

N311 Care Plan #

Lakeview College of Nursing

Name

**Demographics (5 points)**

<b>Date of Admission</b>	<b>Patient Initials</b>	<b>Age</b>	<b>Gender</b>
<b>Race/Ethnicity</b>	<b>Occupation</b>	<b>Marital Status</b>	<b>Allergies</b>
<b>Code Status</b>	<b>Height</b>	<b>Weight</b>	

**Medical History (5 Points)****Past Medical History:****Past Surgical History:****Family History:****Social History (tobacco/alcohol/drugs):****Admission Assessment****Chief Complaint (2 points):****History of present Illness (10 points):****Primary Diagnosis****Primary Diagnosis on Admission (3 points):****Secondary Diagnosis (if applicable):****Pathophysiology of the Disease, APA format (20 points):****Pathophysiology References (2) (APA):**

**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				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
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-				
K+				
Cl-				
CO2				
Glucose				
BUN				

<b>Creatinine</b>				
<b>Albumin</b>				
<b>Calcium</b>				
<b>Mag</b>				
<b>Phosphate</b>				
<b>Bilirubin</b>				
<b>Alk Phos</b>				

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>				
<b>pH</b>				
<b>Specific Gravity</b>				
<b>Glucose</b>				
<b>Protein</b>				
<b>Ketones</b>				
<b>WBC</b>				
<b>RBC</b>				
<b>Leukoesterase</b>				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

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)**

<b>Brand/Generic</b>					
<b>Dose</b>					
<b>Frequency</b>					
<b>Route</b>					
<b>Classification</b>					
<b>Mechanism of Action</b>					
<b>Reason Client Taking</b>					
<b>Contraindications (2)</b>					
<b>Side Effects/Adverse Reactions (2)</b>					

**Medications Reference (APA):**

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Type:</b></p>	
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Edema Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Location of Edema:</b></p>	
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Breath Sounds: Location, character</b></p>	
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b></p>	

<p><b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>  <b>Distention:</b>  <b>Incisions:</b>  <b>Scars:</b>  <b>Drains:</b>  <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Type:</b></p>	
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Type:</b>  <b>Size:</b></p>	
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	

<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	
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**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)

**Nursing Diagnosis (15 points)**

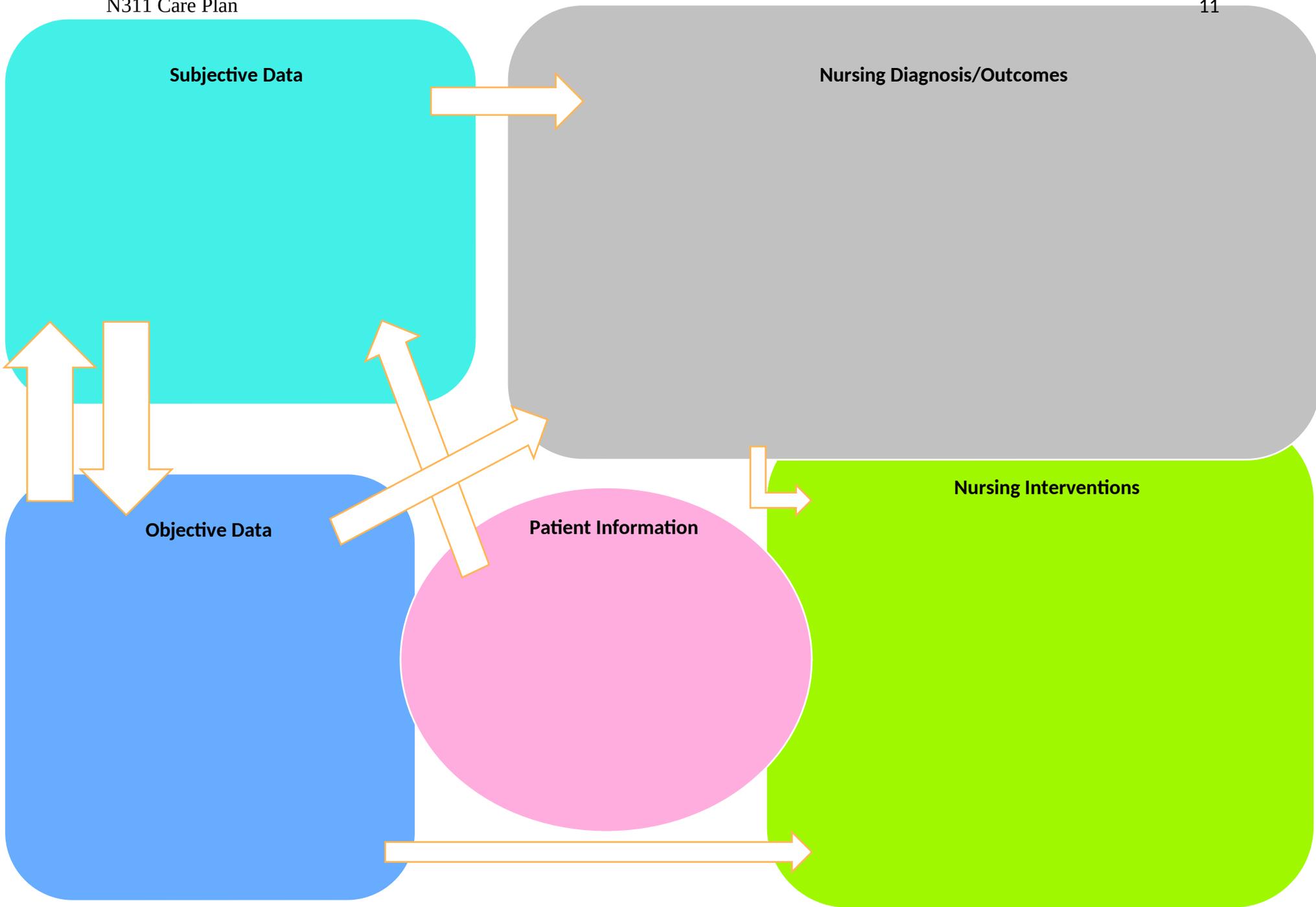
**\*Must be NANDA approved nursing diagnosis\***

Nursing Diagnosis	Rational	Intervention (2	Evaluation
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<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>per dx)</b></p>	<ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1.</b></p>		<p><b>1.</b></p> <p><b>2.</b></p>	
<p><b>2.</b></p>		<p><b>1.</b></p> <p><b>2.</b></p>	

**Other References (APA):**

**Concept Map (20 Points):**



**Subjective Data**

**Nursing Diagnosis/Outcomes**

**Objective Data**

**Patient Information**

**Nursing Interventions**



