

N431 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 9/26/2020	Patient Initials J. D.	Age 72	Gender Male
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Single	Allergies No known allergies
Code Status Full Code	Height 177.8 cm	Weight 115 kg	

Medical History (5 Points)

Past Medical History: left hemiparesis, spondylolisthesis of cervical region, stenosis of cervical spine, hypertension, diabetes mellitus type II, acute kidney injury, rhabdomyolysis, benign prostatic hyperplasia

Past Surgical History: Nephrolithotomy

Family History: Father (deceased) had myocardial infarction, mother (deceased) had breast cancer and myocardial infarction

Social History (tobacco/alcohol/drugs): Smoked 1.5 packs per day, quit four years ago. No history of drinking or illicit drugs.

Assistive Devices: non-wheeled walker

Living Situation: Lives at home alone

Education Level: Associate's degree

Admission Assessment

Chief Complaint (2 points): found unconscious in bathroom, left sided weakness

History of present Illness (10 points): A 72-year-old male presented to the emergency department with his daughter who stated she found him unconscious on the bathroom floor a few hours prior to admission. He was alone at the time of collapse and she does not know how long he had been there. The patient reports he does not remember how or why he lost consciousness.

He was lying on his left side and at the time of presentation, he was unable to move his left extremities. He reports no relieving or aggravating factors for weakness. The patient has no history of seizures or stroke.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Urinary tract infection (UTI)

Secondary Diagnosis (if applicable): Pneumonia

Pathophysiology of the Disease, APA format (20 points): Urinary tract infections are common in older adults and can sometimes be asymptomatic (Rowe & Juthani-Mehta, 2013). Because of this, they can be very serious and can lead to sepsis (Rowe & Juthani-Mehta, 2013). They are caused by both Gram-negative and Gram-positive bacteria, most commonly *Escherichia coli* (Flores-Mireles et al., 2015). The bacteria rapidly multiply, causing inflammation of the urinary tract (Flores-Mireles et al., 2015). The infection gradually moves up the urinary tract into the bladder, and then the kidneys (Flores-Mireles et al., 2015). If left untreated, it can lead to septicemia, which is a systemic infection (Flores-Mireles et al., 2015). Common signs and symptoms of a urinary tract infection include fever, dysuria, polyuria, flank pain, hazy or dark urine, and urgency (Rowe & Juthani-Mehta, 2013). Older adults may also experience new or marked increase in incontinence, hematuria, and confusion or altered mental status (Rowe & Juthani-Mehta, 2013). Diagnostic tests used to diagnose a urinary tract infection include a urinalysis and urine culture (Rowe & Juthani-Mehta, 2013). The urinalysis will typically show increased white blood cells, red blood cells (in more severe infection), and positive leukoesterase (Rowe & Juthani-Mehta, 2013). The urine culture will be positive for *E. coli* or other bacteria that can cause a urinary tract infection (Rowe & Juthani-Mehta, 2013). This patient did not

report any subjective symptoms, such as pain, but he did experience new incontinence and polyuria. He was able to respond to his urgency quickly enough to use a bedside urinal, but he did wet himself once during this shift. His initial urinalysis was positive for white blood cells and occult red blood cells, as well as trace amounts of leukoesterase. His urine also appeared dark red and hazy. Treatment for a urinary tract infection is antibiotics (Flores-Mireles et al., 2015). This patient received antibiotics for seven days, and when his urine was retested, it was within normal limits. His white blood cells in his complete blood count still indicated an infection, however. Pneumonia is defined as an infection of the lungs (Jain et al., 2019). It has multiple causes, such as viruses, bacteria, and fungi (Jain et al., 2019). These microorganisms multiply in the alveoli of the lungs, triggering an immune response and inflammation (Jain et al., 2019). Common signs and symptoms include tachypnea, tachycardia, fever, diminished breath sounds, crackles in the lungs, dullness on percussion, malaise, anorexia, and productive or nonproductive cough (Jain et al., 2019). They may also reveal lung infiltrate on a chest x-ray (Jain et al., 2019). This patient had a productive cough, diminished breath sounds, and dyspnea. He also had left lower lung infiltrate with small left pleural effusion on his chest x-ray, confirming the diagnosis. Lab findings are indicative of infection, revealing increased white blood cells (Jain et al., 2019). This patient's white blood cell count was 12 on admission and 13.1 at the time of assessment. The treatment of pneumonia depends on the cause (Jain et al., 2019). Bacterial pneumonia requires antibiotic therapy, fungal pneumonia requires antifungal therapy, and viral pneumonia requires supportive care (Jain et al., 2019). This patient was not on antibiotics at the time of assessment, so it is likely the provider determined he had viral pneumonia. He was on 15L of oxygen via nasal cannula and was repositioned every 2 hours to help with breathing. He was on bedrest to promote healing.

Pathophysiology References (2) (APA):

Flores-Mireles, A. L., Walker, J. N., Caparon, M., & Hultgren, S. J. (2015). Urinary tract infections: epidemiology, mechanisms of infection and treatment options. *Nature Reviews Microbiology*, 13(5), 269–284. <https://doi.org/10.1038/nrmicro3432>

Jain, V., Bhardwaj, A., Vashisht, R., & Yilmaz, G. (2019, February 22). *Pneumonia Pathology*. Nih.Gov; StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK526116/>

Rowe, T. A., & Juthani-Mehta, M. (2013). Urinary tract infection in older adults. *Aging Health*, 9(5), 519–528. <https://doi.org/10.2217/ahe.13.38>

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 – 6.6 million cells/uL	3.64 million cells/uL	3.54 million cells/uL	A decreased red blood cell count can indicate anemia and renal disease (Pagana et al., 2019).
Hgb	14 – 18 g/dL	11.5 g/dL	10.8 g/dL	A decreased hemoglobin level can indicate anemia and renal disease (Pagana et al., 2019).
Hct	42 – 54%	35.7%	34.8%	A decreased hematocrit can indicate anemia and renal disease (Pagana et al., 2019).
Platelets	150 – 450 thousand cells/uL	122 thousand cells/uL	240 thousand cells/uL	The platelet count could be decreased due to infection (Pagana et al., 2019). It went back to normal after the infection was treated.
WBC	4.5 – 10.8 thousand cells/uL	12 thousand cells/uL	13.1 thousand cells/uL	An elevated white blood cell count can indicate infection (Pagana et al., 2019).
Neutrophils	55 – 70%	89.6%	79.8%	The percentage of neutrophils is increased due to infection (Pagana et al., 2019).

Lymphocytes	20 – 40%	5%	11.8%	The percentage of lymphocytes is decreased due to an increased percentage of neutrophils (Pagana et al., 2019).
Monocytes	2 – 8%	4.9%	5.8%	The percentage of monocytes is decreased due to an increased percentage of neutrophils (Pagana et al., 2019).
Eosinophils	1 – 4%	0.5%	0.6%	The percentage of eosinophils is decreased due to an increased percentage of neutrophils (Pagana et al., 2019).
Bands	0 – 1%	0.2%	0.3%	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-	134 – 144 mmol/L	142 mmol/L	139 mmol/L	N/A
K+	3.5 – 5.2 mmol/L	3.79 mmol/L	3.88 mmol/L	N/A
Cl-	96 – 106 mmol/L	107 mmol/L	102 mmol/L	The chloride is elevated due to kidney dysfunction (Pagana et al., 2019).
CO2	20 – 29 mmol/L	18.2 mmol/L	24.9 mmol/L	The venous CO2 is decreased due to metabolic acidosis secondary to pneumonia or kidney disease (Pagana et al., 2019).
Glucose	65 – 99 mg/dL	251 mg/dL	125 mg/dL	The glucose level is elevated due to diabetes mellitus (Pagana et al., 2019).
BUN	8 – 27 mg/dL	62 mg/dL	33 mg/dL	The BUN is elevated due to kidney disease and sepsis (Pagana et al., 2019).
Creatinine	0.76 – 1.27 mg/dL	4.19 mg/dL	1.98 mg/dL	The creatinine is elevated due to kidney dysfunction (Pagana et al., 2019).
Albumin	3.5 – 5 g/dL	Not Tested	Not Tested	N/A
Calcium	8.6 – 10.2	7.9 mg/dL	9.1 mg/	The calcium level is decreased due

	mg/dL		dL	to renal dysfunction (Pagana et al., 2019).
Mag	1.3 – 2.1 mEq/L	Not Tested	Not Tested	N/A
Phosphate	2.8 – 4.1 mg/dL	5.1 mg/dL	Not Tested	The phosphate level is elevated due to renal dysfunction (Pagana et al., 2019).
Bilirubin	0.3 – 1 mg/dL	Not Tested	Not Tested	N/A
Alk Phos	30 – 120 U/L	Not Tested	Not Tested	N/A
AST	0 – 35 U/L	62 U/L	Not Tested	The AST is elevated due to rhabdomyolysis or liver dysfunction (Pagana et al., 2019).
ALT	4 – 36 U/L	264 U/L	Not Tested	The ALT is elevated due to rhabdomyolysis or liver dysfunction (Pagana et al., 2019).
Amylase	60 – 120 U/L	Not Tested	Not Tested	N/A
Lipase	0 – 160 U/L	267 U/L	Not Tested	The lipase level is elevated due to kidney dysfunction (Pagana et al., 2019).
Lactic Acid	0 – 59 U/L	Not Tested	Not Tested	N/A
Troponin	0 – 0.3 mg/mL	Not Tested	Not Tested	N/A
CK-MB	0%	Not Tested	Not Tested	N/A
Total CK	55 – 170 U/L	2,244 U/L	Not Tested	The total CK level is elevated due to rhabdomyolysis (Pagana et al., 2019).
Glomerular Filtration Rate	>59 mL/min	14.93 mL/min	35.46 mL/min	The GFR is decreased due to kidney dysfunction secondary to rhabdomyolysis (Pagana et al., 2019).

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	0.8 – 1.2	1.1	Not Tested	N/A
PT	9.1 – 12	12.1	Not Tested	The PT is slightly elevated due to a

	seconds			vitamin K deficiency (Pagana et al., 2019).
PTT	24 – 33 seconds	Not Tested	Not Tested	N/A
D-Dimer	<0.4 mcg/mL	Not Tested	Not Tested	N/A
BNP	<100 pg/mL	Not Tested	Not Tested	N/A
HDL	>39 mg/dL	Not Tested	Not Tested	N/A
LDL	0 – 99 mg/dL	Not Tested	Not Tested	N/A
Cholesterol	100 – 199 mg/dL	Not Tested	Not Tested	N/A
Triglycerides	0 – 149 mg/dL	Not Tested	Not Tested	N/A
Hgb A1c	4.8 – 5.6%	Not Tested	Not Tested	N/A
TSH	2 – 10 mU/L	Not Tested	Not Tested	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	Strawberry-colored, hazy	Yellow, clear	The color and clarity of the urine are abnormal due to a urinary tract infection (Pagana et al., 2019).
pH	5 - 7	5	5	N/A
Specific Gravity	1.001 – 1.03	1.009	1.009	N/A
Glucose	Negative	2+	2+	The urine glucose is elevated due to diabetes mellitus (Pagana et al., 2019).
Protein	Negative	Negative	Negative	N/A
Ketones	Negative	Negative	Negative	N/A
WBC	0 – 5 cells/dL	6 – 20 cells/dL	0 – 2 cells/dL	The white blood cell count of the urine is elevated due to a urinary tract infection (Pagana et al., 2019).
RBC	0 – 2 cells/dL	0 – 2 cells/dL	0 – 2 cells/dL	N/A
Leukoesterase	Negative	Trace	Negative	The leukoesterase level of the urine is elevated due to a urinary tract

				infection (Pagana et al., 2019).
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Arterial Blood Gas **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
pH	7.35 – 7.45	Not tested	7.466	An elevated blood pH indicates alkalosis (Pagana et al., 2019).
PaO ₂	80-100 mm Hg	Not tested	65 mm Hg	The PaO ₂ is decreased due to dyspnea and impaired gas exchange (Pagana et al., 2019).
PaCO ₂	35 – 45 mm Hg	Not tested	34.3 mm Hg	A decreased PaCO ₂ indicates alkalosis (Pagana et al., 2019).
HCO ₃	21- -28 mEq/L	Not tested	24.8 mEq/L	N/A
SaO ₂	95 – 100%	Not tested	94%	The SaO ₂ is decreased due to dyspnea and impaired gas exchange (Pagana et al., 2019).

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	Negative	N/A
Blood Culture	Negative	Positive	Negative	A positive blood culture indicates septicemia (Pagana et al., 2019).
Sputum Culture	Negative	Not Tested	Not Tested	N/A
Stool Culture	Negative	Not Tested	Not Tested	N/A

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray showed left lower lobe infiltrate with small left pleural effusion. Electrocardiogram showed sinus tachycardia. Doppler scan was negative for pulmonary embolism.

Diagnostic Test Correlation (5 points): The chest x-ray suggests pneumonia (Pagana et al., 2019). The electrocardiogram is routine for emergency department patients and this patient is on continuous telemetry. The doppler scan was to determine if he had developed a pulmonary embolism (Pagana et al., 2019).

Diagnostic Test Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Current Medications (10 points, 1 point per completed med) *10 different medications must be completed*

Home Medications (5 required)

Brand/ Generic	Paxil/ paroxetine	Flomax/ tamsulosin	Glucophage/ metformin	Crestor/ rosuvastatin	Gralise/ gabapentin
Dose	1 mg	0.4 mg	500 mg	40 mg	300 mg
Frequency	Once daily	BID	BID	Once daily	Once at bedtime
Route	Oral	Oral	Oral	Oral	Oral
Classification	Selective serotonin reuptake inhibitor (SSRI)	Peripherally acting antiadrenergic (alpha- blocker)	Antidiabetic	Lipid- lowering agent (statin)	Anticonvulsant; mood stabilizer
Mechanism of Action	Inhibits reuptake of serotonin in CNS,	Decreases smooth muscle contractions	Decreases hepatic glucose production and intestinal	Inhibits HMG-CoA reductase, which is	Unknown mechanism of action (Vallerand

	potentiating serotonin activity (Vallerand et al., 2019)	of the prostatic capsule by binding to alpha1-adrenergic receptors (Vallerand et al., 2019).	glucose absorption; increases insulin sensitivity (Vallerand et al., 2019)	responsible for catalyzing cholesterol synthesis (Vallerand et al., 2019)	et al., 2019)
Reason Client Taking	Generalized anxiety, depression	Benign prostatic hyperplasia (BPH)	Type II diabetes mellitus	Hyperlipidemia	Prevention of seizures caused by spondylolisthesis and stenosis of cervical spine
Contraindications (2)	Current use of MAO inhibitors (Vallerand et al., 2019), current use of thioridazine or pimozide (Vallerand et al., 2019)	Risk for prostate carcinoma (Vallerand et al., 2019), patients undergoing cataract surgery (Vallerand et al., 2019)	Metabolic acidosis (Vallerand et al., 2019), severe renal impairment (Vallerand et al., 2019)	Active liver disease (Vallerand et al., 2019), alcoholism (Vallerand et al., 2019)	Use caution in renal impairment (Vallerand et al., 2019), hypersensitivity (Vallerand et al., 2019)
Side Effects/Adverse Reactions (2)	Nausea (Vallerand et al., 2019), drowsiness (Vallerand et al., 2019)	Dizziness (Vallerand et al., 2019), headache (Vallerand et al., 2019)	Bloating (Vallerand et al., 2019), diarrhea (Vallerand et al., 2019)	Constipation (Vallerand et al., 2019), hyperglycemia (Vallerand et al., 2019)	Confusion (Vallerand et al., 2019), depression (Vallerand et al., 2019)
Nursing Considerations (2)	Reconcile with other medications to be sure they can be use concurrently (Vallerand et al., 2019). Monitor for suicidal ideation	Monitor extent of BPH throughout therapy (Vallerand et al., 2019). Assess for first-dose orthostatic hypertension and syncope	Monitor blood glucose throughout therapy (Vallerand et al., 2019). Monitor glycosylated hemoglobin throughout therapy (Vallerand et	Monitor cholesterol and triglyceride levels throughout therapy (Vallerand et al., 2019). Monitor liver function throughout	Monitor mental status throughout therapy (Vallerand et al., 2019). Monitor for seizures (Vallerand et al., 2019).

	(Vallerand et al., 2019).	(Vallerand et al., 2019).	al., 2019).	therapy (Vallerand et al., 2019).	
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Obtain baseline CBC and differential (Vallerand et al., 2019). Obtain baseline mental status exam (Vallerand et al., 2019).	Obtain baseline exam of BPH (Vallerand et al., 2019)	Obtain baseline CBC, BMP, and blood glucose level (Vallerand et al., 2019).	Obtain baseline cholesterol and triglyceride levels (Vallerand et al., 2019).	Obtain baseline mental status exam (Vallerand et al., 2019).
Client Teaching needs (2)	Report worsening depression/anxiety symptoms immediately (Vallerand et al., 2019). Take in the morning and with food if GI symptoms persist (Vallerand et al., 2019).	Weigh self daily in the morning with minimal clothing (Vallerand et al., 2019). Maintain rectal exams (Vallerand et al., 2019).	Teach how to take own blood glucose (Vallerand et al., 2019). Take medication at the same time each day (Vallerand et al., 2019).	Report muscle tenderness immediately (Vallerand et al., 2019). Teach a low-fat diet (Vallerand et al., 2019).	Report depressive symptoms (Vallerand et al., 2019). Do not stop taking abruptly (Vallerand et al., 2019).

Hospital Medications (5 required)

Brand/ Generic	Klotrix/ potassium chloride (KCl)	Protonix/ pantoprazole	Mycostatin/ nystatin	Embeda/ morphine	ProAmatine/ midodrine
Dose	20 mEq	40 mg	500,000	4 mg	5 mg

			units		
Frequency	BID	BID	Q6H	Q4H PRN	BID
Route	Oral	Oral	Oral	IV push	Oral
Classification	Potassium supplement	Proton pump inhibitor	Antifungal	Opioid analgesic	vasopressor
Mechanism of Action	Maintains electrolyte balance of body fluids and cells (Vallerand et al., 2019)	Binds to an enzyme in the presence of gastric pH, preventing transport of H ⁺ into gastric lumen (Vallerand et al., 2019)	Binds to fungal cell membrane, killing cells (Vallerand et al., 2019)	Binds to opiate receptors in CNS, preventing perception of painful stimuli (Vallerand et al., 2019)	Activates alpha-1-adrenergic receptors in blood vessels (Vallerand et al., 2019)
Reason Client Taking	Hypokalemia	Unsure, possible erosive esophagitis or duodenal ulcers (Vallerand et al., 2019)	Unsure, possible oral or intestinal candidiasis (Vallerand et al., 2019)	Moderate to severe pain	Urinary incontinence
Contraindications (2)	Hyperkalemia (Vallerand et al., 2019), severe renal impairment (Vallerand et al., 2019)	Hypersensitivity (Vallerand et al., 2019), patients using for >3 years (Vallerand et al., 2019)	Hypersensitivity (Vallerand et al., 2019), intolerance of alcohol (Vallerand et al., 2019)	Respiratory depression (Vallerand et al., 2019), paralytic ileus (Vallerand et al., 2019)	Urinary retention (Vallerand et al., 2019), acute renal disease (Vallerand et al., 2019)
Side Effects/Adverse Reactions (2)	Abdominal pain (Vallerand et al., 2019), diarrhea (Vallerand et al., 2019)	Headache (Vallerand et al., 2019), hyperglycemia (Vallerand et al., 2019)	Diarrhea (Vallerand et al., 2019), nausea (Vallerand et al., 2019)	Sedation (Vallerand et al., 2019), constipation (Vallerand et al., 2019)	Paresthesia (Vallerand et al., 2019), dysuria (Vallerand et al., 2019)
Nursing Considerations (2)	Monitor potassium levels during	Monitor bowel function (Vallerand et al., 2019).	Monitor for resolution of candidiasis infection	Monitor for respiratory depression during	Monitor sitting and supine blood pressure during therapy

	therapy (Vallerand et al., 2019). Monitor for signs of hyperkalemia (Vallerand et al., 2019).	Know this drug may decrease absorption of drugs requiring acidic pH (Vallerand et al., 2019).	during therapy (Vallerand et al., 2019). Monitor for adverse effects (Vallerand et al., 2019).	therapy (Vallerand et al., 2019). Monitor for sedation during therapy (Vallerand et al., 2019).	(Vallerand et al., 2019). Monitor for urinary output during therapy (Vallerand et al., 2019).
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Obtain baseline potassium level (Vallerand et al., 2019).	Assess for presence of gastric ulcers or erosive esophagitis (Vallerand et al., 2019).	Inspect mucous membranes for candidiasis infection (Vallerand et al., 2019).	Obtain baseline pain assessment (Vallerand et al., 2019).	Obtain baseline blood pressure and urinary pattern (Vallerand et al., 2019).
Client Teaching needs (2)	Avoid salt substitutes (Vallerand et al., 2019). Teach sources of dietary potassium (Vallerand et al., 2019).	Report altered bowel function immediately (Vallerand et al., 2019). Avoid aspirin and NSAIDs (Vallerand et al., 2019).	Report irritation of mucous membranes (Vallerand et al., 2019). Continue therapy for at least 2 days after symptoms subside (Vallerand et al., 2019).	Teach that this drug has a risk of dependence (Vallerand et al., 2019). Change positions slowly (Vallerand et al., 2019).	Take first dose upon waking up, second dose at midday, and third dose before evening meal and at least 4H before bedtime (Vallerand et al., 2019). Report urinary retention immediately (Vallerand et al., 2019).

Medications Reference (APA):

Vallerand, A. H., Sanoski, C. A., & Quiring, C. (2019). *Davis's drug guide for nurses*. F.A. Davis Company.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: A/O x3 Orientation: awake Distress: no acute distress Overall appearance: calm</p>	<p>Alert and oriented to person, place, and time. Patient is awake and in no acute distress, appears calm.</p>
<p>INTEGUMENTARY (2 points): Skin color: pale Character: dry Temperature: warm Turgor: 2+ Rashes: incontinence dermatitis on left inner thigh Bruises: healing yellowish bruise on left hip Wounds: shearing injury between buttocks just below sacrum Braden Score: 16 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin is warm, pale, and dry. Turgor is 2+. Incontinence-related dermatitis on left inner thigh where testicle touches skin noted. Healing yellowish bruise on left hip noted. Shearing injury between buttocks just below sacrum noted. No drains present.</p>
<p>HEENT (1 point): Head/Neck: normocephalic Ears: slightly hard of hearing Eyes: unremarkable Nose: unremarkable Teeth: unremarkable</p>	<p>Head and neck are normocephalic. Patient is slightly hard of hearing, had trouble understanding personnel with masks on and asked us to speak up. Patient does not wear hearing aids. Pupils PERRLA, sclera white. Ears non-tender, canal is clear, tympanic membrane intact. Nasal mucosa is pink and moist, septum is midline. Oral mucosa is pink and moist, no dentures present.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): sinus</p>	<p>Heart sounds clear, S1, S2 sounds heard with no murmurs, rubs, or gallops. Peripheral pulses 2+ bilateral, <3 seconds bilateral. No neck vein distention noted. Edema noted on lower</p>

<p>tachycardia Peripheral Pulses: 2+ bilateral Capillary refill: <3 seconds bilateral 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: lower extremities, worse on left side; left hand</p>	<p>extremities and left hand.</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Lung sounds clear in all lobes bilateral except diminished lung sounds in left lower lobe noted. No wheezes, stridor, crackles, or rubs noted. 15L O2 via nasal cannula.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Unrestricted Current Diet: Regular Height: 177.8 cm Weight: 115 kg Auscultation Bowel sounds: clear x4 Last BM: today Palpation: Pain, Mass etc.: no pain or masses Inspection: Distention: none Incisions: none Scars: none Drains: none Wounds: none Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Bowel sounds present in all four quadrants, last bowel movement earlier today. Bowel incontinence with runny, mucous stool. No pain to abnormal masses noted on palpation. No abdominal distention, incisions, scars, drains, or wounds noted. No organomegaly noted.</p>
<p>GENITOURINARY (2 Points): Color: yellow Character: clear Quantity of urine: 150 mL 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: appropriate Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Urine was yellow and clear on last urinalysis. Unable to assess urine this shift due to patient wetting the bed. Patient is incontinent of urine. No pain with urination reported.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: left hemiparesis ROM: limited on left side, full on right side</p>	<p>Patient cannot move left extremities at all. Needs full ADL assistance that requires both hands. Requires lift and used non-rolling walker prior to</p>

<p>Supportive devices: non-rolling walker, needs lift Strength: left: 0/5 right: 5/5 ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 70 Activity/Mobility Status: bedrest Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p>left hemiparesis onset. Right extremities have full strength, ROM.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: person, place, time Mental Status: alert Speech: clear Sensory: intact LOC: awake</p>	<p>Oriented to person, place, and time. Speech was clear, patient was alert and awake. Left hemiparesis noted, undetermined cause.</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): talking with student nurses Developmental level: appropriate for age Religion & what it means to pt.: Catholic Personal/Family Data (Think about home environment, family structure, and available family support): lives home alone, has family support</p>	<p>Patient enjoyed talking with the student nurses and assistive personnel. Expressed he felt like his nurses did not like him, students reassured him that the nurses are doing their best, but they have many other patients and may not always be able to be with the patient. Has adequate family support, was speaking with daughter and granddaughter on the phone during shift.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	81	110/59	18	97.7 F	95%
1600	92	106/60	16	97.7 F	93%

Vital Sign Trends: BP, respirations, and oxygen saturation are trending downwards, while his pulse is trending upwards, most likely to compensate

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	0 - 10	neck	4/10	dull	Reposition
1600	0 - 10	neck	6/10	dull	morphine

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 G Location of IV: right wrist Date on IV: 10/3/2020 Patency of IV: closed, flushes well Signs of erythema, drainage, etc.: none IV dressing assessment: clean, dry	No fluid being infused

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0	150

Nursing Care**Summary of Care (2 points)**

Overview of care: Patient wet bed at start of shift; was given a full bath and linen change. Withheld prescribed insulin because the patient did not want to eat lunch. Gave tamsulosin, pantoprazole, and morphine this shift. Student nurses stayed and talked with patient during downtime.

Procedures/testing done: no labs or procedures done this shift

Complaints/Issues: complained of neck pain, complained that he felt like the nurses did not like him or were upset with him

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: tolerating diet well, did not eat lunch because he had a large breakfast

Physician notifications: any worsening symptoms, any new symptoms/side effects, worsening/infection of shearing wound

Future plans for patient: supportive care, diagnose cause of left hemiparesis

Discharge Planning (2 points)

Discharge location: assisted living facility (specific location not determined)

Home health needs (if applicable): N/A

Equipment needs (if applicable): wheelchair, lift

Follow up plan: not determined, discharge date not planned

Education needs: understanding physical limits, adjustment to living in an assisted living facility instead of home

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <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. Impaired gas exchange related to pneumonia as</p>	<p>Pneumonia is a problem that has still not been solved, and</p>	<p>1. Administer oxygen as needed per protocol.</p>	<p>The patient appeared calm and comfortable in an upright sitting position with 15L of oxygen via</p>

evidenced by decreased oxygen saturation levels (Health-Conditions, 2020).	chronic impaired gas exchange can lead to hypoxia.	2. Reposition as needed to promote adequate breathing.	nasal cannula. His oxygen saturation remained above 92%.
2. Impaired urinary elimination related to urinary tract infection as evidenced by urinary incontinence (Health-Conditions, 2020).	An untreated urinary tract infection can lead to sepsis, so it is important to address it immediately.	1. Administer antibiotics as prescribed for urinary tract infection. 2. Keep a urinal at the bedside for the client to use.	Urinary tract infection was cured, but incontinence persisted. Urinal was kept at the bedside for the patient so that he could use it when he felt the urge. He did wet his bed at the start of the shift, but the previous nurse said that he had been using his urinal before.
3. Impaired physical mobility related to left hemiparesis as evidenced by complaints that he cannot move his left extremities (Health-Conditions, 2020).	Hemiparesis indicates a larger problem which needs to be addressed early so that there is a chance for it to be reversed.	1. Assess neurovascular status Q4H. 2. Consult physical therapy to perform range of motion exercises.	Physical therapy had been performing range of motion exercises, but the hemiparesis persisted.
4. Risk for pressure injury related to bedbound status as evidenced by open shearing injury (Health-Conditions, 2020).	Patients being bedbound can lead to complications such as pressure ulcers and pulmonary embolism.	1. Turn patient every 2 hours to prevent pressure injuries. 2. Keep the skin, especially around the perianal area, dry and clean.	A shearing injury was noted between the buttocks just below the sacrum. Regular turning continued after beginning treatment of injury. The patient was incontinent of urine and stool, and dermatitis was noted on left inner thigh.

Other References (APA):

Health-Conditions. (2020). *Approved NANDA Nursing Diagnosis List 2018-2020*. Health-Conditions.

Concept Map (20 Points):

Subjective Data

The patient reported left hemiparesis. He was incontinent of urine and reported neck pain.

Nursing Diagnosis/Outcomes

Impaired gas exchange related to pneumonia as evidenced by decreased oxygen saturation levels (Health-Conditions, 2020). The patient appeared calm and comfortable in an upright sitting position with 15L of oxygen via nasal cannula. His oxygen saturation remained above 92%.

Impaired urinary elimination related to urinary tract infection as evidenced by urinary incontinence (Health-Conditions, 2020). Urinary tract infection was cured, but incontinence persisted. Urinal was kept at the bedside for the patient so that he could use it when he felt the urge. He did wet his bed at the start of the shift, but the previous nurse said that he had been using his urinal before.

Impaired physical mobility related to left hemiparesis as evidenced by complaints that he cannot move his left extremities (Health-Conditions, 2020). Physical therapy had been performing range of motion exercises, but the hemiparesis persisted.

Risk for pressure injury related to bedbound status as evidenced by open shearing injury (Health-Conditions, 2020). A shearing injury was noted between the buttocks just below the sacrum. Regular turning continued after beginning treatment of injury. The patient was incontinent of urine and stool, and dermatitis was noted on left inner thigh.

Objective Data

Bloodwork was consistent with renal dysfunction and infection. Blood culture came back positive upon admission, suggesting sepsis. Urinalysis was consistent with a urinary tract infection.

Patient Information

72-year-old male with a history of left hemiparesis, spondylolisthesis of cervical region, stenosis of cervical spine, hypertension, type II diabetes mellitus, acute kidney injury, and rhabdomyolosis presented with daughter, who found him unconscious in the bathroom. He was admitted for a urinary tract infection and pneumonia.

Nursing Interventions

1. Administer oxygen as needed per protocol.
2. Reposition as needed to promote adequate breathing.
1. Administer antibiotics as prescribed for urinary tract infection.
2. Keep a urinal at the bedside for the client to use.
1. Assess neurovascular status Q4H.
2. Consult physical therapy to perform range of motion exercises.
1. Turn patient every 2 hours to prevent pressure injuries.
2. Keep the skin, especially around the perianal area, dry and clean.



