

N311 Care Plan # 1

Lakeview College of Nursing

Hannah Nowlin

Demographics (5 points)

Date of Admission 09/29/2020	Patient Initials AJ	Age 38	Gender Female
Race/Ethnicity White	Occupation Full-Time	Marital Status Single	Allergies NKA
Code Status Full Code	Height 162 cm	Weight 63.6 kg	

Medical History (5 Points)

Past Medical History: Reoccurring UTI history

Past Surgical History: Cystoscopy (03/06/18)

Family History: Mother: breast cancer

Social History (tobacco/alcohol/drugs): Pt is a former smoker of cigarettes for 10 years. Quit between 2013 and 2018. No alcohol or recreational drug use.

Admission Assessment

Chief Complaint (2 points): Body aches, chest pain, headache, UTI, fever

History of present Illness (10 points): On September 29th, a 38 y/o white, single, woman was admitted to Sarah Bush reporting to have a fever, body aches, nausea, vomiting, diarrhea, and headaches for the past 8 days, beginning on 09/20/2020. Her fever reached 103 F at home and she now also reports having a sore throat. Pt states that nothing she did made her feel any better.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute UTI

Secondary Diagnosis (if applicable): Leukocytosis

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

An acute urinary tract infection (UTI) is a short-term infection in any part of the urinary tract, including the bladder, urethra, kidneys, and ureters. There are two types of UTI's that can occur, either in the upper tract or the lower tract. The upper tract consists of the kidneys and ureters and the lower tract consists of the bladder and urethra,

Women are more likely to experience a UTI because their urethras are shorter, which is a shorter distance for bacteria to travel. It is reported that one of three women may have their first UTI before reaching 24 years of age. (Tan and Chlebicki, 2016). These women who have a UTI early on are usually sexually active. It is said to urinate after sexual intercourse because the urine can destroy and kill the bacteria that may be in the urethra.

Symptoms of an acute UTI include dysuria, frequency, and urgency. These symptoms generally occur in patients with a lower urinary tract infection (bladder and urethra). To diagnose a UTI you can obtain a urine dipstick analysis or any urine culture. For complicated UTI's that do not resolve in 2-4 weeks, a urine culture is required (Tan and Chlebicki, 2016).

To treat a UTI, it depends on how complicated the infection is. A lower UTI can be treated with oral antibiotics quite easily. If it is an upper UTI, hospitalization may be needed to ensure no underlying diseases may come from it.

Pathophysiology References (2) (APA):

Tan, C. W., & Chlebicki, M. P. (2016). Urinary tract infections in adults. *Singapore medical journal*, 57(9), 485–490. <https://doi.org/10.11622/smedj.2016153>

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	3.8-5.4 /mol	3.97	3.46 (L)	RBC are lost because losing them in urination
Hgb	11.3-15.2 g/mol	12.0	10.8 (L)	Hgb is low because of lack of RBCs
Hct	33.2-45.3 %	36.2	31.7 (L)	Hct is low because of lack of RBCs
Platelets	149-393 k/mCl	453 (H)	470 (H)	Platelets are high to make up for the lack of RBCs
WBC	4.0-11.7 k/mol	12.9 (H)	7.4	WBC are high because there is a bacterial infection
Neutrophils	45.3-79.0 %	87.4 (H)	63.8	Neutrophils are high because they make up the majority of the WBCs
Lymphocytes	11.8-45.9 %	6.8 (L)	23.5	Lymphocytes are low to make room for the increase of WBCs
Monocytes	4.4-12.0 %	4.1 (L)	7.6	Monocytes are low to make room for the increase of WBCs
Eosinophils	0-6.3 %	1.3	4.4	
Bands	2.4-8.4 %	11.3 (H)	4.7	Bands are high because they are mature neutrophils

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 mmol/L	134 (L)	141	Sodium values are low because too much sodium in the urine
K+	3.5-5.1 mmol/L	3.0 (L)	3.9	Potassium levels are low because of a lack of RBCs
Cl-	98-107 mmol/L	96 (L)	106	Chloride is low because of a loss of acid from the body
CO2	21-31 mmol/L	30	29	
Glucose	74-109 mg/dL	102	96	
BUN	7-25 mg/dL	6 (L)	5 (L)	BUN levels may be low because of over-hydration
Creatinine	0.70-1.30 mg/dL	0.65 (L)	0.51 (L)	Creatinine may be low because of a urinary tract blockage
Albumin	3.5-5.2 g/dL	3.2 (L)	2.5 (L)	Albumin levels are low because of malnutrition
Calcium	8.6-10.3 mg/dL	8.5 (L)	7.6 (L)	Calcium levels are low because the kidneys are being over worked
Mag	1.6-2.5 mg/dL	N/A	N/A	
Phosphate		N/A	N/A	
Bilirubin	0.3-1.0 mg/dL	0.5	0.2 (L)	NSAIDS lower bilirubin production
Alk Phos	34-104 unit/L	100	74	

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	Pale yellow/clear	Yellow / Hazy (A)	N/A	Bacteria in the urine and decreased hydration

pH	5-8	7	N/A	
Specific Gravity	1.005-1.030	1.000 (L)	N/A	Specific gravity is abnormal because of the kidneys overworking
Glucose	Negative	Negative	N/A	
Protein	Negative	1 + (A)	N/A	The kidneys are being overworked and allowing proteins to pass through into the urine
Ketones	Negative	Negative	N/A	
WBC	0 < or = 5	10 (H)	N/A	WBCs are being over made to get rid of the bacterial infection in the urinary system
RBC		N/A	N/A	
Leukoesterase	Negative	25 (A)	N/A	Leukocytes are increased to help get rid of the bacterial infection in the urinary system

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	Negative	N/A	10,000 cfu/mL	Urine culture results came back positive because of bacteria in the urine from the UTI
Blood Culture	Negative	Negative	Negative	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (APA): Sarah Bush Reference Information

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CT Angio Chest Pulmonary w/ contrast on 09/29/2020, Electrocardiogram EKG on 09/29/2020, CT Brain/Head w/o contrast on 09/29/2020, XR Chest 1 view 09/29/2020. All diagnostic tests came back clear.

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Brand/Generic	Norco	Rocephin	Lovenox	Zofran	Ultram
Dose	5-325 mg	2000 mg	0.4 mL	2 mL	50 mg
Frequency	PRN	Every 24 hours	5x daily	Every 6 hours	Every 6 hours
Route	Oral	IV	Injection	IV	Oral
Classification	Opioid Analgesic	Cephalosporin	Heparin; anticoagulant	Selective 5-HT3 receptor antagonist	Opioid Agonist

Mechanism of Action	Inhibits brain prostaglandin synthesis, it acts like aspirin and other anti-inflammatory drugs without the side effects.	Inhibits bacterial cell wall synthesis, which leads to bacterial cell lysis and death.	Binds antithrombin III and inhibits coagulation factors.	Peripheral and/or central serotonin receptor blockage.	Complementary mechanism's binding to opioid receptors to cause serotonin reuptake.
Reason Client Taking	Pain	For UTI's	For thromboembolic disorders	Prevents nausea and vomiting	Pain
Contraindications (2)	Severe Respiratory depression or severe/acute bronchial asthma/hypercarbia.	Hypersensitivity to the cephalosporin, Hypersensitivity to beta-lactam antibodies.	Acute bacterial endocarditis, Active major bleeding.	Hypersensitivity to active component, Use with apomorphine.	Children less than 12 years of age, respiratory depression.
Side Effects/Adverse Reactions (2)	Dizziness, vomiting	Diarrhea, rash	Anemia, bleeding	Headache, constipation	Constipation, dry mouth

Medications (5 required)

Medications Reference (APA): Sarah Bush Reference Information

Assessment

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and oriented to person, place, year, and birthday X4 Feeling nauseous Appropriate overall appearance
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<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>Skin usual for ethnicity Moist Warm Normal turgor 2+ None None None 21 No drains present</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Symmetry of skull and face, tracheal symmetry No change in hearing, clear ear canal No change in vision No nasal drainage No decay</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>S1 and S2 sound clear, no murmur N/A 3+ normal peripheral pulse Sufficient capillary refill No No N/A</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>No Regular respirations, regular respiratory pattern, clear breath sounds, equal aeration</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>N/A Regular diet 162 cm 63.6 kg Active bowel sounds 09/30/2020 No pain or mass None None None None None No No N/A No N/A</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>Yellow Hazy N/A Yes No N/A No N/A N/A</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) Needs assistance with equipment Needs support to stand and walk	No clubbing of nailbeds, warm to touch Active ROM None 5- Active motion against full resistance No No 35 Independent
NEUROLOGICAL: 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:	Yes Yes Yes Oriented to person, place, year, and birthday X4 Normal cognition Clear Aware of touch, sound, and light. Alert
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):	None No developmental delay No religious preference N/A

Physical Exam (18 points)

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
800	70 bpm	101 / 68	16	36.6 C	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1130	3 / 10	Head	Mild	Aching	Norco

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
949	N/A (nothing charted)

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <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</p>	<p>Related to the body ached as evidenced by: “My entire body is aching”</p>	<p>1. Administer pain medication around the clock. 2. Assess every hour to see if the pain is getting worse or better.</p>	<p>Goal was met. Pain medication was given by the nurse.</p> <p>Patient was more willing to talk with me after the pain medication kicked in, she was more comfortable.</p>
<p>2. Risk for dehydration</p>	<p>Related to the vomiting and diarrhea as evidenced by: The patient reports vomiting and having diarrhea.</p>	<p>1. Start an IV to keep the client well hydrated. 2. Have client continue drinking water.</p>	<p>Goal was met, IV was started by the nurse the day of admission.</p> <p>Patient never became dehydrated and therefore didn’t have symptoms of dehydration and was happier.</p>

Other References (APA): N/A

Concept Map (20 Points):

Objective Data

Patient Information

Nursing Interventions

-Pt height is 162 cm, chest weight is 60 kg, and head circumference is 56 cm.

-At 1130, pt rated her pain a 3/10.

-At 0800, pt had a pulse of 70 bpm, a blood pressure of 101/68, a respiratory rate of 16, a temperature of 36.6 C, and an oxygen level of 96%.

-Pt has an acute UTI

-Pt has reoccurring UTI history

-Pt has leukocytosis

Nursing Diagnosis/Outcomes

-Continue to check on patient and see if the pain is going down on a scale from 1-10 each hour.

-Give medications as needed and necessary.

-Get another set of labs to assess progress while pt is there.

1. Administer pain medication around the clock.

2. Assess every hour to see if the pain is getting worse or better

Goal was met. Pain meds were given by nurse. Patient was more willing to talk with me after the pain meds kicked in, she was more comfortable.

-Risk for dehydration related to vomiting and diarrhea as evidenced by: The patient reports vomiting and having diarrhea.

1. Start an IV to keep the client well hydrated.

2. Have client continue drinking water.

Goal was met, IV was started by the nurse on the day of admission. Patient never became dehydrated and therefore didn't have symptoms of dehydration and was happier.

