N321 Care Plan #1

Lakeview College of Nursing

Morgan Jo Phillips

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/01/2020	H.J.M.	62	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Unemployed	widowed	ciprofloxacin
Code Status	**Height**	**Weight**	
Full Code	183cm	65.9kg	

Medical History (5 Points)

Past Medical History: DM2, hypertension, peptic ulcer disease, hyperlipidemia, endocarditis, dysuria, empyema, insomnia, urinary retention

Past Surgical History:

Family History: N/A

Social History (tobacco/alcohol/drugs): Occasional alcohol, Marijuana daily, ½ a pack or a little more of cigarettes a day.

Assistive Devices: Glasses, Walker

Living Situation: Lives in town alone

Education Level: N/A

Admission Assessment

Chief Complaint (2 points): Abdominal Pain

History of present Illness (10 points): A slightly depressed 62 year old male came to the hospital after consult request from healthcare provider for small bowel obstruction and GI bleed. Client complains of small lower back pain and insomnia. Client also explained he is having abdominal pain. This pain all started about 3 weeks prior to his visit to the clinic. Client states sharp and cramping pain is "all over his abdomen." Client states there was no reliving factor and he did not do much to relieve the pain before the surgery here at the

hospital. Client refused lab draws and nausea medications (Zosyn). Client is tolerating clear liquids. Client is not nauseated. Client has positive flatulating but no bowel movement. Client states that after surgery pain is increasing.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Small bowel obstruction

Secondary Diagnosis (if applicable):. DM2

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

According to the Pathophysiology Introductory concepts and clinical perspectives, Small bowel obstruction can be acute or chronic and partial or complete (Capriotti & Frizzle, 2016). This client has an acute complete bowel obstruction. This client was not having active bowel movements for close to a week before he decided to be seen. The client most likely had a small bowel obstruction from the small bowel resection surgery he previously had (Medlineplus, 2020).

The pathophysiology portion of a small bowel obstruction is when bands of connective tissue form between tissues and organs, typically from injury from surgery (Capriotti & Frizzle, 2016). The adhesions of the tissue common bond sections of the intestines together which then cause the blockage of the bowel movements (Capriotti & Frizzle, 2016). Once the blockage forms the more and more mucus and gunk is backed up which worsens the blockage.

The clinical presentation of the small bowel obstruction varies depending on the severity of the obstruction. Some presentations that occure would be abdominal distension, pain, nausea, vomiting, and hyperactive bowel sounds (Capriotti & Frizzle, 2016). The waste is blocked and there is no place for it to go which means the body is constantly trying to work to get out the

fecal matter out of the body which then increases the bowel sounds. This would explain why the client has hyperactive bowel sounds, and abdominal distension. For those who have a partial distention will present with diarrhea because it can leak around the obstruction (Capriotti & Frizzle, 2016).

According to M.D. Judith Marcin, some signs and symptoms of intestinal obstruction include the following: sever bloating, abdominal pain, decreased appetite, nausea, vomiting, inability to pass stool and sometimes gad, constipation, diarrhea, sever abdominal cramps (Marcin, 2018).

The diagnosis and treatment for small bowel obstruction would be getting an abdominal X-ray to get a visual of the obstruction (Capriotti & Frizzle). An NG tube is then placed to decrease the bowel and remove the accumulation of fluid in the bowel (Capriott & Frizzle, 2016). IV treatment is started to replace electrolytes and hydration for the body (Capriotti & Frizzle, 2016). Complete bowel obstruction is treated surgically when the surgical team goes into the intestine to clear out the full obstruction (Capriotti & Frizzle, 2016).

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2016). Pathophysiology: Introductory concepts and clinical perspectives. (1st ed.). Philadelphia, PA: F.A. Davis Company.

Marcin, Marcin. “Intestinal Obstruction.” *Healthline*, Healthline Media, 22 Oct. 2015, www.healthline.com/health/intestinal-obstruction.

“Small Bowel Resection: MedlinePlus Medical Encyclopedia.” *Medlineplus.Gov*, 2020, medlineplus.gov/ency/article/002943.htm. Accessed 12 Oct. 2020.

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	4.2-5.4	**2.89**	**3.10**	**Client has low RBC because the client is not getting enough nutrition because the small bowel obstruction is causing too much pain (NewHealthAdvisor, 2019).**
Hgb	12.0- 16.0	**9.6**	**9.8**	**Client has a decrease in hbg because there is not enough RBC to carry the hemoglobin through the body (NewHealthAdvisor, 2019).**
Hct	41-51	**28.8**	**29.9**	**Client has a low RBC which indicates why hematocrit is low(NewHealthAdvisor, 2019).**
Platelets	140.0-440.0	**495**	**229**	
WBC	**4-10**	**15.2**	**12.5**	
Neutrophils	**1.5-8.0**	**11.8**	**1.0**	**The client neutrophils are low because the client is currently taking the medication called Metoclopramide which causes neutropenia (Jones & Bartlett, 2020.)**
Lymphocytes	**1.0-3.0**	**2.2**	**0.7**	**The client has low lymphocytes because client is slightly malnourished (Bigger, 2020).**
Monocytes	**0.0-8.0**	**8.2**	**3.3**	
Eosinophils	**0.0-4.0**	**0.2**	**3.2**	
Bands	**<10**	**N/A**	**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	138	136	
K+	3.5-5.1	4.3	3.5	
Cl-	98-107	118	105	
CO2	21-31	12	20	
Glucose	74-109	130	138	Because client has type II DM
BUN	7-25	23	13	
Creatinine	0.7-1.30	1.17	0.68	
Albumin	3.5-5.7	1.6	<1.5	Because client is not getting the correct nutrition. Client is refusing to eat
Calcium	8.6-10.3	7.2	7.0	Client is refusing to eat and get needed nutrition
Mag	1.6-2.4	N/A	1.6	
Phosphate	2.5-4.5	N/A	2.3	Client is refusing to eat and get needed nutrition also because the client has DM (Westphalen, 2018)
Bilirubin	0-0.4	0.3	0.3	
Alk Phos	40-130	126	73	
AST	5-40	9	8	
ALT	7-56	10	9	
Amylase	23-85	N/A	N/A	
Lipase	0-160	N/A	N/A	

Lactic Acid	**4.5-19.8**	**N/A**	**N/A**	

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	**2.0-3.0**	**1.24**	**N/A**	
PT	**2.0-4.0**	**15.9**	**N/A**	
PTT	**60-70**	**N/A**	**N/A**	
D-Dimer	**0.2-0.7**	**N/A**	**N/A**	
BNP	**0.5-30**	**N/A**	**N/A**	
HDL	**>40**	**N/A**	**N/A**	
LDL	**<100**	**N/A**	**N/A**	
Cholesterol	**180-200**	**N/A**	**N/A**	
Triglycerides		**N/A**	**N/A**	
Hgb A1c		**N/A**	**N/A**	
TSH		**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	**Yellow & Clear**	**Yellow/hazy**	**N/A**	
pH	**5-7**	**5.0**	**N/A**	
Specific Gravity	**1.010-1.030**	**1.039**	**N/A**	
Glucose	**0-0.8**	**0.3**	**N/A**	

Protein	**<100**	**Neg**	**N/A**	
Ketones	**Negative**	**Neg**	**N/A**	
WBC	**0-5**	**4**	**N/A**	
RBC	**0-4**	**2**	**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	**N/A**	**N/A**	**N/A**	
Blood Culture	**N/A**	**N/A**	**N/A**	
Sputum Culture	**N/A**	**N/A**	**N/A**	
Stool Culture	**N/A**	**N/A**	**N/A**	

Lab Correlations Reference (APA):

Biggers, Alana. "Lymphocytes: Levels, Ranges, and Functions." *Www.Medicalnewstoday.Com*, 13 Jan. 2020, www.medicalnewstoday.com/articles/320987#:~:text=Lymphocyte%20counts%20below%20the%20normal%20range%20can%20also. Accessed 12 Oct. 2020.

"Causes of Low Red Blood Cell, White Blood Cell & Platelet." *New Health Advisor*, 24 July 2019, www.newhealthadvisor.org/Low-Blood-Count-Causes.html#:~:text=Causes%20include%3A%20Trauma.%20Destruction%20of%20red%20blood%20cells. Accessed 12 Oct. 2020.

Jones and Bartlett. (2020). Nurses Drug Handbook (19th e.d.)

Sarah Bush Lincoln Health Center (2020.*) Reference range (lab values).* Mattoon, IL.

Westphalen, Dena. “Phosphorus Deficiency: What Are the Symptoms and Treatments?” *Healthline*, 12 Mar. 2018, www.healthline.com/health/phosphorus-deficiency#:~:text=A%20phosphorus%20deficiency%20is%20uncommon.%20It%20happens%20when. Accessed 12 Oct. 2020.

(2020). *Urine tests: Normal values*. Merck manual professional version. Retrieved on April 6th, 2020, from https://www.merckmanuals.com/professional/resources/normal-laboratory-values/urine-tests-normal-values

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

--- CT of abdomen and pelvis on 09/30. The finding of this is severe proximal small bowel obstruction, possibly a closed loop obstruction.

--- Chest X-ray on 10/01 for NG tube placement. The finding of this assessment is NG tube tip is in stomach. Also found there is a small left pleural infusion and left basilar atelechisis

Diagnostic Test Correlation (5 points): Client received the CT test of his abdomen because client reported abdominal pain. Client received an X-ray to check for NG tube placement.

Diagnostic Test Reference (APA):

Sarah Busch Lincoln Health center. (2020). Diagnostic test. Mattoon, IL.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/ Generic	**Folic Acid/ Folvite**	**Metoclopramide/ reglan**	**Sucralfate/ carafate**	**Trazodone/ oleptro**	**Lisinopril/ Zestril**
Dose	**0.8 mg**	**10 mg**	**2 mg**	**100 mg**	**20 mg**
Frequency	**Daily**	**QID**	**QID**	**QHS**	**Daily**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Nutritional supplement**	**antiemetic**	**antiulcer**	**Antidepressant**	**Antihypertension**

Mechanism of Action	**Conversation of tetrahydrofolic acid necessary for normal erythropoiesis, synthesis of purine thymidylates, metabolism of amino acids such a glycine and methionine, and the metabolism of histidine.**	**Antagonizes the inhibitory affect or dopamine on GI smooth muscle which causes gastric contraction which then promotes gastric emptying and peristalsis thus reducing gastroesophageal reflux.**	**Protects the ulcer site by buffer acid complexes adhering to electrostatically to the proteins on the ulcers surface**	**Blocks serotonin reuptake along the presynaptic neuronal membrane.**	**May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II which reduces renal and vascular production of angiotensin II.**
Reason Client Taking	**Because the client has low RBC and this helps to treat folic acid deficiency**	**To facilitate small bowel intubation, to aid in radiological examination**	**To prevent reoccurrence of duodenal ulcer after is small bowel obstruction**	**Because client is depressed.**	**To treat hypertension**
Contraindications (2)	**Anemia, pernicious, aplastic or normocytic anemias**	**Concurrent use of butyrophenones, phenothiazines or other drugs that may cause extrapyramidal reactions**	**N/A**	**Hypersensitivity to trazadone, recovery from acute MI**	**Hereditary or idiopathic angioedema, concurrent aliskiren use in patients with diabetes or patients with renal impairment**
Side Effects/ Adverse Reactions (2)	**No side effects other than possible**	**Laryngeal edema, constipation,**	**Dizziness, drowsiness, headache**	**Seizures, heart failure**	**CVA, Arrhythmias**

	allergic reaction	**neutropenia**			
Nursing Considerations (2)	**Be sure not to get this drug confused with folinic acid because the two are commonly confused. Monitor patient for signs of hypersensitivity when taking this drug.**	**Avoid rapid IV delivery of this drug because it can cause anxiety and restlessness. Monitor patient closely for malignant syndrome which can be fatal but it is rare.**	**Use sucralfate cautiously with patients with renal failure because it can increase risk of aluminum toxicity. Administer only when patient has an empty stomach.**	**Trazadone therapy may increase the risk priapism. Drug can caus arrythmias so patients with heart failure can have arrythmias.**	**This should not be given to patient show is hemodynamically unstable after an acute MI. Use cautiously with patients with FVD, HF, impaired renal function or sodium depletion.**

Hospital Medications (5 required)

Brand/ Generic	**Lovenox / enoxaparin**	**Insulin / Afrezza**	**Protonix/ pantoprazole**	**Zosyn/ Piperacillin**	**Potassium Chloride**
Dose	**40 mg**	**Sliding Scale**	**40 mg**	**3.375 g**	**40 mEg**
Frequency	**Daily**	**Q 6 hrs**	**Daily**	**Q 6 hrs**	**Daily**
Route	**SubQ**	**SubQ**	**IV push**	**Iv piggy back**	**IV piggy back**

Classification	anticoagulant	Antidiabetic	Antiulder	Antibiotic	Electrolyte replacement
Mechanism of Action	Lovenox rapidly binds with and inactivates clotting factors. Without thrombin, fibrinogen can't convert to fibrin and clots can't form	Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle, and by inhibiting hepatic glucose production.	Surpresses the final step of gastric acid production by forming covalent bond to two sites of (H+, K+).	Kills bacteria by inhibiting synthesis of bacterial cell walls. Bind preferentially to specific penicillin-binding proteins located inside of bacterial cell walls.	Acts as a major action for intercellular fluid, activating many enzymatic reactions essential to physiologic processes.
Reason Client Taking	To prevent DVT after his abdominal surgery	Client has DM2	To treat GERD	To treat infection after surgery	Client is refusing nutrition through his food
Contraindications (2)	Active Major bleeding, hypersensitivity to benzyl alcohol	Chronic lung disease, COPD, hypersensitivity to regular human insulin	Concurrent therapy with rilpivirine containing products, hypersensitivity to protonic	Cephalosporins, fatal hypersensitivity reactions to patients allergic to this	Acute dehydration, renal impairment
Side Effects/Adverse Reactions (2)	CVA, hemorrhage	DKA, hypoglycemic	Hepatitis, hepatic failure	Low WBC, nausea, constipation	Arrythmia, GI bleeding
Nursing Considerations (2)	Don't give by IM injection. Test stool occult blood, as ordered.	Administer inhaled insulin using only the afrezza inhaler. Monitor patients closely for	Monitor PT and INR for these clients. Monitor for bone fracture	Monitor closely for allergic reactions. Do not breastfeed when taking this drug.	Administer with meals or immediately after. Check history of client before

		signs and symptoms of hypoglycemia.			**administering this because of possible predispose of hyperkalemia.**

Medications Reference (APA):

Jones and Bartlett. (2020). Nurses Drug Handbook (19th e.d.)

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: A&O X 3** **Orientation: A&O X3 client knows where he is at and what is going on currently** **Distress: acute distress** **Overall appearance: Client is put together however does not care about his hair and grooming much. Client seems**	

depressed.	
INTEGUMENTARY (2 points): **Skin color: White, Normal for race** **Character: Dry** **Temperature: Warm** **Turgor: slightly dehydrated** **Rashes: N/A** **Bruises: N/A** **Wounds: Client has 4 small wounds on his abdomen from his abdominal surgery.** **Braden Score: 18** **Drains present: Y☐ N ☒** **Type:**	
HEENT (1 point): **Head/Neck: Normal, no abnormal wounds.** **Ears: Ears are not full of wax and TM is clear and normal** **Eyes: PERLA is noted, conjunctiva is normal, no jaundice noticed** **Nose: No abnormal drainage is noted, and no pullups noted** **Teeth: Client's teeth are normal and no chipped or cracked teeth**	.
CARDIOVASCULAR (2 points): **Heart sounds: S1 and S2 noted, small murmur noted between S1 and S2** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): slightly abnormal with murmer noted** **Peripheral Pulses: All pulses were noted in peripheral extremities** **Capillary refill: Less than 3 seconds, Normal** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema: On abdomen from the surgery**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Breath sounds are diminished on right and has a scare on posterior lateral right chest.**	.

GASTROINTESTINAL (2 points): **Diet at home: Normal, no restrictions** **Current Diet: Client is currently** **Height: 183 cm** **Weight: 65.9 kg** **Auscultation Bowel sounds: Hyperactive** **Last BM: 10/05 in the morning multiple times** **Palpation: Pain, Mass etc.: No pain assessed. Palpation was normal. No masses were assessed** **Inspection:** **Distention: Abdomen is distended because of small bowel obstruction** **Incisions: 4 incisions on abdomen from surgery. All are healing well.** **Scars: no scars noted** **Drains: N/A** **Wounds: Abdomen has 4 wounds from surgery but all are healing well** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY (2 Points): **Color: Yellow** **Character: Hazy** **Quantity of urine: Normal** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: Genitals are normal, client has no pain and are cleaned right.** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status: Client is able to control all extremities and neurovascular is normal** **ROM: Client can move all extremities with exceptions of the back causing pain because of tightness.** **Supportive devices: Client uses a walker**	.

to provide comfort to his back **Strength: Client is weak due to not eating food after the surgery** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status: Client needs assistance to get out of bed because of recent surgery and weakness. 2 assist** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐ Yes clients needs support to stand and walk**	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: Client is A&O X3** **Mental Status: Client is slightly depressed and has really low motivation to work to get better.** **Speech: Normal and no slurring** **Sensory: Client uses all 5 senses well with no trouble.** **LOC: Client is A&O X3**	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): Client no coping methods. Client needs help with figuring out how to cope with loss of wife.** **Developmental level: Client** **Religion & what it means to pt.: N/A** **Personal/Family Data (Think about home environment, family structure, and available family support): Client is a widowed husband and has a son but no connection with him.**	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1245	91	121/81	18	36.8	98%

1415	**81**	**126/82**	**18**	**37**	**99%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1245	**Numeric**	**head**	**4**	**N/A**	**Closing shades in room to give a darker atmosphere**
1415	**Numeric**	**head**	**6**	**N/A**	**Acetaminophen**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: N/A (PICC line instead) **Location of IV:Right upper arm** **Date on IV: 10/01/2020** **Patency of IV: Patent** **Signs of erythema, drainage, etc.: No, Sight is dry and clean** **IV dressing assessment: Clean, dry and in tact**	Client has PICC line double lumen (Red and Purple) Client is getting TPN treatment for refusal to eat

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
819.48 IV Medications **860 oral**	**1350 Urine output**

Nursing Care

Summary of Care (2 points)

Overview of care:

Procedures/testing done: Small Bowel Resection

Complaints/Issues: Abdominal pain

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Client is not tolerating his diet well. Client is refusing to eat most meals, client is on a soft diet

Physician notifications: Doctor prescribed medications for clients headache, Doctor put client on TPN IV for client's refusal to eat

Future plans for patient: Get client to tolerate food, educate the client on wound care, educate the client on the importance of taking his medication to improve his health.

Discharge Planning (2 points)

Discharge location: Client's house

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: N/A

Education needs: Client needs post-operative education on walking and getting stronger. Client needs educated on the importance of his diet and medications.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

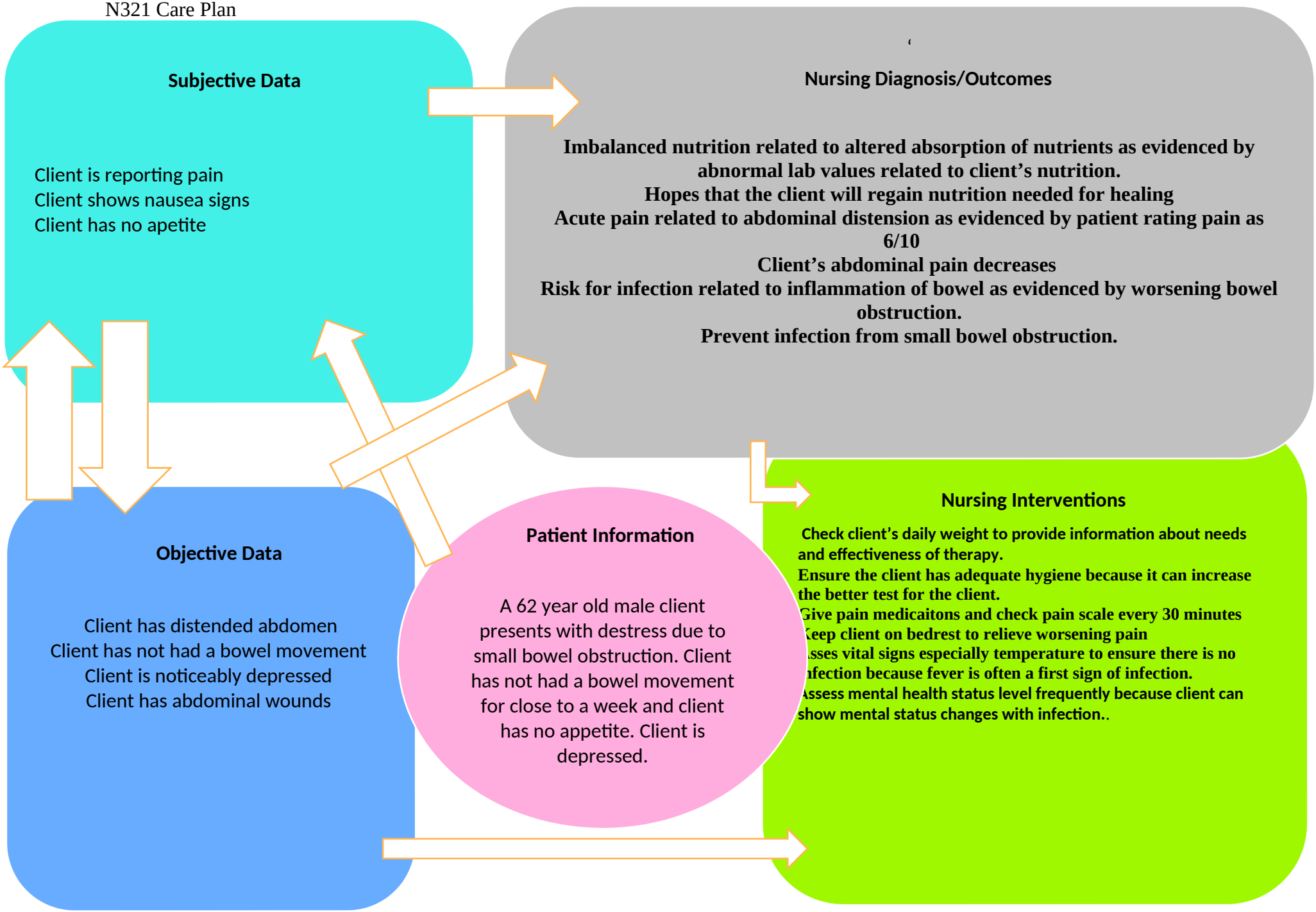
Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis	• Explain why the nursing		• How did the patient/family

with “related to” and “as evidenced by” components	diagnosis was chosen		respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Imbalanced nutrition related to altered absorption of nutrients as evidenced by abnormal lab values related to clients nutrition.	**This nursing diagnosis was chosen for this client because the client was having no appetite due to the obstruction of his bowel.**	**1. Check client’s daily weight to provide information about needs and effectiveness of therapy.** **2. Ensure the client has adequate hygiene because it can increase the better test for the client.**	**Client reacted well to the interventions although the client does not seem to have any “want” to improve his health.**
2. Acute pain related to abdominal distension as evidenced by patient rating pain as 6/10 .	**This was chosen because the client had visible abdominal distension from the bowel obstruction.**	**1. Give pain medicaitons and check pain scale every 30 minutes.** **2. Keep client on bedrest to relieve worsening pain**	**Client was supportive of plan.**
3. Risk for infection related to inflammation of bowel as evidenced by worsening bowel obstruction.	**This was chosen because the client has not had a bowel movement for close to a week and the waste products are slowly building up in clients body.**	**1.Asses vital signs especially temperature to ensure there is no infection because fever is often a first sign of infection.** **2Assess mental health status level frequently because client can show mental status changes with infection.**.	**Client was supportive of plan and will to be assessed.**

Other References (APA):

Concept Map (20 Points):

N321 Care Plan



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