

N311 Care Plan # 1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/09/2020	Patient Initials BB	Age 81	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widowed	Allergies NKA
Code Status Full code	Height 160 cm	Weight 57.4 Kg	

Medical History (5 Points)

Past Medical History: anxiety, depression, high cholesterol, hypertension, myocardial infraction, hyperlipidemia, osteoporosis,

Past Surgical History: Cardiac catheter 1996, Catarax 2015, Left hip replacement 2017, Placement of stent in cardiac conduct 4/18/2020

Family History: Child (daughter)- breast cancer, Father- lots of cardiac problems

Social History (tobacco/alcohol/drugs): No tobacco or drug history. Occasional drinking maybe 5-10 drinks per year.

Admission Assessment

Chief Complaint (2 points): Patient stated "I had non stoppable diarrhea my stomach hurt really bad and hurt even worse when I would stand up.

History of present Illness (10 points): Patient said "I was having stomach pain for 3-4 days before I came into the ER. The night before I came in it was really bad and would not stop. I also had a lot of diarrhea"

Primary Diagnosis

Primary Diagnosis on Admission (3 points): .clostridium difficile colitis

Secondary Diagnosis (if applicable): Abdominal pain and elevated WBCs

Pathophysiology of the Disease, APA format (20 points): *Clostridium difficile* (C. diff) is a spore forming bacteria spread through contact. A patient with C. diff should be on contact precautions which include a gown and gloves. It is also important to use water instead of alcohol-based hand sanitizers to perform hand hygiene. Thorough cleaning with products that contain bleach is important to stop the spread (Mayo Clinic staff, 2020). Most people end up with C. diff due to prolonged use of antibiotics which changes the normal flora in the gut. Although, if proton pump inhibitors are used for a long period it can cause this condition and be passed from patient to patient (Capriotti, 2015). C. diff is a spore-forming, toxin-secreting anaerobic bacteria (Capriotti, 2015). The small and large intestine ingest and germinate the spores. This leads to toxins being released and the intestinal mucosa to be disrupted which leads to the intestinal epithelial cells eroding and form pseudomembranous that contain necrotic tissue, white blood cells, and mucus (Capriotti, 2015).

When having C. diff, you may experience symptoms such as diarrhea, fever, and abdomen pain (Capriotti, 2015). Signs and symptoms typically start showing within five to ten days of starting antibiotics, but can occur the very first day or even a month or two later (Mayo Clinic staff, 2020). When diagnosing C. diff, it is important to use a stool sample. When it is diagnosed that a patient has C. diff it is important to discontinue the antibiotics and supplement treatments such as rehydration and metronidazole to get the diarrhea under control. Complications can include dehydration, kidney failure, toxic megacolon, a hole in your large intestine, or even death. This bacterium is more common in older adults in hospitals or long term care facilities and usually happens when they have been using antibiotics (Mayo Clinic staff, 2020).

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker. (2015). "Pathophysiology: introductory concepts and clinical perspectives". *Faculty Bookshelf*. 75.

Mayo Clinic staff. (2020, January 04). C. difficile infection. Retrieved October 15, 2020, from <https://www.mayoclinic.org/diseases-conditions/c-difficile/symptoms-causes/syc-20351691>

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	3.71	4.52	The patient didn't drink much and had diarrhea and dehydration can affect red blood cells and make them low
Hgb	11.3-15.2	10.5	12.9	Dehydration also can lower hemoglobin.
Hct	33.2-45.3	31.5	37.9	Dehydration can lower hemocrit and my patient didn't drink much and diarrhea can cause dehydration
Platelets	149-393	424	487	The patient does not get up and walk around much so she is at high risk for developing an infection.
WBC	4.0-11.7	14.2	25.7	White blood cells are elevated to trying and fight off the infection for C. difficile.
Neutrophils	45.3-79.0	89.6	88.6	Neutrophils are elevated to try and fight off the infection, because my patient has C. Difficile.
Lymphocytes	11.8-45.9	3.8	2.3	The patient could have a viral infection to reduce lymphocytes.

Monocytes	4.4-12.0	5.3	8.8	
Eosinophils	0.0-6.3	.8	.1	
Bands	0.2-1.6	.5	.2	

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	129	134	Usually Na- is elevated with diarrhea so the patient must have other underlying conditions.
K+	3.5-5.1	3.0	3.5	K+ can have abnormalities because of diarrhea and renal losses from taking high doses of corticosteroids.
Cl-	98-107	98	105	
CO2	21-31	23	19	She has a history of osteoporosis which can cause the bones to not have enough oxygen and extra CO2
Glucose	74-109	152	73	With how different her glucose is could be a sign of prediabetic
BUN	7-25	16	15	
Creatinine	.84-1.21	.88	.87	
Albumin	3.5-5.2	3.1	N/A	
Calcium	8.6-10.3	8.6	8.7	
Mag	1.6-2.4	N/A	1.9	
Phosphate	34-104	N/A	76	
Bilirubin	.3-1	N/A	1	
Alk Phos	34-109	N/A	76	

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/clear	N/A	
pH	5-8	6	N/A	
Specific Gravity	1.005-1.030	>1.060	N/A	High specific gravity can be associated with diarrhea and dehydration
Glucose	Normal	Normal	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Trace	N/A	Her labs also showed high glucose when tested so this could show a diabetic problem.
WBC	0-5	3	N/A	
RBC	0-3	3	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	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	Positive for C. Diff	N/A	C. difficile is often from over use of antibiotics.

Lab Correlations Reference (APA):

Sarah Bush reference information

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Lockwood, W. (2019, October). Clostridium Difficile: A Growing Problem. Retrieved October 14, 2020, from <https://www.rn.org/courses/coursematerial-72.pdf>

Diagnostic Imaging**All Other Diagnostic Tests (10 points):**

ECG: tachycardia with occasional premature ventricular complexes. This can cause extra heart contractions. (Dr. Lamonto)

Chest X-ray: heart normal size, lungs clear, no visual pneumothorax or pleural fusion (Joshua Garrett)

CT of abdomen and pelvis with contrast: stomach and bowel- right colon shows mild edema some mucosal enlargement of cecum. These findings suggest colitis and cecitis. This is an explanation for the C. Difficile. Normal liver, gallbladder, spleen, adrenals, appendix. (Joshua Garrett)

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

Brand/Generic	Metoprolol	Pantoprazole	Ticagrelor	Vancomycin	Atrovastatin
Dose	50 mg	40 mg	90 mg	150 mg	80 mg
Frequency	Daily	Daily	BID	QID	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Beta 1-adrenergic blocker	Proton pump inhibitor	Antiplatelet	Antibiotic	Production of cholesterol in body
Mechanism of Action	Inhibits stimulation of beta1- receptors resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand	Interferes with gastric acid secretion by inhibiting hydrogen-potassium-adenosine triphosphatase enzyme system in gastric parietal cells.	Reversibly interacts with platelet receptor to prevent platelet activation	Inhibit bacterial RNA and cell wall synthesis; cell death	Competitively inhibits 3-hydroxy-3-methylglutaryl-coenzyme A reductase
Reason Client Taking	To manage hypertension	To treat erosive esophagitis associated with GERD	Reduce the rate of thrombotic cardiovascular events	To treat C. Diff	Lower LDL and raise HDL
Contraindications	Acute heart	Hypersensitivity	Hypersensitivity	Hypersensitivity	Decreased

ns (2)	failure Cardiogenic shock	vity to Lansoprazol e, rabeprazole, substituted benzimidaz oles	tivities to tiagabine or component s	itivity to corn, hypersens itivity to vancomyc in	kidney function, untreated decreased level of thyroid hormones
Side Effects/Adverse Reactions (2)	Anxiety, confusion, fatigue	Anxiety, asthenia, confusion	Amnesia, anxiety, nausa	Chills, depressio n, headache	Joint pain, nausea, UTI

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:	Patient was alert and oriented times 4. The patient showed no distress. The patient was well groomed and appropriately dressed.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y ☐ N ☒	Pink Dry Warm Turgor 2+ Coccyx was red from diarrhea Small bruise on arm from IV site Small coccyx wound that could be blanchable 18

Type:	
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck symmetrical, patient has normal range of motion in face, head, and neck. Ear free of discharge and pink on outside Nose was symmetrical with no drainage Teeth were missing with dentures on top and bottom.
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:	Normal hear sounds S1 and S2 were heard with no murmurs, gallops or rubs. Capillary refill was less then 3 seconds.
RESPIRATORY: Accessory muscle use: Y ☐ N ☒ Breath Sounds: Location, character	Patients respiration were regular. There were no wheezes or crackles noted. The patient was on room air.
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/ soft diet. Patient says she knows what she can and can't eat at home. Soft diet at the hospital. 160 cm 57.4 kg Bowel sounds present and active 10/14/2020 (today) No pain or mass present Stomach had small scar by belly button, but appeared to be old. No distension, incisions, drains or wounds present.
GENITOURINARY: Color: Character: Quantity of urine:	Yellow Clear not cloudy Voided 450 mL

Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☐ N ☒ Type: Size:	Genitals pink with no rash
MUSCULOSKELETAL: Neurovascular status: 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 ☐	No supportive devices used Good strength a little unsteady when standing up Strength was good in both arms and legs.
NEUROLOGICAL: MAEW: Y ☐ N ☐ PERLA: Y ☐ N ☐ Strength Equal: Y ☒ N ☐ if no - Legs ☒ Arms ☒ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	N/A N/A Alert and oriented to time and place Mature and cognitive
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):	Patient has lots of family and friends. Patient said "I talked to my church family and they let me know they love me and are praying for me." Patient is Christian. Patient also talks a lot about children and grandchildren. Patient has mature developmental level.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0740	91	124/76	16	36.4	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0845	0-10	0	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
300 mL 50% breakfast which was omelet and cup of pudding	400 mL

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
Include full nursing diagnosis with “related to” and “as evidenced by” components	Explain why the nursing diagnosis was chosen		- How did the patient/family respond to the nurse’s actions? - Client response, status of goals and outcomes, modifications to plan.
1. Potential for perineum skin break down as evidenced by “my bottom is very sore from using the	With over use of bowel movements the patient coccyx had become red and sore.	- Use barrier wipes on the perineum area. - Turn patient every two hours on	Patient was willing to try anything to prevent her coccyx from getting worse. Patient also enjoyed laying on her sides because it relieved the pressure off of her

bathroom so much.”		either side.	back and coccyx.
2. Diarrhea as evidenced by “I have been having non stoppable diarrhea.”	Patient has been having diarrhea for the past week which can cause dehydration or worse.	• Encourage patient to drink lots of fluids. • Keep area clean and dry.	Patient would drink when encouraged to drink fluids with no complaint. Patient was taken to the bathroom when needed and made sure the bed was kept clean and try to prevent breakdown. Patient responded well to the intervention.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

“I have been having non stoppable diarrhea.”
“my bottom is very sore from using the bathroom so much.”

Nursing Diagnosis/Outcomes

Diarrhea goal partially met patient did not drink much fluids, but would drink some when reminded to. Patient also did great using her call light to go to the bathroom and making sure to let us know if she needed her pad under her changed.
Risk for peritoneum breakdown goal met patient enjoyed turning on either side every 2 hours or more. Patient also like the wipes.

Objective Data

Patients coccyx was a little red and had a spot that was blanchable. Patients vitals were all within normal range.

Patient Information

Patient had been diagnosed with colitis colostrum difficile.

Nursing Interventions

- Use barrier wipes on the perineum area.
- Turn patient every two hours on either side.
- Encourage patient to drink lots of fluids.
- Keep area clean and dry.



