

N311 Care Plan # 1

Lakeview College of Nursing

Mallorie Mason

Demographics (5 points)

Date of Admission 10/10/2020	Patient Initials JF	Age 69	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies NKA
Code Status Full Code	Height 5'9'	Weight 231lbs	

Medical History (5 Points)

Past Medical History: Kidney Stones

Past Surgical History: Lithotripsy

Family History: Paternal: Diabetes and CAD, Maternal: no problems that the patient knows of

Social History (tobacco/alcohol/drugs): The patient does not use drugs. Patient does smoke tobacco products. Patient states he smokes “ a little over a pack a day”. Patient does drink alcohol, but very little. Patient states he is a “social drinker”.

Admission Assessment

Chief Complaint (2 points): Swollen testicle

History of present Illness (10 points): A 69 year old male was admitted to Sarah Bush hospital on 10/10/2020 for a swollen testicle. The patient states that the swelling and pain started on 10/9/2020. The location of the swelling is in the right testicle. The swelling and pain of the right testicle has been going on for three days. The patient states that the pain is “sharp and pressure like”. There were no

aggravating factors. The patient didn't try any relieving factors, but treatment was tried. The patient states he "took Tylenol and it didn't help".

Primary Diagnosis

Primary Diagnosis on Admission (3 points):Orchitis

Secondary Diagnosis (if applicable):Hydrocele

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

"Orchitis is defined as the inflammation of the testicle unilaterally or bilaterally usually caused by viruses and bacteria" (Azmat, 2020). Testicular plexus is opposite to the testes. The testicular plexus has nerves that come from the renal and aortic plexus. The main way of blood transport is next to the testicular artery, and arterial supply passes through the inguinal canal. The superficial inguinal lymph nodes will drain the scrotum. This is an easy way to spread infection through the blood stream. Virus infection for orchitis is caused by pathogens.

The common causes for bacterial infection causing orchitis is a urinary tracts infection. Some bacteria's that cause the swelling and urinary tract infections are E.coli, Klebsiella pneumoniae, Staphylococcus, and Streptococcus. Bacteria orchitis can also be caused by an STI. Bacterial organism that cause STI and orchitis are Neisseria gonorrhoeae, Chlamydia trachomatis, and Treponema pallidum (Azmat, 2020). The most common viral infection causing orchitis is caused from having MMR.

Common symptoms of orchitis include: pain and swelling in either testicle, the testicle will be very tender. The groin area may be affected with pain, tenderness, or swelling. Urination may be difficult with pain and maybe even blood in the urine. A major symptom will be a fever because of

the infection. I can relate this to my pt because he had a 103 degree Fahrenheit fever when admitted to the hospital. The pt reported most of the symptoms too.

There are not a lot of test you can do for orchitis. There are three major test that are performed. The first one is a CBC. This will tell if the patient has an infection and if it is bacterial or viral. Another test is a clean catch urinary culture plus a urinalysis. This test will tell if the patient has a urinary tract infection. The last test is to take a urethral smear to test for STI's. According to the National Center for Biotechnology " not typically done, serum immunofluorescence antibody testing is useful to confirm the diagnosis of mumps orchitis" (Azmat, 2020).

Treatments for orchitis include: antibiotics which relates to my patient because he is taking CefTRIAxone which is an antibiotic. Antibiotics treat infections. Other treatments are anti-inflammatory's, and pain medications. My patient was taking pain medications PRN. The last treatment which is a nursing intervention is elevation of the testes and ice pack. My patient was performing both of those things.

Pathophysiology References (2) (APA):

Azmat, C. E. (2020, July 02). Orchitis. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK553165/>
Orchitis: MedlinePlus Medical Encyclopedia. (n.d.). Retrieved from <https://medlineplus.gov/ency/article/001280.htm>

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	4.28-5.56	3.64	3.66	May have anemia or nutritional deficiency
Hgb	13.0-17.0	11.9	11.8	Low due to low RBC
Hct	38.1-48.9	35.1	34.6	Hct is low due to low RBC
Platelets	149-393	220	222	
WBC	4.0-11.7	21.3	14.2	Infection and Inflammation due to orchitis, leukocytosis
Neutrophils	45.3-79.0	86.8	82.4	Bacterial infection due to UTI
Lymphocytes	11.8-45.9	5.7	10.1	
Monocytes	4.4-12.0	6.9	6.4	
Eosinophils	0.0-6.3	0.5	0.8	
Bands	0-700	Didn't test	Didn't test	

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	138	
K+	3.5-5.1	4.0	3.9	
Cl-	98-107	106	105	
CO2	21-31	26	26	
Glucose	74-109	134	114	
BUN	7-25	14	10	
Creatinine	0.70-1.30	1.03	0.90	
Albumin	3.5-5.2	4.1	Didn't test	
Calcium	8.6-10.3	8.1	8.2	May have Vitamin D deficiency, malabsorption, or Alkalosis
Mag	1.6 -2.6	Didn't test	Didn't test	
Phosphate		Didn't test	Didn't test	
Bilirubin	0.3-1.0	0.7	Didn't test	

Alk Phos	34-104	57	Didn't test	
-----------------	--------	----	-------------	--

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	Didn't test	
pH	5.0-8.0	6.0	Didn't test	
Specific Gravity	1.005-1.034	1.016	Didn't test	
Glucose	Normal	Normal	Didn't test	
Protein	Negative	1+ (A)	Didn't test	May be indicators for kidney disease or kidneys not properly function right. Also, may be high due to UTI.
Ketones	Negative	Negative	Didn't test	
WBC	<=5	93	Didn't test	High due to urinary tract infection
RBC	0-3	6	Didn't test	Indicator of hematuria from UTI
Leukoesterase	Negative	2+(A)	Didn't test	Due to UTI, indicates high WBC in urine

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 growth	Positive for E.coli	Didn't test	Indicates presents of E.coli which means UTI
Blood Culture	Negative growth	Negative	Didn't test	
Sputum Culture	Negative Growth	Didn't test	Didn't test	
Stool Culture	Negative Growth	Didn't test	Didn't test	

Lab Correlations Reference (APA):

Normal lab values are from Sarah Bush Hospital

Martin, P., By, -, Martin, P., & Paul Martin is a registered nurse with a bachelor of science in nursing since 2007. Having worked as a medical-surgical nurse for five years. (2020, May 14). Normal Laboratory Values for Nurses: A Guide for Nurses. Retrieved from <https://nurseslabs.com/normal-lab-values-nclex-nursing/>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

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

Medications (5 required)

Brand/Generic	Generic: CefTRIAxone Brand: Rocephin	Generic: Finasteride Brand: Propecia, Proscar	Generic: Enoxaparin Brand: Lovenox	Generic: Pantoprazole Brand: Protonix	Generic: Tamsulosin Brand: Flomax
Dose	2,000mg	5mg	40mg	40mg	0.8mg
Frequency	Every 24hr	q.d.	q.d.	q.d.	q.d.
Route	IV Piggyback	PO	Injection SQ	PO	PO
Classification	Antibiotic	Benign prostatic hyperplasia agent, and hair growth stimulant	Anticoagula nt	Antiulcer	Benign prostatic hyperplasia agent
Mechanism of Action	“Interferes with bacterial cell wall synthesis by inhibiting cross- linking of peptidoglycan strands”. Without	“Inhibits 5- alpha reductase, converts testosterone to its metabolite.	“Binds antithrombi n III, enoxaparin rapidly binds with and	“Interferes with gastric acid secretion by inhibiting the hydrogen- potassium- adenosine	“ Blocks alpha1- adrenergic receptors in the prostate. This action inhibits

	peptidoglycan bacteria cells die” (Drug hand book, 2020)	Metabolite is a potent androgen partially responsible for benign prostatic hyperplasia and hair loss” (Drug hand book, 2020).	inactivates clotting factors Xa and thrombin. Without thrombin, fibrinogen can’t convert to fibrin and cots can’t form” (Drug hand book, 2020).	triphosphatase enzyme system, or proton pump, in gastric parietal cells” (Drug hand book, 2020).	smooth muscle contraction in the bladder, neck, and prostate. Improves the rate of urine flow and reduce symptoms of BPH” (Drug hand book, 2020).
Reason Client Taking	UTI and Orchitis	BPH	Prevent DVT	GERD	BPH
Contraindications (2)	Calcium-containing I.V. solution; Hyperbilirubine mic or premature neonates (Drug hand book, 2020).	Females, hypersensitivity to finasteride or its components (Drug hand book, 2020).	Active major bleeding; History of HIT or immune-medicated HIT within past 100 days or in presence of circulating antibodies (Drug hand book, 2020).	Concurrent therapy with rilpivirine-containing products, hypersensitivity to pantoprazole, substituted benzimidazole s, or their components (Drug hand book, 2020).	Hypersensitivity to tamsulosin, quinazolines, or their components (Drug hand book, 2020).
Side Effects/Adverse Reactions (2)	Clostridium Difficile, Agranulocytosis	Hypotension, Back pain	Atrial Fibrillation, Hematemesis	Leukopenia, Rhinitis	Dyspnea, Chest pain

			s melena		
--	--	--	----------	--	--

Medications Reference (APA):2020 Nurses drug handbook. (2020). Burlington, MA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Pt was alert and awake A+O x 3. Pt knew name, DOB, location Not in any distress Pt was well dressed and groomed</p>
<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>Moist skin from perspiration, skin tag on rt side of neck, moles Warm skin Skin returned to normal state less than 2 seconds. Pt is hydrated No rashes No Bruises No wounds No skin risk Braden scale 21 No drains present</p>

<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck were symmetrical. No swelling or vein distention Symmetrical, no redness swelling, no discharge coming from the ears Pt wears glasses, they were sensitive to light Nose was symmetrical, no drainage Pt has dentures on upper and lower part of mouth</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 were heard, no gallops from S3 and S4 were heard, also no murmurs were indicated Radial pulse felt, strong, 78 beats per minute Was less than 2 sec, nail bed returned back to normal color No neck distention Yes there was edema Location was in the right testicle</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>No use of accessory muscle Located on the anterior and posterior sides. Vesicular breath sounds were heard when auscultating</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars:</p>	<p>Diet at home and the hospital was regular, no fluid restriction, pt. could eat whatever he would like 5'9' 231 lbs Bowel sounds were present in all 4 quadrants, very loud and active 8am Palpitated all 4 quadrants, no mass, no pain, and no tenderness Bloated from eating No incision No scars No drains</p>

<p>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>No wounds No ostomy No nasogastric No feeding tubes or PEG tube</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 No blood or burning while urinating, urine is hazy Pt is having no troubles with urination. Observed voiding one time No pain while urinating Not on dialysis Right testicle is very swollen and more firm than the left testicle No catheter</p>
<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) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Can do ROM by themselves, has full ROM Uses glasses, other than that pt does not use any supportive devices Grasp was strong and even, could get out of bed quickly Yes, only needs assistance because of IV pole Yes Pt at fall risk Score: 45 (Sarah Bush fall risk assessment) Very mobile, can walk, get up, shower on own Not independent because nurse/CAN needs to turn off bed equipment Yes, needs help with bed alarm and IV pole Does not need support to stand or walk</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Yes, pt moves all extremities well independently</p>

<p>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:</p>	<p>Pupils were reactive to light, constricted, eyes were sensitive to light Yes, grasped my hands A+O x3 Adult, Mature Clear Pt could feel when I touched him A+O x3</p>
<p>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):</p>	<p>Doesn't have any specific coping methods Mature Believes in God, does not go to church, and was raised Baptist Pt. lives in a house with his wife</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:40am	78	141/80	14	36.9	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:23am	2 *6 before pain	Right Testicle	Mild	Sharp Pressure	Giving pain medications and ice pack

	medications				
--	-------------	--	--	--	--

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Ate 50% of meal	Voided x 1
177.42 mL of coffee	
413.98 mL of water	

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 		<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.
<ol style="list-style-type: none"> 1. Pain alteration and comfort 	Related to pain of the swollen testicle evidence by “ my pain is 6 before my medication”	<ol style="list-style-type: none"> 1.Ice pack 2.Elevate the testicle and change the pt. position 	Goal met for both interventions. Pt ice pack was refilled. Pt. position was changed to make him more comfortable. Pt.

			liked both interventions. Pt took out towels for under testicle to “let it breathe”
2. Excessive fluid volume	Related to collection of fluid in the scrotal sac evidence by swollen teste.	1. Teaching of proper peri-care 2.Moinitor size of right testicle	Goal met. Size of testicle has went down since admission.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient states, "I have sharp and pressure like pain in my right testicle".
 Patient states, "My pain is at a two after pain medications, and a 6 before pain medications".
 Patient states, "I smoke a little over a pack a day"

Nursing Diagnosis/Outcomes

1. Pain alteration and comfort . Related to pain of the swollen testicle evidence by " my pain is 6 before my medication"
 - a. Goal met for both interventions. Pt ice pack was refilled.
 - b. Pt. position was changed to make him more comfortable. Pt took out towels for under testicle to "let it breathe"
2. Excessive fluid volume. Related to collection of fluid in the scrotal sac evidence by swollen teste.
 - a. Goal met. Size of testicle has went down since admission.

Objective Data

Pulse: 78 beats per min
 B/P: 141/80
 Resp Rate: 14 breaths per min
 Temp: 36.9 degrees Celsius
 Oxygen: 95%
 Swollen Testicle
 Red Testicle
 Moist skin

Patient Information

Nursing Interventions

1. Ice pack for swelling of teste
 2. Use towels or slings for elevation
 3. Educate patient on proper peri-care to prevent infection
 4. Monitor size of right testicle to make sure it doesn't increase
- A 69 year old retired Caucasian male. Pt speaks English. He is married lives in a house with wife. Is a full code.



