharge.
- Ineffective individual coping strategies related to alcoholism as evidenced by alcohol withdrawal.**
Client willing to find alternative coping strategies and admit to a rehabilitation facility

Objective Data

- O2 99% on room air
- Temp: 98.5
- Pulse: 81
- Resp: 24
- BP: 132/99
- BAC: 0.44

Patient Information

- R.S.
- 46 y/o
- Alcohol Withdrawal
- Hypertension

Nursing Interventions

- Administer a diuretic to help client urinate and eliminate fluid from the body.
- Provide electrolyte replacement via IV
- Speak to client about safe and effective coping strategies.

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