N311 Care Plan # 1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/14/2020	**Patient Initials** T.L.	**Age** 10/05/1967 (53 y/o)	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Pepsi MidAmerican	**Marital Status** Married	**Allergies** N/A
Code Status Full	**Height** 182.9 cm(72 in)	**Weight** 105 kg (232 lb)	

Medical History (5 Points)

Past Medical History: Acute bacterial bronchitis, candida intertrigo, acute bacterial sinusitis, acute sinusitis, tinnitus, other acute sinusitis recurrence not specific

Past Surgical History: Cardiac catherization, epidural steroid injection, facial surgery, hernia repair

Family History: Mother: acute myocardial infraction, Mother, Father, Paternal Aunt: congestive heart failure

Social History (tobacco/alcohol/drugs): Caffeine use, no alcohol, tobacco, or recreation drug use.

Admission Assessment

Chief Complaint (2 points): Abdominal hernia

History of present Illness (10 points): Onset: On October 14th, a 53 y/o white, married, male was admitted to St. Anthony's hospital for an abdominal hernia. Locations: the entire abdomen. Duration: I am unsure when the patients pain began. He was only coming to the hospital to have hernia surgery and for recovery after. Characteristics: The pt is experiencing a bloated stomach feeling and abdomen pain around the belly button area. The patient describes his pain as aching pain more than sharp and stabbing. Aggravating: tensing up his stomach muscles. Relieving:

sitting in a chair with his legs propped up. Treatment: use of an incentive spirometer, scheduled pain medication

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Hernia

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Definition: A hernia is a protrusion of a section of the small intestine through a weakened abdominal wall muscle. The presence of a hernia can be umbilical, inguinal, obturator, femoral, or incisional. Hernias are more common to develop in males because of the location of the scrotal sac. The gap between the scrotum and abdominal cavity allows easy displacement of intestines. **Cause:** My patient specifically had an umbilical hernia. An umbilical hernia occurs when part of the bowel or fatty tissue pushes through the abdominal wall near the belly button. **Signs & Symptoms**: The most common symptoms of an umbilical hernia are a bulge in the abdominal area that often increases with coughing or straining, pain or pressure at the hernia site, and increasing sharp abdominal pain and vomiting can mean the hernia is strangulated. This will require an emergency surgery and immediate treatment. **Risk Factors:** There are a few main risk factors for developing a hernia. Becoming older, your muscles become weaker making the older population more suspectable to developing a hernia. Being overweight and obese increases weight and places pressure on the abdominal muscles. Chronic straining will obviously increases your risk, along with having a family history of hernias. Someone who has ascites will have an increase risk because the excess fluid gets in the space between the tissue lining the abdomen and abdominal organs, this can be due to alcoholism. Lastly, be pregnancy can be a risk factor particularly only if you have

multiple pregnancies. **Diagnostic Tests:** When doing a physical exam make sure to check for the presence of bulge. During examination, the clinician will usually have the patient cough and this will raise intra-abdominal pressure causing the hernia to protrude. Some hernias can just be diagnosed by gently pushing on the abdomen while the patient lies in a supine position. Additional tests include ultrasound, computerized tomography scan (CT), blood tests, urinalysis, and electrocardiogram (ECG). An electrocardiogram is usually just for patients over 45 of anyone with a high risk of heart problems. **Treatment:** A herniorrhaphy, a surgical hernia repair, involves reinforcement of the weakened muscle with synthetic surgical material. Specifically for an umbilical hernia repair, there are two surgery options. The first one is called an open hernia repair; this is when an incision is made near the site and the surgeon will repair the hernia with mesh or by sewing the muscle layer closed. The second option is a laparoscopic hernia repair and this is when the hernia is repaired with mesh or sutures are inserted through instruments placed into small incisions in the abdomen. **Statistics**: Only about 10% of all abdominal hernias are umbilical hernias. They occur more in adults over 60 years old when the muscles start to weaken. Umbilical hernias are more common in obese multiparous women and cirrhotic patients. Around 20% of cirrhotic patients with ascites develop umbilical hernias. Hernias have a ratio of 3:1 more common in females than males.

Pathophysiology References (2) (APA):

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

American College of Surgeons. (2013). *Adult Umbilical Hernia Repair* . https://www.stegenevievehospital.org/sites/www/Uploads/files/Metis/adultumbilical.pdf.

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	3.90-4.98	4.70	4.53	
Hgb	12.0-15.5	13.2	12.5	
Hct	35-45	40.6	39.4	
Platelets	140-400	278	258	
WBC	4.0-9.0	14.1	9.3	Ventral hernia surgery
Neutrophils	40-70	90.9	73.2	Tissue repair of surgery
Lymphocytes	10-20	5.3	17.2	Chronic inflammation of abdomen
Monocytes	2-8	3.2	9.1	Stress after surgery
Eosinophils	0.0-6.0	0.0	0.1	
Bands				

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-	135-145	138	140	
K+	3.5-5.1	3.5	3.5	
Cl-	98-107	105	104	
CO2	22-29	27.0	29.0	
Glucose	70-99	143	89	Pt had high glucose levels due to drinking an energy drink every day and no specific diet at home.
BUN	6-20	15	17	

Creatinine	.50-1.00	1.20	.98	Pt was not drinking enough fluids.
Albumin	3.5-5.2	3.7	3.5	
Calcium	8.4-10.5	9.0	8.6	
Mag				
Phosphate	35-105	68	62	
Bilirubin	.3-1.0	.4	.7	
Alk Phos	30-120	68	62	

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-deep amber	Colorless clear	*No urinalysis was completed for today's sample.	
pH	5-9	7.0		
Specific Gravity	1.003-1.030	1.012		
Glucose	Negative	Negative		
Protein	Negative	Negative		
Ketones	Negative	Negative		
WBC	Negative	Negative		
RBC	Negative	Negative		
Leukoesterase	Negative	Negative		

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				***No cultures completed for this patient.**
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Pagana, K., Pagana, T., & Pagana, T. *Mosby's diagnostic and laboratory test reference.*

Diagnostic Imaging

All Other Diagnostic Tests (10 points): No other diagnostic tests were taken for this patient.

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

Medications (5 required)

Brand/Generic	Loratadine	Multivitamin-minerals ABDEK	Oxycodone-acetaminophen	Senna-docusate	Ibuprofen
Dose	**10mg**	**1 tablet**	**325mg**	**8.6-50mg**	**200mg**
Frequency	**As needed**	**1x daily**	**Every 6 hr as needed**	**1x daily**	**Every 6 hr as needed**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Antihistamines**		**Opioid analgesic**	**Laxative, stool softener**	**Analgesic, anti-inflammatory, antipyretic**
Mechanism of Action	**Relieved the symptoms of allergies**	**Treat to prevent vitamin deficiency due to poor diet or certain illness**	**To relieve severe pain**	**Softens stool**	**To relieve pain in rheumatoid arthritis and osteoarthritis**

Reason Client Taking	**Allergies**	**Vitamin/mineral deficiency**	**Acute pain**	**Constipation**	**Pain**
Contraindications (2)	**Hypersensitivity , seizures in young patients**	**Ulcer, gastritis**	**Acute or severe bronchial asthma or hypercarbia, GI obstruction**	**Fecal impaction, undiagnosed abdominal pain**	**Angioedema, rhinitis**
Side Effects/Adverse Reactions (2)	**Difficulty falling asleep/ staying asleep, dry mouth**	**Vomiting, headache**	**Bradycardia, adrenal insufficiency**	**Abdominal cramping, yellow-brown urine discoloration**	**Myocardial infraction, GI bleeding**

Medications Reference (APA):

Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert and oriented to time, place, and person X3 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+ None None None 0
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and neck symmetrical, normal cephalic Patient's ears are free of discharge, eyes symmetrical EOM, nose symmetry, no deviation, teeth well- kept, no dental carries

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 sounds normal S1 and S2, no murmurs, no gallops or rubs detected in S3 and S4. Capillary refill in less than 3 seconds. Peripheral pulses 2+ symmetric. No sign of edema
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations are regular, even and nonlabored, symmetrical, no wheezes or crackles noted
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:**	Full liquid diet 6’0” 232 lbs Bowel sounds are normoactive in all 4 quadrants Wednesday (10/14/2020) No CVA tenderness, Mild tenderness in periumbilical area Abdomen slightly distended Incision from hernia surgery, periumbilical area Scars on lower abdomen from previous hernia surgery No drains/wounds found upon inspection.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☒ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 Yellow Not cloudy, but clear Voided 5x Only slight pain from having catheter in the day before
MUSCULOSKELETAL:	

Neurovascular status: **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Normal Normal ROM No supportive devices Strength in both arms and legs 18 Independent No need for assistance with equipment Needs little assistance standing up from chair and good to walk independently.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Cognitive of space, time, and location Clear speech Mature and cognitive Alert No gross focal neurological deficits
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):**	 Wife Mature N/A Patient lives with wife and she came to visit him today. She sat and talked with him all afternoon.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	82	137/73	20	97.9 F	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0830	Wong Baker	Abdomen	6/10	Achy	Pt was given pain medication

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Water- 300 mL Pepsi- 100 mL Food: cream of wheat 50% of breakfast.	Voided 3x BM: 0x (last bowel movement Wednesday) Total Output: 400 mL

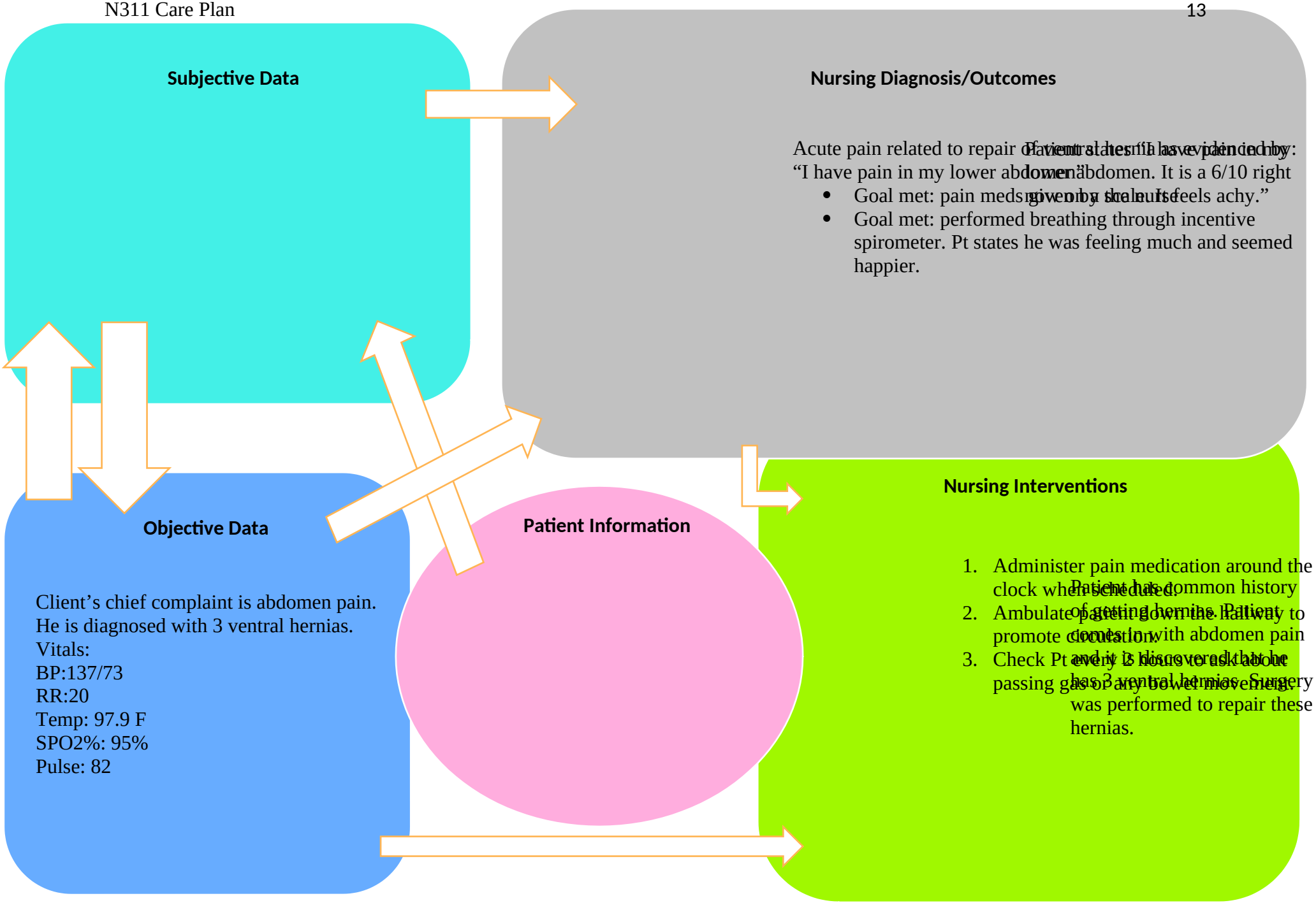
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Pain, Acute	Related to abdominal hernias as evidenced by: "I have pain in my	1.Administer pain medication around the clock	Goal met. Meds were given to patient by the nurse.

	lower abdomen”	2.Perform breathing through incentive spirometer	Goal met. Patient performed breathing exercises 10-20 times per hour. Patients felt and seemed much happier.
2.		**1.** **2.**	

Other References (APA):

Concept Map (20 Points)


Subjective Data
Patient states "I have pain in my lower abdomen. It is a 6/10 right lower abdomen. It feels achy."
Nursing Diagnosis/Outcomes
Acute pain related to repair of ventral hernia as evidenced by: "I have pain in my lower abdomen."
Goal met: pain meds given by the nurse
Goal met: performed breathing through incentive spirometer. Pt states he was feeling much and seemed happier.
Objective Data
Client's chief complaint is abdomen pain. He is diagnosed with 3 ventral hernias.
Vitals:
BP:137/73
RR:20
Temp: 97.9 F
SPO2%: 95%
Pulse: 82
Patient Information
Patient has common history of getting hernias. Patient comes in with abdomen pain and it is discovered that he has 3 ventral hernias. Surgery was performed to repair these hernias.
Nursing Interventions
1. Administer pain medication around the clock when scheduled.
2. Ambulate patient down the hallway to promote circulation.
3. Check Pt every 8 hours to ask about passing gas or any bowel movement.