

N431 Care Plan #1

Lakeview College of Nursing

Payton Baker

**Demographics (3 points)**

<b>Date of Admission</b> 9-25-2020	<b>Patient Initials</b> BL	<b>Age</b> 54	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> None	<b>Marital Status</b> Single	<b>Allergies</b> Rocephin; Zosyn; Clindamycin; Codeine; Daptomycin; Levofloxacin; Vancomycin
<b>Code Status</b> Full	<b>Height</b> 5'10"	<b>Weight</b> 498lbs 8oz	

**Medical History (5 Points)**

**Past Medical History:** A-fib; Asthma; Chronic Obstructive Pulmonary Disease (COPD);

Diabetes Type 2, controlled; Deep Vein Thrombosis (DVT); Hypertension (HTN);

Hypothyroidism; Obstructive Sleep Apnea; Morbid Obesity; Depression; Hyperlipidemia.

**Past Surgical History:** "leg surgery"; unable to find any further information in the charts.

**Family History:** Mother had cancer; no known paternal issues

**Social History (tobacco/alcohol/drugs):** Quit smoking around 11 years ago; Has never used smokeless tobacco; previous alcohol use; previous drug use

**Assistive Devices:** Uses wheelchair and walker

**Living Situation:** Lives at home and receives care from her daughter.

**Education Level:** High School and some college, both in California where the client is originally from.

**Admission Assessment**

**Chief Complaint (2 points):** "I have Cellulitis"

**History of present Illness (10 points):** The client stated "I have cellulitis." When asked, the client stated she previously had cellulitis many times and knew that she was getting it again so

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she came to the hospital so she did not become septic like she previously had. Client stated she “felt it in (her) left leg the night before” and came in the following morning. Client says she has continuous pain or discomfort. She stated that any movement of the extremity or touching the area makes it more painful. At home, the only thing that makes it feel better is lying still.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Cellulitis of Left lower extremity

**Secondary Diagnosis (if applicable):** No secondary diagnosis stated

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

Cellulitis is not an uncommon infection that presents on the skin (Normandin & Watson, 2020). It commonly shows a red and swollen area that is hot, tender and usually painful and spreads very rapidly (Normandin & Watson, 2020). The infection is caused by bacteria breaking through the surface of the skin where there is some type of injury (Cellulitis, 2018). After it gets underneath the skin, the bacteria rapidly multiply and create a chemical that causes inflammation to appear in the skin (Cellulitis, 2018).

Cellulitis has normal and more serious symptoms. Normal symptoms of cellulitis include pain and tenderness, tight and glossy skin, redness and warmth over the affected area, and a fever (Normandin & Watson, 2020). More serious symptoms include shaking, chills, fatigue, lightheadedness, and sweating (Normandin & Watson, 2020). Symptoms such as drowsiness, lethargy, blisters and red streaks are an indication that the cellulitis is spreading (Normandin & Watson, 2020).

Cellulitis is easily diagnosed and most doctors will be able to tell just by looking at the skin (Normandin & Watson, 2020). Doing things such as an ultrasound of the veins in the area

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can help eliminate the idea that there may be a blood clot as the symptoms can mimic one another (Cellulitis, 2018). Other testing such as blood tests and x-rays can determine if the bacteria has spread and how large the infection is (Cellulitis, 2018). This client had an x-ray of the area to determine if the infection had spread to the bone as well as blood tests to see the degree of infection shown in the blood.

Treatment of cellulitis is most commonly done with a different antibiotic or group of antibiotics depending on the site and the cause of the infection (Cellulitis, 2018). If the cellulitis is mild, you may be able to take an oral antibiotic home and treat it there (Cellulitis, 2018). Severe cellulitis will need to be treated in the hospital with IV antibiotics (Cellulitis, 2018). This client is taking two different IV antibiotics to treat her case of cellulitis; vancomycin and cefepime.

If you frequently obtain cellulitis or you have poor circulation it is important to take precautions to prevent from getting cellulitis (Normandin & Watson, 2020). Doing things such as keeping your skin moist to prevent cracking, wearing protective equipment, and regularly inspecting commonly injured areas like your feet can help prevent cellulitis (Normandin & Watson, 2020). If you do get a break in the skin, be sure to clean it right away and cover it with a bandage to prevent bacteria from entering the area.

### **Pathophysiology References (2) (APA):**

*Cellulitis*. (2018, December). Harvard Health Publishing. Retrieved

October 1, 2020, from [https://www.health.harvard.edu/a\\_to\\_z/cellulitis-a-to-z#:~:text=X%2Drays%20can%20help%20to,the%20skin%20is%20not%20useful](https://www.health.harvard.edu/a_to_z/cellulitis-a-to-z#:~:text=X%2Drays%20can%20help%20to,the%20skin%20is%20not%20useful)

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Normandin, B., & Watson, S. (2020, February 19). *Everything You Need to Know*

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*About Cellulitis*. Healthline. Retrieved October 1, 2020, from

<https://www.healthline.com/health/cellulitis>

### 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	3.80-5.30 10(6)/mcL		4.12 10(6) /mcL	
Hgb	12.0-15.8 g/dL		10.9 g/dL	Hypothyroidism can cause low hgb (Jewell, 2019).
Hct	36.0-47.0%		33.7%	Inflammatory diseases, in this case cellulitis, can lead to decreased hct (Nall, 2018).
Platelets	140-440 10(3)/mcL		251 10(3) /mcL	
WBC	4.00-12.00 10(3)/mcL		7.70 10(3) /mcL	
Neutrophils	47.0-73.0%		74.8%	Infection, likely from cellulitis in this patient, causes increased neutrophils (Holland, 2017).
Lymphocytes	18.0-42.0%		13.4%	Infections, in this case cellulitis, can cause a decrease in lymphocytes (Iftikhar, 2019).
Monocytes	4.0-12.0%		5.1%	
Eosinophils	0.0-5.0%		6.4%	An allergic reaction can cause an increase in eosinophils (Holland, 2017). This patient is having an allergic reaction to vancomycin.
Bands				

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**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-	133-144 mmol/L		138 mmol/L	
K+	3.5-5.1 mmol/L		4.3 mmol/L	
Cl-	98-107 mmol/L		105 mmol/L	
CO2	21-31 mmol/L		27 mmol/L	
Glucose	70-99		188	The client has Type 2 diabetes
BUN	7-25 mg/dL		16 mg/dL	
Creatinine	0.50-1.00 mg/dL		0.71 mg/dL	
Albumin	3.5-5.7 g/dL	3.8 g/dL		
Calcium	8.6-10.3 mg/dL		8.2 mg/dL	Hypothyroidism may lead to low calcium levels (Kahn, 2019).
Mag	1.6-2.6 mg/dL		1.7 mg/dL	
Phosphate				
Bilirubin				
Alk Phos	34-104 U/L		108 U/L	Abnormal alkaline phosphatase levels can be caused by infections (Ellis, 2019).
AST				
ALT				
Amylase				
Lipase				
Lactic Acid				

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<b>Troponin</b>	0.000-0.040 ng/dL		<0.030 ng/dL	
<b>CK-MB</b>				
<b>Total CK</b>				

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>	0.8-1.1		1.9	Blood thinners, in this case warfarin, can cause an elevated INR (Pietrangelo, 2018).
<b>PT</b>	10.1-13.1 sec		22.8	Blood thinners, in this case warfarin, can cause an elevated PT (Pietrangelo, 2018).
<b>PTT</b>				
<b>D-Dimer</b>				
<b>BNP</b>				
<b>HDL</b>				
<b>LDL</b>				
<b>Cholesterol</b>				
<b>Triglycerides</b>				
<b>Hgb A1c</b>				
<b>TSH</b>				

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	no range	Yellow Hazy		

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<b>pH</b>	5.0-9.0	5.0		
<b>Specific Gravity</b>	1.003-1.030	1.021		
<b>Glucose</b>	negative	3+		The client has diabetes type 2
<b>Protein</b>	negative	1+		Type 2 diabetes can cause protein in the urine (Nunez, 2019).
<b>Ketones</b>	negative	1+		The client has diabetes type 2
<b>WBC</b>	0-5/hpf	11-20		WBC's in the urine suggest there may be an infection (Roland, 2019).
<b>RBC</b>	0-2/hpf	11-20		RBC's in the urine may suggest an infection (Nall, 2019).
<b>Leukoesterase</b>	negative	3+		When found in the urine, this may indicate infection (Roland, 2019).

**Arterial Blood Gas** **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
<b>pH</b>	7.35-7.45		7.39	
<b>PaO<sub>2</sub></b>	80-100 mmHg		69 mmHg	Client is not getting enough oxygen, likely from COPD
<b>PaCO<sub>2</sub></b>	35-45 mmHg		45 mmHg	
<b>HCO<sub>3</sub></b>	22.0-26.0		27.3	COPD can cause an increased bicarb level (Rice, 2018).
<b>SaO<sub>2</sub></b>	95-100%		93%	Client not getting enough oxygen, likely from COPD

**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
<b>Urine Culture</b>				
<b>Blood Culture</b>	No growth	No growth within 3 days		
<b>Sputum Culture</b>	No growth	No growth within 1 day		

<b>Stool Culture</b>				
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**Lab Correlations Reference (APA):**

Ellis, M. E. (2019, January 24). *ALP (Alkaline Phosphatase Level) Test*.

Healthline. Retrieved October 1, 2020, from <https://www.healthline.com/health/alp>

Holland, K. (2017, June 6). *White Blood Cell Count and Differential*. Healthline.

Retrieved October 1, 2020, from <https://www.healthline.com/health/white-blood-cell-count-and-differential>

Iftikhar, N. (2019, February 4). *What Is Lymphocytopenia?* Healthline. Retrieved

October 1, 2020, from <https://www.healthline.com/health/lymphocytopenia>

Jewell, T. (2019, September 5). *Hemoglobin (Hgb) Test Results*. Healthline.

Retrieved October 1, 2020, from <https://www.healthline.com/health/hgb>

Kahn, A. (2019, July 31). *Hypocalcemia (Calcium Deficiency Disease)*. Healthline.

Retrieved October 1, 2020, from <https://www.healthline.com/health/calcium-deficiency-disease>

Nall, R. (2018, September 29). *Hematocrit Test*. Healthline. Retrieved October 1,

2020, from <https://www.healthline.com/health/hematocrit>

Nall, R. (2019, December 2). *Why Are There Red Blood Cells in My Urine?*

Healthline. Retrieved October 1, 2020, from <https://www.healthline.com/health/rbc-in-urine>

Nunez, K. (2019, December 20). *Proteinuria Causes, Symptoms, and Treatment*.

Healthline. Retrieved October 1, 2020, from <https://www.healthline.com/health/what-causes-protein-in-urine>

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Pietrangelo, A. (2018, September 17). *Coagulation Tests*. Healthline. Retrieved

October 1, 2020, from <https://www.healthline.com/health/coagulation-tests#purpose>

Rice, S. C. (2018, September 27). *CO2 Blood Test*. Healthline. Retrieved October

1, 2020, from <https://www.healthline.com/health/co2-blood-test>

Roland, J. (2019, March 7). *What You Should Know About Leukocytes in Urine*.

Healthline. Retrieved October 1, 2020, from <https://www.healthline.com/health/leukocytes-in-urine>

### **Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** XR Knee 1 or 2 views left

**Diagnostic Test Correlation (5 points):** The client presented to the hospital with cellulitis. Her medical history shows that she had previously become septic due to untreated cellulitis. By doing an x-ray of the area, doctors can see if the infection from cellulitis has spread to the bone, giving them an idea of how far the infection has gotten (Cellulitis, 2018).

**Diagnostic Test Reference (APA):**

*Cellulitis*. (2018, December). Harvard Health Publishing. Retrieved

October 1, 2020, from [https://www.health.harvard.edu/a\\_to\\_z/cellulitis-a-to-z#:~:text=X%2Drays%20can%20help%20to,the%20skin%20is%20not%20useful](https://www.health.harvard.edu/a_to_z/cellulitis-a-to-z#:~:text=X%2Drays%20can%20help%20to,the%20skin%20is%20not%20useful)

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

**Home Medications (5 required)**

<b>Brand/Generic</b>	duloxetine - Cymbalta	levothyroxine - synthroid	Insulin Aspart - Novolog	Ipratropium- albuterol - DuoNeb	spironolactone - Aldactone
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<b>Dose</b>	30 mg	75 mcg	15 units	3 mL	50 mg
<b>Frequency</b>	4 x daily	every morning before breakfast	4x daily	4 x daily PRN	daily
<b>Route</b>	Oral	Oral	Subcutaneous	Nebulization	Oral
<b>Classification</b>	Anti-depressant (2019 Nurse's, 2019, p. 383).	Thyroid hormone replacement (2019 Nurse's, 2019, p. 693).	Insulin (Multum, 2020).	Bronchodilator (DuoNeb, 2019).	diuretic (2019 Nurse's, 2019, p. 1136).
<b>Mechanism of Action</b>	Inhibits dopamine, serotonin, and norepinephrine to elevate mood (2019 Nurse's, 2019, p. 384).	Replaces thyroid hormone by controlling DNA translation and protein synthesis (2019 Nurse's, 2019, p. 694).	Stimulates hepatic glycogen synthesis (Multum, 2020).	Stimulates adenyl cyclase (DuoNeb, 2019).	Attaches to receptors on the walls of cells preventing sodium and water reabsorption (2019 Nurse's, 2019, p. 1137).
<b>Reason Client Taking</b>	Depression	Hypothyroidism	Diabetes	COPD	Reduce swelling in legs
<b>Contraindications (2)</b>	Hepatic insufficiency; uncontrolled angle-closure glaucoma (2019 Nurse's, 2019, p. 384).	Acute MI; adrenal insufficiency (2019 Nurse's, 2019, p. 694).	Low blood sugar, hypersensitivity (Multum, 2020).	Hypersensitivity to atropine; hypersensitivity to any components (DuoNeb, 2019).	Acute renal insufficiency; hyperkalemia (2019 Nurse's, 2019, p. 1137).
<b>Side Effects/Adverse Reactions (2)</b>	Agitation; anxiety (2019 Nurse's, 2019, p. 384).	Anxiety; arrhythmias (2019 Nurse's, 2019, p. 695).	weight gain, swelling in hands or feet (Multum, 2020).	Body aches; cough (DuoNeb, 2019).	Diarrhea; muscle weakness (2019 Nurse's, 2019, p. 1137).
<b>Nursing Considerations (2)</b>	Do not give in patients with severe renal impairment; Avoid stopping medication abruptly (2019 Nurse's, 2019, p. 385).	Monitor blood glucose; Not used for weight loss (2019 Nurse's, 2019, p. 695).	Monitor glucose levels; educate on how to administer (Multum, 2020).	Use caution in patients with hepatic or renal diseases; use caution in patients with narrow-angle glaucoma (DuoNeb, 2019).	May crush and mix with syrup for patients who have trouble swallowing; Evaluate blood pressure for effectiveness (2019 Nurse's, 2019, p. 1138).
<b>Key Nursing Assessment(s)/</b>	Monitor serum sodium level;	assess PT (2019 Nurse's,	None	None	Evaluate potassium level;

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<b>Lab(s) Prior to Administration</b>	Obtain baseline blood pressure (2019 Nurse's, 2019, p. 385).	2019, p. 695).			evaluate baseline blood pressure(2019 Nurse's, 2019, p. 1138).
<b>Client Teaching needs (2)</b>	Do not chew or crush; Avoid excess alcohol consumption (2019 Nurse's, 2019, p. 385).	Take at least 30 minutes before breakfast; take with a full glass of water (2019 Nurse's, 2019, p. 696).	Inject before meals; store at room temperature or in fridge (Multum, 2020).	Effects should last 5 hours; do not expose this product to the eyes (DuoNeb, 2019).	Take with meals or milk; avoid hazardous activities such as driving if effects are unknown (2019 Nurse's, 2019, p. 1138).

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	cefepime - maxipime	Diphenhydramine - benadryl	simvastatin - zocor	vancomycin - vancocin	warfarin - coumadin
<b>Dose</b>	2g	50 mg	20 mg	1750 mg	7 mg
<b>Frequency</b>	every 8 hrs	every 8 hrs	every evening	every 12 hrs	every evening
<b>Route</b>	IV	IV	Oral	IV	Oral
<b>Classification</b>	Antibiotic (2019 Nurse's, 2019, p. 199).	Antihistamine (2019 Nurse's, 2019, p. 351).	Anti-hyperlipidemic (2019 Nurse's, 2019, p. 1121).	Antibiotic (2019 Nurse's, 2019, p. 1251).	Anticoagulant (2019 Nurse's, 2019, p. 1275).
<b>Mechanism of Action</b>	Interferes with bacterial cell walls causing cell death (2019 Nurse's, 2019, p. 200).	Binds with histamine, preventing them from reaching their site of action (2019 Nurse's, 2019, p. 351).	Interrupts the pathway for cholesterol synthesis causing less to form (2019 Nurse's, 2019, p. 1121).	Alters permeability of bacterial cells leading to cell death (2019 Nurse's, 2019, p. 1252).	Prevents coagulation by interfering with vitamin k dependent clotting factors (2019 Nurse's, 2019, p. 1275).
<b>Reason Client Taking</b>	Cellulitis	pretreat vancomycin allergy	hyperlipidemia	Cellulitis	Recurrent DVT
<b>Contraindications (2)</b>	Hypersensitivity to cefepime; hypersensitivity	Bladder-neck obstruction; stenosing peptic	Active hepatic disease; breastfeeding	Hypersensitivity to corn and corn products;	Bleeding or bleeding tendencies;

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	y to other antibiotics (2019 Nurse's, 2019, p. 200).	ulcer (2019 Nurse's, 2019, p. 352).	(2019 Nurse's, 2019, p. 1121).	hypersensitivity to vancomycin (2019 Nurse's, 2019, p. 1252).	severe hepatic or renal disease (2019 Nurse's, 2019, p. 1275).
<b>Side Effects/ Adverse Reactions (2)</b>	Edema; thrombocytopenia (2019 Nurse's, 2019, p. 200).	thrombocytopenia; blurred vision (2019 Nurse's, 2019, p. 352).	Abdominal pain; heartburn (2019 Nurse's, 2019, p. 1122).	Back pain; rash (2019 Nurse's, 2019, p. 1252).	Loss of consciousness; weakness (2019 Nurse's, 2019, p. 1276).
<b>Nursing Considerations (2)</b>	Assess bowel pattern daily; Assess for signs of bleeding (2019 Nurse's, 2019, p. 201).	Protect from light; discontinue at least 72 hours before skin tests for allergies (2019 Nurse's, 2019, p. 352).	Use cautiously in elderly patients; Give 1 hour before or 4 hours after giving bile sequestrant (2019 Nurse's, 2019, p. 1122).	Monitor concentrations frequently; assess hearing during therapy (2019 Nurse's, 2019, p. 1253).	Avoid IM injections; monitor for bleeding (2019 Nurse's, 2019, p. 1276).
<b>Key Nursing Assessment(s) / Lab(s) Prior to Administration</b>	Obtain culture and sensitivity; Monitor BUN and creatinine (2019 Nurse's, 2019, p. 200).	None	Obtain liver enzymes; monitor lipoprotein level (2019 Nurse's, 2019, p. 1122).	Check CBC; check BUN (2019 Nurse's, 2019, p. 1253).	Negative pregnancy test result; Monitor INR (2019 Nurse's, 2019, p. 1276).
<b>Client Teaching needs (2)</b>	May cause false positive of glucose in the urine; report severe diarrhea (2019 Nurse's, 2019, p. 201).	Take with food to minimize GI distress; avoid alcohol (2019 Nurse's, 2019, p. 352).	Take drug in the evening; follow a low fat diet (2019 Nurse's, 2019, p. 1122).	Complete full course of vancomycin, keep follow up appointments (2019 Nurse's, 2019, p. 1253).	Take drug exactly as prescribed; Do not take 2 doses at once if missed one (2019 Nurse's, 2019, p. 1277).

**Medications Reference (APA):**

DuoNeb. (2019, September 25). Drugs.com. Retrieved October 1, 2020, from <https://www.drugs.com/duoneb.html#:~:text=DuoNeb%20is%20a%20sterile%20inhalation,air%20flow%20to%20the%20lungs.>

Multum, C. (2020, April 6). *Insulin aspart*. Drugs.com. Retrieved October 1, 2020, from <https://www.drugs.com/mtm/insulin-aspart.html>

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2019 Nurse's drug handbook (Eighteenth edition. ed.). (2019). Jones &amp; Bartlett

Learning.

**Assessment****Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	Alert x3 Oriented x3 No apparent distress Appearance as expected for diagnosis
<b>INTEGUMENTARY (2 points):</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Type:</b>	Tan/Yellow Dry Warm <3 seconds Red rash on back (reaction from vancomycin) Right upper arm, back of thigh None 14 None N/A
<b>HEENT (1 point):</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	Midline Clean; client has many piercings on both ears. Wears glasses; good extraocular movements Nose piercing, midline, no drainage Has few teeth, no dentures
<b>CARDIOVASCULAR (2 points):</b> <b>Heart sounds:</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Edema</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Location of Edema:</b>	Clear S1, S2; no murmur, gallop, or rub detected Regular rhythm Pulses faint in lower extremities <3 seconds None Yes Lower extremities
<b>RESPIRATORY (2 points):</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Breath Sounds: Location, character</b>	No Clear vascular breath sounds
<b>GASTROINTESTINAL (2 points):</b> <b>Diet at home:</b> <b>Current Diet</b> <b>Height:</b> <b>Weight:</b>	Diebetic diet, normal texture Diabetic diet, normal texture 5'10" 498 lbs 8 oz

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<p><b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>  <b>Distention:</b>  <b>Incisions:</b>  <b>Scars:</b>  <b>Drains:</b>  <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Type:</b></p>	<p>Able to auscultate in all four quadrants  Pt stated "last friday" (9-25-2020)  Hernia located on right side of abdomen, pain stated upon palpation.  At hernial site  None  None  None  None  No  No  N/A  No  N/A</p>
<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Inspection of genitals:</b>    <b>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Type:</b>  <b>Size:</b></p>	<p>Hazy yellow  No strong odor noted  200 mL  No  No  Did not inspect genitals, external catheter was adjusted before going on to the floor.  Yes  Purewick catheter  unknown</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>    <b>Supportive devices:</b>  <b>Strength:</b>    <b>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input type="checkbox"/></b>  <b>Needs support to stand and walk <input type="checkbox"/></b></p>	<p>Moves upper body independently, needs help with lower extremities.  Walker and wheelchair  Arms equal, Left leg weaker due to pain from cellulitis  Yes  Yes  35    No  Yes  Yes</p>
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no -</b>  <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b>  <b>Orientation:</b>  <b>Mental Status:</b></p>	<p>No; does not move lower extremities well  Yes  No  Legs  Oriented x3  Cognitive</p>

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<b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	Clear Within normal limits Awake
<b>PSYCHOSOCIAL/CULTURAL (2 points):</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	Speaks with pastor, talks with family Cognitive Latter-Day Saints; Helps her with coping Pt has a large amount of family support; talks on the phone with family frequently and receives care from her daughter.

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
3:00	67 beats/min	137/50 mmHg	18 breaths/min	98.3°F	95%
5:30	76 beats/min	124/56 mmHg	18 breaths/min	97.8°F	96%

**Vital Sign Trends:** The vital signs of this patient did not vary widely during the shift. For the first assessment the blood pressure was more elevated than the second time however the patient had also had a new IV inserted shortly before. The second time the blood pressure had become more normal and the heart rate had increased possibly showing the increase in pain.

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
3:00	Numerical 1-10	Left leg	5-6	aching/stinging	Informed when next dose of pain medication was
5:30	Numerical 1-10	Left leg	8	aching/stinging	Pain medication given (by nurse)

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> 20 guage <b>Location of IV:</b> Right forearm <b>Date on IV:</b> 9-28-2020 <b>Patency of IV:</b> Patent; fluids running <b>Signs of erythema, drainage, etc.:</b> No <b>IV dressing assessment:</b> Clean; intact	Cefepime 2g in Sodium chloride 0.9% 100mL IVPB 25 mL/hr

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
125 mL IV; 200 mL oral	220 mL

**Nursing Care****Summary of Care (2 points)**

**Overview of care:** During shift, client was give IV antibiotics to help with cellulitis

**Procedures/testing done:** No testing done during shift; New IV inserted shortly before

**Complaints/Issues:** None

**Vital signs (stable/unstable):** Stable throughout shift

**Tolerating diet, activity, etc.:** Diet is the same as at home; not active due to cellulitis

**Physician notifications:** Continue IV antibiotics

**Future plans for patient:** Physical therapy

**Discharge Planning (2 points)**

## N431 Care Plan

**Discharge location:** Possible nursing home for physical therapy

**Home health needs (if applicable):** N/A

**Equipment needs (if applicable):** Client uses wheelchair and walker

**Follow up plan:** Follow up with primary care physician

**Education needs:** Prevention of cellulitis

### Nursing Diagnosis (15 points)

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

<b>Nursing Diagnosis</b> ● Include full nursing diagnosis with “related to” and “as evidenced by” components	<b>Rational</b> ● Explain why the nursing diagnosis was chosen	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> ● How did the patient/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
<b>1. Ineffective tissue perfusion</b> related to cellulitis as evidenced by weaker lower extremity pulses, pain in the lower extremities, and inflammation of the lower extremities.	Client has weak pulses in the lower extremities as well as pain and swelling.	<b>1.</b> Client will move lower extremities occasionally to promote circulation  <b>2.</b> Client will have stronger pulses in the lower extremities	<b>1.</b> Goal met, client moved extremities a few times during shift to promote circulation. Patient was cooperative with care <b>2.</b> Goal not met, Unable to obtain stronger pulses in the lower extremities due to the short amount of time as well as the degree of swelling in the legs.
<b>2. Impaired skin integrity</b> related to cellulitis as evidenced by inflammation, pain, and redness of the skin.	The Client's skin is red, inflamed, and painful to the touch.	<b>1.</b> Assess for any openings in the skin  <b>2.</b> Clean the area to prevent buildup of bacteria	<b>1.</b> Goal met, client had no visible openings in the skin however stated it was painful upon palpation. <b>2.</b> Goal not met, hygiene was completed before shift
<b>3. Acute Pain</b> related to cellulitis as evidenced by red, swollen, warm areas as well as patient stating pain.	Client stated there was pain in her left lower extremity as well as having a red, swollen and warm area.	<b>1.</b> Client uses non-pharmacologic pain management strategies.  <b>2.</b> Client shows relaxed mood and coping.	<b>1.</b> Goal met, client used non-pharmacological pain management such as distraction and relaxation techniques. <b>2.</b> Goal met, client appeared to be relaxed and coping well

## N431 Care Plan

<p><b>4.</b> Disturbed sensory perception related to cellulitis as evidenced by red, warm, inflamed area.</p>	<p>The client is going to be more sensitive to pain as a result of the redness and swelling of the area.</p>	<p><b>1.</b> Pain in the area will be lessened to improve sensory perception below the area.  <b>2.</b> Client will have decreased inflammation to help with sensory perception</p>	<p><b>1.</b> Goal not met, pain did not decrease due to no available medications.  <b>2.</b> Goal not met, the shift was not long enough to determine if there was decreased inflammation.</p>
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**Other References (APA):****Concept Map (20 Points):****Separate Image**





