

N311 Care Plan # 1

Lakeview College of Nursing

Name: Destiny Bell

Demographics (5 points)

Date of Admission 10/9/2020	Patient Initials A.C	Age 70 years	Gender Male
Race/Ethnicity Caucasian	Occupation Retired/unemployed	Marital Status Married	Allergies None
Code Status Full Code	Height 5ft 8in	Weight 159 lbs	

Medical History (5 Points)

Past Medical History: Anemia, Hypertension, Coronary Artery Disease

Past Surgical History:

- o Coronary artery bypass graft (9/17/20)
- o Upper Gastrointestinal endoscopy (10/2/20)
- o Tonsillectomy
- o Cardiac catherization Right side (9/4/20)

Family History:

- o Father's side; Grandfather: Hypertension
- o Mother: Uterine Cancer

Social History (tobacco/alcohol/drugs):

- o No smoking or Tobacco usage
- o No recreational drug usage
- o Alcohol: 6 beers a week
 - Has not had an alcoholic beverage since August

Admission Assessment

Chief Complaint (2 points): Dizziness, Lightheaded, Confusion, diaphoresis

History of present Illness (10 points): onset: On October 9th, A.C, a 70-year-old male presented to the hospital with the complaint of dizziness, feeling lightheaded, confusion and diaphoresis.

Location: Head and sweating occurring throughout the upper extremities. Duration: patient came in the er on October 9th, after having a endoscopy 7 days prior and noticed these symptoms arising. Characteristics: patient is having sweating throughout the extremities, is confused and complains of being lightheaded. Aggravating: patient didn't state anything that makes his pain worse. Relieving: patient didn't mention anything that helped relieve his pain and lessen his confusion and sweating. Treatment: no previous treatment sought.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Gastric Neoplasm

Secondary Diagnosis (if applicable): n/a

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

Gastric Neoplasm, also known as stomach cancer, refers to any malignant neoplasm that occurs in the region between the gastroesophageal junction and the pylorus (Nagini, 2012). Intestinal gastric cancer, more common in older aged men and it derives from precancerous gastric lesions such as gastric atrophy and is influenced by environmental factors such as an infection of *Helicobacter Pylori*, as well as obesity and factors in an individual's diet (Nagini, 2012). *H. pylori* is a gram-negative bacterium that is found in the gastric mucosa of patients with severe gastritis, which has since been recognized as a factor attributing to gastric cancer (Nagini, 2012).

The prevalence of *H. pylori* infections varies among different countries, with nearly 50 percent of the world's population being infected by this bacterium (Nagini, 2012). The combination of a virulent organism, a permissive environment, and a genetically susceptible host is needed for *Helicobacter pylori* induced gastric cancers (Nagini, 2012). This specific bacterium secretes several products such as urease, protease and ammonia that cause gastric mucosal damage (Nagini, 2012). *H. pylori* infections induce the production of reactive oxygen and nitrogen species and suppresses the host's defense mechanisms therefore leading to oxidative DNA damage (Nagini, 2012). However, it is spared from oxidative stress and the damage is confined to the gastric mucosa of the host (Nagini, 2012).

Individuals who are at risk for stomach cancer are known to consume diets high in starch and lacking protein and tend to avoid fresh fruits and vegetables (Nagini, 2012). Foods that are high in starch and low in protein may cause damage to the gastric mucosa due to the acid nitrosation in the stomach (Nagini 2012).

Pathophysiology References (2) (APA):

Nagini S. (2012). Carcinoma of the stomach: A review of epidemiology, pathogenesis, molecular genetics and chemoprevention. *World journal of gastrointestinal oncology*, 4(7), 156–169. <https://doi.org/10.4251/wjgo.v4.i7.156>

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	4.40 - 5.80	3.05	3.59	Patient has anemia
Hgb	13.0 - 16.5	8.1	9.4	Patient has anemia
Hct	38.0 - 50.0	24.8	28.5	Patient has anemia
Platelets	140 - 440	519	460	Due to the patient's anemia and the neoplasm in their stomach
WBC	4.0 - 12.0	4.70	9.30	
Neutrophils	40.0 - 68.0	64.0	N/A	
Lymphocytes	19.0 - 49.0	20.6	N/A	
Monocytes	3.0 - 13.0	12.5	N/A	
Eosinophils	0.0 - 8.0	2.2	N/A	
Bands	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-	133 - 144	N/A	135	

K+	3.5 – 5.1	N/A	3.2	Could be a result of medications he is taking post op
Cl-	98 – 107	N/A	101	
CO2	21 – 31	N/A	22	
Glucose	70 – 99	N/A	75	
BUN	7 – 25	N/A	10	
Creatinine	0.50 – 1.20	N/A	0.44	Could be a result of the patients new NPO diet,
Albumin	3.5 – 5.7	N/A	2.7	Could be an indication of an infection
Calcium	8.6 – 10.3	N/A	7.8	Due to protein intake being low
Mag	1.6 – 2.6	N/A	N/A	
Phosphate	N/A	N/A	N/A	
Bilirubin (T. BILI)	0.2 – 0.8	N/A	1.0	Patient is having gastric problems and they are inflamed.
Alk Phos	34 – 104	N/A	72	

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	N/A	N/A	N/A	
pH	N/A	N/A	N/A	
Specific Gravity	N/A	N/A	N/A	
Glucose	N/A	N/A	N/A	
Protein	N/A	N/A	N/A	
Ketones	N/A	N/A	N/A	

WBC	N/A	N/A	N/A	
RBC	N/A	N/A	N/A	
Leukoesterase	N/A	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	N/A	N/A	N/A	
Blood Culture	N/A	N/A	N/A	
Sputum Culture	N/A	N/A	N/A	
Stool Culture	N/A	N/A	N/A	

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosby's diagnostic and laboratory test reference. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- o Xray of the abdomen 2 views (supine with decubitus or erect views)
 - the findings of the patient's x-ray were that there is a small amount of free air under the patient's right hemidiaphragm, mildly dilated bowel loops, distal bowel

loops and the colon are not dilated. Patients bowel gas pattern is worrisome for a small bowel obstruction.

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

Medications (5 required)

Brand/Generic	Benzocaine Methanol-15	Ferrous sulfate	Hydrocodone Acetaminophen	Lactated Ringers infusion	Metoclopramide (Reglan) injection
Dose	3.6 mg	325mg	325mg/15ml (10ml)	100ml/hr	10mg
Frequency	PRN Q2H	One a day daily	PRN Q4H	continuous	Q6H
Route	Oral	oral	Oral	intravenous	intravenous
Classification	anesthetic	Hematinic antianemic	Opioid		antiemetic
Mechanism of Action	For oral pain	Acts to normalize RBC production by binding with hemoglobin	Binds to and activates opioid receptors in the grey matter and spinal cord to produce pain relief	Fluid and electrolyte replenishment .	Prevents and relieves the symptoms of nausea and vomitting
Reason Client Taking	Sore throat	Pt is anemic to prevent iron deficiency	To manage severe pain	To stay hydrated while NPO	nausea
Contraindications (2)	Do not use 72hrs before pancreatic function tests as it can interfere with the results,	Hemolytic anemias, hemochromatosis	Acute or bronchial asthma, significant respiratory depression	Metabolic acidosis or alkalosi	Should be used with caution in individuals with GI Bleeds or obstructions
Side Effects/Adverse Reactions (2)	Headache, lightheadedness, rapid heart rate	Dizziness, fever, headache Dyspnea wheezing	Anxiety dry mouth, rash, tremor	Fever, infection at the injection site, cough, decreased blood pressure	Vomiting, rash, jaundice

Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. <http://www.ismp.org/>.

Jones & Bartlett Learning. (2019). 2019 Nurse’s Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alert and Orientated x3 No signs of apparent distress Patient appears pleasant and comfortable</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Patient’s skin is pink in color with no bruising or wounds noted. No rashes seen.</p>

<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Atraumatic head Conjunctiva clear No sclera icterus or pallor</p> <p>Neck: Supple No LAD or thyromegaly</p>
<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 type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>S1/S2 present. No murmurs. No chest pain, no orthopnea or PVD. Radial pulses 2+ bilaterally. Midsternal incision.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Clear lung sounds throughout. No wheezes, crackles or rubs heard.</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Patient is currently experiencing some nausea accompanied by vomiting and abdominal pain. Patient is current on a NPO diet. Current height is 5 ft 8inches and he weighs 159 lbs.</p> <p>NG Tube present in the right nostril</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>No dysuria No hematuria</p>

<p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>No increase in urgency or frequency</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 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>Patient is not on fall risk precautions No lift equipment is needed He is a one person assist with gait belt while ambulating and a one person assist with ADL's Patient is independent in their hygiene health</p>
<p>NEUROLOGICAL: MAEW: Y <input 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 checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Sensory intact to light touch bilaterally in upper and lower extremities.</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 is fully cognitively developed Pt practices the religion Catholic.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0736	83	150/81	20	97.5 oral	94% on room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	Numeric scale	No pain noted	0	No complaints of pain.	none

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	N/A

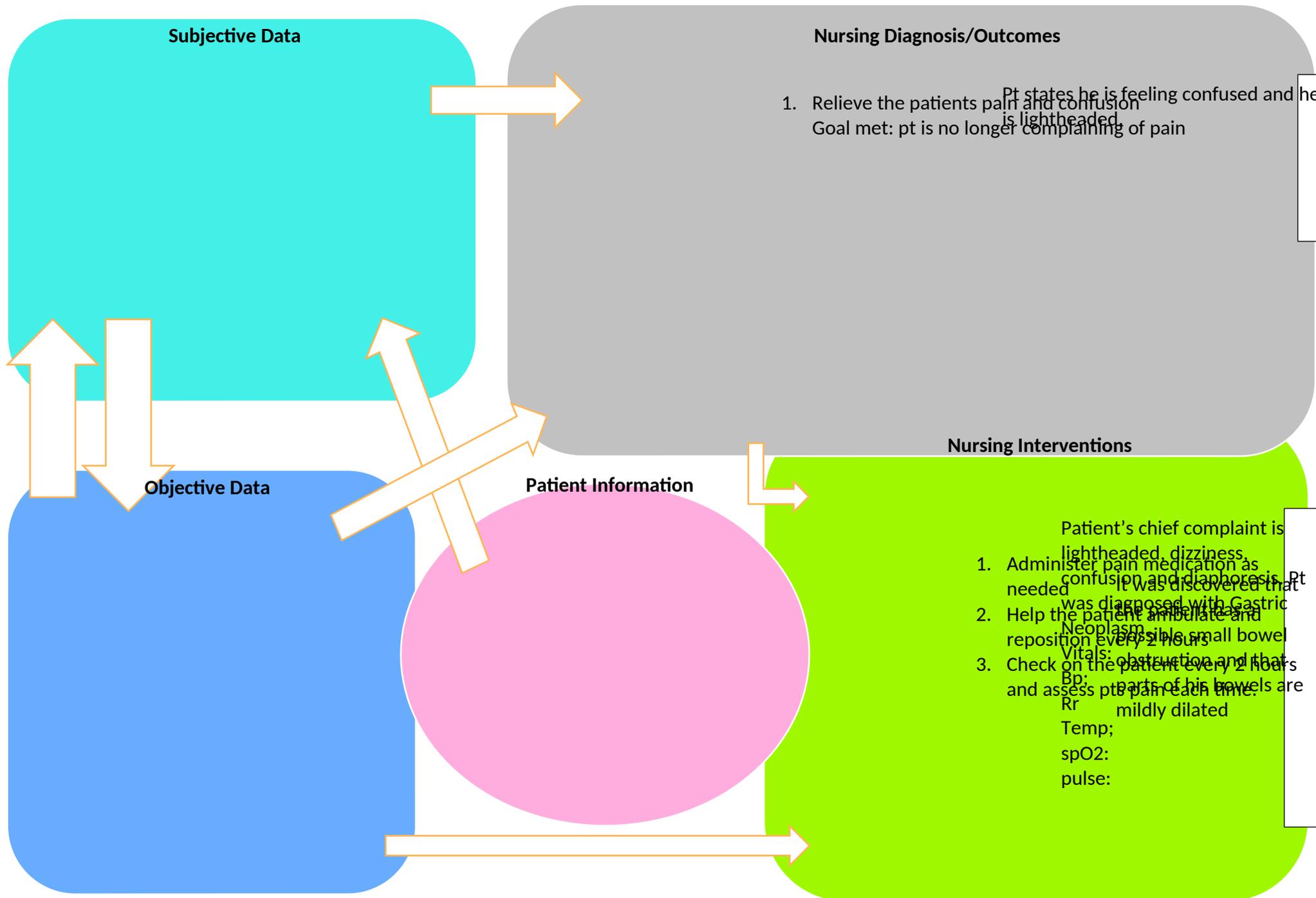
Nursing Diagnosis (15 points)

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.
1. Abdominal pain	Related to pt’s dilated bowels (small bowel obstruction) ?	<ol style="list-style-type: none"> 1. administer pain medications 2. Assist the patient in repositioning every 2hrs hours and with ambulation 	Goal met; pain meds given and the patients pain levels have decreased
2. n/s	n/a	<ol style="list-style-type: none"> 1. 2.n/a 	n/a

Other References (APA):

Concept Map (20 Points):



Subjective Data

Nursing Diagnosis/Outcomes

- 1. Relieve the patients pain and confusion
Goal met: pt is no longer complaining of pain

Pt states he is feeling confused and he is lightheaded.

Objective Data

Patient Information

Nursing Interventions

- 1. Administer pain medication as needed
 - 2. Help the patient ambulate and reposition every 2 hours
 - 3. Check on the patient every 2 hours and assess pt's pain each time.
- Patient's chief complaint is lightheaded, dizziness, confusion and diaphoresis. Pt was diagnosed with Gastric Neoplasm. It was discovered that the pt has a small bowel obstruction and that part of his bowels are mildly dilated.
- Vitals:
Bp:
Rr mildly dilated
Temp;
spO2:
pulse:

