

N321 Care Plan 1

Lakeview College of Nursing

Jamario Jeffries

Demographics (3 points)

Date of Admission 10/11/2020	Patient Initials G.A	Age 59	Gender Male
Race/Ethnicity White	Occupation Unemployed	Marital Status Married	Allergies Diclofenac Sodium – Rash.
Code Status Full Code	Height 178.6 cm	Weight 89.8 kg	

Medical History (5 Points)

Past Medical History: The client has a history of hepatitis C, chronic low back pain, morbid obesity, drug abuse, polysubstance abuse, and congestive heart failure.

Past Surgical History: Colonoscopy, hernia repair, arthroscopy of the knee, skin graft, colonoscopy with biopsy, colon resection sigmoid, and colostomy.

Family History: Mother – alcohol use and lung cancer. Father – alcohol use, Alzheimer’s disease, diabetes mellitus, heart disease, and hypertension. Brother – alcohol use.

Social History (tobacco/alcohol/drugs): The patient states that he smokes five cigarettes a day, and that he averages 1-2 beers per month, but when he was working, he averaged 6-12 beers daily. The patient uses marijuana, and methamphetamines, he uses both drugs about 1-2 times per month, and he states that he did use cocaine some years ago.

Assistive Devices:

Living Situation: He has his own home and states that he has a homeless man living with him and

Education Level: He dropped out of college in the 10th grade, to pursue a career in marines.

Admission Assessment

Chief Complaint (2 points): Altered Mental Status

History of present Illness (10 points):The patient presented to the emergency department via EMS, with complaints of altered mental status. The patient has a history of alcohol abuse and drug. The patient has a history of congestive heart failure, polysubstance abuse, severe alcohol dependence, morbid obesity, spondylolisthesis, hepatitis C, and colon cancer of the sigmoid.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):Altered Mental Status

Secondary Diagnosis (if applicable):.Sigmoidal Colon Cancer

Pathophysiology of the Disease, APA format (20 points): Altered mental status or disorders of the conscious, can be divided into processes that affect level of consciousness, mental status and is often termed “organic brain syndrome” (Capriotti & Frizzell, 2016). Organic brain diseases; delirium and dementia, Diabetes, and overdose are all causative of altered mental status seen in patients (Capriotti & Frizzell, 2016). In my patients case his AMS stemmed from narcotic usage. For some clinical manifestations or signs to keep an eye out for a client with AMS, would be psychosis; in which the client experiences disordered thoughts and behavior, including loss of contact with reality, delusions, hallucinations, disorganized speech, and abnormal behavior (Pinson, 2017). Mania, in which the client experiences an elevated state of arousal and energy level combined with a labile mood (Pinson, 2017). The last clinical manifestation, major depressive disorder, if severe enough the client could experience an AMS (Pinson, 2017). The client stated that prior to his arrival to the emergency department he did have illicit drug use, which is causative of his AMS at that time.

Pathophysiology References (2) (APA):

Capriotti, T., & Joan Parker Frizzell. (2016). *Pathophysiology : introductory concepts and clinical perspectives*. F.A. Davis Company.

Pinson, R. (2017, February 15). *Altered mental status*. Acphospitalist.Org.

<https://acphospitalist.org/archives/2017/02/coding-altered-mental-status-part-1.htm>

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	3.20	3.26	The client has a history of hepatitis C, which can lead to a decrease in RBC (Shamban, 2014).
Hgb	12-16 g/dL	8.8	8.6	The client has a history of hepatitis C, which can lead to a decrease in RBC (Shamban 2014).
Hct	41-51 %	26.4	26.1	The client has a history of hepatitis C, which can lead to a decrease in RBC (Shamban, 2014).
Platelets	150-450 x 10 ³ /mm ³	170	170	N/A
WBC	3.2-9.8*10 ⁹ /L	5.9	6.1	N/A
Neutrophils	2-8 *10 ⁹ / L	68.5	66.5	N/A
Lymphocytes	1-4*10 ⁹ /L	18.0	20.8	N/A
Monocytes	0.2-0.8*10 ⁹ /L	11.9	11.1	N/A
Eosinophils	0.0-0.5*10 ⁹ /L	0.8	0.9	N/A
Bands	0.0-1*10 ⁹ /L	N/A	N/A	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-	135-145 mEq/L	120	124	The client has an electrolyte imbalance from his CHF

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				medications.
K+	3.5 -5.0 mEq/L	4.4	4.0	N/A
Cl-	95-105 mEq/L	90	94	The client has an electrolyte imbalance from his CHF medications.
CO2		23	26	N/A
Glucose	70 – 110 mg/dL	172	124	The client has diabetes, which is indicated by the corresponding values.
BUN	8 – 25 md/dL	22	17	N/A
Creatinine	0.6 – 1.3 mg/dL	1.1	N/A	N/A
Albumin	3.4 – 5 g/dL	2.8	2.5	Clients who have colon cancer are likely to experience a 25% decrease in albumin levels (Nazha, 2015).
Calcium	8.5 – 10.5 mg/dL	8.0	7.6	N/A
Mag	1.6 – 2.6 mg/dL	1.3	1.5	Electrolyte imbalance has been noted in clients who experience CHF (Douban, 1996)
Phosphate	2.5-4.5	N/A	202	N/A
Bilirubin	0.3 – 1.0 mg/dL	0.7	0.7	N/A
Alk Phos	44 - 147	225	202	Alk Phos has been noted to be elevated in patients with congestive hepatopathy (Shamban, 2014)
AST	10 – 40 units	44	41	N/A
ALT	10 – 55 units/L	22	20	N/A
Amylase	25 – 151 units/L	N/A	N/A	N/A
Lipase	10 – 140 units/L	33	N/A	N/A
Lactic Acid	10 – 140 units/L	2.4	1.4	Clients who experience hepatitis are also likely to have lactic

				acidosis (Martin et al., 2019) (Martin et al., 2019)
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Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Put Normal values in

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	N/A	N/A	N/A	N/A
PT	N/A	N/A	N/A	N/A
PTT	N/A	N/A	N/A	N/A
D-Dimer	N/A	N/A	N/A	N/A
BNP	N/A	N/A	N/A	N/A
HDL	N/A	N/A	N/A	N/A
LDL	N/A	N/A	N/A	N/A
Cholesterol	N/A	N/A	N/A	N/A
Triglycerides	N/A	N/A	N/A	N/A
Hgb A1c	N/A	N/A	N/A	N/A
TSH	N/A	N/A	N/A	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	Pale yellow & Clear	Yellow & Clear	N/A	N/A
pH	4.5 – 7.8	5.0	N/A	N/A
Specific Gravity	1.009- 1.022	1.009	N/A	N/A
Glucose	➤ 0.5 g/ day	Normal	N/A	N/A

Protein	Negative	Negative	N/A	N/A
Ketones	Negative	Negative	N/A	N/A
WBC	Negative	Negative	N/A	N/A
RBC	Negative	Negative	N/A	N/A
Leukoesterase	Negative	Negative	N/A	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	Negative	The urine toxicology did test positive for amphetamine, methamphetamine, and opiate drug use. The test for tricyclic antidepressant did come back indeterminate
Blood Culture	No bacterial growth.	N/A	N/A	N/A
Sputum Culture	No bacterial growth	N/A	N/A	N/A
Stool Culture	No bacterial growth consists of normal intestinal flora.	N/A	N/A	N/A

Lab Correlations Reference (APA):

Douban, S., Brodsky, M. A., Whang, D. D., & Whang, R. (1996). Significance of magnesium in congestive heart failure. *American Heart Journal*, 132(3), 664–671.

[https://doi.org/10.1016/s0002-8703\(96\)90253-7](https://doi.org/10.1016/s0002-8703(96)90253-7)

Laboratory Values: NCLEX-RN || RegisteredNursing.org. (2014). Registerednursing.Org.

<https://www.registerednursing.org/nclex/laboratory-values/>

Martin, P., BSN, & R.N. (2019, April 8). *Normal Laboratory Values for Nurses: A Guide for Nurses*.

Nurseslabs. <https://nurseslabs.com/normal-lab-values-nclex-nursing/#bilirubin>

Nazha, B., Moussaly, E., Zaarour, M., Weerasinghe, C., & Azab, B. (2015). Hypoalbuminemia in colorectal cancer prognosis: Nutritional marker or inflammatory surrogate?. *World journal of gastrointestinal surgery*, 7(12), 370–377. <https://doi.org/10.4240/wjgs.v7.i12.370>

Shamban, L., Patel, B., & Williams, M. (2014). Significantly Elevated Liver Alkaline Phosphatase in Congestive Heart Failure. *Gastroenterology research*, 7(2), 64–68. <https://doi.org/10.14740/gr600w>

Welker MW, Luhne S, Lange CM, Vermehren J, Farnik H, Herrmann E, Welzel T, Zeuzem S, Sarrazin C. Lactic acidosis in patients with hepatitis C virus cirrhosis and combined ribavirin/sofosbuvir treatment. *J Hepatol*. 2016 Apr;64(4):790-9. doi: 10.1016/j.jhep.2015.11.034. Epub 2015 Nov 30. PMID: 26658684.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT abdomen and pelvis, Angio chest pulmonary w/contrast, brain/head w/o contrast.

US – scrotum (contents) w/doppler.

SARS-CoV-2 (Covid19)

Diagnostic Test Correlation (5 points): Client has an enlarged left testicle.

Diagnostic Test Reference (APA):

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

Home Medications (5 required)

Brand/ Generic	Metoprolol	lisinopril/ Prinivil	amitriptylin e/ Elavil	furosemide / (Lasix)	Spirolactone/ Aldactone
Dose	25 mg	2.5 mg	50 mg	40 mg	25 mg
Frequency	Daily	Daily	HS	BID	Daily
Route	PO	PO	PO	PO	PO
Classification	Beta- blocker	ACE- Inhibitor	Antidepress ant	Diuretic	Diuretic
Mechanism of Action	Blocks stimulation of beta₁- adrenergic receptors.	Blocks the conversion of angiotensin I to the vasoconstrictor angiotensin II.	Potentiates the effect of serotonin and norepinephrine in the CNS. Has significant	Inhibits the reabsorption of sodium and chloride from the loop of henle and distal tubule. Increases renal excretion of water, sodium, chloride, magnesium, potassium, and calcium.	Causes loss of sodium bicarbonate and calcium while saving potassium and hydrogen ions by antagonizing aldosterone.
Reason Client Taking	Hypertension	Hypertension	The pt. is experiencing depression.	Pt. has a history of CHF.	Pt. has a history of CHF.
Contraindicat	Pulmonary	Hypersensiti	Angle-	Hepatic	Anuria.

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ions (2)	edema Cardiogenic shock.	vity. Severe renal impairment.	closure glaucoma. Heart Failure.	coma Anuria.	Significant renal impairment.
Side Effects/Adverse Reactions (2)	Hyperglycemia bronchospasm	Dizziness. Abdominal Pain.	Suicidal thoughts Blurred Vision.	Aplastic anemia Fever.	Drug rash Muscle cramps.
Nursing Considerations (2)	Monitor lab values	Lab test monitoring. Assess pt. for angioedema.	Obtain weight & BMI initially, during, and after treatment. Assess for suicidal tendencies, especially during early therapy.	Assess fluid status. Monitor BP and pulse before and during administration.	Assess pt. for a skin rash during therapy. Monitor BUN, serum creatinine, and electrolytes prior to and routinely during treatment.

Hospital Medications (5 required)

Brand/ Generic	Heparin Flush/ Hep-Lock	Vancomycin/ Vancocin	Metoprolol/ Mopresor	enoxaparin / Lovenox	Hydrocodone- acetaminophen
Dose		1,500 mg/300	25 mg	0.4 mL	

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	3ml	mL			
Frequency	PRN		daily	Daily	PRN pain
Route	IVP	IVpB	PO	SQ injection	PO
Classification	Anticoagulant	Anti-infectives	Antihypertensive	Anticoagulant.	Antitussive
Mechanism of Action	Potentiates the inhibitory effect of antithrombin on factor Xa.	Binds to bacterial cell wall, resulting in cell death. Bactericidal action against susceptible organisms.	Blocks stimulation of beta (myocardial)-adrenergic receptors.	Potentiates the inhibitory effects of antithrombin of factor Xa and thrombin. Prevention of thrombus formation.	Bind to opiate receptors in the CNS. Alter the perception of and response to painful stimuli while producing generalized CNS depression suppresses the cough reflex via a direct central action.
Reason Client Taking	Pt. has a history of CHF.	The pt. has a history of polysubstance abuse.	The patient has a history of CHF.	The pt. has a history of CHF.	The pt. had a persistent cough.
Contraindications (2)	Hypersensitivity. Uncontrolled bleeding.	Hypersensitivity. Renal Impairment.	Uncompensated HF. Cardiogenic Shock.	Hypersensitivity. Severe Hepatic or renal disease.	Hypersensitivity to codeine. Paralytic ileus
Side Effects/ Adverse Reactions (2)	Drug-induced hepatitis. Alopecia.	Ototoxicity. Hypotension.	Bronchospasm. Gastric Pain.	Dizziness. Bleeding.	Confusion. Dizziness
Nursing	Assessment	Assess the	Monitor BP.	Assess for	Assess BP,

<p>Considerations (2)</p>	<p>for bleeding and hemorrhage. Monitor platelet count every 2-3 days.</p>	<p>patient for infection. Monitor IV site closely</p>	<p>Monitor Vital signs</p>	<p>signs for signs of bleeding and hemorrhaging. Monitor patients with epidural catheters.</p>	<p>pulse, and respiration Assess bowel functions routinely.</p>
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(April Hazard Vallerand & Sanoski, 2020)

Medications Reference (APA):

April Hazard Vallerand, & Sanoski, C. A. (2020). *Davis’s drug guide for nurses*. F.A. Davis Company.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: A&O 4 Orientation: A&O 4 Distress: Pt. seems to get winded after only Overall appearance: Pt. looks</p>	<p>Distress: Pt. seems to get winded after a few words and he must take a break.</p>
<p>INTEGUMENTARY (2 points): Skin color: Normal for race Character: Temperature: Normal 37.0 Turgor: Good Rashes: Pt. has cellulitis on both legs and feet, and skin cracks on both feet. Bruises: None noted Wounds: Pt. has a skin graft on his inner right forearm with the skin taken from his anterior left thigh. Braden Score: 22 Drains present: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Type:O</p>	

<p>HEENT (1 point): Head/Neck: Ears: Clear, tympanic membrane Eyes: PERRLA was good and no signs of deficits. Nose: Free of turbinate's, no deviated septum. Teeth: Patient has had full mouth extraction.</p>	
<p>CARDIOVASCULAR (2 points): Heart sounds: Clear and loud. S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Equal & Strong Capillary refill: Less than 3 seconds. Neck Vein Distention: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: None noted</p>	
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>All lobes clear and strong.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Normal, no special diet. Current Diet Height: 178.6 cm Weight: 89.8 kg Auscultation Bowel sounds: Patient has an ostomy bag. Pt. has had it for close to two years. Last BM: 1350 Palpation: Pain, Mass etc.: Inspection: No signs of wounds. Distention: No Distention, however, the patient's abdomen was tight. Incisions: None Scars: Colon resection scar Drains: Ostomy bag. Wounds: None Ostomy: Y <input checked="" type="checkbox"/> N <input 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>GENITOURINARY (2 Points): Color: Yellow Character: Clear Quantity of urine: 1,800 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: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Foley catheter Size: 16-gauge</p>	<p>Pt. testicles are enlarged about 4 times the normal size for a man his age and he have a 16-gauge catheter placed.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: Normal findings. ROM: Active ROM Supportive devices: None Strength: Lower extremities are weak from cellulitis. ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 110 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>.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> Orientation: Patient is oriented to hospital, date, president and time. Mental Status: Speech: Speech is strained somewhat because he has had full mouth extractions. Sensory: LOC: No LOC recently.</p>	<p>.</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Fiddles around in his garage, works on things in his garage. Get things in order and focus on cleaning. Developmental level: 10th Grade Religion & what it means to pt.: Pt. states he believes in the lord and he has</p>	<p>.</p>

<p>moments that he prays to the lord. However, he does not attend church, nor does he have a fellowship. Personal/Family Data (Think about home environment, family structure, and available family support): Has two kids, they live in Indianapolis, he states that they don't know each other because he was in the marine corp. and the mother. Pt. states that his daughters don't know one another.</p>	
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Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1357	116	117/75	20	36.9	100
0700	121	108/60	18	27.0	98

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1423	8/10	Testicles		Sharp pain	Hydrocodone-acetaminophen .
0700	10/10	All Over		Aching, sharp pain	

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
<p>Size of IV: 20-gauge Location of IV: Right AC Date on IV: 10/11/2020 Patency of IV: Aspirated and flushed Signs of erythema, drainage, etc.: IV dressing assessment: No phlebitis/infiltration present, catheter patent.</p>	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240	1800

Nursing Care

Summary of Care (2 points)

Overview of care: The client has received care around his enlarged testicles, altered mental status, depression, and

Procedures/testing done: CT, Xray

Complaints/Issues: Patient stated that he has no complaints of at the time of assessment.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Pt. is tolerating diet well and has had no signs of

Physician notifications: None

Future plans for patient:

Discharge Planning (2 points)

Discharge location: To home

Home health needs (if applicable): Psychiatric counseling

Equipment needs (if applicable): None

Follow up plan: Follow up with

Education needs: Sigmoidal colon cancer, Psychiatric (major depressive disorder), drug and alcohol abuse rehabilitation.

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. Acute Substance withdrawal syndrome</p>	<p>The client’s urinalysis is indicative of polysubstance use abuse. As evidenced by the client stating “I have been using meth for quite some time</p>	<p>1. Monitor lab values every 4 hours</p> <p>2. Conduct alcohol withdrawal sheet every 4 hours</p>	<p>The client is okay with getting blood drawn every 4 hours to assess for withdrawal</p> <p>The client is okay with undergoing the CIWA exam every 4 hours as well.</p>
<p>2. Risk for infection.</p>	<p>The client has cellulitis on his lower extremities which has open wounds on them and is susceptible to infection</p>	<p>1. Encourage intake of protein-rich and calorie-rich foods.</p> <p>2. Ensure that any articles used are properly disinfected or sterilized before use.</p>	<p>The client is content with the diet, being that he has no diet restrictions</p> <p>The client was hesitant to getting his linens change every so often,</p>

			but after further explanation he was okay with doing it.
3. Risk for urinary tract injury.	The client's testicles are enlarged to the size of a grapefruit and therefore a catheter has been placed and with the clients AMS, he is liable to pull it out.	1. Encourage the client to void every 2-3 hours. 2. Assess and palpate the client's bladder every 4 hours.	The client voided frequently so he stated that it wouldn't be a problem. The client has suprapubic pain, so he was in some pain upon palpation.

Other References (APA):

Concept Map (20 Points):

Subjective Data

The clients lab values were indicative of CHF, cancer of the sigmoidal colon cancer, and his urinalysis.

Nursing Diagnosis/Outcomes

- **Acute Substance withdrawal syndrome**
 - The client is okay with getting blood drawn every 4 hours to assess for withdrawal
 - The client is okay with undergoing the CIWA exam every 4 hours as well.
- **Risk for urinary tract injury.**
 - The client is content with the diet, being that he has no diet restrictions
 - The client was hesitant to getting his linens change every so often, but after further explanation he was okay with doing it.
- **Risk for infection**
 - The client voided frequently so he stated that it wouldn't be a problem.
 - The client has suprapubic pain, so he was in some pain upon palpation.

Objective Data

P: 117
R: 20
O₂: 100
BP: 117/75
T: 36.9

Patient Information

The client is a 59-year-old white male who lives alone, and has a history of sigmoidal colon cancer, polysubstance abuse.

Nursing Interventions

- Assess and palpate the client's bladder every 4 hours
- **Encourage the client to void every 2-3 hours**
- Ensure that any articles used are properly disinfected or sterilized before use.
- Encourage intake of protein-rich and calorie-rich foods.

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