

N311 Care Plan #

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/14/2022	Patient Initials BJM	Age 80	Gender F
Race/Ethnicity White/ non- Hispanic	Occupation Retired	Marital Status Married	Allergies Mold, Smut, Nitrofurantoin, Levofloxacin
Code Status Full	Height 5'3"	Weight 140lb	

Medical History (5 Points)**Past Medical History:**

Temporal Arteritis (HCC), Allergic Rhinitis, Atrial Fibrillation, Hypertension, Skin Cancer

Past Surgical History: Back Surgery (C4&5), Bladder Suspension, Cataract Removal, Hysterectomy, Skin Cancer excision

Family History: Heart Diseases (mother), Stroke (father)

Social History (tobacco/alcohol/drugs): No tobacco/alcohol/drugs taken.

Admission Assessment**Chief Complaint (2 points):**

Lower abdominal pain.

History of present Illness (10 points): .About 4 days ago Pt started feeling pain and discomfort in lower abdomen and back. Location: Lower abdomen. Duration: Pain constant. Pain comes down to a 7/10 from 10/10 with meds. Characteristics: constant dull pain, sharp with movement. Associated Manifestations: Lower back pain. Relieving Factors: Pain medication (morphine).

Primary Diagnosis

Primary Diagnosis on Admission (3 points):.

Diverticulitis of large intestine with perforation of abscess, unspecified bleeding status.

Secondary Diagnosis (if applicable):.

Temporal Arteritis

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

Patient is complaining of tenderness of lower abdomen, issues with lack of bowel movement, and back pain. According to Capriotti and Frizzell (2016), diverticulitis is weakness in the bowel musculature due to branches of the blood vessels entering the colonic wall, which creates areas of bowel protrusion during increased intra-abdominal pressure. The clinical presentation may include steady dull LQ pain, Acute lower abdominal pain, fever, and tachycardia (Capriotti and Frizzell (2016). The development of diverticula in the colon typically occurs in parallel rows between the taenia coli. The pathogenesis of the disorder involves three major areas: (1) structural abnormalities of the colonic wall, (2) disordered intestinal motility, and (3) deficiencies of dietary fiber.

Additional factors have also been linked to diverticular disease (Matrana, M., & Margolin, D.,2009)

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

Matrana, M., & Margolin, D. (2009, August). Epidemiology and pathophysiology of diverticular disease. Retrieved October 15, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780269/>

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	4.0-4.9 $10^6/uL$	NA	3.46	These values are consistent with blood loss due to trauma (Capriotti & Frizzell, 2016).
Hgb	12.0-16.0 g/dL	NA	11.9	These values are consistent with blood loss due to trauma (Capriotti & Frizzell, 2016).
Hct	37.0-48.0%	NA	34.7	These values are consistent with blood loss due to trauma (Capriotti & Frizzell, 2016).
Platelets	150-400 $10^3/uL$	NA	249	
WBC	4.1-10.9 $10^3/uL$	NA	12.40	White cells are elevated due to trauma and inflammatory response (Capriotti & Frizzell, 2016).
Neutrophils	1.50-7.70 $10^3/uL$	NA	82.6	Neutrophils are elevated due to trauma/ injury (Capriotti & Frizzell, 2016).
Lymphocytes	1.00-4.90 $10^3/uL$	NA	1.0	
Monocytes	0.00-0.80 $10^3/uL$	NA	6.4	Monocytes are elevated due to trauma and inflammatory response (Capriotti & Frizzell, 2016).
Eosinophils	0.00-0.50 $10^3/uL$	NA	0.5	
Bands	NA	NA	NA	NA

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 mmol/L	NA	140	
K+	3.5-5.1 mmol/L	NA	3.5	
Cl-	98-107 mmol/L	NA	106	
CO2	21.0-32.0 mmol/L	NA	25	
Glucose	60-99 mg/dL	NA	91	
BUN	5-20 mg/dL	NA	13	
Creatinine	0.5-1.5 mg/dL	NA	0.59	
Albumin	3.4-5.4 g/dL	NA	3.5	
Calcium	8.5-10.1 mg/dL	NA	8.5	
Mag	1.6-2.6 mg/dL	NA	2.0	
Phosphate	-	NA	NA	
Bilirubin	-	NA	NEG	
Alk Phos	44-147 U/L	NA	109	

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	Light yellow	NA	Yellow/	

			hazy	
pH	5.0-7.0	NA	7.0	
Specific Gravity	1.003-1.030	NA	1.011	
Glucose	Negative	NA	Neg	
Protein	Negative	NA	Neg	
Ketones	Negative	NA	Neg	
WBC	0-25/uL	NA	0	
RBC	0-20/uL	NA	0	
Leukoesterase	Negative	NA	NA	

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	NA	NA	NA	NA
Blood Culture	NA	NA	NA	NA
Sputum Culture	NA	NA	NA	NA
Stool Culture	NA	NA	NA	NA

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):**EKG 12 Lead- Normal Sinus Rhythm****Trans Thoracic Echo- Normal Systolic Function****Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed*****Medications (5 required)**

Brand/Generic	Metoprolol	Enoxaparin (Lovenox)	Losartan (Cozaar)	Prednisone (Deltasone)	Morphine
Dose	75mg	60mg	50mg	5mg	5mg/mL
Frequency	Twice daily	Once daily	Once daily	Once daily	PRN
Route	Oral	Subcutaneous	Oral	Oral	Intravenous
Classification	Beta Blocker	Anticoagulants	Angiotensin II Receptor Blocker	Glucocorticoid	Opioid
Mechanism of Action	Inhibits stimulation of beta- receptor sites, located mainly in the heart, resulting in decreased cardiac output, excitability, and myocardial oxygen demand.	Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin with and inactivates clotting factors. Without thrombin, fibrinogen can't convert into fibrin and clots can't form.	Blocks binding of Angiotensin II to receptor sites in many tissues, including adrenal glands and vascular smooth muscle. Angiotensin II is a potent vasoconstrictor that also stimulates the adrenal cortex to secrete aldosterone.	Binds to intercellular glucocorticoid receptors and suppresses inflammatory and immune response.	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria.
Reason Client Taking	Atrial Fibrillation	Hospital protocol	Blood pressure/ Hypertension	Temporal Arteritis	Pain from Diverticulitis
Contraindications	Cardiogenic	Active major	Concurrent	Hypersensitivity	Acute or severe

(2)	Shock, Acute heart failure	bleeding, hypersensitivity to benzyl alcohol.	aliskiren therapy, hypersensitivity to losartan or its components.	to prednisolone or its components, systemic fungal infection	bronchial asthma, hypersensitivity to montelukast sodium.
Side Effects/Adverse Reactions (2)	Arrhythmia, Constipation	Confusion, Atrial Fibrillation	Nasal congestion, Hypotension	Hypertension, Adrenal insufficiency	Bradycardia, increased intracranial pressure.

Medications Reference (APA):

Jones & Bartless Learning. (2020). 2020 Nurse’s drug handbook (19th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Pt appears alert and oriented x3 person, place, and day of week, groomed, and in pain.
INTEGUMENTARY: Skin color: pink Character: dry Temperature: warm Turgor: normal Rashes: NA Bruises: yes, arms Wounds: NA Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:NA	Pt skin is warm, pink, and dry, with bruising on arms bilaterally. Turgor normal, Pt has a Braden score of 20.

<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<ul style="list-style-type: none"> • Head and neck symmetrical, trachea midline no deviation, thyroid not palpable, no noted nodules. Bilateral carotid pulses palpable. • Eyes bilateral sclera white, bilateral cornea foggy, conjunctive pink, slight drainage in left eye. • Nose septum midline turbinate's moist and pink. • Mouth pharynx moist and pink, dentation good, mucosa pink and moist with lesion on upper right side.
<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 checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>. Clear S1 and S2 heard without gallops or rubs. Pt in normal sinus rhythm with PVC'S, Peripheral pulses palpable. Capillary refill less than 3sec. Edema noted in both lower legs.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>. Respirations are regular and even without laboring. Lungs sound clear throughout bilaterally.</p>
<p>GASTROINTESTINAL: Diet at home: normal Current Diet: NPO Height: 5'3" Weight: 140lb Auscultation Bowel sounds: normal Last BM: 3 days ago Palpation: Pain, Mass etc.: Inspection: Distention: yes Incisions: NA Scars: NA Drains: NA Wounds: NA Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: NA Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>.Diet at home is normal, current diet in NPO, Abdomen is soft, tender in LLQ and LRQ, bowl sounds normal. Abdomen shows distention.</p>

<p>Type: NA</p>	
<p>GENITOURINARY: Color: yellow Character: hazy Quantity of urine: 35ml Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: : RED/PINK Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: NA Size: NA</p>	<p>Urine is yellow with hazy in character, output 35ml. No pain with urination noted.</p>
<p>MUSCULOSKELETAL: Neurovascular status: Able ROM: able with weakness Supportive devices: no Strength: General weakness ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 6 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p>.Pt can preform ROM and ADL's with assistance. Fall score is a 6 moderate fall risk.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Normal Mental Status: ANO X3 Speech: Understandable Sensory: Normal LOC: Alert</p>	<p>.Pt has positive MAEW and PERLA, strength was equal with some generalized weakness. Orientation normal with mental status ANO X3, speech understandable, sensory normal, and LOC alert.</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>.Pt has husband and daughter to help her if needed. She stated that she "just wants pain to go away".</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
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0935	79	116/71	18	97.9	93

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0935	10/10	Abdomen/ lower back	Sever pain	Constant dull/ sharp with movement	Medication (Morphine)

Intake and Output (2 points)

Intake (in mL) 250mL IV	Output (in mL) 35mL
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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.
<p>1. Dysfunctional gastrointestinal motility related to diverticulitis in large intestine. As evidenced by abdominal pain in LLQ and LRQ and lack of bowel movement.</p>	<p>Pt is currently NPO and receiving IV fluids. Her Lg intestine is inflamed making it difficult for solid foods to be processed properly.</p>	<p>1. Promote ambulation 2. Promoter fluid intake when PT is no longer NPO</p>	<p>PT agreed that ambulation in small amounts should be happening. PT is also very eager to have the NPO restriction lifted.</p>
<p>2. Risk for constipation</p>	<p>With the Pt being NPO and</p>	<p>1. Promote</p>	<p>PT agreed that ambulation in small</p>

<p>related to diverticulitis in large intestine and use of opioids. As evidenced by use of opioids and lack of bowel movement.</p>	<p>receiving IV fluids the bowels are not going to work as they should upon elimination. Also opioids are known to cause constipation.</p>	<p>ambulation</p> <p>2. Promoter fluid intake when PT is no longer NPO</p>	<p>amounts should be happening. PT is also very eager to have the NPO restriction lifted.</p>
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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):



