N311 Care Plan # 1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
10/03/2020	BM	88	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Widowed	Adhesive bandages Aricept Erythromycin Penicillin
Code Status	**Height**	**Weight**	
DNR	163.83 cm	101.1 Kg	

Medical History (5 Points)

Past Medical History: Dementia, allergic rhinitis, hyperthyroidism, vitamin D deficiency, obesity, major depressive disorder, obesity, hyperlipidemia, sleep apnea, Essential hypertension, cerebrovascular disease, umbilical hernia without obstruction or gangrene, contact dermatitis, chronic kidney disease, functional urinary incontinence

Past Surgical History: No known past surgical history was shown in the patients' chart. There was no family in the room to ask about patient history and the patient was unable to tell any history due to confusion.

Family History: Mother: breast cancer, Father: no known problems

Social History (tobacco/alcohol/drugs): No known social history. Patients chart denies any tobacco, alcohol, and drug use. Patient was unable to recall any social history due to confusion.

Admission Assessment

Chief Complaint (2 points): Patient was brought in from Nursing home. The patient has dementia and was very confused why she was even brought to the hospital. Per nursing home she was brought in for "dizziness and hypotension".

History of present Illness (10 points): The patient was unable to communicate about her current problem that brought her to the nursing home due to chronic confusion. Per nursing home, she arrived to the ED on the 3rd due to hypotension and dizziness.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Bilateral pulmonary embolism

Secondary Diagnosis (if applicable): Deep vein thrombosis in the left leg

Pathophysiology of the Disease, APA format (20 points): A deep venous thromboembolism (DVT) occurs when a clot forms in the deep vein of the leg and then travels in the bloodstream (Capriotti, 2015). DVT's can travel as an embolism and enter the lungs where it becomes a pulmonary embolism (PE). PE's are a result that can happen when a DVT occurs. Damage of the blood vessels lining is damaged which makes a place for clot formation (Belleza, 2017). A DVT is usually the result of a condition that causes venous stasis, venous injury or hypercoagulability (Capriotti, 2015). Patients with previous health conditions are more at risk for developing a DVT. Patients should be question about a history of cancer, recent surgery, use of estrogen, and smoking to determine if they are more at risk for developing a DVT (Capriotti, 2015).

Some common signs of a DVT in a patient include finding redness, ropiness, tenderness, or warmth over the vein the physical exam (Capriotti, 2016). You can diagnose a DVT with a few different tests. Those tests include using a D-dimer test which is a blood test that detects clots in the blood. Also, you could use the wells criteria to evaluate clinical signs of a DVT. Other tests include a MRI. The pest way to detect a PE is a high-resolution- multidector computer tomographic angiogram (Capriotti, 2015). Patients who have had a stroke or are

critically ill are more at risk for developing a PE. Patients that are in the hospital are more likely to develop a DVT due to the long-term post-thrombotic complications (Belleza, 2017).

There are many different treatment options for a patient who has a DVT or PE. Preventive techniques are the best option for patients are risk for developing a DVT that can lead to a PE. Wearing compression devises on the legs are important to promote venous return (Capriotti, 2015). Walking and moving around is also a great preventive measure to decrease the risk of DVT's and PE's. The use of medications that interfere with clotting can also be used. Patins should have PT and aPTT measured often and a international normalized ration (INR) The INR can show the clotting time to help avoid excessive anticoagulation (Capriotti, 2019)

Pathophysiology References (2) (APA):

Belleza, M. (2017, September 24). Deep Vein Thrombosis Nursing Care Management and Study Guide. Retrieved October 09, 2020, from https://nurseslabs.com/deep-vein-thrombosis/

Capriotti, Theresa M. and Frizzell, Joan Parker, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2015). *Faculty Bookshelf*. 75.

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	**3.80-5.41**	**3.0**	**N/A**	**Patient has lowered RBC due to trauma from the clotting blood.**
Hgb	**11.3-15.2**	**11.6**	**N/A**	

Hct	**33.2-45.3**	**34.9**	**N/A**	
Platelets	**149-393**	**148**	**N/A**	**Thrombosis risk is increased with DVT's**
WBC	**4.0-11.7**	**6.0**	**N/A**	
Neutrophils	**45.3-79.0**	**73**	**N/A**	
Lymphocytes	**11.8-45.9**	**17.1**	**N/A**	
Monocytes	**4.4-12.0**	**8.0**	**N/A**	
Eosinophils	**0.0-6.3**	**1.5**	**N/A**	
Bands	**0.2-1.6**	**0.4**	**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-	**136-145**	**145**	**143**	
K+	**3.5-5.1**	**3.2**	**3.4**	**Patient is not intaking enough fluids. When I was with patient I really had to encourage fluids and she only wanted juice and soda.**
Cl-	**98-107**	**108**	**107**	**Also, from patient not taking in enough fluids.**
CO2	**21-31**	**29**	**29**	
Glucose	**74-109**	**79**	**104**	
BUN	**7-25**	**24**	**8**	
Creatinine	**.84-1.21**	**1.08**	**.92**	
Albumin	**N/A**	**N/A**	**N/A**	
Calcium	**8.6-10.3**	**7.9**	**8.5**	**The fluids are not balanced in the body which explains the edema in the legs.**
Mag	**N/A**	**N/A**	**N/A**	

Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**N/A**	**N/A**	**N/A**	
Alk Phos	**N/A**	**N/A**	**N/A**	

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**	**Straw clear**	**N/A**	
pH	**5-8**	**6**	**N/A**	
Specific Gravity	**1.005-1.030**	**1.009**	**N/A**	
Glucose	**Negative**	**Negative**	**N/A**	
Protein	**Negative**	**Negative**	**N/A**	
Ketones	**Negative**	**Negative**	**N/A**	
WBC	**0-5**	**1**	**N/A**	
RBC	**0-6**	**6**	**N/A**	
Leukoesterase	**Negative**	**Negative**	**N/A**	

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**	**Negative**	**N/A**	

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):

Cat scan of brain and head: Axial CT images were taken with mild motion degration. Diffuse parenchymal volume loss with probable mildly low density chronic cerebral white matter microvascular changes were found. No external axial fluid collection, hemorrhage, mass, or evidence of acute infarct calvarium intact.

Chest X-ray- Mild heart enlargement with prominent perihilar interstitium were found. Low lung volumes tortuous calcified thoracic aorta was also found. There was no visulation of a pneumothorax or pleural effusion.

12 lead ECG- This was an abnormal ECG Results showed sinus rhythm with a short PR. There was normal voltage criteria for LVH and may be normal variant ST and T wave were abnormally consider anterolateral ischemia.

CT Angio chest pulmonary with contrast: A moderate sized left pulmonary embolism extending predominantly to the left lower lobe with several small segmental right lung pulmonary emboli were found. There was also suspected mild underlying pulmonary arterial hypertension, but no evidence for significant right heart strain. Scattered lung atelectasis with trace of left sided pleural effusion and left basilar airspace disease was found. Fluid and air was within the esophagus possibly related to statis or reflux with background, mild esophagitis.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	Enoxaparin	Levofloxacin	Lisinopril	Loratadine	pantoprazole
Dose	100 mg	750 mg	20 mg	10 mg	40 mg
Frequency	2x day	Every 48 hrs.	1x day	1x day	1x day
Route	Subcutaneous	PO	PO	PO	PO
Classification	Low-molecular-weight-heparin	Fluoroquinolone	Angiotensin-converting enzyme inhibitor	antihistamine	Proton pump inhibitor
Mechanism of Action	Potentiates the action of	Interferes with	May reduce	Blocks one type	Interferes with citric

	antithrombin III a coagulation inhibitor by binding with antithrombin III, enoxaparin rapidly bines with and inactive clotting factors.	bacterial cell replication by inhibiting the bacterial enzyme DNA gyrase.	blood pressure by inhibiting conversion of angiotensin I to angiotensin II	of histamine receptor and prevents the activation of cells with the H2 receptors by histamine	acid secretion by inhibiting the hydrogen-potassium0adenosine triphosphate enzyme system in gastric parietal
Reason Client Taking	To prevent DVT	Reduce incidence or progression of inhalation anthrax after exposer to aerosolized bacillus anthracis	To treat hypertension	Relieve symptoms of allergies	To treat erosive esophagitis associated with gastroesophageal reflux disease
Contraindications (2)	Active major bleeding Hypersensitivity to heparin Hemophilia	Hypersensitivity to levofloxacin; Myasthenia gravis	Hypersensitivity to lisinopril; use of neprilysin inhibitor such as sacubitril within 36 hours	Hypersensitivity to loratadine; overactive thyroid gland	Concurrent therapy with rilpivirine containing products, hypersensitivity to pantoprazole
Side Effects/Adverse Reactions (2)	Confusion, peripheral edema	Agitation Anxiety	Confusion fatigue	Headache Dry mouth	Anxiety, bronchitis

Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. (2020). *2020 Nurse's Drug Handbook.* (Nineteenth ed.). Burlington, MA: Jones & Bartlett learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented to person. Not alert and oriented to time or place. X2 No distress Well-groomed and appropriately dressed
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Pink Dry/normal Warm Normal turgor 2+ Under both breasts Bruise on Stomach Small abrasions on both arms 13
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and neck symmetrical, normal range of motion in head, neck, and mandible. Ears free of discharge and pink Nose symmetrical, small clear drainage Teeth: Small rot with on permanent false tooth

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:**	Heart has normal S1 and S1, no murmurs, gallops, or rubs were heard in the S3 and S4. Capillary refill is less than 3 seconds. Peripheral pulses were present and symmetric. No vein distention. Small edema present in the feet.
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Respirations are regular, even and nonlabored, no wheezes or crackles noted. The patient does use 1 liter or oxygen and CPAP at night.
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:**	Regular diet at the hospital and at home 5’4” 101.1 kg Bowl sounds are active Last bowel movement is unknow. Patient has not had one during hospital stay No pain or mass Small incision below the belly button present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Yellow Clear not cloudy Voided 700 mL Genitals pink with no rash present
MUSCULOSKELETAL: **Neurovascular status:**	Normal ROM for patient. Patient uses walker and gait belt for walking and

ROM: **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 75** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☐**	transferring. Strength was good in both arms and legs. Patient gets up with one-person standby assistance.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is aware of name and date of birth; knew she was at the hospital was just unaware of which one and the year. Articulative speech Mature and cognitive 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):**	Friends and family Mature Christian Patient is living at assisted living/ memory care. Patient dementia leads her to believe her parents are still alive. She has a daughter, but unsure on how often she visits.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0803	**69**	**188/87**	**18**	**36.3**	**96%** **1 liter**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0912	Numeric 0-10	N/A no pain present	0	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
400 mL of diet coke 250 mL of cranberry juice	Voided twice 400 mL and 300 mL Total 700 mL

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Chronic confusion	Patient was not oriented on where she was or able to tell you much of her past history.	1. Reorientate her to where she was and what year it was. 2. Encourage patient to share her past to learn about her history.	The patient responded well when redirected to where and what year it is. The patient enjoyed sharing her childhood.
2. Ineffective	Patient has	1. Get patient up to	The patient responded

peripheral tissue perfusion	shortness of breath and drops below 90% when taken off oxygen.	walk and sit in the chair. 2.Apply oxygen and make sure the patient keeps oxygen on.	well to a walk and enjoyed sitting in the chair for breakfast and lunch. The patient also responded well to wearing the oxygen.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient stated "I want to go back home with mom and dad"

Nursing Diagnosis/Outcomes

Chronic confusion as evidenced by patient stating that "I want to go back home with mom and dad". Goal partially met patient was reoriented on current place she was at and time, but later was confused again.
Ineffective peripheral tissue perfusion as evidenced by patient have pulmonary issues and oxygen dropping when oxygen is removed. Patient also does not move around that often. Goal met and patient responded well to getting up in the chair and taking a walk. Patient also responded well to wearing oxygen and kept it applied

Objective Data

Patients chief per nursing home was hypotension and dizziness. She is diagnosed with a pulmonary embolism (PE).
Vitals:
Temperature: 36.3
Pulse: 69
SpO2%: 96%
Blood Pressure: 188/87
Respirations: 18
Oxygen: 1 liter

Patient Information

Patient has been diagnosed in the past with chronic confusion. A pulmonary embolism was shown on the CT Angio chest pulmonary with contrast.

Nursing Interventions

1.Reorientate her to where she was and what year it was.
2. Encourage patient to share her past to learn about her history.
3. Get patient up to walk and sit in the chair.
4. Apply oxygen and make sure the patient keeps oxygen on.